

P11 – P12

The Wellness Ambassadors Project in Schools of Qatar

By Jessica, Taiwan age category: 6-12Y, What I want to be when I grow up

Sexual Exploitation in Adolescents in Singapore - How Family and Parent-Child Bonding Can Play a Role

P13

The Elementary Mental Health Literacy Curriculum Resource: A Canadian Initiative with International Relevance

P9

Donald J. Cohen Fellowship Program 2020 - A fantastic experience in the new normal

P6

CONTENTS

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IACAPAP President's Message

P3

Donald J. Cohen Fellowship Program
2020 - A fantastic experience in the
new normal

P6

25th World Congress of the
International Association for Child and
Adolescent Psychiatry and Allied
Professions

P8

The Elementary Mental Health
Literacy Curriculum Resource: A
Canadian Initiative with International
Relevance

P9

The Wellness Ambassadors Project in
Schools of Qatar

P11

Sexual Exploitation in Adolescents in
Singapore - How Family and Parent-
Child Bonding Can Play a Role

P13

New French Publication : « Adolescent
Medicine and health: for a global and
interdisciplinary approach »

P16

41st Annual CACAP Conference

P19

IACAPAP President's Message – Mar 2021

IACAPAP: Starting a War in 2021

By: Dr Daniel Fung, IACAPAP President, Adjunct Associate Professor, Lee Kong Chian School of Medicine Singapore



**IACAPAP President
Dr Daniel Fung**

This is the new year of 2021. As an ethnic Chinese, we also celebrate the Lunar New Year from 12th of February 2021. This heralds the beginning of Spring and a tradition done on this festival is to first gather the family for a reunion dinner the night before, followed by a series of visits to the most senior members of the family and exchange greetings and red packets (containing money) as a show of respect and good wishes. I have celebrated the Lunar New Year in this

manner since I was a child and every year it is different because of the cycle of Chinese Zodiac signs. There are 12 of these signs and I was born in the year of the Horse but 2021 is the year of Ox. Each Zodiac sign is represented by an animal and each animal has a specific characteristic. The Ox is a symbol of diligence, persistence and honesty so presumably this will be a good year, perhaps in the future, be seen as the year post COVID 19 pandemic.

With this backdrop, I would like to first gather my thoughts and reminisce on the years gone by. I do look forward to a reunion of the first aims when I took on the office of President of IACAPAP. It was 2018, we had planned a retreat in Paris that year, which was threatened by civil unrest in Paris, but we persevered and met. We planned a follow up retreat in Frankfurt in beginning of 2020 and 75% of us made it but I was not able to travel by February, so it was a hybrid meeting with me appearing virtually. Of course, we all know that it's now almost impossible to travel and our last retreat about a week ago in 2021 was completely virtual.

With all this in mind, I would like to focus on a part of our mission that we seldom speak about the issue of advocacy. An advocate is defined as someone who speaks on behalf of another. Usually, advocates are lawyers who help their clients plead their case in a court of law. But when we use the term advocacy in

non profit organisations, we are speaking of making representations for a cause. Our constitution has the word in it and I believe that our founding leaders had something specific in mind. This is because our cause is the mental health of the children in the world. Children often have their voices drowned out by other competing voices. They of course, do not have a loud voice in the first place. This is evident from several angles. The British [Royal Society for the prevention of cruelty to animals](#) was formed more than 60 years before anyone even thought a [society for the prevention of cruelty to children](#) was needed. Paediatric services in healthcare have often been secondary to adult services for a long time. The [first children's hospital](#) was built in Paris in 1802 even though there were many hospitals for adults more than 100 years before. Funding for children's services by Governments is always much smaller relative to the populations of children themselves. In 2019, the [US federal spending on children](#) amounted to \$408 billion, or 9 percent of the federal budget. Apart from having a small voice, children also cannot vote. More than 30 years ago, the United Nations developed a treaty called the [Convention for Children's Rights](#) to hopefully allow their voices to be heard and yet not every country in this present world has ratified



that convention. So, the reason for our advocacy is well laid out. But have we truly taken on this issue by the scruff of the neck? Perhaps not. How can we do this better? I offer several suggestions.

We need to speak about children rights to our governments. Many of the association members in IACAPAP are professional guilds representing child psychiatrists. We may be more concerned about setting professional standards and the ethics of our practice, but we have a responsibility to build a better world for our children. If all we do is treat mental illnesses in children, we might as well be a car mechanic repairing the vehicles that have broken down. We want to be the engineers that design better cars for the future. Which means we must think of the social determinants of mental illness and the adverse childhood experiences that cause childhood and eventually adult mental illnesses in the first place. We must do better for protecting children and their development in the critical and sensitive periods.

We need to rally together as a community of practitioners to develop mental health interventions for preventing mental illness and promoting resilience that is evidence informed. I dare not say evidence based because it may be hard to get to that standard but we certainly have enough evidence to suggest that so much can be done to reduce abuse, neglect and bullying in environments that children grow up in. We can do this together with other like-minded organisations, not just with psychiatrists. We need to work across disciplines and also across the world. Many lower- and middle-income countries do not have many

professionals caring for children so we need to extend our advocacy to those areas as well. In the past, this would be difficult but in today's connected world, it could be done virtually, in an instance.



Hesham Hamoda

We are starting a new way of reaching out to the world using the technology that we have before us. This journey started 10 years ago and has gone from strength to strength. I drew that engineering

analogy because the child mental health professional of the future is a digital warrior. Using the digital road map as the blueprint for our strategy moving ahead, we hope to improve our global communications in ways that we have not been able to. Dr [Hesham Hamoda](#) is

a living example of this and I hope that he will share more of his vision at our next World Congress in Dubai. Our first steps of this vision are now in place. We have identified a core professional congress organiser to carefully plan our future meetings which is likely to be in hybrid virtual and face to face concepts. We have already created an arsenal of online materials that can be embedded into a new portal with interactive capabilities to link our members, build up our membership and share our message widely. Our social media presence will also increase to “market” our intentions for advocacy. If you think that this is like a declaration of war. You may be right. We are starting a war against ignorance, poor parenting, and stress. Advocacy may be just that, a war to win the hearts and minds of our societies about the importance of the next generation.

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Donald J. Cohen Fellowship Program 2020

A fantastic experience in the new normal

By: Wamiq Ali (Pakistan), Andrés Cardozo (Colombia) & Vilde Skylstad (Norway)

A confusing year, yet full of learning experiences:

The 24th IACAPAP conference was supposed to gather us all in beautiful Singapore. When the coronavirus pandemic broke out, we were awaiting results from the selection process for the Donald J. Cohen Fellowship Program (DJCFP). The anxiety associated with the process and that brought about by the pandemic were slowly replaced by excitement as the annual congress was

changed in format and the confirmation for the program came in. Ayesha Mian & Naoufel Gaddour, program coordinators, kindly guided us through the registration process and told us how we would proceed. Two months before the online congress, they sent the schedule to all of us; it was fun to see what we would be doing and how the activities would be held online taking into account the time zone differences for 29 fellows around the globe. So, instead of packing our bags and traveling to Singapore, we all



2020 Fellows and Mentor Countries

logged on to our computers across the globe, some during lunch time, others in the middle of the night.

The first meetings with the fellows, mentors and organisers made it clear that this program would not only be about technical knowledge in child and adolescent psychiatry, but a more wholesome experience. The DJCFP included activities on music and culture, leadership, networking and supervision, and each of us were assigned to a smaller group of fellows and mentors by geographic location. The first encounter with the whole group of fellows and mentors, and the first encounter with the small group, were both a worrisome-yet-exciting experience. It is not always easy to talk about ourselves in front of people whom we perceive as having high expectations of what we say, but

when there are only three child and adolescent psychiatrists in a country. By sharing experiences and supporting each other, we made the challenges feel a bit lighter on our shoulders. With the right knowledge, network, allies, and resources we can build something together. At the end of the week, the superlatives were abundant “Inspiring, exciting, interesting, amazing, networking, sharing experience, reflecting, uplifting, stimulating, warm, welcoming, enlightening, supportive”.

Since its beginning in Berlin in 2004, the DJCFP has connected colleagues in child and adolescent psychiatry from across the globe. For many of us, having a stimulating, warm, uplifting and supportive experience was sorely needed in this time of acute isolation and unpredictability. Although we would all

have loved to meet in person, we are incredibly thankful to the DJCFP committee, who managed to create a platform and a sense of community despite the geographical distance. Realising that all of these like minded fellows exist, and that one day we will hopefully meet, gave an important sense of comfort and support to our personal, clinical and academic life.

Thankfully, this was only the beginning of our journey as Donald J. Cohen fellows!



Virtual Donald J. Cohen Fellowship Program

mentors had a warm touch that invited us to talk freely.

In the small groups, we were free to discuss anything, with topics spanning from finding a healthy work-life balance to tackling the acute shortage of capacity

25th

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The Elementary Mental Health Literacy Curriculum Resource: A Canadian Initiative with International Relevance

By: Andrew Baxter, MSW RSW, Kyla Vieweger, MSW RSW CPT, Dr Yifeng Wei, MA, PhD, Deb Nunziata, M.Ed, R.Psych

Over the past year, the team at teenmentalhealth.org/Alberta Health Services has been working on the creation of The Elementary Mental Health Literacy Curriculum Resource (EMHLCR). We know that early intervention with mental health is key, and while our previous materials have primarily focused on youth, we realized we could start even earlier to reach students and teachers in younger grades. In 2019, we were awarded funding for the development of Mental Health Literacy materials for elementary-aged students specifically.

The development of the resource is scheduled to take place over the next three years, including field testing and dissemination. The EMHLCR aims to be the first of its kind: an evidence-based, classroom-ready resource designed for Grades 4-6 classroom educators to teach students about mental health and mental illness. Once developed, the EMHLCR will be available for use across Alberta and around the world.

The conceptual framework of the EMHLCR is drawn on an existing evidence-based mental health curriculum resource for the secondary school setting, Mental Health & High School Curriculum Guide (The Guide) (<http://teenmentalhealth.org/product/mental-health-high-school-curriculum/>). The

High School Guide has been extensively implemented and researched in Canada and internationally [1].

The EMHLCR writing team started with a literature review of 690 peer-reviewed articles and an environmental scan of over 570 websites to best inform the content and structure of the resource. Then, we conducted a Delphi survey involving 106 stakeholders (classroom teachers, school mental health professionals such as counsellors, psychologists, psychiatrists, social workers, school administrators, special education experts, and curriculum design experts) from the 13 provinces and territories across Canada as well as professionals from other countries (Japan, the United Kingdom, Finland, and the United States of America). Additionally, the EMHLCR writing team established a committee of dedicated educational leaders and mental health professionals across Alberta, to further inform the development of the elementary resource. We have been meeting regularly with this committee since the inception of the project.

Next steps for the team will include the development of classroom ready lessons, in collaboration with curricular experts, based on the framework. Multimedia resources will also be created to convey the central messages

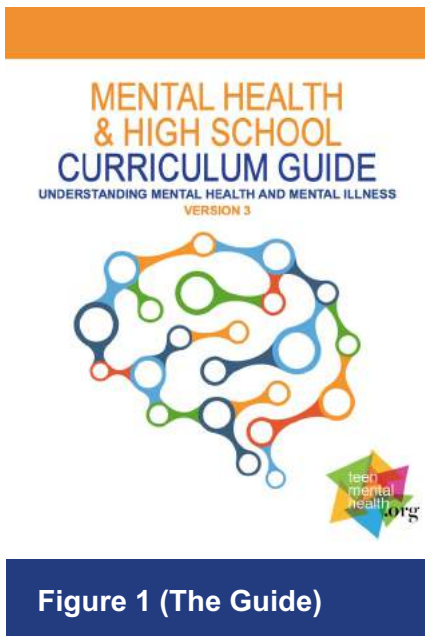


Figure 1 (The Guide)

to student Analogous to its High School counterpart (The Guide), the EMHLCR resource will aim to be flexible enough for teachers to adapt the lessons to their students' needs, school culture and curricular requirements, while still addressing the key concepts central to mental health literacy [2].

The EMHLCR aims to help students:

- develop skills to obtain and maintain good mental health,
- improve understanding of mental health and mental/neurodevelopmental disorders,
- reduce stigma against mental/neurodevelopmental disorders, and
- promote help-seeking intentions and behaviours when it is necessary

Field testing in year three of the project will provide feedback from educators, further honing the resource. Pre and post measures will be used to ensure improvements in knowledge and attitudes regarding mental health and mental illness. A website will be

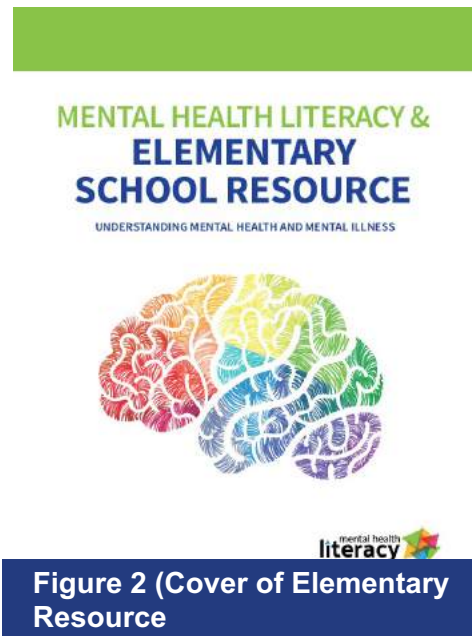


Figure 2 (Cover of Elementary Resource)

developed to host the materials and provide professional development for educators to assist with classroom delivery. The final year will focus on scale up, dissemination and implementation of the resource.

For more information about the Elementary Mental Health Literacy Curriculum Resource, or any of our other resources, please contact us through teenmentalhealth.org.

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The Wellness Ambassadors Project in Schools of Qatar

*By: Ali Khalil Mohammed Khalil, Ahsan Nazeer, Muhammad Waqar Azeem
Department of Psychiatry, Sidra Medicine, Doha, Qatar*



Project Team, School Officials and Wellness Ambassadors

The Wellness Ambassadors project is an initiative aiming to promote mental health and reduce the stigma of mental illness in schools of Qatar. It has been evident in many studies conducted in Qatar and the region that public mental health literacy was poor. Moreover, the stigma against mental illness makes it harder for the public to seek knowledge about mental health and even hinders seeking treatment sometimes. The Wellness Ambassadors project is founded on evidence-based interventions to reduce mental illness stigma and to improve mental health literacy, education, social contact, communication, and peer services.

The pilot program of The Wellness Ambassadors was launched at select

high schools, where high school students were chosen as “Wellness Ambassadors” after a rigorous interview process. Ambassadors received intensive training on bullying, depression, anxiety, suicide, and self-harm, and were also trained to refute common misconceptions about mental health. Throughout the program, continuous supervision and support were provided through school counselors and the project team.

Wellness Ambassadors role included:

- Engaging in daily talks with their peers about mental health.
- Posting weekly on their social media platforms.
- Facilitating monthly seminars where

guests were invited to talk about specific mental health related topics.

- Organizing a group campaign involving all the ambassadors in the schools. The campaign for the 2019-2020 academic year was on hazards of smoking, e-cigarettes, and vaping.

At the end of the year, Wellness Ambassadors were acknowledged in a graduation ceremony.

To the best of our knowledge this is the first and only project of its kind in Qatar and the region. This project also offers

the ambassadors an opportunity to advance their social and professional skills as well as serving their community.

We hope that similar projects can be implemented in the region and beyond. For more information contact Dr. Ali Khalil Mohammed Khalil. Email: akhalil@sidra.org



Training session for the Wellness Ambassador Project

Sexual Exploitation in Adolescents in Singapore - How Family and Parent-Child Bonding Can Play a Role

By: Dr Robin Goh

*President, Section of Child and Adolescent Psychiatrists, College of
Psychiatrists, Academy of Medicine, Singapore*

Dr Ong Say How

*Chief, Department of Developmental Psychiatry, Institute of Mental Health
Hon. Secretary, Section of Child and Adolescent Psychiatrists, College of
Psychiatrists, Academy of Medicine, Singapore*

Singapore, with a total population approximating 6 million living in 728km² of land, is one of the most densely populated countries in the world. Around 20% of the population are aged 19 years and younger and the country's total fertility rate is at a low 1.14 [1]. Being one of the most expensive cities in the world and with the country's heavy reliance on human resources, it is not unexpected for both parents to work in order to enjoy a more comfortable family life. The care of the young children is hence usually undertaken by domestic helpers, grandparents or other more senior relatives and childcare centres. Having a good education is prioritised for the children as this could indirectly translate to future employability in our country.

Domestic helpers in Singapore have to be female and must be between 23 and 50 years of age. These helpers are not allowed to perform duties beyond household and care work, and are not to undertake parenting or tutoring work [2]. They are usually young and may be tired from all the domestic work to be effective in providing emotional attachments to

the children. Their main priority lies in ensuring a clean home and cooked meals for the family, not raising children. They are usually employed for 1-2 years before moving on to work for another family. The children will usually not form strong attachments with the helper. Even if they do, the attachments will be broken when the helpers leave to work for another family.

Childcare centres can take in children as young as 18 months' old. For children attending schools, they may go to childcare centres after school and wait for their parents to pick them up after work. The role of the childcare centres is to ensure safety and accountability of children under their care on behalf of the parents. They do not help establish parent-child bonding. Needless to say, both domestic helpers and childcare centres can never replace the parents and having grandparents or relatives to care for the children are the next best alternatives. Children need to build a bond with their parents, and regardless of how busy they are, parents need to find quality time with them to build meaningful relationships and inculcate

values. Many parents place a strong emphasis on education. Some parents would choose to place their children in the tuition or enrichment classes during the weekends to ensure that they are academically competitive, thus limiting quality family and bonding time.

home (including internet enabled handphones) [3], they will have easy access to digital media apps (e.g. Tiktok and Instagram), online games (e.g. mobile legends, candy crush), and even dating apps (e.g. Tinder, Bumble or Grindr).



Parent-child attachment will likely erode over time with the “surrogate parenting”. While it is not unexpected for the children to individuate from the parents as they grow up, they will find it harder to talk to the parents as well. A personal observation over the years of working in child psychiatry was that the current parent-child relationship appears more distant and the quality of the parenting has plummeted. The parents often do not understand their child. The child’s own past experiences with his or her parents had reinforced that it was hard to build emotional connections with them - they may be in a family but the child still feels empty and alone. Many will turn to other sources to build relationships. Since 98% of households with children attending school in Singapore had computer access at

Humans are social beings and they crave interactions. Likewise, children yearn for attention and affirmations. They also trust easily and if they do not have discernible adults who can advise them, they are particularly vulnerable. After all, the parents have missed out on the quality time to bond with them in their younger years. They make friends with strangers online who can expose them to inappropriate sexual content and groom them for sexual favours. These strangers may be preying adults or like-minded inquisitive teenagers who are exploring their sexuality. Even without digital media, the children are easy sexual exploits. People close to them will be able to persuade them into physical intimacy and they will oblige out of fear of antagonising or losing them. Sex may give them certain amounts of enjoyment

and gratification such that they continue engaging in the relationship and fail to realise that they have been taken advantage of. The number of child sexual abuse cases investigated in Singapore has risen from 58 to 210 from the years of 2010 to 2019 [4]. The increase in numbers was certainly attributable to more rigorous screening tools and training to pick them up, but could the change of parenting style over the years play a part in increasing the child's vulnerability too?

Sexual expressions and discussions are taboo topics among Asian families. Most parents are uncomfortable to talk about them and will rely on the school system to educate their children. In the same vein, children also find it hard to ask or talk to parents about sexual issues. Sex education begins in primary school [5] and they will be taught about sexual reproduction, safety and how to seek help. Many cases of childhood sexual abuse only surfaced after sex education. By then, the child victims would have been groomed and taken advantage of for many years. The victims will usually speak to their trusted friends, teachers or school counsellors and not parents about the sexual abuse.

It is painful for the child to share about the betrayal and the remorse over the loss of innocence. Very often they can suffer from post-traumatic stress disorder, anxiety and depressive disorders. Some may develop eating disorders and even conduct issues. A lot of professional work has to be put in to help them. The parents will also have guilt and emotional issues. The question is, can we do more to reduce child sexual abuse especially during this

current age of liberalism about sexuality and nudity which were previously taboo topics? While sex education in Primary school is undeniably useful, it is disheartening to know that the victims only found out about their abuse after the lessons. They could have taught how to protect their bodies at a much younger age by their parents. Parents should and must do more. For example, they could attend parenting workshops, learn about navigating cyberspace and social media, and keep themselves up to date with current trends so that they feel confident and empowered on having that much-needed healthy discussions with their children.

As child psychiatrists, we can work with the government and community to put a strong focus on parenting and quality family time. We need a paradigm shift, and if possible, more funding and resources to educate a whole generation of parents so that they will be equipped with the skills to provide a warm and nurturing home environment.

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New French Publication : « Adolescent Medicine and health: for a global and interdisciplinary approach »

By: Prof. Priscille GERARDIN (CHU/CHRouvray, Rouen), Prof. Bernard Boudailliez (CHU Amiens), Prof. Philippe Duverger (CHU Angers)

This book tackles an important challenge, namely, growing an interdisciplinary workforce focusing on adolescent health. The book contains a critical mass of expertise in adolescent health (including pediatrics, psychology, psychiatry, gynecology, sociology....) that can promote healthy environments for adolescents. It also adopts a biological, psychological, social and ecological approach in tackling adolescent health and development.

This contribution fosters more advanced competencies in adolescent health and medicine which are particularly necessary where managing complex mental disorders such as eating disorders, substance use, somatic symptom disorders and gender dysphoria which requires a breadth of competencies beyond just clinical ones. This includes ethics and a wide knowledge of the resources and services provided within the community.

This book brings a new narrative to the field and signals the importance of adolescence within the life course. The notion of the 'triple dividend' recognizes the importance of adolescence as a critical period of human development with investments at this time reaping benefits (1) during adolescence itself, (2) as adolescents mature into healthier adults, and (3) for the next generation,

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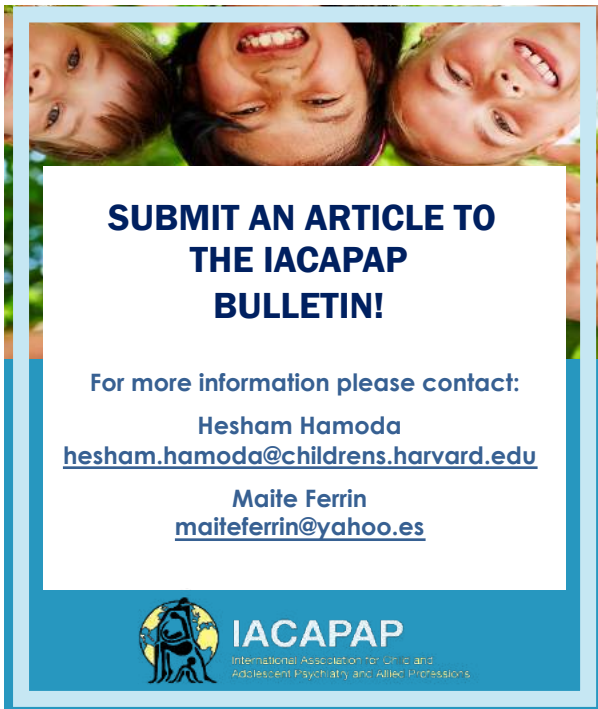
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given that adolescents will be the next generation of parents.



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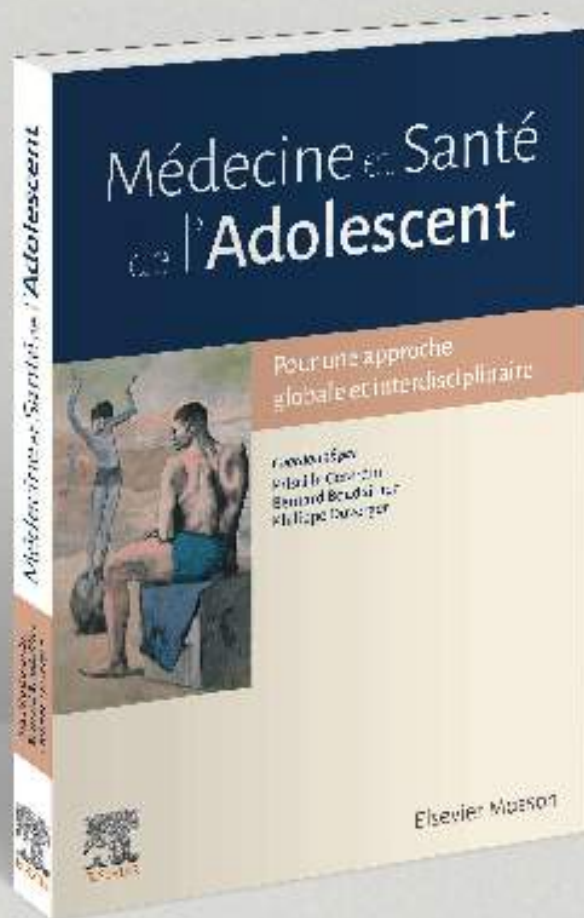
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l'alimentation, aux écrans et aux réseaux sociaux, sexualités et genre, éducation thérapeutique... Les défis à venir sont abordés à travers la radicalisation, l'interculturalité, la prévention.

S. Sawyer et G. Patton de Melbourne, figures mondiales de la médecine de l'adolescent nous rappellent dans la conclusion de cet ouvrage sur l'importance de prendre soin de cette période de la vie« *Le temps de l'adolescence doit être considéré comme une période de la plus haute et de la plus critique importance, et cela à un triple niveau 1/pour l'adolescent lui-même 2/pour le futur adulte qu'il sera 3/pour les futures générations dès lors que les adolescents seront les parents de demain* »;

Œuvrer pour la santé des adolescents implique une mobilisation des acteurs de tout bord. Plus d'une centaine de professionnels spécialistes de l'adolescence répondent, dans ce livre, aux enjeux et défis d'aujourd'hui



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- de l'abord nouveau des conduites à risque, des addictions ou encore des traumatismes.



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September 11-14, 2021
Virtual Conference

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Notice of acceptance: April 26, 2021

Registration launch: May 28, 2021

Confirmed keynote speakers include:

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- **Dr. Eesha Sharma**, Assistant Professor in the Department of Child and Adolescent Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, India.
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Dr. Benjamin Goldstein and Dr. Evdokia Anagnostou

Dear Colleagues,

We invite you to respond to the CACAP 41st Annual Meeting Call for Abstracts. Your participation will help make the meeting an academic and social success. The meeting will be held virtually from September 11th to 14th, 2021. The theme is "**Child and Adolescent Psychiatry: A Global Perspective**".

We are soliciting papers, posters, and workshops on how different risk factors may lead to psychopathology in children and adolescents. We also encourage submissions that address CACAP's broad-based goals to advance knowledge in clinical research, education, and advocacy.

Below are listed the types of submissions for the 2021 conference. Please note that Poster presentations are considered as important as oral presentations, as we value all types of presentations equally. The Conference Committee may promote a few posters to oral presentations to ensure that key submissions reach a broader audience.

- **Research Symposium**
- **Academic Perspectives**
- **Workshop**
- **Special Interest Study Group**
- **Poster**

For full abstract guidelines and submission instruction, [please click here](#).

We particularly encourage submissions from Members-in-Training, early career CACAP members, and early career and trainee non-MD investigators who are eligible for a best oral or for a best poster presentation award (trainees also receive a cash award). There is also an Early Career Community Intervention / Access to Care Award for a presentation or poster by an early career CACAP member.

Accepted submissions will be short-listed for awards based on the submission materials. Please note that only CACAP Members are eligible for awards. Membership status must be confirmed by the time submission results are announced in June 2021.


Accepted submissions may be compiled into an abstract supplement of the Journal of the Canadian Academy of Child and Adolescent Psychiatry.

This meeting program will be intellectually stimulating and scientifically exciting. We look forward to your participation!

Best wishes,

Dr. Daphne Korczak
Chair, Research and Scientific Program Committee

Dr. Evelyn Stewart
Vice-Chair, Research and Scientific Program Committee



Want to share important events, programs or activities from your country with a wide international audience?

SUBMIT AN ARTICLE TO THE IACAPAP BULLETIN!

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International Association for Child and
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