

INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS • ASSOCIATION INTERNATIONALE DE PSYCHIATRIE DE L'ENFANT, DE L'ADOLESCENT, ET DES PROFESSIONS ASSOCIEES • ASOCIACIÓN INTERNACIONAL DE PSIQUIATRÍA DEL NIÑO Y EL ADOLESCENTE Y PROFESIONES AFINES • 国际儿童青少年精神医学及相关学科协会 • ASSOCIAÇÃO INTERNACIONAL DE PSIQUIATRIA DA INFÂNCIA E ADOLESCÊNCIA E PROFISSÕES AFINS •



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International Association
for Child and Adolescent Psychiatry
and Allied Professions

IACAPAP 2018

23-27 JULY 2018, PRAGUE, CZECH REPUBLIC

WWW.IACAPAP2018.CZ



ADDP
Asociace dětské a dorostové psychiatrie

IACAPAP 2018, PRAGUE
12 PRE-CONGRESS COURSES
27 KEYNOTE SPEAKERS
Abstract Submission Deadline:
31 December 2017

UNDERSTANDING DIVERSITY
AND UNIQUENESS

**Egyptian Child and Adolescent Psychiatry Association (ECAPA)
Conference**



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President's column

GENDER ISSUES AND CHILD AND ADOLESCENT PSYCHIATRY

Recently, a dramatic news item has appeared in most media: a well know Hollywood producer has been accused by many female actors of sexual harassment and even rape. This has been a trigger in many countries: women have taken this opportunity to raise the issue of male domination that exists in most places in our planet. This is a sad reality; we have to face it and we have to do everything to change it.

In our day to day practice, the relationship between parents and children is central and, more precisely, the question of the specific role of mothers and fathers is often raised. The importance of culture is crucial here. Indeed, in some countries there is a strong pressure in favor of a total symmetry while in others males and females have very specific roles when considering children's upbringing. This is a very sensitive subject, very emotional. As far as possible, as professionals, we have to face it in a rational way. What can be said about this?

- From a sociologic point of view—no doubt about it—there is a strong conditioning in most places to put mothers at the center of the rearing process, and thus to distance them from employment and from positions of power.
- From a developmental perspective, mothers have a particularly intimate relationship with their child during the pregnancy and because of breast feeding them for months or years. Obviously, mothers do not have the same relationship with their child than fathers; this frames the long term mother-child relationship.
- From a scientific standpoint, we have now cognitive neuroscience data that show: (i) that males and females are essentially similar but, (ii) that there are differences demonstrable even as early as 1 or 2 days of age. For instance, a study published in 2000 in *Infant Behavior and Development* reported that “102 human neonates, who by definition have not yet been influenced by social and cultural factors, were tested to see if there was a difference in looking time at a face (social object) and a mobile (physical-mechanical object). Results showed that the male infants showed a stronger interest in the physical-mechanical mobile while the female infants showed a stronger interest in the face.”

So, it appears that males and females are equal but not identical; mothers and fathers are equal but cannot have a totally symmetric position in child rearing.

What about our work as child and adolescent mental health professionals? For this specific patient, do I have to suggest a psychotherapist that is male or female? In this department, should we establish a threshold for gender diversity? In anorexia nervosa, adolescent depression, ADHD, autism, the sex ratio is far from 1:1. Is this “real”, something “natural”, or do we miss something because of some kind of gender bias?

We, as child and adolescent mental health professionals, are placed at the center of one of the major societal issues of the twenty-first century: the gender question.

Bruno Falissard

More than one quarter million

pageviews

IACAPAP Textbook of Child and Adolescent Mental Health

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ЭТИКА И МЕЖДУНАРОДНАЯ ДЕТСКАЯ И ПОДРОСТКОВАЯ ПСИХИАТРИЯ

Adrian Sondheim & Joseph M Rey

Перевод на русский язык: Переводчики: Комитетович Музамовский Редакторы: Довлетко Ольга, Маршениковский Дмитрий



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A.1 Strava

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Now with chapters in Arabic, English, French, Hebrew, Japanese, Norwegian, Portuguese, Russian & Spanish

TROUBLES DU DÉVELOPPEMENT Chapitre C.2

TROUBLES DU SPECTRE AUTISTIQUE

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Troubles du spectre autistique C.2

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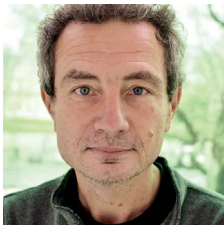


UNDERSTANDING DIVERSITY
AND UNIQUENESS

23rd WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION
FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS



IACAPAP President's Message



Bruno Falissard,
President
of IACAPAP,
Université
Paris-Sud, France

China, France, South-Africa, Canada in the past, Singapore and Dubai in the future. The IACAPAP biannual Congress is moving all around the planet and stops this year in Prague, The Czech Republic.

IACAPAP has invested a lot in online tools and materials, with a worldwide success eTextbook, a massive open online course (MOOC) available in six languages, a repository of electronic preprints, a social network specifically dedicated to child and adolescent psychiatrists and allied professions and a video channel with YouTube live sessions. But we have still an essential need to see each other in face to face meetings. In "real life", as we say now.

The IACAPAP Congress is a unique moment where we can meet together, from different cultures, from countries with different resources, but all much involved in child and adolescent psychiatry and mental health. Unformal and free discussions are the necessary cement that put together the bricks that comes from evidence based medicine and biomedical research. This congress will be the occasion to find both: friends open for discussion, and up to date clinical and scientific knowledge presented in a clear and synthetic way.

Many people have worked hard to allow us to meet once again. We have to thank them warmly. In particular Michal Goetz, the IACAPAP 2018 Congress Chair. During the past few years an important part of his life has been dedicated to our community. Thank you Michal and have a wonderful meeting all!

See you soon, I am eager to meet you.



Accepted Pre-congress Courses

Apps, Wearables & Social Media for Interventions, Training & Advocacy in Child Mental Health

Niranjan S. Karnik, Rush University Medical Center, USA
Panos Vostanis, University of Leicester, United Kingdom

Babies – Children – Adolescents – Families Facing Migrations: Theory, Clinic and Research Challenges of the Transcultural Approach

Marie Rose Moro, Paris Descartes University, France
Alice Titia Rizzi, Paris Descartes University, France
Elisabetta Dozio, Paris Descartes University, France
Jonathan Lachal, Paris Descartes University, France

Borderline Personality and Related Issues in Adolescents

Michael Kaess, University of Bern, Switzerland

Building Resiliency In Transitional Aged Youth with Learning and Attention Issues

Ellen Beth Braaten, Massachusetts General Hospital / Harvard Medical School, USA
Steven C. Schlozman, Massachusetts General Hospital / Harvard Medical School, USA

Family-Based Treatment of Child Conduct Problems

David J. Hawes, University of Sydney, Australia
Mark R. Dadds, University of Sydney, Australia

Moodiness in ADHD: Strategies for Assessment and Treatment

W. Burseson Daviss, Dartmouth Geisel School of Medicine, USA
Joseph Blader, University of Texas Health Science Center, USA
Oscar Bukstein, Boston Children's Hospital / Harvard Medical School, USA
Craig Donnelly, Dartmouth Geisel School of Medicine, USA
Bryan King, University of San Francisco Medical School, USA
John T. Walkup, Weill Cornell Medical College, USA

New mhGAP IG 2.0 Mobile App and WHO Parents Skills Training

Chiara Servili, World Health Organization, Geneva
Neerja Chowdhary, World Health Organization, Geneva
Janice L. Cooper, The Carter Center, Liberia and Emory University, Liberia
Usman Hamdani, Human Development Research Foundation, Pakistan and University of Liverpool, United Kingdom
Rosa Hoekstra, King's College London, United Kingdom
Olayinka Omigbodun, University of Ibadan, Nigeria
Laura Pacione, University of Toronto, Canada
Erica Salomone, University of Torino, Italy

NEW!

Pediatric Psychopharmacology Update

Graham Emslie, University of Texas Southwestern Medical Center, USA
Christopher J. Kratochvil, University of Nebraska Medicine, USA
Karen Dineen Wagner, University of Texas Medical Branch, USA
John T. Walkup, Weill Cornell Medical College, USA

Phenomenology of Psychosis in Adolescence and Developmental Years – Understanding Diversity and Uniqueness

Andrea Raballo, Norwegian University of Science and Technology, Norway

Prevention and Detection of Bullying Related Morbidity

Jorge C. Srabstein, Children's National Health System, USA
Anat Brunstein-Klomek, Interdisciplinary Center, Israel
Bennett Leventhal, University of California, USA
Andre Sourander, University of Turku, Finland
Dieter Wolke, University of Warwick, United Kingdom

Taming Sneaky Fears: Evidence-based Treatment for Four- to Seven-year-old Children with Anxiety Disorders

Suneeta Monga, University of Toronto, Canada
Diane Benoit, University of Toronto, Canada

Qualitative Research in Child and Adolescent Psychiatry

Jordan Sibeoni, University Paris-Sud, France
Jonathan Lachal, Paris Descartes University, France



Confirmed Keynote Lectures

Louise Arseneault, King's College,
United Kingdom

Child and Adolescent Mental Health,
Bullying, Violence Exposure

Boris Birmaher, University
of Pittsburgh Medical Center, USA

The Pharmacological Treatment of Anxiety
and Depression – from Research to Clinical
Practice

Jan Buitelaar, Radboud University,
The Netherlands

Attention Deficit Hyperactivity Disorder
and Autism Spectrum Disorder: One, Two
or Many Developmental Disorders?

Gabrielle Carlson, Stony Brook
University, USA

Mood Disorders in Children
and Adolescents – Where Have We Been
and Where Are We Going



David Cohen, University Pierre
et Marie Curie, France

Modern Technologies in Diagnostic
and Cares in Autism

Valsamma Eapen, University
of New South Wales, Australia

Pathogenesis of Tourette Syndrome:
Clues from Clinical Phenotypes

Bruno Falissard, University
Paris-Sud, France

Planning the Future of Child
and Adolescent Psychiatry

John Fayyad, Balamand University,
Lebanon

Mental Health in Child and Adolescent
Refugee Population

Jörg M. Fegert, Ulm University,
Germany

Adverse Childhood Experiences
and Their Consequences for Children
and Adolescents

Ruth Feldman, Bar-Ilan University,
Israel

Synchrony and the Neurobiology
of Human Attachments: Trajectories
of Well-Being and Psychopathology from
Infancy to Adolescence

Nathan Fox, University
of Maryland, USA

Temperament and the Emergence
of Social Anxiety in Childhood: The Roles
of Reactive and Proactive Cognitive
Control

Tomas Hajek, Dalhousie University,
Canada

My Parent has Bipolar Disorder;
Am I at Risk? Brain Imaging and Clinical
Studies of Bipolar Offspring

Alexandra Harrison, University
of Massachusetts, USA

Insights from Developmental Research
for the Practicing Child Psychiatrist

Johannes Hebebrand, University
of Duisburg-Essen, Germany

Eating Disorders in Children
and Adolescents

Michal Hrdlička, Charles University
in Prague, Czech Republic

Solving the Puzzle of Autism: How Far
Have We Come?

Michael Kaess, University of Bern,
Switzerland

Self-Harm and Suicidal Behavior
in Children and Adolescents

NEW!

Miri Keren, Tel Aviv University, Israel
Child and Adolescent Psychiatry through
the Lens of Infant Psychiatry

Kerim Munir, Harvard University,
USA

Borderline Intellectual Functioning –
Children in the Grey Zone

Olayinka Omigdobun, University
of Ibadan, Nigeria

Highlighting Africa's Unique CAMH Needs
Emerging from its Rich and Diverse People,
Contexts and Cultures

Tomas Paus, University of Toronto,
Canada

Population Neuroscience of the Adolescent
Brain: Observing to Change

Dainius Pūras, United Nations,
Lithuania

Right to Mental Health: Opportunities
and Challenges for Child and Adolescent
Psychiatry on the Way to its Realization

Helmut Remschmidt, Philipps
University, Germany

How to Understand Adolescents with AS.
A Clinical Account and Observations over
17 Years

Luis Rohde, Federal University
of Rio Grande do Sul, Brazil

Decomposing ADHD Diagnosis across
the Life Cycle

Chiara Servili, World Health
Organization, Switzerland

Child and Adolescent Mental Health
in the SDG Era

Anne Thorup, University
of Copenhagen, Denmark

Risk and Resilience in Children Born
to Parents with Severe Mental Illness
– What Do We Know and What Can
We Do?

Rudolf Uher, Dalhousie University,
Canada

What Can We Do to Prevent Severe
Mental Illness in Children at Risk

Chris Wilkes, University of Calgary,
Canada

Legalization and Regulation of Cannabis/
Marijuana

Call for Abstracts

Abstract Submission Deadline 31 December 2017

The congress theme focuses on **Understanding Diversity and Uniqueness** with abstracts to be submitted in the following major areas and topics:

General Child and Adolescent Mental Health

- ⊙ Adoption, Extra-Familial Care
- ⊙ Advocacy, Ethics, Human Rights, Rights of the Child, Policy
- ⊙ Child Abuse, CAN, Bullying, Child Protection
- ⊙ Children of Parents with Mental Disorders
- ⊙ Culture and Transcultural Psychiatry
- ⊙ Early Markers of Mental Disorders, Early Diagnostics and Interventions
- ⊙ Education, Free Time Activities, Lifestyle of Children and Adolescents
- ⊙ Economics, Resources, Funding in Child and Adolescent Mental Care
- ⊙ Emotions, Emotion Regulation
- ⊙ Epidemiology and Public Health in Child and Adolescent Psychiatry
- ⊙ Fighting Stigma
- ⊙ Forensic Psychiatry and the Role of the Legal System in Child Mental Health
- ⊙ Gender and Gender Dysphoria
- ⊙ Genetics and Epigenetics
- ⊙ Immunology, Infectious Diseases and Child and Adolescent Mental Health
- ⊙ Infant Mental Health
- ⊙ Media and the Internet
- ⊙ Mental Health Promotion and Education
- ⊙ Neurology and Child and Adolescent Mental Health
- ⊙ New Technologies in Diagnostics and Therapy
- ⊙ Neuroimaging, EEG
- ⊙ Parenting, Attachment
- ⊙ Prematurity and Perinatal Complications
- ⊙ Prevention
- ⊙ Refugees, Migration and Mental Health Issues
- ⊙ Resilience, Coping Mechanisms
- ⊙ Sexuality and Sexology, LGBT Youth
- ⊙ Traditional Medicine

Psychiatric Disorders and Co-Morbid Conditions

- ⊙ ADHD
- ⊙ Anxiety Disorders
- ⊙ Attachment Disorders
- ⊙ Autism Spectrum Disorders
- ⊙ Catatonia
- ⊙ Conduct and Oppositional Defiant Disorder
- ⊙ Culture Bound Disorders
- ⊙ Developmental Disorders
- ⊙ Dissociative and Conversion Disorders
- ⊙ Eating and Feeding Disorders
- ⊙ Effects of Violence, Disasters, Civil Conflicts and Migration; Trauma Informed Care
- ⊙ Emergencies
- ⊙ Intellectual Disability, Borderline Intellectual Functioning
- ⊙ Learning Disabilities
- ⊙ Medically Unexplained Symptoms
- ⊙ Mental Issues with Co-Morbid Medical Disorders
- ⊙ Mood Disorders
- ⊙ New Disorders – Still to be Classified
- ⊙ Parent-Child Relational Problems
- ⊙ Personality Disorders – Arbitrary and Empirical Age Threshold
- ⊙ Psychiatric Classifications and Diagnostic Issues
- ⊙ Psychosomatics, Dissociative Disorders
- ⊙ Psychotic Disorders
- ⊙ Self-Harm Behavior, Suicidality and its Prevention
- ⊙ Sleep Impairment
- ⊙ Substance-Related Issues and Disorders
- ⊙ Tic Disorders
- ⊙ Trauma Related Disorders

Principles of Treatment and Care

- ⊙ Bridging the Gap Between Adolescent and Adult Mental Health Care
- ⊙ Clinical High-Risk, Early Interventions
- ⊙ Community Care, Day Programs
- ⊙ Counseling
- ⊙ Crisis Intervention
- ⊙ ECT, Stimulation Methods
- ⊙ e-Health Interventions
- ⊙ Family Interventions
- ⊙ Individualized/Genes Based Psychiatry
- ⊙ Innovative Assessment and Intervention Programs
- ⊙ Inpatient Care
- ⊙ Integrative Medicine in Mental Health
- ⊙ Liaison Psychiatry
- ⊙ Pharmacotherapy
- ⊙ Psychotherapy
- ⊙ Safety of Treatments in Child and Adolescent Psychiatry
- ⊙ School Mental Health Services
- ⊙ Systems of Care
- ⊙ Treatment Planning



Submissions

Abstract Submission Deadline 31 December 2017

Each author may select what best suits him/her from a wide range of different presentation types, including:

Free Paper 15 m

Free papers are intended for the presentation of new research data or other scholarly work. Authors may choose from two commonly used types:

- a. Oral paper (15 minutes incl. discussion) – multiple oral presentations will be scheduled in sessions with presentations on similar topics. If your paper is not selected for an oral presentation, you may be offered the option to present your work as a poster.
- b. Poster presentation – posters will be on display for one day of the congress.

Research Symposium 90 m

A research symposium is a submission of a whole 90 minute session, where the chair submits one overall abstract describing the session and 4–5 abstracts of concrete presentations, which will form the session.

It should present new research data on related topics, with an overarching theme that is discussed by the chair. The new research should be described with reference to the relevant literature.

It is permissible but not required for the chair to give one of these presentations. Approximately one-quarter of the time should be devoted to questions and discussion.

Workshop 75 m

A workshop is a submission of a whole 75 minute session. Workshops should be interactive and provide instruction in a set of clinical, research or educational skills. The information presented should be scholarly and evidence-based, with reference to the relevant literature. Workshops may be led by one or more presenters, who should all appear among the abstract authors. The workshop chair submits one overall abstract.

Special Interest Study Group 75 m

A special interest study group is an opportunity for networking and discussion among attendees who share a particular practice setting or academic interest. The chair is expected to provide learning objectives for the session, introduce the topic and facilitate discussion. He/she should submit one abstract describing the 75 minute session.

Academic Perspective 90 m

An academic perspective is a submission of a whole 90 minute session, where the chair submits one overall abstract describing the session and 2–3 abstracts of concrete contributions which will form the session. Academic perspectives generally do not present new research data, but provide complementary or opposing perspectives on a pertinent clinical, educational or advocacy issue that is introduced by the chair. The information presented should be scholarly and evidence based, with reference to the relevant literature. It is permissible but not required for the chair to give one of these presentations. Approximately one-quarter of the time should be devoted to questions and discussion.

Full details of abstract submission together with the IACAPAP 2018 Call for Abstract Brochure are available online at www.iacapap2018.org

Media Theatre 150 m

An open 150 minute session with discussion on a topic based on multimedia presentation (motion picture, documentary, video tape, music or other form of media relevant to child and adolescent mental health. The media theatre organizer is expected to suggest both the video and the theme to be discussed by his colleagues (submitted as authors) together with the public attending the session. The session should provide an opportunity for open discussions.



Adopt a Delegate

Key Features of the Program

1. Delegates from Lower and Middle Income Countries (LMIC) can be "adopted" by fellow colleagues or companies/sponsors.
2. The adoption of a delegate from a LMIC country (through sponsorship) will provide the delegate with the opportunity to attend the IACAPAP 2018 Congress.
3. Adopted delegates will have the opportunity to present details of their local situation at the congress, thereby creating awareness which in turn could induce assistance from their sponsors and high income country peers.

For the first time, an ambitious goal has been set for the IACAPAP 2018 Congress to collect and allocate funding to support participation of delegates coming from Lower and Middle Income Countries to be able to actively participate in the congress. The IACAPAP Local Organizing Committee trust to be able to raise sufficient funds to bring their colleagues to share the experience and initiate further collaboration.

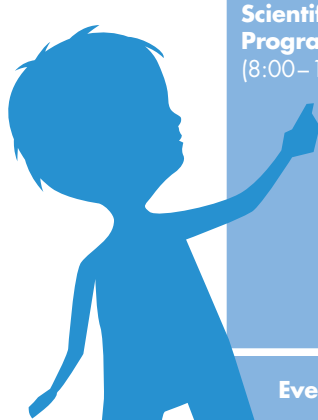
Application Conditions

- Applicants up to 35 years of age
- Be native/resident in the country in which he/she works
- Submit abstract online
- Submit supporting formal letter from the applicant's employer/national association representative or local government representative
- Submit applicant's personal letter of motivation to describe how the applicant's immediate child and adolescent mental health care or research or his/her country would benefit from his/her attendance to the congress
- Successful applicants will receive sponsorship for congress registration and four nights accommodation (arrangements to be made and paid by the delegate in advance and later reimbursement on-site upon the delegate's arrival to the congress)

Application and Selection Process

- Applications for the adopt a delegate program to be marked by an author during the abstract submission process
- Applicants' abstracts subject to equal evaluation with all submitted abstracts for the congress
- The highest ranked abstracts for the adopt a delegate program are to be considered by the committee allocated for the program
- Notification sent to applicants by 15 March 2018

Program Overview



IACAPAP 2018 CONGRESS	Monday 23 July 2018	Tuesday 24 July 2018	Wednesday 25 July 2018	Thursday 26 July 2018	Friday 27 July 2018	
Scientific Program (8:00 – 18:00)	Pre-Congress Courses	Workshops / Parallel Sessions	Workshops / Parallel Sessions	Workshops / Parallel Sessions	Workshops / Parallel Sessions	
		Plenary Lecture	Plenary Lecture	Plenary Lecture	Plenary Lecture	
		Coffee Break	Coffee Break	Coffee Break	Coffee Break	
		State of Art Lectures	State of Art Lectures	State of Art Lectures	State of Art Lectures	
		Parallel Sessions	Parallel Sessions	Parallel Sessions	Parallel Sessions	
		Lunch Break	Lunch Break	Lunch Break	Lunch Break	
		Plenary Lecture	Plenary Lecture	Plenary Lecture	Plenary Lecture	
		Parallel Sessions	Parallel Sessions	Parallel Sessions	Parallel Sessions	
		Opening Ceremony	Coffee Break	Coffee Break	Coffee Break	Closing Ceremony
			Parallel Sessions	Parallel Sessions	Parallel Sessions	
Evening	Welcome Cocktail		Congress Dinner			





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The capital city, Prague, is an enchanting and historical place

It has a rich history, unique architecture and a rich culture. With the congress venue, Prague Congress Centre conveniently located just 5 minutes from the city center, there will be plenty of time to explore the historical sights while strolling through the Old Town Square with the Astronomical Clock and across the Charles Bridge towards the Prague Castle for breathtaking views of the red roofs across the valley.

With frequent flights scheduled for the Vaclav Havel Airport in Prague, your vacation before or after the congress cannot be easier. Immerse yourself in culture while exploring the gothic churches and colorful baroque buildings throughout the day and enjoy the local cuisine before setting for an evening of classical music concert in Rudolfinum...

Not so much seeking after the culture and busy city life? With its beautiful cities, magnificent castles and fascinating history, there's plenty to be enjoyed on holiday to the Czech Republic outside the city of Prague. Book your time to spare for the enchanted country!

Important Dates

31 December 2017

Abstract Submission Deadline

February 2018

Notification of Abstract Acceptance

21 March 2018

Early Bird Registration Deadline

21 March 2018

Registration Deadline for Presenting Authors

4 July 2018

Online Registration to Close

23–27 July 2018

IACAPAP 2018 Congress



Sightseeing Tours



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Karlovy Vary and Moser Factory

Probably the best-known spa town in the Czech Republic, with history dating back to the 14th century. Most famous for the healing powers of the local springs, Karlovy Vary also became famous thanks to the local manufacturing of world renowned Moser crystal, Carlsbad porcelain or the herb liqueur Becherovka. Visit the Moser factory and tour of the town center to see the most famous geyser Vřídlo (Sprudel) – gushing its mineral water to a height of almost 12 meters.



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Kutná Hora and Sedlec Ossuary



UNESCO world heritage site, a medieval silver mining center, was once the second richest city in the Kingdom of Bohemia. The tour of Kutná Hora will not only take you to St Barbara's Cathedral but also to many beautiful gothic, renaissance and baroque townhouses – you will also visit one of the most interesting burial grounds in the world: the Sedlec Ossuary. This chapel is decorated with more than 40 000 human bones, arranged into various decorations.



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Český Krumlov



A medieval town in South Bohemia, retains its fairytale-like atmosphere to this day and is well-deserving of its inclusion on UNESCO's list of cultural heritage sites. Enjoy a stroll through the narrow, winding streets of the historical center, filled with Gothic, Renaissance and Baroque buildings from the times of the Rožmberk, Eggenberg and Schwarzenberg noble families. Visit the local castle, the second largest castle in the Czech Republic, filled with ancient furniture, artwork, tapestries and exquisitely adorned weapons.

Karlštejn



Karlštejn Castle is one of the most visited castles in the Czech Republic. Originally served to safeguard the imperial and royal treasure and the Crown jewels it served also as the archive of state documents. After climbing the hill, a tour of the interiors will acquaint you with not only the history of the castle, but also with the life of Charles IV and fine arts during his reign.

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to receive all information on registration opening, congress program news, accommodation availability, sightseeing tips and much more.





13 Reasons to Fly

Mental Health Awareness Organization



“Like most great stories, mine started from rock bottom. The phrase ‘you can only go up’ captures this part of my journey”

Like most great stories, mine started from rock bottom. The phrase “you can only go up” captures this part of my journey. In Cohannet Academy, a locked program for teenagers with mental health problems, I hit my rock bottom. I had been doing well for almost a month but had a new setback that knocked me down. On a day that I started to hurt myself I came up with a new way to respond: “13 Reasons to Fly.” That episode made me feel guilty and stupid but also fueled a goal to never feel that way again. What kept me going was the possibility that I could make a difference in other people’s lives. When people like me are in that state that they feel like giving up, we rarely focus on the things that keep us going. It took me 3 months to realize that I needed to shift my focus to the things that keep me going. That idea saved my life, and I think it could save others too.

I was keeping in my room (trapped, I felt) and I got to thinking about the world, the way we perceive things and the way that society sucks. Those ideas began to fuel my fire, especially the growing controversy over the Netflix series “13 Reasons Why”:

I began thinking how the combination of glorification and stigma that surrounds mental illness and suicide. How do the very things I deal with every day, the hospital environment I have come to know, the urges that tear me down, get glorified? I was furious. I knew I had to do something – anything. Instead of thinking 13 reasons to end your life, why not 13 reasons to live? While everyone struggles and goes through things, there are always things



13 Reasons to Fly

Mental Health Awareness Organization

that pull us through, things we love. If we can focus on those things and not the things that threaten to undo us, we could live another day. That is all we need, to take it day by day. This campaign was started on that idea, the idea that we all should focus on 13 Reasons to Fly.

From there things grew at a rate I had never anticipated. A week or so after it began, I realized, why stop with 13 Reasons? Why don't I create something whose mission is not only to promote positivity but to shift how we as a society think about mental illness. It shouldn't be treated any differently than physical illness, both are real even if only one can be seen from MRI's and CT scans. That is my goal, to reduce stigma about the very thing I am going through. This campaign has given me a reason to live; I am not only fighting for myself through this journey but for the world I have come to know.

So far, I have started my campaign at Cohannet Academy with the residents I live with. I introduced the idea and got abundant support. I asked all the residents and some staff to come up with their own 13 Reasons to Fly. As they were thinking of theirs, I shared the campaign's mission statement and 13 Reasons along with its values. We brainstormed how to uphold all these things in our daily lives. Since then, we have been on pause at Cohannet as I've been doing some fundraising and behind-the-scenes work.

My goal is to finalize a curriculum so that we can begin 13 Reasons to Fly as an ongoing group here and a club at local schools. The campaign is currently becoming a nonprofit organization. In the short term I would love to begin this curriculum at hospitals and schools as well as share my story with others so they may be inspired to tell theirs. I also would like to hold some events to kickstart the campaign. Long term, my dream is to create a Make-a-Wish foundation for people with serious mental illness. I know this is a long shot but this could tie into peoples 13 Reasons because I could connect people to their 13 Reasons. I want to travel around the country sharing my story and starting local chapters wherever I go. I want my nonprofit to shift how we think about mental illness and suicide. I want to help teens like me before they get to where I got this past December. I have the experience and passion to make a change; I just need help and time to work on the logistics.

My current biggest challenge is figuring out how to take all my ideas and make them happen. Since then, I have done a lot of narrowing down but still have much more to go. I am currently working on turning my ideas into a concrete program that I can promote at other hospitals and schools. I have been so lucky to have support and connections from Taunton State Hospital and the Massachusetts Department of Mental Health. I know I have a lot of work left to do but am so excited about moving forward and spreading the campaign's wings.

Thank you for your time!!

Isabelle Cole

For more information or if you have any questions follow us on Instagram, Facebook, and Twitter @13Reasonstofly.

Our website is <https://www.13ReasonstoFly.com> and our email is 13reasonstofly@gmail.com.

The 4th Child and Adolescent Psychiatry Review Course in Jeddah, Saudi Arabia

Khalid A. Bazaid, Muhammad Waqar Azeem



The Kingdom of Saudi Arabia (KSA) is one of the most populous countries in the Middle East with 27 million people, almost half of them children and adolescents. However, there are very limited resources regarding child and adolescent psychiatry (CAP) in the country. The first child and adolescent psychiatry training course in the KSA took place in Jeddah in 2013. The second in 2014 and the third in 2015 also in Jeddah. After the success of the previous review courses, the 4th one was held in Jeddah from April 10th to 12th, 2017. For the first time the course was organized in collaboration with Jeddah Psychiatric Hospital.

CAP postgraduate training is not well established in the Middle East when compared to North America or Europe. Hence, junior doctors and trainees from the Middle East quite often go to North America to undertake post graduate child and adolescent psychiatry training. In these circumstances there is an urgent need for short and intense CAP training in the KSA, and the Middle East in general, until a world class CAP fellowship program is established.

The faculty included four recognized national speakers — Dr. Nawaf Alharthi, director of the organizing committee and Director of Jeddah Psychiatric Hospital; Drs. Saad Alkhateeb and Hani Abualross, Jeddah Psychiatric Hospital; and Dr. Tahani Alqassem, King Faisal Specialist Hospital and Research Center, Jeddah. In addition, there were three international lecturers — Professor Muhammad

Waqar Azeem, Chair, Department of Psychiatry, Sidra Medical and Research Center, Qatar/Weill Cornell Medical College, Cornell University; Dr. Ahmad Almai, Head of Child and Adolescent Psychiatry, SKMC, Abu Dhabi, UAE; and the director of the course, Dr. Khalid Bazaid, Children's Hospital of Eastern Ontario/University of Ottawa, Canada.

The audience was diverse and included child psychiatrists and general psychiatrists, pediatricians, family physicians, psychologists, social workers, nurses, trainees, and medical students. This was important, as in the Middle East there is only a handful of child and adolescent psychiatrists and children with mental health problems quite often are seen by adult psychiatrists, pediatricians, or other allied health professionals.

The course aimed at educating the audience on the common child and adolescent psychiatric disorders. Topics covered included an introduction to child and adolescent psychiatry, assessment of and interviewing children and adolescents, mental status examination, adolescent psychotic disorders, depression, disruptive disorders, autism spectrum disorders, pediatric anxiety disorders and PTSD in children and youth. The 2nd day was allocated to an in-depth review of ADHD.

Based on the success of this course, the organizers are planning to have another course next year and in years to come. No doubt, such courses will help to improve local services by enhancing mental health care providers' knowledge and clinical skills, and ultimately contribute to a better children's health.

From left: Mr. Faris Alharthi, Professor Muhammad Waqar Azeem, Dr. Khalid Bazaid, Dr. Saad Alkhateeb, Dr. Nawaf Alharthi, Dr. Hani Abualross, Dr. Samira Alghamdi, Dr. Tahani Alqassem. Top, Dr. Khalid Bazaid





Donald J Cohen Fellowship Program Prague 2018

The Donald J. Cohen Fellowship Program for International Scholars in Child and Adolescent Mental Health is a training program for young professionals modelled on successful activities at previous IACAPAP Congresses and Research Seminars. The purpose of these awards is to foster the professional development of emerging leaders in child and adolescent mental health throughout the world. It is designed for individuals whose engagement could play a pivotal role in addressing the very specific needs of their country of origin. The program includes:

- Daily small group meetings with leading experts serving as mentors
- Dedicated poster presentations attended by senior faculty members
- Special seminars
- Social activities
- Free registration fee for the general sessions
- Accommodation in Prague
- Possible partial support of travelling expenditure to the Congress

Requirements:

- Application ([click here to access](#))
- Submission of a project suitable for a poster or oral presentation at the Congress (to be submitted through the regular abstract submission system of the Congress website).
- Good command of English
- A recommendation letter from your supervisor or a more senior colleague.

We encourage all interested and eligible candidates to apply. We especially welcome applications from countries where child and adolescent mental health needs are under-served and under-represented. We also strongly encourage applicants to reach out to their IACAPAP regional coordinators ([click here for a contact list](#)) to seek assistance with the submissions process if required.

All applications should be received by Sunday, 31st December 2017.

Program Coordinators: Ayesha Mian and Naoufel Gaddour

New this year: the Donald Cohen Fellowship Program Alumni symposium

Former DJCFP fellows are invited to report on their professional progress and strengthen the links of the already large DJCFP family.

The 6th Helmut Remschmidt Research Seminar (HRRS 2017)

Svata Katerina, Czech Republic



The 2017 IACAPAP Helmut Remschmidt Research Seminar (HRRS) organized at the St. Katerina Resort, Czech Republic, 17-22 September, 2017 has come to an end. This year's theme, *Children at Risk of Mental Disorder*, couldn't have been more appropriate. There was a rich pool of perspectives and contributions from mentors and fellows from over twenty different countries across four continents. All the fellows selected to participate in HRRS 2017 had the unique opportunity to discuss pertinent research in the field of child and adolescent psychiatry and psychology, to receive personalized feedback from mentors, and, perhaps most importantly, to create life-long friendships and connections with other young mental health professionals from around the world. We were greatly inspired by this seminar and wish to share some of the important highlights.



Firstly, we learned the intricacies of making strong presentations and of good academic writing, and had ample opportunities to practice these skills and receive feedback. We also had the rare chance of hearing mentors talk about their own research journeys and current projects, which included topics from the long-term outcomes of children of alcoholic parents, to the successful

treatment of patients with autism, and to the effects of institutional care on health and development. These allowed us to delve into previously unexplored areas of interest and contribute our own knowledge and opinions.

Secondly, the value of one-to-one mentorship was clearly brought to the fore. The HRRS mentors were unbelievably helpful, providing not just advice but also showing genuine interest and instilling belief that our research projects were *doable*. They gave their frank advice to





improve various aspects of our research going forward. Mentors also provided insights into research design and statistical analysis, as well as useful tips for critiquing academic papers. All these can only serve to make us better researchers.

Very importantly also, we learned that perhaps the best way to connect 22 fellows from 18 different countries is through dance! On our last night together, we were granted the spontaneous opportunity to turn our conference hall into a dance party, where we enjoyed exotic music from Spain, Turkey, and Nigeria. This camaraderie and light-hearted fun was a trend throughout the seminar. The bonds of friendship were evident from the start, enabled by the shared struggles and successes within our personal, professional, and academic lives. We could not have asked for a better peer group.

We are extremely grateful to IACAPAP for providing this amazing platform that serves to advance child and adolescent mental health across the globe. We would like to thank all the mentors for their unwavering and kind-hearted support, particularly Professors Bruno Falissard, Michal Goetz, Michal Hrdlicka, Per-Anders Rydelius, Andreas Warnke, and Associate Professors Radek Ptacek and Mabel V. Rodriguez. We thank Alice Tragerova for her incomparable organizational skills and flexibility. We specially thank Professor Petrus J. de Vries, HRRS coordinator, for his undying enthusiasm and commitment to the course. Lastly, we thank Professor Remschmidt, for recognizing the need for capacity building for young researchers within the field of child and adolescent mental health, and for continuing to dedicate his time and wealth of knowledge to the fellows. We leave this seminar with newfound inspiration, both for the populations we serve and the research we conduct. This was an experience we will cherish for a long time.

Laura Flanigan (Canada) and Sewanu Awhangansi (Nigeria) on behalf of the HRRS 2017 fellows.



THE CHILD & ADOLESCENT PSYCHIATRY TRAINING DAY

25th European Federation of Psychiatric Trainees (EFPT) Forum, Istanbul, Turkey, 2017

Sarah Maria Birkle, Helin Yilmaz, Teresa Gómez Alemany, Evgeniia Chibikova & Ekin Sönmez

Representing psychiatric trainees from more than 30 countries, EFPT has gained international respect while keeping its young and dynamic spirit through generations. Inspired from EFPT's unique value that allows psychiatric trainees to shape their own future and therefore the future of psychiatry, the topic of the annual forum was "Hope for the Future of Psychiatry". The diversity of the five-day conference was also reflected in the subjects presented in keynote presentations, poster presentations, and workshops.

The 25th European Federation of Psychiatric Trainees (EFPT) Forum was held in Istanbul from 30 June to 4 July, 2017. Istanbul has been one of the world's most important cities in history and it is still today. It is a metropolis that not only straddles Europe and Asia, but also attracts people from all over the world. Built on seven hills and crossed by the beautiful Bosphorus, it has been a source of inspiration for writers, poets, artists, and photographers from many countries.

For the EFPT child and adolescent psychiatry (CAP) working group and for all the CAP trainees who participate in the forum, one of the highlights of every annual forum is the CAP Training Day that took place on the 1st of July. The

CAP Training Day included presentations from both research and clinical perspectives. The three keynote speakers were highly esteemed researchers and clinicians in the field.

The first keynote speaker was Professor Füsün Çuhadaroğlu Çetin from Hacettepe University, Ankara. She is IACAPAP's Secretary General and spoke about "The Role of NGOs in the Development of Child and Adolescent Mental Health" (CAMH). She described the fields in which NGOs may play a role, including promotion of CAMH,

promotion of mental health, risk reduction, early diagnosis, treatment, training, and advocacy, detailing each of them.

The second keynote speaker was Brian Jacobs from King's College, London. He is the Union Européenne des Médecins Spécialistes (UEMS) CAP Section President of Education. He lectured on "Aces Strike and Strike Again – Some Effects of Early Maltreatment". Professor Jacobs discussed

outcomes of their studies about infant and toddler mental health and a model entitled "Mother Toddler Interaction—Multi Axial Assessment".

In addition to the keynote speakers, the CAP working group presented their current activities such as the film project for the recruitment of child and adolescent psychiatrists.

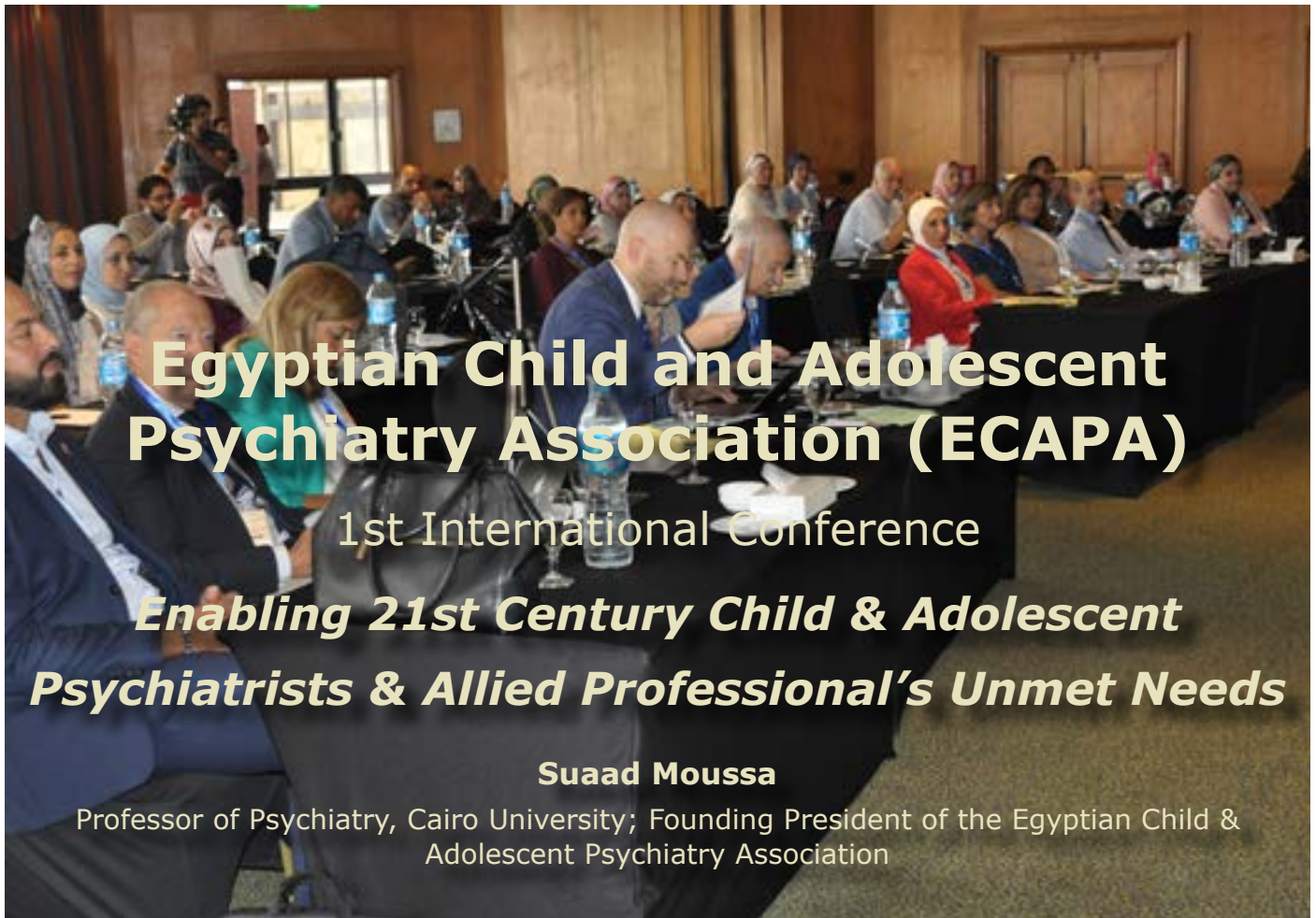
Overall, the CAP Training Day as well as the whole EFPT Forum was a great success with inspiring presentations and exchange of both research and clinical knowledge. The atmosphere throughout the forum was invigorating with participants



the outcomes and psychobiology of adverse childhood events (ACEs). In addition to this, he talked about both the genetics of vulnerability-resilience and the effects of ACEs in ADHD.

The third keynote speaker was Professor Koray Kayabekiroğlu from the On Dokuz Mayıs University of Samsun. His presentation was on "Infant and Toddler Psychiatry: Multicenter Collaboration". Professor Karabekiroğlu mentioned the importance of infant and toddler mental health and early diagnosis and treatment. He also presented

from all over Europe. The social events were pleasant and provided a superb opportunity for networking. Moreover, the conference provided an excellent platform where good ideas were generated and exchanged, and created a potential for new and innovative collaborations. We are positive that trainees will take their enthusiasm back to their countries and will pursue their ideas according to their slogan "Shaping the future of psychiatry".



Egyptian Child and Adolescent Psychiatry Association (ECAPA)

1st International Conference

Enabling 21st Century Child & Adolescent Psychiatrists & Allied Professional's Unmet Needs

Suaad Moussa

Professor of Psychiatry, Cairo University; Founding President of the Egyptian Child & Adolescent Psychiatry Association

ECAPA, founded in December 2012, held its first Conference on September 2017 in collaboration with IACAPAP and the EPA (Egyptian Psychiatry Association). The conference was held in Cairo from 12 to 14 of September. The first day witnessed several oral presentations on a variety of topics from local, regional and international presenters. On the following two days two full-day workshops and three half-day workshops were delivered.

The conference was attended by 115 professionals from all over Egypt: Greater Cairo, Lower Egypt: Alexandria, Dakahlia, Gharbeya and Sharkeya Governorates, Upper Egypt: Assuit and Bani Suef Governorates. From outside Egypt attendees came from Saudi Arabia, UAE, Lebanon and Algeria as well as from Australia, France, UK and the US.

In the opening ceremony six speakers addressed the conference: Prof. Suaad Moussa, ECAPA Founding President &

Conference President; Prof. Eric Taylor, UK; Prof. Momtaz Abdel Wahab, EPA President; Prof. Bruno Falissard, IACAPAP President; and the godfathers and pillars of modern psychiatry in Egypt: Prof. Yehia El Rakhawy and Prof. Ahmed Okasha.

The opening ceremony was followed by an honoring ceremony for those who shared in ECAPA's ADHD awareness campaign in collaboration with the Ministry of Education and translators and editors of the Arabic version of IACAPAP

Textbook of Child and Adolescent Mental Health.

Keynote speaker was IACAPAP's President Prof. Bruno Falissard who gave a lecture titled "Which Psychiatry for Children & Adolescents of the XXI Century", Guest Speakers were Emeritus Prof. Harry Zeitlin and Dr Bruce Clark from the UK. Prof. Zeitlin gave two talks "Understanding what Children Say: Avoiding the Pitfalls of Child Testimony" and "Helping Separating Parents to Come to an Agreement about Children". Dr Bruce Clark's talk



From left: Hesham Hamoda, Bruno Falissard, Ahmed Okasha, Suaad Moussa, Yehia El Rakhawy, Momtaz Abdel Wahab

This conference represents a strong launch for ECAPA's activities and a new beginning for child and adolescent mental health in Egypt, a country of almost 100 million inhabitants.

was "Body Dysmorphic Disorder: Treatment Outcomes". There was also a special address by Dr. Hesham Hamoda, IACAPAP Vice President titled "Academic Skills Development for Child and Adolescent Mental Health Professionals"

Oral presentations at the conference covered a wide range of subjects including parenting, epilepsy, trauma, depression, autism, ADHD, OCD, school mental health, children at risk, substance abuse problems, comorbidities, DBT for adolescents and unmet needs in adolescent psychiatry.

The two full day workshops were: "The Child Autism Rating Scale (CARS) 2 – Arabic Version" conducted by Dr Leyla Akoury Dirani, Clinical Psychologist at the Psychiatry Department, American University, Beirut, Lebanon and "Breaking Free from OCD: Assessment and Treatment of Obsessive Compulsive Disorder in Children and Young People" by Bruce Clark, Consultant Child & Adolescent Psychiatrist and Chloe Volz, Consultant Clinical Psychologist, both from the UK.

The three half day workshops were "Pharmacological

Management of Childhood and Adolescent Onset Bipolar Disorder. Chaos: Is It a Treatable Condition?" by Mohamed Nasr, Professor of Psychiatry, Cairo University; "In their Shoes! Using Mentalization-Based Therapy for Young People" by Dr Maha Emadeldin, Head of Psychiatry Department, Bani Suef University, and Dr Heba Sabry, Specialty Doctor, UK, and "Family Therapy in Clinical Practice" by Yara Samir Khedr, Child & Adolescent Psychiatrist, Toowoomba Hospital, Australia.



From left: Hesham Hamoda, IACAPAP Vice President, Eman Gaber, Conference Coordinator, Bruno Falissard, IACAPAP President, Suaad Moussa, Conference President, Maha Emadeldin, Conference General Secretary and Nahla Radwan, Chair of Organizing Committee



JOAQUÍN FUENTES MD

2017 AACAP's George Tarjan MD Award for Contributions in Developmental Disabilities

César Soutullo, MD, PhD

In the last American Academy of Child & Adolescent Psychiatry (AACAP) annual meeting in Washington DC, Joaquín Fuentes MD, received the 2017 AACAP's George Tarjan, MD, Award for Contributions in Developmental Disabilities. Joaquín is counsellor and member of the Executive Committee of IACAPAP

This prestigious award, established in 1993 in honor of AACAP's Past President (1977-79) George Tarjan, MD, was given for the first time to a person practicing outside North America. It recognizes a child and adolescent psychiatrist and AACAP member who has made significant contributions at national and/or international level in a lifetime career to the understanding or care of those with mental and developmental disabilities.

I have known Joaquín for many years and I have been impressed by his personal touch that makes you feel comfortable with him from the first minute. He is also very experienced in evaluating and helping children with autism spectrum disorders (ASD), ADHD and other neurodevelopmental and psychiatric conditions. He really enjoys teaching and interacting with junior residents and early career psychiatrists and has great skills in implementing a biopsychosocial plan to help his patients. The Gautena team for assessment, treatment and support of patients with ASD he developed in the Spanish province of Guipuzcoa is truly remarkable. I can proudly say that I am one of his friends, not only a peer. I was fortunate to interview Joaquín in his office in San Sebastian (Basque Country, Spain).

What thoughts and feelings does this award engender in you?

Mostly pride and satisfaction. It is fantastic to see that one's professional and personal goals are not only achieved, but recognized by those whom I respect the most. This is an award in which colleagues make the nomination, people who have followed your career and consider that you deserve this recognition. It just feels great!

“It is important to ‘think big and act small’ ”

It is well deserved and I can see it has really “touched” you!

It moves me and also affects others. Many people around me feel “awarded” with this 2017 George Tarjan Award. In child mental health we never work alone, and this is particularly true in the case of developmental disabilities. We work with patients, with their families and friends, with educational and social agents. This mixture is, for me, the essence of our profession.

You have been a key person in developing an exemplary network: the Gautena regional program for ASD in your home province in northern Spain. For you, what are the essential elements in creating such an initiative for developmental disorders?

It is important to “think big and act small”. A manageable, not too large, population is required — for Gautena we have a catchment area of 700,000 people. You need to gather information about the current and future needs of the population across their life span; embed your program in the community and ensure interdepartmental support; follow best practice guidelines; search for outcomes; and empower stakeholders. I did not rank these elements in order of importance, they are all needed! And you cannot copy someone else’s program: you’ve got to adapt to your local conditions!

The lack of resources is a real problem in many areas of the world. Do you think this lack of funding will change in the next 10 years?

I am convinced that science and human rights will advance together in this field. There is a huge difference in all the countries about what we know and what we do. IACAPAP has a key role in achieving better lives for all children and adolescents. By working with others, we enrich our communities and we fulfill ourselves.

Finally, on a personal level... why did you choose child and adolescent psychiatry as your lifetime career?

During medical school I was especially interested in pediatrics and in the brain. I think that this happened because I had good mentors in these areas. Then, when on rotation during my residency in psychiatry, I discovered psychotherapy with kids. I felt so useful to them that there was no way back! I still remember some of the youngsters and the teachers, supervisors and mentors I had. They shaped my life. They merit a really warm award!

Congratulations Joaquín!, you are right, many of us feel privileged for knowing you and for learning how you care for your patients, your team and the community.



Left, Joaquín Fuentes, receiving the Award, with AACAP’s Executive Director Heidi B. Fordi, his son (right) and nephew. Above, Joaquín Fuentes and Cesar Soutullo in Vancouver.



The new IACAPAP eTextbook app gives instant access to the IACAPAP Textbook of Child and Adolescent Mental Health using smartphones, both iOS and Android-based. Install it and you will be able to access the wealth of information in the Textbook at the touch of a button. Thanks to Dr Melvyn Zhang and his technical team from Singapore for devising the app and to Dr Daniel Fung.

To install the app in your smartphone or tablet go to the iTunes (Apple devices) or Google Play (Android devices) store, search for "IACAPAP Text" and follow the prompts. Alternatively click on the following hyperlinks:

Apple: <https://itunes.apple.com/us/app/iacapap-text/id1000560502?ls=1&mt=8>

Android: <https://play.google.com/store/apps/details?id=com.htbros.iacapapbook&hl=en>

For the latest news about the Textbook and other relevant information go to <https://www.facebook.com/IACAPAP-Textbook-of-Child-and-Adolescent-Mental-Health-249690448525378/>

Asociación Española de Psiquiatría del Niño Y del Adolescente

Del 7 al 9 de junio 2018
Palma
Illes Balears

62 congreso de la asociación española de psiquiatría del niño y del adolescente

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FURTHER INSIGHTS FROM IACAPAP 2016

Conversations with Richard Tremblay and Peter Szatmari about prospective studies, risk and resilience

Maite Ferrin MD, MSc, PhD



On the 19th of September, 2016, I had the opportunity to attend Richard Tremblay's presentation during the 22nd IACAPAP meeting celebrated in Calgary, Canada. He is Professor of Early Childhood Development at the School of Public Health, Physiotherapy and Population Science, and director of the Research Centre on Childhood and Human Development at the University College, Dublin. He coordinates the Marie Curie International Network for Early Childhood Health Development and is the founding editor of the online Encyclopedia on Early Childhood Development. Professor Tremblay participated in the Canadian National Longitudinal Study of Children and Youth (NLSCY), and has initiated five ongoing longitudinal-experimental studies on the development of children's health and wellbeing. His presentation about "Unravelling the Developmental Origins of Disruptive Behavior Problems: From Social Learning to Epigenetics" was based on a review of the data obtained from these experimental longitudinal studies from early childhood to adulthood.

I had the opportunity to discuss with Professor Tremblay how experimental longitudinal studies may help us recognize developmental trajectories of disruptive behaviors from early childhood while, at the same time, identifying early interventions that may prevent negative outcomes such as school dropout, substance abuse, or delinquent and criminal behavior. Professor Tremblay explained that *"it is better to conduct experiments and to follow them up over a period of time. If you just simply follow a cohort, you are making correlations and inferring association, however you don't know what directly causes what. In this sense, with experimental longitudinal designs you change things and observe the effect over time. This way you can see whether a risk factor has in fact caused anything. Conversely, if you don't find an association you can definitely conclude that this particular outcome has not been caused by that risk factor"*.

Professor Tremblay also explained how epigenetic mechanisms that appear to lead to early disruptive behavior could also be targeted with preventive interventions *"for instance we know that depression in mothers has an impact 'in utero' and a subsequent impact on the child's (and adult) mental health. If you administer an intervention, you will be able to measure how you change things; however, if you don't do the intervention you will never know what is really useful to reduce the risk of mental health problems"*

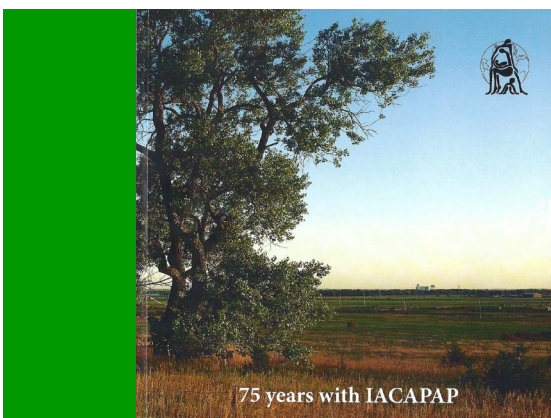
Finally, Professor Tremblay pointed out the importance of helping pregnant women to reduce the risk of mental health problems, and advocated for a stronger link between different medical specialties *“I think obstetricians are more interested in physiology and they don’t realize how risk factors during pregnancy are going to have a direct impact on mental health conditions later in life. At the moment there is no link between child psychiatrists, adult psychiatrists and obstetricians”*. Professor Tremblay emphasized the importance of focusing on promoting a healthy pregnancy if we want to massively improve mental health outcomes in the population.

On the 20th September, 2016, I was present at Peter Szatmari’s lecture on “Resiliency and Risk in Autism Spectrum Disorder”. The lecture focused on the interaction between risk factors, such as rare genetic variants, and resiliency in the context of ASD. He discussed examples of resilient individuals with ASD, as demonstrated in several recent familial and longitudinal studies.

Dr Szatmari is from The Hospital for Sick Children in Toronto, Canada. He has worked in the field of ASD for over thirty years and has been studying the longitudinal course of this disorder and its genetic causes. His group has extensively published on identifying genetically informative phenotypes, copy number variations and, along with the Autism Genome Project, on linkage and genome-wide association studies (GWAS) in autism. Dr. Szatmari is also the founding Director of CAIRN, a patient-oriented research network in early intervention in ASD and has written the book *“A Mind Apart; Understanding Autism and Asperger Syndrome”*.

I had a conversation with Dr. Szatmari who explained the importance of resilience in mental health *“A protective factor is not the absence of risk. For instance, if you have five risk factors, a protective factor doesn’t bring them down to four. A protective factor is an interaction, a moderator. However, we don’t have a good understanding of what the protective factors might be for ASD. We need to identify the protective factors so that we can incorporate them into more complex models”*.

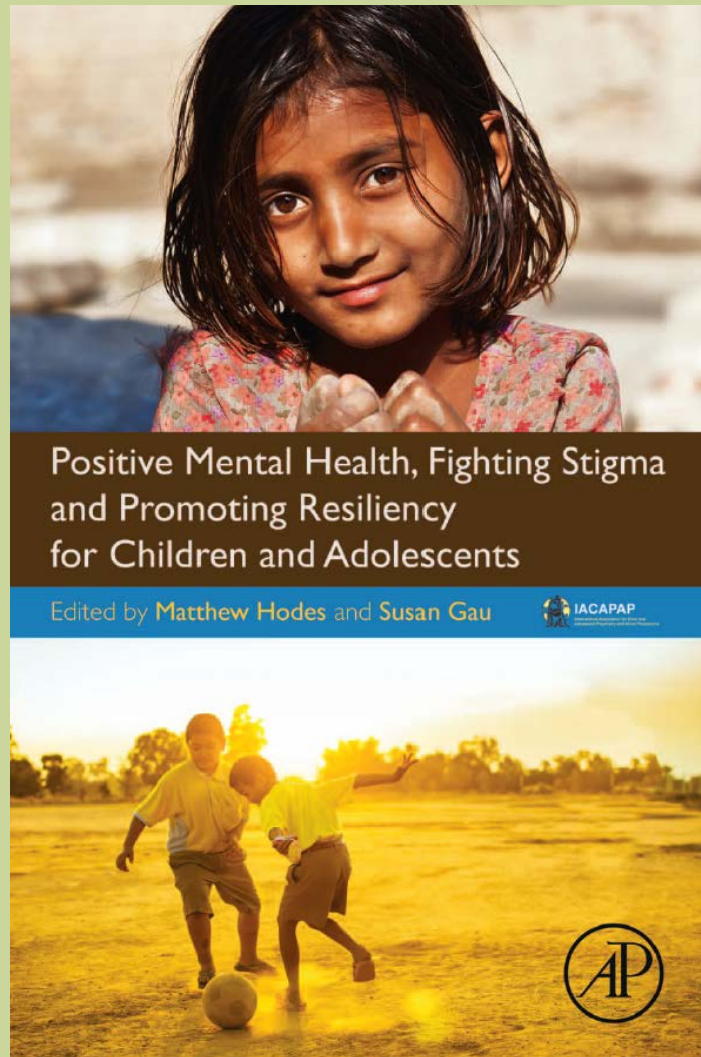
I also asked Dr. Szatmari about possible resilience factors that can be modifiable *“I’m going to pick up on two. First, the way parents cope with stress, which I think has a massive impact on their children’s mental health. Secondly, a welcoming and accommodating school can also have a major impact on their mental health. An easy temperament is also a factor that might be very important; however it is usually less modifiable”*. We ended up discussing how early identification and diagnosis of ASD might be useful to reduce stress in parents, as they are going to understand better their child’s condition and, similarly, with schools, as these children might be recognized and specific strategies can then be put in place much earlier.



Click on the image to download “75 Years with IACAPAP”, a history of IACAPAP written by Dr Kari Schleimer

2016 IACAPAP CONGRESS MONOGRAPH

Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents



This monograph was published by IACAPAP as a companion to the 22nd international congress held in Calgary, Canada in September 2016 reflecting the theme of the congress. The authors address conceptual issues including positive mental health (Falissard, University of Paris-Sud); new classification systems in child psychiatry (Garralda, Imperial College London); risk and resiliency for disorders drawing on biological perspectives from genetics (Peskin & Zalsman, Tel Aviv University) and brain abnormalities (MacMaster et al, University of Calgary); psychosocial influences including adjustment of left behind children following parental migration (Zheng, Capital Medical University, Beijing), and promoting resilience in indigenous youth (Kirmayer et al, McGill University, Montreal). Service and treatment chapters address the promotion of mental health literacy and reducing stigma (Kutcher et al, Dalhousie University, Canada), youth mental health services (McGorry & Goldstone, Orygen, Victoria, Australia), promoting parenting (Hawes, University of Sydney & Allen, University College London), resilience in autism spectrum disorder (Szatmari et al, University of Toronto), treatment of anorexia nervosa (Derenne & Lock, Stanford University School of Medicine), psychopharmacology of depression (Chapman et al, University of Texas Southwestern Medical Center), and helping very disturbed children in secure settings (Yurtbasi et al, Monash University, Australia).



Henrikje (Rika) Klasen 1963-2017

Henrikje (Rika) Klasen was a highly committed child and adolescent psychiatrist who had become increasingly involved in global mental health since 2012. She was active in developing innovative training and contributing to initiatives such as the [IACAPAP textbook](#). Rika's commitment was such that although unwell, she gave a verbal report about some of this work by Skype to the IACAPAP executive committee meeting on 12th July 2017 in Geneva. We were deeply shocked and saddened to hear less than two weeks later that she had died.

Rika grew up in Germany and attended medical school there. Even as a medical student she was interested in cultural influences on mental health and the insights that came from social anthropology. She carried out fieldwork in Indonesia, and this enabled her to publish one of her early papers. She went to the UK where she completed basic training in general psychiatry and then higher training in child and adolescent psychiatry in London. Her interest in cultural psychiatry continued

during this time. She worked with Professor Robert Goodman at the Institute of Psychiatry, Kings College, London, carrying out studies into medical professionals' understanding of ADHD and how this could differ from parents' understanding and result in miscommunication. She contributed to cross-national projects to develop the German version of the SDQ. While in London she was actively involved as collaborator with Matthew Hodes in a young refugees' mental health project.

After completing her training, she worked for some years in Chichester in the South of England. Following this she moved to the Netherlands and worked as a clinician in child and adolescent psychiatry. She became a very enthusiastic and successful trainer, and was rapidly appointed head of training in child psychiatry at The Hague and honorary associate professor at Leiden University Medical Centre. Soon she wanted to look at more global themes and became knowledgeable about global child and adolescent psychiatry including the [WHO Mental Health](#)



Kinderpsychiaterin Klasen über ihre ehrenamtliche Arbeit in Addis Abeba

[Gap Action Programme \(mhGAP\)](#), developed to enable non-mental health professionals to provide mental health treatment in low and middle income countries. She took six months leave from her work at the The Hague to work in Ethiopia, and contributed to the development of child and adolescent mental health services in Addis Ababa. A vivid account of this experience was given in the [February 2015 IACAPAP Bulletin](#). During her work in Ethiopia, Rika became aware that the WHO mhGap program could increase referrals to medical staff, such as primary care physicians or pediatricians, who themselves might have limited knowledge and skills in managing the children referred. In order to deal with this situation Rika became actively involved in developing a training programme, [iCAMH](#), for intermediate level professionals in low and middle income countries under IACAPAP's auspices. Rika taught two pilot modules of her innovative [iCAMH](#) teaching program at the University of Addis Ababa to paediatric residents in the last two years of her life. She also mentored [iCAMH](#) programs in Sri Lanka and Papua New Guinea. The teaching tools she developed will

continue to be implemented through the [iCAMH](#) program, leaving an educational legacy for years to come.

On returning to the Netherlands Rika continued her work with IACAPAP, and contributed to the [eTextbook](#). She became an advocate for child and adolescent mental health in other fora and joined the board of the European Society for Child and Adolescent Psychiatry. There she was active in advocating for the mental health of young refugees who had come to Europe in 2015-6.

Rika was a very enthusiastic and engaging person. She liked novelty and could be curious and iconoclastic, yet appreciated tradition. She was able to adapt to many new countries and work situations, and could see the good things even when faced with challenges. Meeting her was always an exciting and interesting occasion. Sadly she became ill at the end of 2016, and was diagnosed with cancer of the liver that was to prove fatal. She leaves her husband Peter and daughter Jana, to whom we extend our sincere condolences.

Matthew Hodes, London

Julie Chilton, North Carolina

Henrikje Klasen during the concluding day of mhGAP in Kashmir in 2013



Evaluation of the Helmut Remschmidt Research Seminars

A program developed to inspire young mental health professionals to incorporate research into their practice.

Ortega Iliana MD, Long Kaedy, Landers Ashley, McLukie Alan

This article describes an evaluation of the Helmut Remschmidt Research Seminars (HRRS). These seminars are organized by the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and aim to inspire early-career mental health professionals to incorporate research into their practice. We achieved a 40% response rate to an anonymous online survey completed by participants of five HRRS held between 2007 and 2015. The majority of participants agreed that HRRS met its objects, helped them to conduct research and facilitated their networking with a multidisciplinary group of mental health professionals from across the globe.

Background

Research plays a vital role in illuminating the causes of mental illnesses and is essential in helping develop prevention, intervention and health promotion strategies and initiatives. However, the number of physicians interested in, or prepared for, a research career has significantly decreased in the past two decades^{1,2,3}. Rosenberg⁴ states that the concept of physician-scientist is in danger of disappearing, which would likely have deleterious implications to the future of clinical research. Building research capacity within early-career psychiatrists and allied mental health professionals may be key to generate future research that maximizes clinical utility, as well as helping to establish a conduit through which current research findings can be more readily disseminated to the clinical realm. To sustain the concept of physician-scientists/clinician-scientist, all physicians and allied mental health professionals should receive formal training in the fundamentals of research design and methodology in their undergraduate medical education and postgraduate training and reinforced through continuing medical education⁴.

During the 17th congress of IACAPAP held in Melbourne, Australia in 2006, IACAPAP's executive committee developed a research seminar, referred to as the Helmut Remschmidt Research Seminars (HRRS), with the purpose of promoting the integration of research into the scopes of practice of an international contingent of early-career child and adolescent mental health professionals.

Since its inception, the HRRS has been held in Istanbul, Turkey 2007; Beijing, China 2010; Paris, France 2012; Stellenbosch, South Africa 2013; and Kananaskis, Canada 2015, providing 120 participants the opportunity to take part in this initiative. The next HRRS took place in September 2017, in Počátky, Czech Republic. The HRRS takes place the year preceding the biannual IACAPAP Congress and is organized by the host country.

The HRRS is a five-day intensive residential research-training program that brings approximately 20 early-career mental health professionals from around the globe together with a group of international clinician-

scientist mentors specializing in child and adolescent psychiatry and mental health. To maximize the international representation, successful participants are provided with financial support that includes accommodation and meals.

A climate of collaboration and team-based learning is established within through the residential component, whereby participants and mentors engage in communal meals and other activities. This climate of teamwork is also established at the outset of training by the participants being invited to present a short talk outlining their training, background, work environment, child and adolescent mental health services in their respective countries, and the research projects on which they would like to work during the seminar. These initial presentations set the stage for the more formal work of the seminars.

Throughout the week-long intensive training, HRRS is structured into morning lectures, whereby senior child and adolescent mental health professionals (the "mentors") deliver lectures on a variety of research topics including research methodology (e.g., assessment methods, research design, statistical tools), presentation skills, and skills in evaluating research. In the afternoon sessions small groups of 4-5 participants are matched with one or two mentors. During these sessions participants discuss their specific research proposals with the mentors and their multidisciplinary group to find ways of improving the design, clarify the research questions, and discuss ways in which the project can be carried out under the specific circumstances of their respective contexts (i.e., service type, cultural setting). Each training day culminates with all participants returning to the larger group to report on relevant issues discussed during the smaller sessions to allow for further synthesis and collaboration.

Networking and collaboration is further enhanced through social activities for participants and mentors including excursions to local points of interest. This social component provides an opportunity for participants to connect on a more personal level with mentors and colleagues from around the globe, creating international opportunities.

Table 1. Respondents' Demographics

Age range (years)		Number (%)
	25-34	11 (26%)
	35-44	26 (60%)
	45-54	5 (12%)
	55-74	1 (2%)
Gender		
	Male	31 (72%)
	Female	12 (28%)
Professional Discipline/Background		
	Child & adolescent psychiatry	23 (54%)
	Psychiatry	7 (17%)
	Psychology	6 (14%)
	Physician (no specialization noted)	4 (9%)
	Pediatrics	1 (2%)
	Nursing	1 (2%)
	Social work	1 (2%)

Methodology

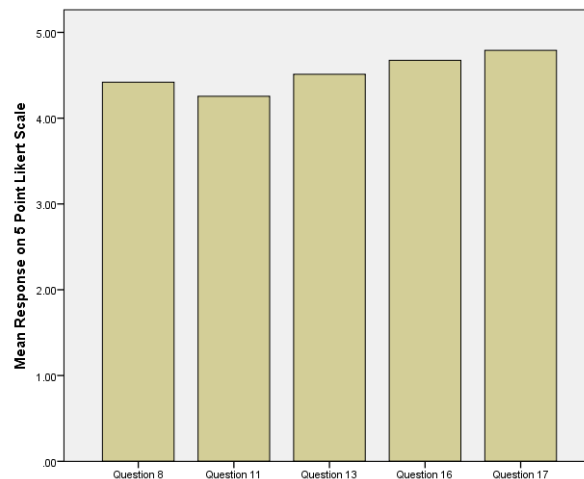
An 18-item questionnaire was developed which included nine demographic questions and eight questions regarding the impact of participating in the HRRS. Questions were structured into a five-point Likert scale format, (strongly agree, agree, neutral, disagree, and strongly disagree), yes/no format, as well as questions that allowed participants to provide qualitative response (see Appendix A). Using *Selectsurvey* this questionnaire was converted into an anonymous online survey distributed via email to the 135 email addresses on file pertaining to past HRRS participants. Responses were analyzed using SPSS.

Results

From a sampling frame of 135 former HRRS participants, 110 email addresses were valid, from which we received a total of 43 responses, a 39% response rate. Respondents to the survey included HRRS participants from the six HRRS programs not including the one on 2017. Respondents were a truly international group practicing in Australia, Bulgaria, Cambodia, Canada, China, Hungary, Israel, Kenya, Kosovo, Nigeria, Romania, South Africa, Sweden, Taiwan, Turkey, Uganda and the United Kingdom. See Table 1 for additional descriptive data.

Just over half of respondents agreed strongly and an additional 40% agreed that participating in HRRS had been a highlight of their training. In response to the question of whether HRRS helped participants design and carry out a research study, 42% strongly agreed and an additional 47% agreed. The majority of the respondents confirmed the value of the international/cross-cultural nature of HRRS with 58% strongly agreeing and 35% agreeing that the international/cross-cultural composition of participants was valuable. In fact, the majority of the respondents (81%) reported maintaining an ongoing connection with other HRRS participants and mentors after

the completion their respective trainings. In response to question related to HRRS succeeding in its purpose to “inspire young and emerging researchers in the area of child and adolescent mental health”, 67% of respondents strongly agreed that this was the case and 33% agreed that HRRS was succeeding in its purpose. The majority of respondents (79%) strongly agreed and an additional 21% agreed that they would recommend HRRS to future participants. See Figure for select results.



A selection of qualitative information provided by participants in response to item eighteen are as follows:

- I wish more colleagues could participate in such an amazing research training.
- It was a very positive experience that helps to promote and foster relationships across countries. The experience of formal and informal interactions with mentors is also an experience I will cherish for a very long time. It is inspirational to learn at the feet of intellectual giants and to benefit from their wisdom. I strongly recommend that this tradition should be sustained.
- Cambodia is one of the developing countries where the area of child mental health is still limited in terms of human resources, knowledge and research activities. It was such a great opportunity to attend HRRS seminar as the eye opened and inspiration from other professionals.
- Such seminars are very helpful for countries with few opportunities on research area.
- It was a wonderful experience, both educationally and socially
- Africa needs consistent inclusion in HRRS.
- After receiving feedback on my project from the group mentor/facilitator I decided to change my program of research and supervisor. He provided clarity around developing a true body of research that is district (??) to nursing. I am grateful that I learned this early in my program.
- I had a good experience learning through discussions with senior professors who are rich in experiences both in research and teaching. I recommend to continue having this kind of training/meeting and provide opportunity to candidates from LMIC where there is a lack of resources and training opportunities.
- HRRS provided me an opportunity to learn with leading figures of child mental health from all parts of the

world. I really enjoyed my participation in HRRS.

- HRRS is a training that opens the mind towards innovative ways of meeting the psychosocial need of people in rural and remote communities!
- True mentorship was a unique experience I benefited from during and after the program.

Discussion and conclusions

The structure of HRRS appears to provide an environment that is conducive to learning, and one that fosters collegial multi-disciplinary and cross-cultural collaboration, aligning with WHO and IACAPAP goals. Participation of individuals from different academic and cultural background enriches discussions that generate enhanced solutions to complex problems. To quote Professor Remschmit at the Kananaskis HRRS, “the ultimate goal of research is not to obtain recognition based on peer review publications but to improve quality and patient safety”.

Our findings reveal that HRRS participants are very satisfied with their involvement and an overwhelming majority agree that HRRS provided valuable information that strengthened their abilities to design and conduct research. Building capacity in the areas of child and adolescent mental health is desired and is particularly relevant for participants from countries that have limited resources.

Mentors play a key role during the HRRS by providing contributions focused on building research capacity, sharing their expertise as well as making suggestions regarding career and broader research processes. Opportunities to work with such mentors is invaluable to early-career mental health professionals; research capacity must be developed, it does not simply appear. From inception, the mission of HRRS has been to nurture and inspire research capacity in the future leaders in the field of child and adolescent mental health. Our findings show that HRRS is achieving this mission.

Acknowledgements

Special thanks and acknowledgement to HRRS current and past mentors particularly the Chairs of the HRRS Program Prof. Per-Anders Rydelius (Karolinska Institute, Stockholm, Sweden), Prof. Petrus J. de Vries (University of Cape Town, South Africa), Prof. Bruno Fasliard (Centre de Recherche en Epidemiologie et Santé des Populations, Paris, France), Prof. Helmut Remschmidt (Universität Marburg, Germany), and Prof. Chris Wilkes (University of Calgary, Canada) for their commitment to guide, inspire, and encourage future generations of child and adolescent psychiatrists and allied mental health professionals.

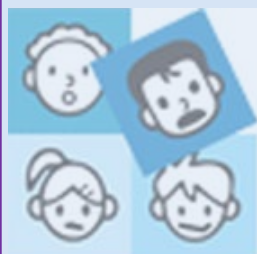
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Appendix. Questionnaire

1. What is your country of origin?
2. In what country, did you train?
3. In what country, do you currently reside?
4. What is your gender?
5. What is your age group?
6. What is your profession?
7. What HRRS meeting did you participate?
8. Participating in HRRS was a highlight of my training
9. Have you completed your training program (master, PhD, residency, fellowship)?
10. Are you still working in the area of child and youth mental health?
11. Taking part in HRRS helped you to design and carry on a research project?
12. Taking part in HRRS helped you to choose a direction for your future career?
13. I found cross-cultural aspects of HRRS to be valuable to me as a person and as a professional
14. I kept in touch with some of the people (peers and preceptors) that I met during HRRS
15. Have you presented at IACAPAP after your participation in HRRS?
16. Based in your experience, do you think HRRS succeeded in achieving the main purpose of ‘Inspiring young and emerging researchers in the area of child and adolescent mental health’?
17. Would you recommend HRRS to future participants?
18. Other comments or experiences of your participation in HRRS that you would like to share



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