



IACAPAP *Bulletin* Supplement

Donald J. Cohen Fellows' Remarks on the
17th IACAPAP World Congress

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Title	Author(s)	Page
1. By Way of Introduction	Andrés Martin, <i>New Haven, CT, USA</i> Joseph M. Rey, <i>Sydney, Australia</i>	2
2. All Mixed Up	Andrés Martin, <i>New Haven, CT, USA</i>	2
3. Eucalyptus and Responsibilities	Schuyler Henderson, <i>New York, NY</i>	2
4. Not There, But Now	Shewikar Farrag, <i>Mansoura, Egypt</i>	2
5. Nourishing Diversity: Where Should We Eat?	Paul Plenner, <i>Ulm, Germany</i>	4
6. Footprints in the Sand	Shirley Alleyne, <i>Bridgetown, Barbados,</i> <i>and New Haven, CT, USA</i>	5
7. Down Under, Fellowship Thunder	Vishal Madaan, <i>Omaha, NE, USA</i>	6
8. Affiliative Behavior: From Finches to Friends	Eva Ihle, <i>San Francisco, CA, USA</i>	7
9. Strangers on a Train	Sefi Kronenberg, <i>Tel Aviv, Israel</i>	8
10. Unexpected Pleasures	Bibiola Oladeji, <i>Ibadan, Nigeria</i>	8
11. Gratitude and Expectation	Fan Fang, <i>Changsha, China</i>	9
12. It's All about People	Guilherme Polanczyk, <i>Porto Alegre, Brazil</i>	10
13. Nurturing Diversity Indeed	Mukesh Prabhswamy, <i>Bangalore, India</i>	10
14. The Call	Ninik Supartini, <i>Yogyakarta, Indonesia</i>	11
15. My Heroes	Patricia Ibeziako, <i>Ibadan, Nigeria, and Boston, MA, USA</i>	13
16. A Homecoming at Home	Mike Cunningham, <i>Sydney, Australia</i>	14
17. Embracing Identity While Nurturing Diversity	Muideen Owolabi Bakare, <i>Cross River State, Nigeria</i>	14
18. YIBcap @ IACAPAP: Under the Acronyms, A Truly International Experience	Florian Zepf, <i>Frankfurt, Germany</i>	16
19. TV or not TV: That Is the Question	Feng-lin Cao, <i>Changsha, China</i>	17
20. Stoked: The Depths of Fraternity	Rebecca Coleman, <i>Port Lincoln, Australia</i>	18
21. Research, Whether with Rags or Riches: Helping Each Other Help Children	Stefan Ehrlich, <i>Berlin, Germany</i> Nicolas Jefferson-Lenskyj, <i>Brisbane, Australia</i> Paul L. Plener, <i>Ulm, Germany</i>	19
22. Creating Our Own Paths: Peer Mentorship Among Women in the Donald Cohen Fellowship	Susan Milam Miller, <i>Sacramento, CA, USA</i>	21
23. Congress Bag Colour Choice: A Cross-Sectional Naturalistic Study	Naoufel Gaddhour, <i>Monastir, Tunisia</i> Christian Zeni, <i>Porto Alegre, Brazil</i>	22
24. Spring in Melbourne	Zhu Yan, <i>Beijing, China</i>	24
25. Connecting Theory with Life, Professionals with People, and Cohen Fellows with Each Other	Elizabeth Benson-Stott, <i>Queensland, Australia</i>	24
26. Past Stigma and Onwards	Grace Robinah Onyango, <i>Kenya</i>	26
27. Clouds One Through Nine	Susan Tan, <i>Malaysia</i>	26
28. Lessons from Melbourne	Tolulope Theresa Bella, <i>Ibadan, Nigeria</i>	26
29. We're Raising Children, Not Flowers!	Yonghua Cui, <i>Beijing, China</i>	27
30. Iraqi Children and Trauma: An Overview of the Current Situation and Clinical Experience	Abdul Karim S. Mahdi AlObedy, <i>Baghdad, Iraq</i>	28
31. Participants: Donald J. Cohen Fellowship for International Scholars in Child and Adolescent Psychiatry and Allied Professions		29, 30

By Way of Introduction

The thirty pieces that follow provide a sense of the richness of the experience shared by eighty-five people during five days spent together in Melbourne in September of 2006. None of this excitement would have been possible without the support of the leadership of an Association that shows in concrete actions how deeply it values its young. We extend our deepest gratitude to past president Helmut Renschmidt for believing in the program in the first place, to incoming president Per Anders Rydelius for remaining committed to its future, and especially to immediate past president Myron Belfer for having been such a champion and supporter during the years and days leading to Australia. John Sikorski, our treasurer, organized key financial support; Suzie Dean and Campbell Paul were gracious organizing hosts, and Patty D’Cruz and her Melbourne team provided impeccable logistics throughout. Our thanks to all of them, and to the many others we cannot thank individually here. A special kudos and thank you goes out to Schuyler W. Henderson, one of our international fellows, for organizing the writings of such a prolific group. Finally, and most importantly, our appreciation to a superb line-up of fellows and mentors, in whom the magic of this program entirely resides. We have concluded this supplement with the contribution of Dr. Abdul Karim S. Mahdi AlObedy, from Iraq, who unfortunately was unable to join us. We have placed his abstract at the end as a reminder that our work, our collaborations and our obligations do not end.

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All Mixed Up

(Y)ou’ll need to practice
the arts of self-opening;
to learn to tolerate
and even cultivate the
leaving of known worlds.

Richard Broadhead

The argument can be made, and has been, that broad-interest scientific meetings have become an anachronism. Such logic suggests that geneticists, brain imagers, clinicians, policymakers, and *Drosophila melanogaster* enthusiasts should keep to their own and attend congresses as rigidly defined as the journals of their focused subspecialties. My intention here is not to speak against those worthwhile venues, or against the merit of sounding a narrow field of inquiry to its depth. Instead, based largely but not only on the recent experience of the Donald J. Cohen Fellowship for International Scholars in Child and Adolescent Psychiatry and Allied Professions, I wish to extol the values of mixing it all up.

Sixty-four fellows and 21 mentors, representing 29 countries and areas of interest too numerous to count, came together for five days in Melbourne this past September. The specific demographics of the participants and their unique perspectives on child mental health can be gleaned from the statistics and pieces included in this special supplement of the *Bulletin*. So rather than further cataloguing their achievements here, I will highlight salient differences in the Fellowship experience since the time of its inception in Berlin two short years ago.

First, it is a pleasure to see this Supplement edited by one of the fellows. It is true that as editor of its earlier iteration, I have good reason to be happy by this succession. But such a transition is just one of many ways in which the fellows made this program their own. Take for example the weblog designed by another fellow – one who may have been more unique

in cybernetic prowess that in his desire to remain connected to this group after the Australian days were over. Take as another case in point the way in which past student-observers became fellows, past fellows became mentors, and fellows and mentors alike became, well, hooked. There may be no better way of speaking to the value of this program than to see this transmission of knowledge, enthusiasm and nurturance from one cohort to the next. Donald Cohen, so fond of the Hebrew saying *midor l’dor* (from generation to generation), is surely smiling down on the program named in his memory.

At a moment when ‘focus, focus, focus’ is the dictum so many of us have been socialized into, and when our specialty demands further refinements in order to advance its scientific base; at a moment when we each should be doing more and more about less and less, it was instructive and refreshing to be reminded of the power of taking the broad approach. Broadness can of course quickly descend into messiness and cacophony, into a Tower of Babel, into a cheerful but inconsequential gathering where little of substance takes place. It takes a special vitality, focus, and openness of mind to make sense of the seemingly incompatible; to realize that complementary synergy is ours for the taking – if we are only wise enough to find it. And find it these remarkable individuals did.

In closing, I quote once again from President Richard Broadhead of Duke University. His words were delivered in 2000 to the incoming students of Yale College, of which he was Dean at the time:

For the sake of your growing wisdom, instead of insulating yourselves with those who already exactly agree with you, you will need not just to tolerate but to seek the company of those who differ with you, and find out what they actually think. Argument and exchange are the stuff of education; well-guarded unanimity is not.

To the wise, un-insulated, tolerant, educated and unguarded group of arguers who came together in Melbourne, fellow and mentor alike, I have this last bit to add: thank you each for mixing it up, thank you for sharing of yourselves, thank you for the privilege of letting us know you. Thank you, in brief, for showing us how vibrant the future of our discipline is.

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Eucalyptus and Responsibilities

Of all the advertising jingles that rattled around in my head as a child, two have remained into adulthood, ready to pop into my thoughts at any time: “Fosters – The Australian for Lager” and “Australians wouldn’t give a Castlemaine XXXX for anything else.” It must say something that the two advertising memes that somehow incorporated themselves into the DNA of my memory were both Australian – and both for lager. Long before we were drinking, my friends and I would try to emulate those comically flat vowels and that cheerful intonation. At some level, I suppose, it should be deeply concerning that as kids we took such pleasure in alcohol advertisements; on another level, it should be concerning that the friendly innocuousness of the Australian was evoked just for the purpose of sales

But we matured, and stopped reciting advertising jingles to one another, and soon were addicted to another pair of frothy Antipodean imports: *Neighbours* and *Home & Away*.

Things got a little bit more serious, though, when we were exposed to Australian culture that was not about beer and boys: *Gallipoli*, of course, and the music of Midnight Oil and Yothu Yindi. Midnight Oil sang about the heat and the outback, the vastness and the life there, and both bands sang about the dispossession and the decimation of the Aborigines – their songs were indeed protest songs.

I had heard of the Australian tradition of beginning conferences and addresses with an invocation and acknowledgement of the original inhabitants, owners and protectors of the land, and so I was not surprised by the opening ceremony of IACAPAP – but I was moved, and delighted, too, to notice that the music piped into the assembly hall was none other than Yothu Yindi. The continued suffering and enduring resilience of the Aborigine peoples were evoked, including in a powerful speech by Professor Lowitja O’Donoghue, and we were all welcomed with speeches and dance (including a lovely performance by “One Fire”).

What seemed to make the newly-traditional acknowledgement of the Aborigines and their custodianship of the land more than just lip service, more than just a post-colonial tic, is the combination of regret and pleasure that underlies these moments. It is a shifting set of values: regret about what happened and what still happens; a regret for some that their ancestors were attacked and displaced, and for others that their ancestors attacked and displaced. But this is mixed with pleasure, too: the shared appreciation of the dance and didgeridoo, the shared admiration for the resilience and endurance, the shared goal of restitution, both symbolic and actual.

It is hard to imagine that the motto of this year’s IACAPAP conference, Nurturing Diversity, could

be realized without this binary of regret and pleasure, the acknowledgement that diversity takes place along the battle lines of racism, colonialism, genocide, and culture wars, in which innocent parties are few and far between; and also the acknowledgement that this diversity takes place alongside the delight in difference, the world of appreciation for strange accents and perspectives, the meeting of men and women from ten nations around a single table for dinner, and the movement in cultures that, for example, could have a little boy in England not giving a Castlemaine XXXX for anything else.

And if there is anywhere that “nurturing diversity” can be found, it is in the Donald J. Cohen Fellowship. The moments of regret were few, limited to a few blank stares of incomprehension; a few stilted silences when, through language, culture, geography, or custom, meanings were unclear; and yes, there was occasionally another type of silence, that of topics that could not be broached. The pleasures, though, were shared: the shared goals of pediatric mental health, of making lives better for children and families through science, understanding, advocacy, and the shared goal (not always realized) of getting together for a meal. I saw nobody drinking Fosters or Castlemaine, but we did share some beers. In the essays and pieces that follow, full of optimism for the future, and memories of a thoroughly enjoyable and inspiring week in Melbourne, you will see diversity at work, laced with gratitude.

And so it was in this context – this specific context of Australian welcome – that we were able to nurture diversity. And we owe our hosts tremendous gratitude for inviting us to their land, with eucalyptus leaves and a reminder of our responsibilities.

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Not There, But Now

I am an Egyptian scholar who graduated from the University of Sheffield in the United Kingdom and am currently working as a lecturer of children's nursing (and children's mental health nursing, too) at the Faculty of Nursing, Mansoura University. Attending the IACAPAP 2006 congress was a dream for me. I had applied to participate in the IACAPAP 2004 congress, and my abstract had been accepted and published in the conference book, but I was not able to join with my colleagues in Berlin due to personal reasons. Therefore I kept dreaming of attending IACAPAP 2006 until it came true. I would like to express my heartfelt thanks to the DJC committee for their generosity in providing me this travel award as recognition of my research work. I was so very excited to receive my notification letter and delighted to have been selected as one of this year's recipients, which means a lot to me. It is an honor to be recognized for my hard work, and receiving this award motivates me to continue to strive to excellence.

However, the real events of the IACAPAP World Congress were more fruitful than I had even dreamed, and I could immediately feel the amount of effort spent in preparing both the Congress and the Fellowship as soon as I arrived in Melbourne. The Congress was so well coordinated and organized; the panels were chaired by highly experienced professors; we all enjoyed the welcoming attitude from our Australian colleagues and from the administrative personnel at the Melbourne Convention Centre; and the great diversity of participants from all over the world was especially enhanced by the Donald Cohen fellowship participants. From the nice reception in the opening ceremony, to the open access internet facility and the kind support given by mentors to young researchers ... well, it was really more than great.

I feel that I got so many things to take with me back to Egypt beside the scientific exchange of experiences. Perhaps one of the most important things is not what happened there, but will happen now: the event was such an inspiration that I will be cheerfully motivating my Egyptian colleagues to become active participants in the IACAPAP, and to learn more about child and adolescent psychiatry from all professionals around the world who usually come to IACAPAP congress.

I will look forward to meeting more nursing professionals in the coming 2008 congress, which will be held in Turkey. Thanks again for all the great things you have done for us.

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Nourishing Diversity: Where Should We Eat?

Melbourne's outstanding culinary reputation comes from the array of amazing quality produce used in innovative applications by its creative chefs (...) Dining options in this town are everywhere, and almost as conspicuous as footy.

-Melbourne City Guide, Lonely Planet 2004

During the Congress I often was reminded of a European film that came out several years ago. It was called "L'auberge Espanol" (or "The Spanish Hotel" in English-speaking countries) and told the story of five students from five different European countries living together in a flat trying to get by, discussing issues, and getting to learn about themselves through their contacts with other people from other cultural backgrounds. I often got film "flashbacks" during my time in Melbourne, finding myself in a sort of "Australian Hotel" situation, having discussions not only with people from

five nations, but with people from five different continents – surely not making things easier, but certainly much more interesting.

One situation where this came out quite clearly was when some of us Cohen Fellows tried to get something to eat for dinner. "Tried" being the operative word here. It always took us at least an hour and a half to leave whatever bar we were meeting at, because somebody always knew someone else who he or she had talked to earlier and who would love to join in, and so we would wait for them to show up. After that, as we prepared to leave, we realized that some other guy had just vanished without further notice (thus creating space for speculations on their whereabouts: "I thought that she was going to the ATM," "I think he went to the toilet," "No, he had to buy a metcard," "Probably got hit by a tram"...). And so we waited another half an hour, until the wanderer came back, explaining that he had to go get his camera, or was waiting in her room for her roommate who was just finishing a presentation for the next day.

By this time, we were hungry enough to eat our posters. When we then managed to stand up and prepare to leave, there would be at least two people who recognized that maybe a jacket would be appropriate for the cool Melbourne nights and so would return to their rooms to get wrapped up, prolonging the waiting but without anybody getting annoyed, because – and this stood out as a firm principle – *nobody should be left behind.*

When we managed to leave the bar, the group was on the lookout for some cheap-eat that would be attractive and tasty enough for a large group of people, all of whom had specific likes, dislikes, allergies, and tastes, and the discussion continued. We toured Melbourne's famous restaurant scene like the pickiest of culinary experts: "too expensive," "looks shabby," "they can't fit a group this large," "I can't stand this sort of food!" It always seemed like a real

miracle when the group finally decided to sit down somewhere and actually get some food. This was then accompanied by a whole new set of discussions and differences, a lot of “Shall we put together the tables?”, “I don’t tip – Why not, I think they were really nice!”, “Please let’s just split that bill,” “How can you think that’s spicy? Don’t you have spicy food where you’re from?”

This is, of course, partly because all of us are coming from psychiatric practice, being rather good at listening and talking, validating each other’s thoughts and getting into discussions, but the underlying principle during all the chaos and discussion served one purpose: nobody should be left behind.

But what can we get out of it? Maybe it’s just the simple experience that in a world of “elbow tactics” there are still some people who feel that nobody should be left behind. This is essential as a paradigm both in our clinical work and our research efforts.

It is necessary to provide care for those in need, to step up in the name of a child, to protect its interests, to leave nobody behind. And it proves to be necessary to keep an eye on the requirements of colleagues from developing countries, who present with their own needs and ideas of improvement, some of which are different from the needs in countries with established traditions of child and adolescent psychiatry – thus offering not only new challenges, but also a whole new set of solutions for problems other countries might feel stuck with. To me “Nurturing Diversity” stands for creating acceptance and openness to new sets of thoughts, which might benefit all of us, if we are patient enough to wait for one another, thoughtful enough to listen to different perspectives, and willing to tolerate a little bit of chaos.

Finally, I’d like to point out that even if it always took a huge amount of time to find a restaurant that suited everyone, a crowd of

people from all continents was satisfied with what we came up with in the end.

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Footprints in the Sand

As a child psychiatry fellow from Barbados currently training at Yale University, I was keenly aware of vast differences in the practice of child psychiatry in developed and less-developed countries. My aspirations to attend the 17th annual Congress of the International Association of Child and Adolescent Psychiatry and Allied Professions (IACAPAP) began immediately after learning about the organization and its dedication to improving child mental health on a global level. I frequently dreamed of the conference and what it could mean for me. In my fantasies I would meet persons who were like me but more advanced in their careers, who were clinical researchers and advocates for child mental health in developing countries, and who remained inspired and passionate about their work: professionals with whom I could develop mentorship relationships that would serve me in the upcoming transition back to Barbados, and throughout my academic life.

Challenge, passion, and motivation propel humans to achieve great heights.

Completing the research component of the Donald J. Cohen fellowship that would pave the way for my participation in the Congress proved to be an immense challenge. Overcoming the obstacles required several trips to the Caribbean and a steady flow of communication (electronic and written) with counterparts in Barbados. Developing my project and preparing for the fellowship (including

the request that we share extensively about our nations), increased my awareness of the resources, challenges to practice, and unique ‘flavor’ of child psychiatry in my country.

In the midst of my excitement and anticipation I was unexpectedly flooded with moments of dread. Notwithstanding the conference theme of ‘nurturing diversity,’ there were lingering feelings of vulnerability associated with being part of an ethnic minority and a national of a small country travelling alone. These negative feelings were dispelled completely by the warm reception of our Australian hosts.

Nurturing Diversity

The conference got underway with invocations led by a representative of the Australian aboriginal community. Graham Martin in the opening scientific address focused on the fact that each country, irrespective of their resource level, faces unique challenges in child mental health. He used Maslow’s hierarchy of needs to demonstrate that, as professionals, failure to identify the basic challenges in our countries will prevent us from effecting change at higher levels. He poignantly illustrated this point by using an example from Vietnam. He related a conversation in which the question of what is the major issue facing child psychiatry in Vietnam was posed. The response to this question was simple: ‘rice.’ This immediately set the tone for the program, refocusing my way of thinking from peripheral, complicated and advanced to central and basic. This session enabled me to establish my first ‘footprint’ in the conference.

The elements of the program that resonated with me most were those focusing on the use of clinical knowledge and research findings to inform social policy. In a keynote address, Matthew Sanders described evidence-based research pertaining to parenting interventions and the prevention of psychopathology in

children and adolescents. He discussed his efforts to use the research findings to inform social policy. The keynote address was followed by a seminar entitled ‘International child and adolescent mental health policy development’ chaired by IACAPAP President Myron Belfer. It examined perspectives from Turkey, Germany, The United States of America, and Nigeria. Despite their many differences, it became evident that there was a shared disconnect between researchers and policy-makers. There was a consensus concerning the desirability of establishing a culture of clinician-policymaker collaborations as a precondition for ensuring that clinical findings are translated into policy initiatives. The footprints continued to develop as I realized my interest in becoming involved in such a translation process.

The Fellowship

The most educational part of the conference was the fellowship. It commenced with our coordinator Andrés Martin discussing the fellows’ geographical representation. He reminded us of the observation articulated by Graham Martin that the practice of child psychiatry in our countries is unique. He challenged us to embrace this uniqueness and develop expertise in providing solutions to the problems encountered by our countries. I met forty-nine fellows from twenty-seven countries, each possessing different experiences and varying research interests. A unifying factor was the great passion displayed for advancing the practice of child mental health in our respective countries. We discussed our challenges at a personal, professional, and national level and shared solutions to the challenges we encountered in similar situations. The solutions were discussed in formal mentorship sessions and often informally over dinner, where robust debates would take place and some of the best brainstorming occurred.

I was fortunate to meet Maria

Conceição do Rosario-Campos of Brazil, Susan Milam-Miller of the United States, Olayinka Omigbodun of Nigeria, and Susan Tan of Malaysia. These five women are outstanding psychiatrists with unique career paths. They shared a strong passion for enhancing the practice of child mental health at the community level. Each one offered a different footprint for the mentorship I intuitively knew I would find at this conference.

Finding Direction

During the closing ceremony of the conference, the footprints began to form a clear path, leading to a direction for my very own place within child psychiatry. I was the fellow who represented the smallest country, but my contributions were equally valued. A psychiatrist’s ability to understand clinical issues and make innovations in child mental health is not determined solely by resource availability. Each professional brings his or her unique experience to an issue. We Donald Cohen fellows exploited our vast diversity to facilitate the exchange of knowledge, and contributed to the free flow of ideas at the global level. The conference reinforced the value of collaboration by child mental health professionals.

Collaboration is the key to improving child mental health worldwide. The 17th Annual Congress of the IACAPAP, and the Donald J. Cohen Fellowship at its very center, have been instrumental in planting the seed for international collaborations – and helped me find my own footprints in the sand.

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Down Under, Fellowship Thunder

An eight year old cricket enthusiast from India would often dream of watching live the blue shirt boys from India beating the green baggy caps from Down Under at the Melbourne Cricket Ground on Boxing Day! The application for the Donald J. Cohen Fellowship looked to be a perfect way to bring an age-old dream to life, and in fact, even perfecting that dream by adding a ‘once in a lifetime’ opportunity to meet and learn from international colleagues and be mentored by internationally acclaimed experts in child psychiatry! Andrés Martin’s advice at the AACAP 2005 Meeting in Toronto of not being “a fly on the wall” stimulated me to go for it, and lo and behold, in the process I ended up closely associated with a legend in global child psychiatry, the late Donald J. Cohen. The more I read about Professor Cohen, the more humble I feel; and often I do wonder if my ideology and my career would have had an altogether different trajectory if I had an opportunity to meet this physician-scientist-humanitarian-philanthropist-visionary in person.

The prospect of IACAPAP bringing together critical knowledge and means of confronting challenges in child psychiatry across the globe always appeared to be an incredibly satiating academic affair; the striking logo depicting six colorful hands from Australia seemed to be inviting us in, thus beautifully portraying the theme of promoting and nurturing diversity. Gradually, the romantic in me was falling in love yet again—initially with the concept and then with the city of Melbourne! The buzz across Flinders Street effortlessly welcomes you to the scenic Yarra Valley and to the architectural heritage of this city, established in 1834. A walk through the Melbourne streets took me around to the Rialto Towers, the Immigration Museum, Federation Square, and the Melbourne Aquarium.

The welcome reception was an incredible affair as it marked the beginning of lifelong associations with fellow colleagues from all over the world. Meeting all these exceptionally talented men and women, and feeling a part of this immensely stimulating group was the highlight of the day. Drs. Andrés Martin and Joseph Rey were instrumental in our feeling at home right away. The performance of children from elementary schools during the opening ceremony won the hearts of many, and strengthened the very reasons why I joined this profession in the first place—for nurturing, enhancing and safeguarding the emotional health of this very wonderful human treasure—our children. The beautiful pictures drawn by children who suffered from one of the worst natural calamities, the tsunami of December 2004, was eye-opening and vividly depicted the insurmountable resilience of these children.

The small group I was involved in was extremely vibrant and we easily established a bond together. Despite their numerous engagements, Dr. Thomas Anders, Dr. Olayinka Omigbodun, and Dr. Graham Martin led our group discussion. Our group felt unique, as our discussions diminished boundaries across India, Australia, the Middle East, Africa, Europe and the Americas as we shared individual experiences, the challenges in child psychiatry and potential solutions to these problems given the limited resources in various countries and cultures. It was obvious that both the developed and the developing nations had lessons to teach and to learn from. All of us worked towards an aim of nurturing diversity by sharing resources and through communication among all of us. Finally, we were all glad to invite each other to our homes.

“Life Is With Others.” an inspirational collection of some of the most brilliant papers drawn from the breadth and depth of Donald Cohen’s clinical and scientific wisdom, could

not have been released at a more appropriate time. It was indeed very moving to listen to the tributes and to count the innumerable ways Donald Cohen had touched the lives of so many of his colleagues internationally and helped them selflessly. I felt proud to be a part of this wonderful group that was uniquely selected to fulfill his dream and passion for mentorship, for carrying on lessons and values forward, and for facilitating effective learning relationships. I hope, as I progress in my own career, to launch, nurture, shape and enhance some of my students’ nascent careers and impressionable minds, to touch some of their lives and to give back what I take now from Donald Cohen’s legacy.

I am sure that all of my fellow friends and colleagues share my feelings and determination. See you all in Istanbul!

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Affiliative Behavior: From Finches to Friends

It has been a month (give or take one day—I still haven’t figured out this International Date Line thing) since I returned to San Francisco from Melbourne, and I have yet to stop reminiscing about my experience at the IACAPAP Congress as a Donald J. Cohen Fellow. The overarching theme to my reflections is that the Fellowship was a tremendous opportunity for personal and professional growth. And the Congress itself was a remarkably enriching experience.

I was impressed with the support (monetary, logistic, affiliative) that the Donald J. Cohen Fellows received during our tenure before and during the Congress. The epitome of this support came at the Congress itself. Having the opportunity to

discuss our work (our passions, our ambitions) with renowned experts and receiving their feedback was a rare opportunity to which we likely would not have been privileged without the Fellowship. I was also impressed with my peers. What a pleasure it was to interact with such an amazing group of individuals! Although we were a diverse group, each of us with our own unique backgrounds, we were united by common aspirations. Even as a physician scientist working on a small animal model (finches) to investigate the neural substrates that underlie attention, arousal, and motivation, I felt embraced by the entire cohort. My research examines the basic mechanisms of social interaction, but in Melbourne I was able to glean the intra-psychic rewards of such behavior. Although it required traveling half-way around the globe, I experienced the feeling of being part of a global community.

My edification was intellectual as well. I gained deeper insight into universal issues of child and adolescent mental health — the importance of having basic needs met, the devastating impact of trauma, the joy of just having fun. I also learned much about the role that unique political vagaries play in societies’ efforts to meet youngsters’ needs. It reinforced my awareness of the impact that the sociopolitical environment has on a child’s well-being. While voters in certain cities of a developed nation can eliminate mental health services for children, citizens in a developing nation might be struggling to understand the impact of natural disasters on their youth. And I learned just how empowering it is to share ideas with like-minded individuals who are dedicated to advocating for positive change in delivering mental health care to all the world’s children.

There have been only two other instances when I have felt so immediately affiliated with a group of colleagues. This third rare occasion has provided me with fond memories and fun-filled adventures. So I

continue to look back on my experience in Melbourne with gratitude. All of you I am privileged to consider colleagues; some of you I am grateful to know as my friends.

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Strangers on a Train

The Donald J. Cohen fellowship program has two complementary features. On the one hand, it is a gathering of early career psychiatrists and mental health workers interested in research; on the other, it is an event that promotes interaction between people from all corners of the world. In the latter, it is almost a political meeting. It is certainly political when the term simply means ‘under the public eye.’

There are many so-called international gatherings, but this fellowship is unique in bringing together so many people from so many countries and facilitating so much interaction. Fellows may be very different when it comes to their respective cultures, but the similarities are overwhelming. As a group, the fellows are young professionals providing mental health services, endeavoring to better the communities they come from, as well as to advance their careers. It is these similarities that are the common ground for a constructive dialogue. There is a keen interest in getting to know other people, and to some extent it is because the challenges faced are so comparable, even if on the surface the challenges are literally worlds apart. In too many other international events, there is an insufficient basis for engagement, and the event fails to be more than a colorful display of cultures.

A few hours before I took the flight from Tel-Aviv to Melbourne, I

went over the list of fellows. I scanned it quickly. I was the only Israeli. Ah, there is a strong German team: that was to be expected. Then I looked to see if there were any participants from the Arab world. Yep, an Egyptian, a Tunisian, a Yemeni... and an Iranian. My immediate thought was this: I will probably be able to talk with all of them. I am not quite sure about the Egyptian, and the best scenario regarding the Iranian is that we ignore one another politely. I remembered his name – Farzad.

Forty-eight hours later I arrived at the Explorers Hotel in Melbourne, a fine establishment. It seemed exactly as its internet site stipulated: both ‘affordable and excellent.’ The person at the reception told me that my roommate had already checked in. I took the stairs up to the room and knocked on the door. A tall guy opened the door and presented himself as Farzad.

Dismayed, I had been quite sure that the organizers would make sure this coincidence would not happen. Yet, I was more concerned with Farzad’s reaction when he would shortly realize that I was from Israel. I was already contemplating the degree of embarrassment that would be inflicted upon the two of us if we were to go back to the reception and ask for different rooms. “Hi, I am Sefi. From Israel. *Israel*, you know?” I looked at his eyes and there was no particular reaction. More relaxed, I began to talk. We continued to talk over the next five days. We talked about medicine in Iran and we talked about the Holocaust. I hope we will continue to talk.

Farzad and I did not solve the Israel–Iran–worldwide conflict. The fellowship does not possess the aspirations of a beauty pageant. However, we talked, and we learned quite a lot about the places we come from. We learned from direct conversation, not from the CNN or FOX news channels. I have no conclusions to present here except that Farzad is a very nice guy. And yet, this

encounter will undoubtedly impact any ideas I may develop regarding the enduring conflict we live in. Views constructed upon direct interaction are rarely extreme.

On the way back, I stopped in Bangkok for a short vacation. I happened to run into a military coup d’etat. Oh well, that’s another story all together.

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Unexpected Pleasures

It was a great privilege to be one of the Donald J. Cohen fellows for 2006. The adventure started quite unexpectedly when Dr. Olayinka Omigbodun sent me fellowship forms in April, following an extension in the deadline for submissions of abstracts, and urged me to apply. I immediately set to work writing out the abstract of my work on traumatic experiences and PTSD in adolescents. To my utmost surprise, barely two weeks after sending in my application, I got an e-mail from Andrés Martin welcoming me to the Donald Cohen Fellowship.

The Australian Government ought to be commended for its efficient processing of visa applications; even though visa applications from Nigeria are processed in South Africa, I got my visa posted within two weeks. Then began a most wonderful and rewarding adventure. I met up with one of the fellows in Dubai, while waiting for our connecting flight to Melbourne. Rachael Kang’ethe from Kenya was easy to spot – courtesy of her poster carrying case. After some 21-odd hours in the air, I arrived in Melbourne tired and disoriented to time and place (Melbourne happens to be ten hours ahead of my body clock.)

The fellowship program was so well organized. We had been put into mentorship groups before the start of the Congress, and my first assignment was to put faces to all the names I had of people in my group. I started with Gordon Harper, our international mentor, who actually took a personal interest in each of us and what we were doing in terms of clinical work and research in our different parts of the world. Our Local mentor, Vicky Cowling, was delightful and had a world of experience that she so willingly shared. The host fellow for our group, Chohye Park, is a bundle of energy who gave so much life to the group and earned herself a well-deserved local fellow hospitality award.

The group sessions were quite an experience; even though we never had a fixed agenda for each session, interesting discussions always started out with what someone had to share of their experience. We actually got a taste of so many different cultures – from the Aboriginal to Sri-Lankan, Yemeni, German and American. We got into discussions of challenges being faced by professionals working in the field of child and adolescent psychiatry in all these different cultures. The group offered suggestions on how these challenges can be overcome and how we can form meaningful collaborations to help one another, especially in the areas of research and getting needed resources.

The plenary sessions and state of the art lectures were so well put together. I got my first introduction to the interesting field of infant mental health, which I found fascinating. The poster sessions and exhibitions were also quite informative.

In between all this activities I made time to meet up with friends and explore a little bit of Melbourne. Going through the pictures and placards on Aboriginal arts at the Melbourne Independence Square reminded me so much of home and brought to mind what Chandanie

Hewage of Sri-Lanka had to share concerning her practice and how she sometimes had to acknowledge native doctors for referring patients to her. Working in places where people are still so influenced by beliefs in the supernatural and where mental illness is shrouded with myths poses a special challenge; for a child psychiatrist to effectively reach and properly treat children with mental illness one has to be able to accommodate those beliefs and to offer some concessions to encourage the people to seek care and remain in treatment.

So much activity had been put into the week that it seemed that the adventure came to an end almost before it had fully begun and the ‘Nigerian Mafia,’ as we were nicknamed by Andrés, was already on the way home refreshed, our brains full of ideas for improving our practice, with areas to explore in research, and with opportunities for collaborations with colleagues from all over.

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Gratitude and Expectation

In China, the great migration of labor forces arising from reforms and opening-up has changed the country in so many ways. We are beginning to realize that millions of children have been left in the countryside to grow up without the care of their parents due to these forces. Although many of these children have also benefited from compulsory education, the absence of parental upbringing leads to changes in their family environment, further exerting an influence on their personality development, putting them at risk for unhealthy personality elements, behavior problems, and poor academic achievements. Unfortunately,

unhealthy personality characteristics, behavior problems and poor academic problems act reciprocally, resulting in a vicious circle. The group of left-behind children is an enormously vulnerable group.

Attending the Congress and having one of our group awarded a prize have upgraded and inspired the domestic efforts of our research. It is our hope that the government and other institutes will pay more attention to our research, as it becomes more recognized on a global level through such organizations as IACAPAP and the Donald J. Cohen fellowship, and that subsequently the mental health of 20 million left-behind children in China will be considered important and that attention will be paid to it. We long for more and more international communities to apprehend the significance of 20 million Chinese left-behind children, as we try to understand their predicament and the puzzles of their resilience and vulnerability.

We anticipate new findings and even some breakthroughs in the understanding of resilience. But we also long for study partners. We long for research guidance and other ways of sustaining our momentum. We are passionate about our work, and long to join with others who understand the importance of working with the weakest members of our societies. As a start, we are very grateful to IACAPAP officers and the organizers of the Donald J. Cohen fellowship for attaching importance to our researches. Thanks a lot!

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It's All about People

The scenario: Melbourne, Australia. The lobby of that fine establishment, the Explorer's Hotel. The time: any evening from September 10 to 14, 2006. If you had been there, you would have seen dozens of young people chatting, exchanging experiences.

You could have asked someone who might be Chinese, Brazilian, German, Indian, American, Dutch, Colombian or Ethiopian: "What is going on here?" Probably this young and nice person would have said to you: "We are celebrating the fact that we are part of a community from all over the world that works for the mental health of children. We are enthusiastic about sharing our experiences and keen to meet and learn with our Donald Cohen fellows."

After some words, this fellow would have invited you for a meal or a cup of coffee and you would realize how important it was for that young person to be with colleagues, with friends. Probably you would like to be part of our community and even if you don't work in the mental health field, I'm sure everybody would be pleased to have you join us.

And that's what this is about: about a genuine interest in people, in understanding what the person next to you is like, how he or she lives and thinks, and what can you learn from him or her. Certainly, we learned this interest from our families, friends, and patients, but also from our professors and from those mentors who were in Melbourne.

We came back home with new insights and experiences, but most importantly, with new friends, and I'm sure you would have been one of them. From these new friends, even if they live in a different continent, working in the most privileged or precarious conditions, facing wars, natural disasters, or "only" the mental suffering of kids with depression, anxiety or ADHD, we learned, and we

found support and stimulation to keep on working. I hope I have the opportunity to meet you in Istanbul.

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Nurturing Diversity Indeed

Here I was, finally in Melbourne for the IACAPAP Congress on the ninth of September, having made it through a technological bombardment in the form of a million e-mails from one Dr. Andrés Martin. I landed at the Explorers Hotel, with much trepidation about the exploration I would be doing in Australia. My roommate at the hotel was Marcelo Schmitz from Brazil, and I thought that the theme 'nurturing diversity' of the congress was already becoming evident (my first thought was that Brazil and India are so different that the only thing we'd have in common was probably coffee.) The next day was the registration at the Melbourne Convention Centre, causing me a moment of doubt when I wondered if the Congress was actually there since the centre outside had no poster whatsoever (compared to my country, where a guy in the next street would probably know what's happening from all the sound and color).

The first thing that struck my mind was the theme of the Congress, *nurturing diversity*, nurturance being probably the most important quality that a parent (and a child and adolescent psychiatrist) needs to have, and diversity suggesting that people from various cultures and mindset probably like the children in their households.

Then I was in front of the John Batman Theatre and I saw a man out there: my instincts said he was the person I was supposed to meet – that is, Dr. Martin. I guess because of all

his e-mails I had a mental picture of him, and *voilà*, it turned out I was right. The energetic Dr. Martin greeted us with all the zeal that one comes to associate with him by now. Slowly, other fellows, including Vishal Madaan from the distant Indian outpost of Nebraska; Sefi Kronenberg from Israel; Schuyler Henderson from New York; Arne Popma from Amsterdam, and others gathered in the group and we all made a circle almost involuntarily as I was thinking to myself, *nurturing diversity indeed*. Here we were representing so many different cultures and mindsets, but we immediately got together like people on a shared mission. All my anxiety about the Congress and the mentorship program and what was expected out of us was put to rest to a great extent by Dr. Martin's friendliness and nurturance.

The first day of the fellowship program was really interesting, starting with an introduction for all the fellows about Dr. Donald Cohen and the program. Though I had read about him before coming to the IACAPAP Congress, listening about him made me visualize this person who was so inspiring to young scientists, bringing them to the Yale Child Study Center. He was certainly a true leader, clinician and researcher. I only wish I could have met the man whose vision made this fellowship happen, and who managed to bring all these diverse people together to envision a better future for child and adolescent psychiatry.

We soon met with our groups. I was in group three and our mentor was the all-popular Dr. Helmut Remschmidt, immediate past president of IACAPAP. His energy and enthusiasm were infectious, and his ability to nurture all the people in our group reflected again the theme of the congress that kept ringing in my mind in everything that I saw, learned and experienced while there. He was really like a good parent who allowed us to express ourselves freely and discuss the nuances of research and other

relevant issues in child psychiatry (and also bringing things into perspective when necessary, which was also so important). The mentorship program gave me excellent opportunities for both free association and focused discussions, stimulating my grey cells to think and plan for the projects that were in their budding stage in my mind.

All the scientific sessions and the presentations during our fellowship program were very useful, especially for people like me, who are in their infancy in the field of child and adolescent psychiatry. I have been so lucky to be a part of such an esteemed group, which in being so diverse allowed new ideas to be generated, all for the common cause of children, applicable in all countries of the world. By nurturing diversity, this Congress has gone a long way in allowing us to learn how important it is that an amalgamation of diverse ideas and thoughts are possible in such a setting, and that it is just a beginning for later collaborations in the global village that the world is becoming, with all the connections that were made during the Congress.

I finish with the hope that the 17th IACAPAP congress will be the first of several steps for young people like me who intend to learn and contribute to the ever growing and challenging discipline of child psychiatry.

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The Call

Meaning of Life

I was waiting to get a medical check up at a private hospital in my home town in 2002 when I saw a nun standing in line to register a deserted looking boy into the pediatric clinic. I approached her and after a few exchanges I casually asked about the

boy. We finally ended up in a serious conversation. It turned out that the boy was four years old, one of 46 East Timorese child refugees sent to Java from the camps in West Timor. A few months after that, my husband, a psychiatrist, and I started working as volunteers, providing care for this boy and his fellow children.

Our work has expanded since then, along with the collaborative research projects we started. We eventually decided to focus on trauma among children of political prisoners; children having become heavily stigmatized when one or both of their parents ended as political prisoners. We provided free counseling and medication when needed to these children and their families. We are now at work on a documentary movie based on their true stories.

Looking back (and forward), I do believe that the opportunity to come to the IACAPAP 2006 conference will equip me even better – personally and professionally – to meet the call of my life: to be there for the needy. After all, the question remains: what is the meaning of life if we cannot share our abundance with others?

The Beginning of the Journey

The above paragraphs are part of the vision I sent to Dr. Andrés Martin in my application for a Donald J. Cohen Fellowship earlier this year. Even though the 2006 IACAPAP Congress is over, the question remains here, deep inside my heart. In fact, it gets stronger after my encounter with “the big family” of Cohen fellows and mentors. Needless to say, I feel very much privileged to be part of this incredible family, with whom I could share that question, and provide a sort of answer in the film I was able to present. Now, I have the opportunity to reflect on it, after showing the film in Melbourne.

Back to the question. I have to admit that it has strongly influenced and driven me over years of my work. Conducting research among families who have members suffering from

mental illness teaches me the very basic needs of human beings, i.e., to be heard, understood, and accepted. My other endeavor with traumatized people makes me aware of the agony experienced by those undergoing losses and rejection.

It is true that many of us have experienced losses of something or someone whom we love so dearly at some points in our lives, and we will surely consider it already a doomsday. What if the losses are chronic and multi-faceted, encompassing physical, financial, social, and psychological burdens, all happening at once? It is completely understandable if the individual suffering from such losses feels hopeless and worthless. A boy aged 11 mentioned in an interview, “It is a total loss. They have robbed our future.” His mother added in desperation and hopelessness, “Wherever I go, wherever my sons go, people make them enemies and treat them badly. I don’t know what will become of them.”

The Rollercoaster

From these people I learn that when someone loses everything, there will be times when he or she will not mind losing life as well. Or else, they will not mind the consequences of taking the lives of those whom they think are the perpetrators. The boy who I interviewed was obsessed with revengeful thoughts of exploding the houses of the people who tortured his brother. In one single interview he mentioned his intention to kill them eight times. He learned how to make bombs and experimented to design one, alas successfully. His brother eventually fell into the hands of a fundamental organization and was brain-washed for four months. In one of our meetings he disclosed information that sent a chill down my spine, “Mom, there are three thousand young people like me ready to sacrifice our lives for the sake of our religion.” Imagine, three thousand people who are yearning to go to Afghanistan for “further training,” and who are ready to sacrifice lives if the

“religion calls” are out there, among you, your children, and around anyone that you love.

Often times the vengeful thoughts serve as a powerful drive for someone to prepare himself and wait for the right moment to “torture” his perpetrator in a painful and cruel way. One subject confessed, “I made the daughters of those who humiliated my family fall in love with me. As soon as they did, I left them.” Another participant confessed, “I waited for years and years just like a hungry lion waiting for the right moment to grab its prey. My revenge taught me that.” He continued his story by telling how satisfied he was after getting the chance to pour out his long suppressed revenge on the people whom he thought were responsible for the death of his father. How powerfully, deeply, and cruelly do these losses overpower people’s lives.

One of the most painful parts of the journey that these people undergo is their adaptation to new situations, their coping. Some of them can escape the cycle of hatred, anger, and revenge, to emerge as tougher yet gentler individuals. But some fall into the same cycle while pulling in new victims to produce another cycle of violence. Some use a better strategy of revenge by showing the people around them that they are better than the perpetrators. Yet, an inability to let go of the past risks pulling the next generation, the children, into this cycle of harshness. Upon realizing it, a man regretfully says, “I wanted them to always be the best. Now I regret it because they lost their childhood. They are children with lots of achievements, but somehow I know there’s something missing.”

Stigmatization itself has left quite significant impairment too, especially in regard to self-schematization, “I am always anxious and worried that people do not approve of what I do. To me, their acceptance is everything.” One family teaches their children to let people do whatever they want to do to them

because they are the children of nobody. Thousands of other children have to give up their hope for a bright future and drop out of school just because they realize that they will never reach their dream of becoming government employees.

Some people who I know can finally function well individually, but as I go deeper into their family dynamics, I clearly notice that they have some old wounds that are not yet resolved. A lady who did not really experience the traumatic events which the rest of her family underwent burst into tears when recalling her siblings’ treatment, “They always think I am the luckiest because I did not suffer the way they did at that time. But if I could, I would have traded it with them. They never know how deep I suffer from being excluded.” Another child in that family who was considered the scapegoat of the family considers himself a failure, “I know I’m the dark side of my family.” His self-schematization has been broken and distorted even up to now. His relation with the rest of the family has gone cold and never recovered.

The Call

In any bitter story that I listen to, I always ask myself what role I can play to ease my participants’ pains and to facilitate their better way of coping. Often times what they ask is merely an open heart to accept them, empathetic ears to listen to them, open arms to hug them (which may be the first hug they have received in their life so far), or healing words to soothe their wounds. At the least, what they need are a few questions to help them to reflect on their feelings and outlook.

As a researcher as well as an ethnographer, I can never ignore “the call” to be there for them, to walk the long, dark tunnels with them when revisiting and rethinking of the painful events. We take and give (they do the giving most of the time) and we influence one another by sharing each other’s insights. Sometimes I walk the extra miles to cross the dangerous

boundaries, by going to the perpetrators’ side to tap their feelings about the events. I then share the story with my participants, so they can see how it feels to be on the other side. Many times it is shocking for them to learn that the other party also suffers – from keeping the guilt over the years. It often yields a shift of views, from seeing the other side as “perpetrator” to “victim,” a shift that eventually also changes their feeling – from being vengeful to compassionate. It helps them to reconcile their own suffering, from being hurt, angry, and vengeful to becoming empathetic and caring.

The Rewards

One main lesson I learn from my participants is the choice to grow up or give up when facing adversities. One tough lady shares her secret for survival, “What does not kill me will only strengthen me.” Some tell me the values that keep them going, “We’re thankful that we’re still alive. It is what matters.” “I spent my energy to take care of my siblings. I had no time to let myself be absorbed in sadness.” “Our hope to see Dad again made us do our best, just like what he had always wanted us to.” “I do not blame anybody. It was politics. People did not really know what they did.” At the end, it is really their choice to forgive, let go, and move on that plays the most crucial roles in their journey for recovery.

As I go over thousands of transcript pages from my interviews, I can see clearly the seemingly endless and distressing journeys of my participants. We often share the agony, the hurt, and the pain as we revisit the events. Many times we shed tears together. I will never forget the time I accompanied a participant to the site that people reported as her father’s gravesite, which was also the place where he was shot. It might be the only visit she would ever do in her life. I will never forget the anguish, but also the relief in her eyes, to be able to visit the dad she never knew. I will always treasure the moving moment of having

a family see their demolished house, which they had not visited for six years.

Painful as it may be, it is certainly rewarding to be there to witness family members reconcile and get their second chance to finally talk. It is heartening to see moving scenes of reunion, to hear them say how much they care for one another, to say the words of love they have kept back for years. It is elevating to see trust being restored and faces getting their smiles back. Well, it may be my call and the call of each one of us to be there to touch weary souls. May all beings be happy and blessed!

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My Heroes

As I settled down on the plane from Los Angeles to Australia, my mind drifted back to the last time I had taken such a long flight. Nearly five years ago, I left my family and friends behind in Nigeria to pursue psychiatric training in the US. I recalled my mom's stricken look at the airport as I walked away to board the flight for New York two months after September 11. To say that I have an incredibly supportive family would be understating the facts, yet almost five years later I had not had the opportunity to return home. Thus, it was with great excitement that I looked forward to the 17th World Congress of the IACAPAP in Melbourne, where I knew I would see a few of my colleagues from home.

Minutes after arriving at the Melbourne Convention Centre, I was whisked off by Myron Belfer to meet two African legends, Brian Robertson, from South Africa, and Olayinka Omigbodun, from Nigeria. Even though I had known she would be at the meeting, my heart still stopped when I saw the woman who first

influenced my decision to become a psychiatrist. I hadn't seen her in five years and wondered if she had changed. Then she rose, glared at me and sharply called out my name and memories came flooding back. About eight years ago, as a medical student in Nigeria, that same look and tone forced me to pay attention during my psychiatry rotation. It was the same glare that met my request for a letter of reference after I decided to leave the country to pursue training in the US. No, Olayinka Omigbodun hadn't changed one bit: this time the stern greeting was my reprimand for not corresponding frequently over the years. I knew there was a ton of warmth behind her brusque demeanor, and within seconds she enveloped me in a hug. As we caught up on old times, I learned how much things had changed since I'd left. Single-handedly, as the only trained child psychiatrist in the entire state, she had developed a child and adolescent mental health clinic in Ibadan.

By the end of my first day in Melbourne, I was re-united with the rest of the Nigerian cohort, two of whom were my classmates in medical school and were attending the conference as Donald J. Cohen fellows. Tolu Bella and I attended the same daycare facility as toddlers, and per our mother's reports, chanted each other's name at home until our families were driven to distraction. We attended the same high school and became roommates in med school. She joined the psychiatry department after I left the country, and like me has been drawn to the specialty of child psychiatry. Unlike me however, she has chosen to remain in Nigeria and provide much needed services despite the fact that there is no formal child psychiatry training in the country.

One morning during my internship back home, I had a bout of malaria and was contemplating calling in sick when I glanced out of the window to see my classmate Muideen Bakare limping to work. Muideen is another one of my personal heroes,

and an uplifting example of how resilience thrives in the face of the adversities of a developing country. Living with sickle cell anemia, he not only made it through medical school and internship, but was one of the first from our class to complete a residency in psychiatry. While my greatest worry about flying to Australia was jet-lag, Muideen's blood count dropped to critical levels days before the conference. Still, he insisted on traveling to Melbourne to present his poster on emotional aspects of sickle cell disease in adolescents — regardless of his own risk of developing a painful vaso-occlusive crisis during the long flight.

Given the strong representation of Nigerians at the conference (there were six of us), it was not surprising that Andrés Martin dubbed us “The Nigerian Mafia.” Though I didn't have a poster to present, Andrés generously invited me to join the Donald J. Cohen Mentorship program, an experience that left an indelible mark on me.

During the forum on international mental health policies, I listened to Gordon Harper discuss the persistent need for child psychiatrists in Massachusetts, despite having the highest number of child psychiatrists in the US. Then Olayinka Omigbodun reported on the entire nation of Nigeria having only five child psychiatrists. I squirmed uncomfortably in my seat as I realized that somehow in less than five years I had traveled from one extreme to another.

By the end of the Congress the words of fellowship mentor Graham Martin lingered in my mind. “We all have rights and responsibilities.” My efforts to resolve my moral and ethical dilemma has led me to this conclusion: everyone has the right to seek for themselves whatever life or achievements they desire, but we also all have a responsibility to provide for the generations ahead of us.

I owe a debt of gratitude to my mentor and supervisor and the outgoing president of IACAPAP, Professor Myron Belfer, for having

been a major source of support and inspiration and for continuing to guide me as I strive to give back to the communities that nurtured me.

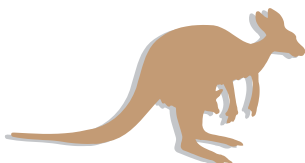
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A Homecoming at Home

I trained for four years as a medical student back home in Ireland in the mid 1980s before dropping out when I got to the really hands-on clinical components. Since then, I have spent many years working on computer-based education and training, mostly developing multimedia programs to help educate and train healthcare students and professionals.

Three years ago, I started a PhD at the Macquarie University Anxiety Research Unit in Sydney, Australia. I have worked with a team of psychologists to develop a new computer-based cognitive behavioral therapy CD-ROM for adolescents. I really appreciated the opportunity to share information about this research with so many adolescent psychiatrists from all over the world at the Melbourne Congress. Thanks to the committee for this opportunity to attend, and to the many delegates and fellows who gave me feedback and encouragement. It is great to know I can continue to contribute to the field of medicine without being in clinical practice.

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Embracing Identity While Nurturing Diversity

Arriving in Melbourne

I landed at Melbourne Airport on the morning of the tenth of September, 2006, fogged out after my long journey of about twenty-four hours from Nigeria. The chilly weather was not unexpected because I had had an initial briefing on the state of weather. But I was still destabilized from the wide temperature difference between Calabar, Nigeria, which was about 30°C and Melbourne, which was 8°C on my arrival.

By the time I checked in to my hotel room I was already shivering, with my teeth clattering together. My initial plan to take a shower had to be deferred. I went into a deep sleep, only to wake up about three hours before the opening ceremony of the 17th World Congress of the International Association of Child and Adolescent Psychiatry and Allied Professions, feeling famished. An attempt to satisfy the hunger turned out to be another form of nurturing diversity, just as destabilizing as the wide difference in temperature I was faced with earlier in the day.

I was apparently unfamiliar with the meals on the menu I was provided with at a restaurant I visited along Spencer Street, so I was having difficulty making a choice of what to eat. A colleague of mine from Nigeria, who is relatively more “Oyinboish” than me, made a choice of pizza for me. “Pizza is like bread,” she said, trying to figure out the nearest thing that she could compare the meal to. What the guy at the restaurant served me did not taste like bread to me, and I was only able to eat it half-way because I desperately needed to keep my stomach’s gastric acid down! From then, I set my mind to get adapted to whatever kind of meals I would come across throughout the period of the Congress. After all, according to the theme of the Congress, it is all about nurturing diversity and getting to know more about other people from other parts of

the globe, including the Aussies, our hosts.

I, however, still had cravings for my local dishes and thanks to one of the host fellows, had “Amala” and “Okro Soup” on the third day of the Congress. This left me an evergreen memory of the Congress in Melbourne, not because I am gluttonous, but because this had brought back my self-identity in the midst of so much diversity. It is important to try new things, but it is also important not to forget where you come from. It is good to embrace our identity, even as we celebrate and nurture our wide diversity.

The Fellowship Award

Still on the issue of nurturing diversity, people from different cultural backgrounds and different parts of the world were brought together to interact, courtesy of the Donald J. Cohen Fellowship. This afforded us the opportunity to share issues on cultural backgrounds as they affect concepts of mental illness and mental health service provision among children and adolescents. Issues on clinical practices in psychiatry from different parts of the world were discussed among the various groups. There is no better way to nurture diversity than to have discussions with people who are willing to talk and listen.

The Nigerian Story

Child and adolescent mental health service provision is limited in Nigeria, and so also is the awareness of such services among the average Nigerian, who views the concept of mental illness as a defect or a curse imposed by the gods or the enemies on the affected individual. In the perception of a lay Nigerian, frank psychotic disorder is what is understood by mental illness, and this is generally believed to be less common among children and adolescents when compared to adults.

My Cultural Background

The practice of extended family systems and child rearing practices in traditional African societies, including

Nigeria, confer an advantage on psychological development of Nigerian children. The morals and values of our forefathers and the sense of belonging to one extended family in a larger society provide some psychological buffers against isolation, neglect, and lack of care for developing children and adolescents. Sadly, however, the extended family system is gradually disappearing with the advent of western civilization and a sense of communal responsibility is gradually fading away in Nigerian society. This puts in great danger any child or adolescent who has lost one or both parents to war, or to pandemic disease conditions like HIV/AIDS, particularly because there is no established system of Social Security by the government.

Psychological Disorders in Nigerian Children and Adolescents, and their Peculiarities

The concept of psychological problems in children and adolescents is still not well comprehended in Nigeria by either the parents or the teachers, and more education is needed at the community level. For instance, African education of the pre-colonial era is achieved by oral traditions and there was no such thing as formal school system. Therefore, there was enormous strength of memory recall among African children of this generation. Even with the advent of formal school system, those problems like school refusal and specific developmental disorder of learning are still alien to our culture, and the solution to such problems might not be seen as falling under the jurisdiction of psychiatrists and allied professionals to the average Nigerian parent.

A child with attention deficit hyperactivity disorder (ADHD) would probably be perceived by an average Nigerian teacher and parent as being stubborn and troublesome and would possibly be dealt with in the conventional way of spanking to ensure appropriate behavior: spare the rod, spoil the child. While spanking a child might be frowned upon by some

western societies (and was being debated in the Australian newspapers during the Melbourne Congress), it is a well accepted practice among Nigerian teachers and parents and is believed to be a means of restoring appropriate behavior in a defiant child. So, a pupil who is easily distractible and fails to concentrate in the classroom and tends to be playful in terms of hyperactivity is usually not seen as needing the attention of a psychiatrist but rather needing correction through spanking.

Autism, autistic-like disorders, mental retardation and associated clinical syndromes are seen in a different light under the Yoruba cultural belief system. Both the etiological theory and source of remedy to these conditions are perceived in a different light by my cultural belief compared to western psychiatric practices. This disparate perception has a tremendous effect on help-seeking behavior for these conditions among Nigerians. Spirituality and the African way of life are inseparable and any abnormal phenomenon in our physical existence is given spiritual connotations.

According to a Yoruba legend (Simpson, 1980): 'Olodumare' (God) assigned 'Obatala' (an immaculate deity among the Yorubas of Nigeria), who is believed to be Olodumare's executive deputy on the earth, the duty of molding children and putting them in the uterus of their mothers. 'Obatala' is responsible therefore for the normal or abnormal characteristics of human beings. Such deformities as hunchback, paralysis, albinism, autism, autistic-like disorders and mental retardation present at birth or appearing later are due to Obatala. Causing these defects is not necessarily intentional on Obatala's part. He may make mistakes while molding a child. In most cases, however, the abnormalities are thought to be his way of punishing the mother of a child so affected for wrong doings. A pregnant woman who speaks disparagingly of Obatala, steals a snail, violates certain food taboos used for Obatala's worship, such as

drinking palm wine or eating snails during pregnancy or, in some lineages, comes out of the room where she delivered before the sixth day post-delivery, is likely to have a defective child. With this line of etiological thinking, cure for the problems would rather be sought from the native doctors or through miracles of modern religion of Christianity or Islam, rather than from a psychiatrist, psychologist or special educator.

This points to the fact that a lot still needs to be done in African sub-regions, especially Nigeria, to create more awareness of psychological problems facing children and adolescents, working with the beliefs of our people. The need for community mental health service provision among children and adolescents cannot be ignored. It will go a long way to reach out to the people at the grassroots level, encouraging them to participate actively in the mission of mental health service provision to children and adolescents in their community, and being careful not to disparage the cultural practices and beliefs of these people.

Women, children and adolescents are mostly hit by the consequence of wars, famine and diseases like HIV/AIDS in Africa. Lots of children have lost at least one parent to HIV/AIDS, and it is not uncommon to see many suffering from marasmus or kwashiorkor. My experience at the Neighborhood Care Outreach (NCO), an outreach program that cares for children affected by HIV/AIDS in Calabar South Local Government Area of Cross River State in Nigeria, revealed that many of these children, in addition to showing signs of malnutrition, suffer from reactive attachment disorder, either of the inhibited or disinhibited types. The pertinent question then is: what social rehabilitation program is available in the country for this group of children? Little or none I think. Many of the children had stopped schooling because of lack of funds. The long-term psychological adjustment of these children is hard to think of.

PERCENTAGE DISTRIBUTION OF DIAGNOSES IN CHILDREN AND ADOLESCENTS IN THE OUTPATIENT CLINIC OF THE FEDERAL PSYCHIATRIC HOSPITAL, CALABAR, NIGERIA OVER A FOUR-YEAR PERIOD (from Kuteyi and Bakare, 2005)

Diagnoses over four-year period	Percentage Distribution
Seizure	43.4 %
Schizophrenia	11.9 %
Mental Sub normality	11.9 %
Bipolar Affective Disorder	5.3 %
Depressive disorder	5.3 %
Conduct Disorder	5.3 %
Attention deficit Hyperactivity Disorder (ADHD)	2.6 %
Mental And Behavioral Secondary to substance use (MBSU)	2.6 %
Organic Brain syndrome	2.6 %
Brief Psychosis disorder	2.6 %
Conversion Disorder	1.3 %
Delusional Disorder	1.3 %
Dysthymic Disorder	1.3 %
Mixed Affective Disorder	1.3 %
Motor Skill disorder	1.3 %

The Facts

In the four-year period of establishing a Child and Adolescent Unit of Federal Psychiatric Hospital, Calabar, an appraisal was done of the utilization of the out-patient services by the populace. The table above summarizes the percentage distribution of the diagnoses made at the outpatient unit over this period, revealing the most common cases usually brought to the attention of the psychiatrist among children and adolescents in the region (Kuteyi and Bakare, 2005).

It should be noted that it is not as if other psychological problems in children and adolescents not represented in the table were not present or even common among children and adolescents in the populace. Those conditions not well represented in this table were probably not disturbing enough or were considered not to be in the jurisdiction of psychiatrists and allied professionals as earlier highlighted.

Conclusion

My experience in child and adolescent

mental health problems and service provision in Nigeria cannot be exhaustively discussed in this piece, but I hope that the few points highlighted above will give some insight into our peculiar strengths and difficulties in this region. How best then do we nurture diversity to improve mental health service provision to children and adolescents and their families worldwide? I think this is exactly what the Donald J. Cohen Fellowship is trying to achieve – a common goal of holistic health service to children and their families around the world in the midst of diverse cultural backgrounds and practices.

Many thanks to the brains behind immortalizing Dr. Donald J. Cohen’s name and upholding his philosophy of “Life Is with Others.” Looking forward to seeing you all in Turkey.

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YIBcap @ IACAPAP: Under the Acronyms, A Truly International Experience

In this short paper I will try to share some of the great experiences that I had in Melbourne within the Donald J. Cohen Fellowship Program and the 17th IACAPAP Congress in Melbourne, and in particular as regards the Young Investigators in Biological Child and Adolescent Psychiatry” (YIBcap) network.

The YIBcap group was founded in 2005 at the 13th Annual Meeting on Biological Child and Adolescent Psychiatry in Mannheim, Germany, in order to improve the quality and efficiency of research in the field. Soon after the meeting in Mannheim, an online forum was set up where scientists and researchers in the area of biological child and adolescent psychiatry could post their questions on research-related matters to the entire group –

(<http://de.groups.yahoo.com/group/YIBcap>).

Since then, the development of this network has been remarkably straightforward, and within one year was enabling investigators to share their knowledge and methods with fellow scientists, psychologists and physicians. A website was created (www.yibcap.com), workshops on

statistical analyses and genome linkage analyses techniques were held, and the first collaborations took place on the translation of questionnaires assessing self-harming behaviour, and on genotyping in eating disorders. These were all promising experiences and even broadened the perspective of members with respect to the original goals of YIBcap, about sharing know-how among fellow scientists.

While still only a German-based group, YIBcap has been growing constantly over the last year. As YIBcap grew, the idea of holding a small symposium at the 17th IACAPAP Congress in Melbourne began to develop. This led to a proposal for a symposium in which YIBcap scientists could present their latest work to the international IACAPAP Congress audience. However, Australia is two long-distance flights away from Germany, and the limiting factor for the YIBcap group members would of course be the large travel expenses; we assumed that we would not be able to have the symposium. When we realized, however, that almost all the German Donald J. Cohen fellows were YIBcap members, with the possibility of some assistance on travelling expenses, there was hope again that a YIBcap symposium at IACAPAP could be held. Everybody in the YIBcap group was delighted when the symposium was accepted by the organizing committee.

The basic idea behind the YIBcap symposium was to allow young researchers to show their latest research to an international audience. The goal here was to promote the idea of networking in this particular area of research, and hopefully to inspire other young researchers to add their ideas and to find ways to contribute in order to further improve the sharing of know-how and methods in our field of research. Here is a short example of how the YIBcap idea can be applied to a more practical approach when it comes to research questions.

Let's say that a researcher, physician or scientist has a question on how to assess self-harming behaviour

in a standardized way in order to employ these data in a longitudinal study. He or she could then post this question on the YIBcap online forum, and, usually within one day, another researcher with some experience with this particular subject will have answered, or the researcher posting the question would be directed to someone whom he or she could ask for further information. If nobody within the group would be able to deal with this particular matter, there would then be the option of contacting the senior advisory board of YIBcap. This procedure would also work with any kind of question related to research in biological child and adolescent psychiatry, including anything from statistical analyses to methodological issues to funding matters.

Of course, those who opened the program book at the 17th IACAPAP Congress and read the title "1st International YIBcap Symposium," might have had some questions about the "international" character of a session with presentations only from Germany. However, the idea behind this symposium was to promote the idea of YIBcap internationally, and to inspire other Donald J. Cohen fellows and young investigators from other countries to join the group, or possibly even to found their own networks in their home countries. As it turned out, the response to this first YIBcap symposium was overwhelming. After the symposium, Cohen fellows and young investigators from many countries asked the presenters how to join the network and there were many comments on how to improve the idea of "*sharing of what we know,*" and "*where to find research-related answers to questions we cannot answer on our own.*" Moreover, the audience attending the symposium gave many constructive critiques and comments on the presentations held at the YIBcap symposium, and inspired the presenting researchers to think further about future studies, projects or ways of analyses, especially in communities with fewer resources.

In summary, the YIBcap symposium at the 17th IACAPAP Congress in Melbourne helped to promote the idea of networking among young scientists and investigators, especially through the use of modern technologies such as the internet. Moreover, having a website where Cohen Fellows can share their thoughts, knowledge and experiences (<http://www.djcohenfellows.blogspot.com>) is consistent with the YIBcap idea of harnessing modern technology to communicate among young professionals in children's mental health treatment and research. Bringing these ideas, questions and goals to the Congress, and being able to hold a small YIBcap symposium at IACAPAP, has been one of the first accomplishments of YIBcap, and demonstrates that enthusiasm, thoughtful mentoring among peers, as well as across generations, and connectedness can all have real influence and rewarding effects. The warm and friendly attendance at the YIBcap symposium by senior scientists and other Cohen Fellows from all over the world, made the D.J. Fellowship and YIBcap a truly international experience.

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TV or Not TV: That Is the Question

After waiting patiently, I received an e-mail congratulating me on my selection for the Donald J. Cohen Fellowship. To be selected to attend the 17th International Congress of the IACAPAP in Melbourne was a great opportunity for a young Chinese psychiatrist specializing in child and adolescent psychiatry. At the Congress I met colleagues from many different countries, and established relationships that I am hopeful will last into the future.

Of the many wonderful and important aspects of the Congress, I was particularly absorbed by Alain Lazartigues's lecture, "Authority, media, school and teenagers 11–16 years of age." In the last decades, marriage and the family have undergone many changes, such as questioning the principles of authority, the emancipation of women, and growing influences of the media on the daily life of families. The Convention on Children's Rights has changed so much about parenthood that all forms of education have to be based on new grounds.

In Alain Lazartigues's lecture, he reported on his study, looking at the characteristics of relationships to authority, to the media and to school in a group of adolescents aged 11–16 and living in France. A total of 1543 adolescents were included in his study. Three questionnaires were used for adolescents, their parents and their teachers to assess characteristics of families, relations to authority, to media, to school, as well as aggressive behaviors, use of drugs, and measures of respect. His study results were as follows: 36% of adolescents had a TV set in their bedroom, a third of the adolescents chose their TV programs without any adult control, 30% had seen pornographic movies, 27% watched TV programs three hours or more daily during the week, and 44% during weekends.

However, I was struck by how different this is from China. Chinese adolescents tend to be more controlled by parents regarding TV programs and the amount of time watching TV. It is common that primary school and high school students of China do not get permission to watch TV during the week at all. Chinese parents may pay more attention to the achievement scores of children and it certainly seems more common that they would therefore regard watching TV as a waste of time. The phenomenon is due to different cultures, possibly with different types of acceptance for teenage behaviors, autonomy and

engagement with the media, but also possibly due to different social structures influencing the individual family.

Alain Lazartigues's lecture helped me to gain a better understanding of his thinking, especially about looking at children in a cultural context, and has energized me to focus on other cross-culture issues.

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Stoked: The Depths of Fraternity

Communing with the Donald Cohen Fellows of Group 6 was akin to what James Joyce described as 'meeting ourselves and each other' as we plumbed the depths of fraternity. In psychological terms, the experience of Group 6 could also be described as the coming together of like-minded individuals with the capacity for "reflective functioning" – that is, the "capacity to hold in our minds a useful awareness of one's own mental states, as well as that of the other" (Fonagy, 1998).

I was humbled by, and grateful for, the thrill of inter-country connections, collaboration, cultural pride and respect that the Donald J. Cohen Fellowship offered. Our mentors (Drs. Olayinka Omigbodun, Phil Brock, Dolores Garcia-Moreno and Professor Graham Martin) made everything seem possible, and I am deeply indebted to all of them for increasing my self-belief. The opportunity to connect with mentors and fellows from across the globe was by definition a "nurturing of diversity." Sharing the common passion of child and adolescent mental health was like the intoxication of falling in love with people, ideas and diverse cultures. Maybe love is just "contingent-marked mirroring" (a new term I picked up from the Fonagy lecture at

the conference), and if this is the case, there was plenty of "love" in Group 6!

Group 6 looked at creative solutions to balance individual clinical caseloads and our responsibility as child and adolescent mental health experts to be actively involved in advocacy, promotion, policy and research. We came to the conclusion that to get the leverage to do international clinical co-research (and associated advocacy, promotion, and policy) would take a dedication to the meaning of fellowship (i.e.; camaraderie, comradeship, friendship, partnership). The IACAPAP fellowship empowered me with the audacity to make manifest the "nurturing of diversity," and I feel honored to share my IACAPAP story.

To nurture diversity in child and adolescent mental health requires ingenuity, vision, purpose and a common understanding. However, the creativity required for international collaboration is ideally based on both passion and a solid foundation of psychological theory, empirical knowledge and clinical acumen. I found all of these attributes within the work of Dr Rachel Kang'ethe, a psychiatrist and lecturer at the University of Nairobi, Kenya. For these reasons I would like to share the impact that her work has had on me personally and the possibilities for future international collaboration.

My common bond with Dr. Rachel Kang'ethe was that we both had had the pleasure and success of international collaboration, and so both had consequent faith in its value. Therefore, our mentor Dr. Omigbodun requested we present our experiences with Group 6, and so with great delight I shared my passion for infant mental health education, promotion, prevention and early intervention. Following this, Dr. Kang'ethe presented her preliminary research on the use of exposure-trauma narrative with children diagnosed with PTSD in Kenya, and her collaboration with Dr. Dolores Garcia-Moreno. I am also aware that Dr Kang'ethe was inspired

by the work of Dr. Dolores Garcia-Moreno, with whom she collaborated in the development of the intervention protocol. I was so impressed by Dr. Kang'ethe that I attended her workshop and have not stopped thinking about it since!

The beauty of Dr. Kang'ethe's research and clinical protocol is that it was borne out of the necessity of her local context and yet also has universal merit. As the first (and only) female child and adolescent psychiatrist (and one of only three CAPs in Kenya), the capacity and means to use existing trauma protocols with clients were simply not there. She was therefore moved to develop her protocol, for pressing reasons of both human and therapeutic resources and the necessity for families to travel long distances to access much needed expert therapeutic intervention (her waiting room sounds extraordinary!) Furthermore, her trauma protocol is developmentally and culturally appropriate. What is ingenious about the protocol is that with the use of children's drawing it incorporates all of the important elements for successful evidence-based intervention with the use of exposure-trauma narrative and cognitive reframing. She explained that drawing itself is an arousal reduction experience and therefore she did not need to use the relaxation/coping skills training used in evidence-based trauma-focused CBT. Her initial research results suggest that this is indeed the case.

From a theoretical perspective I would like to boldly share my speculation that Dr. Kang'ethe's protocol *may*, via reflective dialogue, be increasing the child's "affect regulation" (for example; the work of Allan N. Schore and Peter Fonagy) in combination with the therapeutic process itself providing a "safe base and safe haven" (e.g., Circle of Security[®] and Circle of Safety[®] Glen Cooper, Kent Hoffman, Robert Marvin and Bert Powell, 2000) for children. That is, whilst focusing on the integration of traumatic memories

(as per information processing theory, which theoretically supports the efficacy of exposure therapy), there may be in fact be other core processes within the protocol (including reflective functioning and affect regulation) contributing to the success of the protocol. This speculation is based on contemporary interdisciplinary findings in developmental affective neuroscience and neuropsychiatry, which have convincing theoretical and empirical evidence to suggest the important role of reflective functioning and affect regulation for the developing mind (e.g., the work of Allan N. Schore, Peter Fonagy, Dan Siegel, Bessel van der Kolk). For me, the theoretical implications of Dr. Kang'ethe's protocol are as exciting as the preliminary positive outcomes for children with PTSD in Kenya.

It is my opinion that Dr. Kang'ethe's clinical protocol is elegant in its simplicity and sophisticated in its process. However, there is always a risk of misuse or exploitation when an apparently "simple" approach gains validity (e.g., front page news: "Get kids to draw to cure PTSD"). The protocol may appear simple but it involves a detailed clinical interview and assessment to diagnose PTSD as well as the "holding" environment of a specialist trained child and adolescent psychiatrist. My caution is based on respect for Dr. Kang'ethe's work, and my understandings of the roles of theoretical conjecture through my specialist training as a clinical psychologist within the scientist-practitioner model. To ensure adequate replication of the protocol, I suggest that implementation be restricted to trained specialists.

I am hopeful that an international collaboration between myself, Drs. Kang'ethe and Dolores Garcia-Moreno is possible and I will be endeavoring to travel to Kenya for the World Psychiatric Association (WPA) conference in March, 2007. Due to the multicultural and indigenous population of children and adolescents within Australia, and the

universal applicability of this developmentally sensitive protocol, it has much local relevance to my clinical work. However, as much as I do not want to lose the momentum of IACAPAP 2006, I am not affiliated with a South Australian University (prevented by the tyranny of distance – the closest uni is a six-hour round trip) and my renewed enthusiasm for research will require some creative groundwork. My desire to be involved with international collaborative research will need to be balanced with the reality that I am the only residential Clinical Psychologist specializing in child and adolescent mental health within my region. Therefore, from a purely pragmatic clinical perspective, I "need" to use effective interventions that take the shortest possible time to get the best possible outcomes. This is why Dr. Kang'ethe's protocol excites me so much!

My grateful thanks go to Drs. Andrés Martin and Joseph Rey and the entire IACAPAP Donald Cohen Fellowship team for making it all possible – I am "stoked" (Australian slang for "delighted or exhilarated")!

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Research, Whether with Rags or Riches: Helping Each Other Help Children

At first glance, child and adolescent psychiatrists from developed and developing countries have very different interests, and very different resources. Most of the German fellows attending the IACAPAP Conference do biological research using multi-channel EEG, MRI, and genetic or cell biology assays. Fellows from developing countries reported that they need research in such things as the epidemiology of certain disorders

in their home countries (e.g. Sri Lanka, Nigeria), the prevalence of certain conditions such as child abuse (Yemen), or the efficacy of community based mental health programs (Yemen, Egypt).

In Germany, the profession of child and adolescent psychiatry is rather young but well-established, the treatment is covered by health insurance, advanced technological tools are accessible, and the economy and medical research infrastructure is complex enough to support some highly specialized projects. In developing nations, there may be only a handful of child and adolescent psychiatrists in an entire country, the field is often not held in high esteem either by the public or by the government, and funding and legislative support for child mental health is correspondingly weak. Health systems generally suffer from low funding and are focused on essential medical needs. Technology such as MRI devices is seldom available. Public health and clinical care take priority over basic research.

When child and adolescent psychiatrists from the developed and developing world meet at a scientific conference, as we have under the auspices of the Donald J. Cohen Fellowship, the obvious question therefore is, “Can we help each other?” Which is to say, “How can we help each other help children?” While forming personal and professional relationships is a good first step, the next one is to carefully consider the opportunities for cooperation, as well as the obstacles.

If we choose to think not about the specific substance of our research but rather the tools we use, we see that researchers in developed and developing nations face some similar challenges. Questions arise out of our daily clinical work. We must reframe those into more precise research questions, and devise an adequate research approach. This requires access to the existing research literature, as well as resources such as WHO

reports (for scientists in the developing countries, the JACCAP is now freely available through the HINARI initiative [www.jaacap.com]). Web forums such as medscape offer free access to some scientific journals and congressreports –

www.medscape.com/welcome/journals

In order to come up with a good research design, case studies can be a first step to becoming more familiar with the topic. We need to find good assessment tools (some questionnaires, such as the Vanderbilt Assessment Scales or the Kiddie-SADS are available free of charge. The library website of the University of Adelaide gives a detailed list of all psychiatric rating scales and diagnostic aids available online

[www.adelaide.edu.au/library/guide/med/menthealth/scales.html?template=print].)

To learn the methods and conduct a study requires that researchers understand validity, reliability and specificity, and also consider cultural appropriateness and cost effectiveness. Young researchers face financial constraints in both the developed and developing countries, and those oblige us all to acquire expertise in raising funds, and especially in writing grant applications.

Last but not least, we have to analyze and interpret the data, and present our conclusions to the research community. Generating publishable research demands in-depth knowledge of higher-level statistics, and many child and adolescent psychiatrists lack such knowledge. Researchers who are not native-speakers of English may face the added obstacle of language, struggling both with writing articles and with choosing an appropriate journal to submit their articles to. These are all areas where skills and information can be usefully shared between child and adolescent psychiatrists from any part of the world.

A group of German biological researchers have formed an organization called YIBcap, as a means of encouraging such sharing. While our

research priorities are not the same as those typical of developing nations, our knowledge of research tools, and our experience in creating the “social capital” (Shortt, 2004) of a research network are things we feel can be useful to researchers in developing nations. The skills for doing research, and of organizing researchers into productive work teams, are not, in general, capital-intensive or unique to biological research. We present a brief history of our creation of YIBcap, and invite suggestions for further co-operation.

In 2005 we founded “Young Investigators in Biological Child and Adolescent Psychiatry” with the goal of intensifying collaboration between all professions conducting biological research in child and adolescent psychiatry, and to increase quality and efficiency of our research (Ehrlich and Stegemann, 2006). Currently the group comprises 33 members from more than ten different German university hospitals and different specialties – physicians, psychologists, biologists and statisticians. All members communicate via web-based group software and our own homepage (www.yibcap.de). We share new clinical and scientific knowledge, get quick advice on open questions (e.g. statistical matters) and collaborate on scientific projects. In addition we rely on an expert panel of seven internationally renowned senior advisors – all senior faculty members in child and adolescent or adult psychiatry – who help young researchers with their methodological knowledge, writing skills, fundraising techniques and contacts. Eventually some of our senior faculty members will go beyond advice and instruction and engage into a trusting and caring mentor–mentee relationship (Martin, 2005). In the context of existing scientific congresses we organize meetings where experts give workshops in research methods such as statistical multivariate analysis, gene linkage analysis, or diffusion tensor imaging

Already in the first year of our network we’ve had many successes.

We have contributed to the translation and adaptation of questionnaires regarding deliberate self-harm, to a study of diagnostic issues in ADHD, to the genotyping of patients with eating disorders, and to the sharing of neuronal cell lines. We were able to hold our own symposium at the IACAPAP Conference in 2006, and have received official recognition and support from the German Association of Child and Adolescent Psychiatry and Psychotherapy.

Despite these achievements, we find that there are still many challenges. Funding for travel is hard to find. Mailing lists need to be moderated and protected to prevent misuse. Maintaining a website is labor-intensive, as is organizing meetings. One has to be cautious not to dissipate one's energies in administrative work.

Belonging to a rather small specialty within medicine, we feel that there is a great need for child and adolescent psychiatrists around the world to get to know each other, stay in touch, discuss recent advances in clinical care and research, as well as help each other with resources, methodology and contacts. E-communication and web logs are an efficient and affordable way to make use of this form of social capital. Web-based group software (e.g. google-groups, yahoogroups) is free, and offers the distribution of e-mails to all group members, archiving of messages, file sharing, and polls.

As a first result of the DJC Fellowship Program a web log has been created to facilitate communication between young child and adolescent psychiatrist from many countries (www.djcohenfellows.blogspot.com).

We also invite interested researchers to join YIBcap as guest-members. We are especially interested in fostering dialogue with researchers in the developing world.

Young researchers benefit in any field of research and in any context if they agree to share their

knowledge and cooperate on research tasks. Time and cost-efficient means to communicate as a group are available through the internet. In order to benefit from external resources and foster the seriousness of such networks, a board of senior researchers as advisors is highly recommended. In the midst of all our specialized research – the tracing of a specific receptor, the function of a subtle brain structure or gene – we should not forget our primary goal is to serve the needs of children and adolescents, and to improve the mental health of the general population. Dialogue between child and adolescent psychiatrists from all over the world reminds us of this most important aim of our work, whether in biological research, epidemiology, or community-based psychiatry.

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Creating Our Own Paths: Peer Mentorship Among Women in the Donald Cohen Fellowship

The invitation came: apply to come to Melbourne, be a part of the mentorship program, join our enterprise for a week and learn about the work of the International Association of Child and Adolescent Psychiatry and Allied Professions. I was tempted, intrigued, and then decided that going to Australia for a week was highly “impractical,” especially given that I would have to leave behind my English-professor husband, whose fall semester at the local state university would be just beginning . . .

A week later I found myself completing an abstract, a personal statement, and an updated CV in record time – and in time for the Donald Cohen Fellowship Program deadline. Something within me was moving toward this experience and propelling me to think beyond what was practical and on to what was possible.

When I received word that I would join the Cohen Fellowship as one of the United States delegates I was excited, a bit apprehensive about the long flight to Australia, regretful that as my husband and I work to balance our personal lives and two professional careers, his professional priorities would have him stay at home for this trip. I was eager to finally have an opportunity to present some of the school consultation work that had been a focus during my last year of child psychiatry training. I wondered whom I would meet at this conference half

way around the world—who would be our mentors, in what ways would I have opportunities to mentor others and in turn receive mentorship to help guide my career path.

As we convened for the Congress and the fellowship program, one of the first things that I noticed was that, as a woman, I was part of a minority group. Approximately one-third of our fifty delegates were women, which was a notable contrast to most of my experiences to date as a medical student and resident, where men and women had been fairly equal in numbers. While we continued to congregate in co-ed groups throughout the week, our fewer numbers seemed to encourage especially salient connections among the fellows who were women.

Another American woman and I discovered quickly that we were both early-risers and enjoyed breakfast and even an early morning souvenir shopping trip as we discussed our own recent and pending career decisions. Themes of choosing to live quite distant from husbands in order to take advantage of professional opportunities for training or academic work emerged as quite common. We shared stories of flying or driving long distances to visit “home” while pursuing residency training. The ninety miles each way that I had once driven on the freeway between work and home were dwarfed by my peer’s description of leaving her home country to seek child and adolescent psychiatry training thousands of miles away.

As a sub-group of women delegates, we were joined by a handful of women mentors who brought their own stories forward. Olayinka Omigbodun of Nigeria modeled a leadership role for us as she described the positive impact that being first a mentee and now a mentor in the program had had on her own career. Vicky Cowling of Australia and Chohye Park of New Zealand acted as our “local” hosts in the small mentorship group to which I was assigned, and they facilitated our

group discussions while they shared their own professional stories.

Dr. Kathryn Ko, a neurosurgeon with whom I rotated as a medical student in New York City describes the task of the woman physician with these assertions:

“[W]e have inherited a profession whose lifestyle is difficult to reconcile with the basic definition of what it is to be a woman. Women are therefore unlikely to travel the road that many of the men took because the steps they left for us are too narrow for all the roles we live. The medical profession may eventually evolve to accommodate our needs and our biology, but until then it is up to women to create the means to build careers and lives that bring satisfaction.” (Chin, 2002)

In Melbourne, I witnessed example after example of how each of us were finding paths that were not “traditional” but were serving our desired balance of personal and professional goals. I also considered what support networks were necessary to make this all possible. A special member of one mentorship group was the infant son of a delegate from Sweden. I watched this mother and professional gracefully balance the needs of her child with her own desire to participate in the Congress and our small group activities. Other women delegates shared tips with each other about how to use the local phone system to call home and I was reminded that the community supporting the efforts of the Cohen Fellows that week in Melbourne was spread throughout the world and included grandmothers home watching children, partners tending to our homes so that all would be in order when we returned, and colleagues taking care of our patients and administrative duties while we were away.

As I left Melbourne, the concept of “peer mentorship,” or how we share experiences, support, and

advice with others of a similar stage of career development, emerged as perhaps the most important aspect of my Donald Cohen fellowship participation. By bringing together young researchers and leaders in the field of child and adolescent mental health under the guidance of more senior mentors, IACAPAP created the context in which we could identify common struggles and learn from each other as fellow mentees. This type of mentorship relationship calls for each of us to find both wisdom and questions within us and to have the courage to offer both to our colleagues.

During our weeklong program there were as many career paths represented as there were young professionals attending the Congress. We had each found our way to Melbourne for reasons known and beyond knowing. As I left the Congress, I sensed myself as part of a network of both men and women, supporting each other and challenging each other to move beyond traditional ideas of career development toward models that allow for “goodness of fit” between our professional roles and the personal lives we wish to live.

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Congress Bag Colour Choice: A Cross-Sectional Naturalistic Study

Background and Rationale

A bag is a personal thing. It has usually an affective value and it has got many symbolic meanings. For example, it may represent somebody’s wealth, according to Mesopotamian

civilization, or the uterus for a woman (don't ask). For the Old Testament, it means the place where the life principle is saved. The choice of a bag (shape, colour...) may reflect some aspects of the personality, and according to recent theories, the colour of one's bag may even reflect the importance of patriotism.

The organizing committee of the 17th IACAPAP Congress in Melbourne offered delegates many choices of colours for their Congress bags, probably in order to secretly evaluate the personality of every participant and to keep the IACAPAP free from any "spies" from other organizations. Our aims through this study were first to describe the bag choices of delegates, and then to assess factors determining the choice of colours, leading to the definition of risk and protective factors. We also wanted through this work to give an extra presentation, leading probably to a publication, (always good for one's CV) and to create for our speciality a pole of expertise in the new field of research in bags and related phenomena.

Methodology

A cross-sectional comparative study was conducted during the Congress in the Melbourne Convention Centre. The period was defined as "whenever it was possible." The only inclusion criterion was being a Donald J Cohen Fellow, and exclusion criteria were: fellow not seen by authors and/or being Susan Milam-Miller (for a long and complicated story involving two Chinese restaurants with the same name – actually the story is not so long and complicated; you can probably figure it out from that synopsis). The control group consisted of the Donald J. Cohen Fellowship Program mentors, matched for gender, but not for age (for very evident reasons.) Data collection procedures were our naked eyes (sometimes reinforced by optic refracting systems, more commonly known as *glasses*), semi-structured interviews through direct yes/no questions to subjects (when it was too

late). Statistical analysis was performed with SPSS 13 for with use of chi square or Pearson correlation coefficients as needed, primarily to impress people in the bar.

After long discussions and meetings, the authors decided that nobody really cares about the underlying ethics and informed consent and all that other stuff.

Results

Results were obtained for fellows in 28 genuine findings and eight (completely) invented ones. 15 were missing at the end of the study. For mentors only four findings out of 17 were obtained because of a high rate of bag dropouts. Considering this lack of data, the mentors' group was finally excluded from the study for statistical reasons.

The general prevalence of colours for the chosen bags is summarized in figure 1, showing a higher preference for blue, followed by orange. No significant difference was observed between boys and girls (fig 2), even if some colours were exclusively chosen by males, like green and grey. However, regression analysis showed that Indian boys prefer orange ($p<0.001$), whilst Hungarian girls prefer blue ($p=0.005$)... and some American boys prefer German girls (David Copperfield–Claudia Schiffer/Andre Agassi – Steffi Graff), but these are the first results of the pilot phase of another study to be conducted soon as a pharmacological trial with a combination of psychostimulants and SSRIs and koala pheromones.

Patriotism was evaluated by the means of a very (a really very) complicated algorithm calculating the probability of the presence of the chosen colour in the national flag and in the national team clothes, excluding socks arbitrarily. It showed (fig 3) a higher level of patriotism in participants from America, and an almost complete absence of patriotism in fellows from Africa. Australian delegates were considered as belonging to Asia to avoid very small subgroup sizes, and anyhow, it was

very legitimate for authors to take any decision they wanted. The continent that showed more variety in colours was Asia.

Discussion

This work has of course some limitations: small sample size, high comorbidity, and not really attractive aesthetics of bags. Some selection bias could not be avoided, for instance the pink bags disappeared at the beginning of the study because TBA, the mysterious Australian host fellow, took them all for his Barbie collection.

Furthermore, many bags disappeared during the congress and some hypothesises can be made:

Baby fellow from Sweden confused them with diapers?

Explorers Hotel (that Fine Establishment) signalled the presence of Hungry Jack's burgers in Brazilian delegates' rooms.

The major points to be discussed will be displayed as a series of questions with possible answers:

German delegates mostly chose blue:

Is it because world is covered with water?

Or were they feeling blue?

Or did they want to look like Italians to win the World Cup?

Some Australian and New Zealander fellows did not need bags: *Authors suppose that maybe some of them are really marsupials.*

Conclusion

A new area of research is now open for *Explorers* (get it?). However, cohort, multi-sited, placebo-controlled studies are needed. At least with all these colours, Donald J Cohen Fellows were really committed to (what else?) *nurturing diversity.*

Disclosures

This study received a special grant from the **MAECELO SCHMITZ FOUNDATION** (a well known charity institution in Brazil). It is intended in good faith and to do harm, but any legal claims or lawsuits should be addressed to Dr. Andres Martin, Yale

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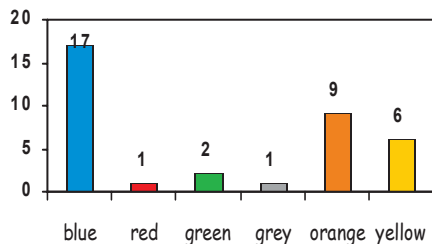


fig. 1 prevalence of each colour.

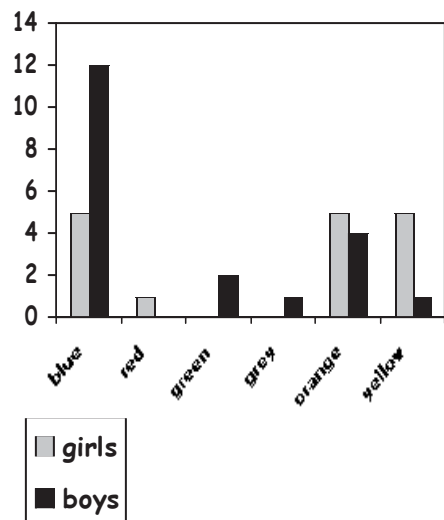


fig. 2. choice of colour according to gender (p=0,097, NS)

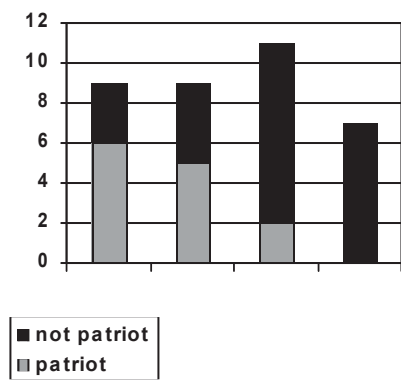


fig. 3. patriotism according to continent

Spring in Melbourne

Two years ago, I attended the 16th IACAPAP Congress in Berlin as a Donald J. Cohen Fellow. This was my first time attending an international congress overseas. There, I learned so much about child and adolescent mental health – and I also learned many English words. Thanks to this experience, I was able to publish two papers in a prestigious English journal this year. And also thanks to this experience, I decided to join Tsinghua University. The university is located in Beijing, where it is far easier for me to stay informed about what is happening around the world of child and adolescent psychiatry.

Tsinghua University is perhaps the most famous school in China; collected here are many of the best professors and students in the land. But our psychiatry department was just set up one year ago, by only a very few of us, and I was left wondering about all the things that I needed to do and how I might be able to develop my research in the future.

This year I was very honored to attend the 17th IACAPAP Conference in Melbourne, again as a Donald J. Cohen Fellow. At this Congress I was able to meet many old friends, which in itself was a great experience. As Donald J. Cohen fellows, we were divided into eight groups in order to improve communication by allowing us to meet other people in a more individualized setting. Every group had one international mentor, one Australian/New Zealand mentor, one host fellow and seven fellows from different countries. In our group, we discussed every fellow's research and what they wanted to do in the future. Our mentors were kind and provided patient answers to everyone's questions. Between the fellows ourselves, we felt like brothers and sisters, through our willingness to help each other. It was like being part of one big family.

Of all the experiences we had during this Spring in Melbourne, perhaps this small group was the very

best part, and where I gained most from the Congress. Not only did I have the chance to develop my research for the future, but I also felt energized. Yes! There were so many experienced child and adolescent psychiatrists diligently working and persistently caring for us. And there are so many Donald J. Cohen Fellows who work all over the world to help and encourage each other.

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Connecting Theory with Life, Professionals with People, and Cohen Fellows with Each Other

I left the 17th World IACAPAP Congress with so many ideas, and so excited about the information I had gained and the friends I had made. IACAPAP 17th World Congress has been one of the best conferences I have ever attended: varied, interesting, and engaging, friendly, great venue and speakers, great Cohen Fellowship ... it has certainly given everyone a lot to think about

Attending the conference was intimidating, inspiring, perplexing, exciting, overwhelming, and stimulating all at the same time. Having previously been a psychology major, my background in the field of medicine was limited and hence my experiences far exceed my knowledge. However, I had just recently completed a Master of Science in Medicine. Being surrounded by psychiatrists and highly educated people from all over the world, as I sat in the forums and mentoring programs for the Cohen fellows where the latest news and research was being discussed, I couldn't help but feel overwhelmed by the level of knowledge around me. I found the research, presentations, and poster

presentations significantly beneficial. It was awe-inspiring for me to think that I, too, possessed such a wealth of knowledge that could be used to help people.

As a person who identifies as an Australian Aboriginal, the concept of connecting is a focus of our people. It is important for us to connect and come together as one. My highlight came as I was asked to be one of the Cohen Fellows to do a presentation. My presentation focused on the importance of connecting not just physically and emotionally, but also spiritually to help aide in healing and acceptance. I was able to share my experience as someone who lived in a remote and rural area. I was able to share my experiences regarding suicide intervention and prevention and working with the body, soul, and spirit of a person that enabled all 206 of my clients in one year to go on and live a fruitful life without feeling suicidal. Just as many professionals from developing countries are disadvantaged, I was able to share the disadvantages Aboriginal people and people living in rural and remote areas of Australia experience. I was also able to impart hope, a sense of belonging, and encouragement to those of developing countries through offering resources, knowledge, and support where it could be given.

My head was full of knowledge after attending the conference. I gained further vocabulary and methods to effectively work within my role as a psychologist, and learned that there are leaders inside of all us, that they are not born, but can and should be taught at every level. I learned to believe in myself and to help others believe in themselves, and share my ideas, thoughts, and challenges so that they may become an inspiration to others who may be struggling.

The Donald Cohen fellowship mentoring program for Psychiatrists and Allied Professionals was well organised and highly professional in delivering services to meet its objectives. The Cohen fellow program

succeeded in recognising the significant knowledge and experience of all participants, and successfully met individual and organisational goals including providing increased access to support and resources, and improving clinical leadership skills. I found the Donald Cohen Fellowship to be a thoughtful, creative and stimulating environment, an unexpected treat at a conference. I felt enriched by the speakers, Cohen poster presentations, and the interesting array of Cohen fellows. My experience with the Donald Cohen fellowship have provided more opportunities for me that I could have possibly imagined and I am grateful for those who have played a role in making my experiences possible.

Having a community of Cohen fellows around me has given me a strong base from which to face and embrace life as a professional. This Cohen fellows community may give us encouragement to face situations that are undoubtedly more difficult for others than for ourselves; the wisdom to realize that while some things are more difficult, they are never impossible; and the strength to pursue the passions we hold.

As Donald Cohen fellows we need to continue to reach out to other professionals, connect them with practical support and resources and ensure that research and knowledge reflect and support rapidly changing professional practice. We must remember that we are building long-term relationships of acceptance, respect, and care. The same qualities of compatibility, acceptance, respect, mutuality and caring that we as professionals should have are what we need to also exhibit to our patients.

Connecting is incredibly important. 'Only connect' should perhaps be adopted as the motto of professionals because of the importance of connecting. Professionals who have a desire to build relationships and enhance their professional development and contribute to their community, will ultimately enhance the

professional and client care they provide.

Effective clinical engagement has the potential to improve services, enhance the client's experience and the outcomes of their treatment. However clinical engagement must amount to more than a vague sense of belonging. We should be ready to work with each other across organisational and professional boundaries, sharing expertise and speaking with one voice, practice sharing our ideas, experiences and/or beliefs with each other. The better we can become at this practice then the deeper and more long lasting will be our relationships. Indeed, as Cohen fellows, our contact with each other will have a transformation on us and we will have a transformation on others.

What struck a chord with me the most at the conference was discovering that no matter how big, small, rich or poor a country is, similar problems are faced almost everywhere – disconnection of people from their communities. I strongly believe that this conference helped a lot of people realize that it is a universal issue and one not just isolated in their country. The compassion and dedication of all that attended was unbelievable.

My desire is to continue to be an active part of the Donald Cohen fellows. On my flight back home to rural Queensland, I realised the importance of continuing to be a part of the Donald Cohen fellowship community. I sat thinking about the impact of that week's experiences and the people I had met at the conference. In truth I didn't fully understand the importance of this new community while I was attending the conference. I believe that understanding and fully recognizing the importance of this Donald Cohen community of people is a lifelong task. In one week I made friends who had the same passion and desire as I did, and allowed me to discuss freely my research ideas - friends who will be with me as I accomplish goals throughout my life.

I am thankful to have found this Donald Cohen fellowship community and to have been accepted as a part of it. The impact it has had on my life was priceless, setting many things into motion and pushing me to a greater level and passion of life. Connecting theory with life, professionals with people, Cohen fellows with each other, has been and will continue to be an exciting journey.

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Past Stigma and Onwards!

My experience during the IACAPAP congress was a very memorable one. I enjoyed meeting a diversity of so many people all working for one cause. I enjoyed sharing experiences with people from different parts of the World and learning that we are all still grappling with similar challenges. A clear example is the way mental health is viewed by people, especially in developing countries.

This is especially true of the secrecy and the stigma for those with mental health problems. Because of this, mental health service provision is given few budget allocations by governments; there are few professionals in the area; and there is a lot of ignorance about child psychiatry and much to learn within the field generally.

In my country we are paying a lot of attention to mental health problems related to HIV/AIDS and conflict, but what about ADHD that is unattended to in schools? Could that be one reason why we have so many drop outs of schools, and does it affect risk-taking behaviors later in life? Or could that be a reason why we have so many grown ups in public offices who behave like their upbringing was not proper?

For me IACAPAP opened my eyes to so many issues that I want to see investigated, and I look forward to continuing with this investigation.

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Clouds One Through Nine

I was one of fifty privileged with an award for a Donald Cohen Fellowship to the 17th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) held from the 10th–14th of September 2006 in Melbourne. I returned home very much on ‘cloud nine.’

Firstly, it was a most enriching and exhilarating cognitive experience, to open one’s mind to the research of colleagues from the global village. I gawked in wonder at the ‘state of the art’ advances of the science of mind and neurobiology. Brilliantly illustrated by functional neuroimaging, James Leckman’s talk wove a scientific tale showing “the hand that rocks the cradle rules the world.” This, expressed in proper scientific language, extols that “there are critical developmental windows during which the genetically determined micro-circuitry of key limbic–hypothalamic–midbrain structures are susceptible to early environmental influences and these influences powerfully shape an individual’s responsivity to psychosocial stressors and their resiliency or vulnerability to various forms of human psychopathology later in life.” This is but one of the many neuroscience-supported truths that were expounded by researchers from all over the world.

Secondly, the global village did not seem quite that big and intimidating when the famous names you read of in journals become ‘alive’

as senior colleagues who are kind and generous and who take an interest in your professional and personal development. It is uplifting to sit at the same table with professionals from the different corners of the earth, who love children and have a passion towards doing all they can to help them grow up happy and contented in the different lands they live in. It was an enriching experience to exchange ideas and build friendships with people who have a heart for the children of the world, from Barbados and Nigeria to Australia, America and China.

Third, deep discussions on the promotion of mental health amongst children and adolescents from diverse cultures and peoples meant honest sharing of the secrets of what worked and what didn’t, so that others can avoid the pitfalls. These discussions, and the other flights of fancy that eventually left me on cloud nine, illustrated that the basic needs of children even from diverse lands and cultures is but the same – “to be loved so they can love in return” – that is, to be nurtured.

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Lessons From Melbourne

I got to know about the IACAPAP conference through my Child and Adolescent unit consultant. My first thoughts were. “Australia? That’s the end of the world!!” I have always enjoyed travelling, but even in my dreams had never gone as far as that continent. I couldn’t imagine myself travelling from Nigeria to Australia. My few impressions of Australia were of cowboys and aborigines derived from Australian films like ‘The Man from Snowy River’ and from the Sydney Olympics.

And so began my journey to Australia. There were numerous obstacles, chief amongst them getting the visa. Australian visas had to be processed via another country, South Africa, and this could take as long as six weeks or more, which was time my colleagues and I didn't have. Getting all our documents together also wasn't an easy task, but finally we had everything ready. To our amazement, the visas arrived after only two short weeks. The departure day finally arrived, and posters were polished up at the last minute. The journey was a blur, 21 hours flying and six hours between flights. It was interesting not knowing if it was day or night.

The city of Melbourne welcomed us with its beauty and serenity. It was 'home' away from home.' I even got to taste some traditional Nigerian foods there! The conference was one big family. I was really impressed by the warm, familiar environment. Everyone knew everyone through someone else. The mentoring was great. I was impressed by the real interest of everyone, especially the mentors. Before this conference I was not fully decided on what would come next, after my general psychiatry training, but the experience helped me make up my mind. Here was a group of specialists who really cared about their clients and about each another. I wanted to be a part of them. The spirit of Professor Donald Cohen lives on, and I am really grateful for the chance to have gotten a glimpse of this great man and what he stood for.

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We're Raising Children, Not Flowers!

It was an honor to attend my first IACAPAP meeting in the historic and futuristic city of Melbourne, especially as a proud recipient of a Donald J. Cohen Fellowship, which made it possible for me to attend.

Melbourne is a city with a rich history of change, adaptation, and integration. As such, I thought it was the perfect place to host a congress that brought together scientists from diverse scientific perspectives and expertise and from regions around the world. As a Cohen Fellow, I felt I was given a unique opportunity to meet a great number of fellow scholars, with whom I thoroughly enjoyed exchanging views and experiences.

For me, the 17th World Congress of the IACAPAP was an unforgettable and immensely stimulating experience. It was a truly interactive, mind-opening, interdisciplinary and multicultural event. I hope that we all made new friends with whom we will continue to stay in contact throughout our working careers.

What impressed me deeply was the diversity of ideas about raising and educating children, especially between certain Western countries and China. From discussions with colleagues, it seemed that Western parents tend to pay more attention to their children's independence, self-renewal and whole development. In China, the policy of one child per family, producing children without siblings, began towards the end of the 1970s, and has raised questions about education and development in the family. There is some thought that this has led to a greater focus on children's bodies, knowledge and intelligence, than on their social development, disparate abilities and unique personalities.

Even so, there are some aspects of the parent-child relationship that transcend such cultural boundaries. I heard a story in Melbourne, delivered by a famous scholar, and it shook me

up. David, the scholar's next-door neighbor, has two kids aged five and seven. One day, he was teaching his seven-year-old son, Kelly, how to use the lawn mower. As he was teaching him how to turn the mower around at the end of the lawn, his wife, Jan, called to him to ask a question. As David turned to answer the question, Kelly pushed the lawn mower right through the flowerbed at the edge of the lawn – clearing a two-foot wide path through the carefully-tended flowerbed. It was leveled to the ground! When David turned back around and saw what had happened, he almost lost control. He had spent a vast amount of time and effort making those flowerbeds the envy of the neighborhood. As he began to raise his voice to his son, Jan walked quickly over to him, put her hand on his shoulder and said, "David, please remember ... we're raising children, not flowers."

This story reminded me how important it is as a parent to remember our priorities. Kids and their self-esteem are more important than any physical object they might break or destroy. The windowpane shattered by a baseball, a lamp knocked over by a careless child, or a plate dropped in the kitchen have all now been broken; the flowers are already dead. We must remember not to add to this destruction by breaking a child's spirit and deadening his or her sense of liveliness. Let's remember that our children's spirits are more important than materials things. When we do, self-esteem and love blossom and will grow more beautifully than any bed of flowers ever could.

This brings me to a final point about the congress. It was the informal interactions and conversations that remain most important. I was fortunate enough to take part in the Donald J. Cohen Fellowship program, a truly international group of researchers and clinicians from a range of different disciplines, with different perspectives and different skills. We all, however, shared the same interest in learning

from one another. I hope that Melbourne 2006 was a place and a time during which international research collaborations were fostered that will continue long into the future.

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Iraqi Children and Trauma; An Overview of the Current Situation and Clinical Experience

Psychological reactions to severe stress have been recorded for thousands of years, and exposure to traumatic events and situations is increasingly common, especially in some environments.

In the last few decades, Iraq has experienced multiple wars, religious genocide and more than ten years of economic sanctions. Continuing threats of violence lead to chronic feelings of insecurity, increased lawlessness, criminality, and inter-communal tensions. The consequent deprivation, oppression, and the loss of parents through imprisonment, death, separation or dislocation of families, exposure to violence, religious and political persecution, and torture has resulted in chronic social instability, educational failure, increased truancy, involvement in crime and drug abuse. This has been reinforced by isolation from the global community.

As a result, Iraqi children and adolescents have experienced many traumas and losses, which have led to significant increases in the incidence of emotional and behavioral disorders. Estimates of the lifetime prevalence of PTSD in the general population range

from 1% to 14%. Iraq, with a population of around 27 million, half of them under 16, has virtually no comprehensive services for child and adolescent mental health. Community based study is difficult in such circumstances, due to insecurity, lack of research tools and financial resources. PTSD and acute stress disorders represent around 2.5% of the patients attending the child psychiatric clinic in the central teaching hospital for pediatrics in Baghdad. This unexpected low rate may be due to poor public awareness, stigmatization, somatisation, and an inadequate referral system.

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**18th WORLD CONGRESS OF THE
INTERNATIONAL ASSOCIATION FOR
CHILD AND ADOLESCENT PSYCHIATRY AND
ALLIED PROFESSIONS (IACAPAP)**

Carrying Hope Between East and West for 3 C's: Children
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IN CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS**

*International Association of Child and Adolescent Psychiatry
and Allied Professions XVII World Congress: Nurturing Diversity*

Melbourne, Australia – September 10–14, 2006

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