Celebrating Helmut Remschmidt at 80
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President’s column

SOME IMPRESSIONS AFTER 4 YEARS AS PRESIDENT OF IACAPAP

My presidency of IACAPAP will end next July 2018. During these 4 years I have travelled several times to all continents, visiting clinical departments and discussing with colleagues in academic positions and those closer to the day to day clinical reality. I have also met several ministers of health and other people in important political or administrative positions. Of course, there are huge differences between countries because of tradition, culture, organization of the health care system and, most importantly, because the money invested in child and adolescent psychiatry services vary widely whether you live in a high-income country or not. However, a common observation is that in nearly all situations there is consensus that child and adolescent mental health is an absolute priority but, at the same time, very little is done about it and investment in child and adolescent psychiatry is even decreasing in some countries.

There has always been resistance towards psychiatry in general and child and adolescent psychiatry in particular. Many people still consider that the young cannot have a mental disorder, that ADHD is a fantasy, that psychiatric disorders are just bad luck and have nothing to do with medicine—love should be enough. All this is true and explains in part the situation, but only in part. There are other aspects, potentially with important practical consequences, that we need to understand.

1. We feel guilty about the kind of society we are leaving to our children

Our societies are experiencing colossal changes. This is so obvious that we sometimes forget it. In many countries the structure of the family and its functioning, so important for the development of children, has changed considerably. Birth rates have decreased, sometimes there is even a limit on the number of children a couple can have. Families used to be larger, with the extended family—grandparents, aunts, uncles, cousins—playing an important role in upbringing. Divorce and parental separations are more frequent. Because unemployment is not rare in many places, pressure to achieve at school has increased.

The Internet revolution has changed the way children and adolescent interact: they exchange hundreds of messages each day and spend many hours in virtual social networks. Last but not least, because of human activity, the climate is changing and this is likely to have a major impact on our life in the next decades. For all these reasons we are worried and we feel guilty: “what kind of world are we leaving to our children?”
2. The burden of mental disorders in children and adolescents is now well-known and is high

Because of the epidemiologic transition that lowers progressively the importance of infectious diseases, the relative weight of mental disorders represents a growing part of the “years lost with disability” (DALYs) in children and in adolescents. In Western European countries and in North America, mental disorders are now in the first rank of causes of disability and it is very likely that sooner or later this will become true for all other countries.

3. The right to wellbeing of children and adolescents is now claimed in many societies

This right to wellbeing was described in the Universal Declaration of Human Rights of 1948. Intriguingly, the definitions of health and mental health are also based on the notion of wellbeing. Because of this, there has been a gradual spread of the concept of “mental health” in the public sphere.

4. Child and adolescent psychiatry has been absorbed into mental health

Because we feel guilty about the future of our societies, because we are concerned about the mental health of our youth, because there is an injunction to wellbeing and good mental health, child and adolescent psychiatrists have become involved in the resolution of numerous societal problems, from religious radicalization to lack of motivation in school learning. Because of that, the core of their work—treating patients with mental diseases—appears to have become marginal too often. Child and adolescent psychiatry has become absorbed in mental health, with the consequence that it is everywhere but, because of having been absorbed, it does not exist by itself anymore. At least this is a risk we face at the moment.

Conclusion

The challenges of child and adolescent psychiatry for the next decades are numerous and of great importance: primary prevention and screening for early intervention; struggling against corporatization, ideologies, denial of cultural diversity, temptation to overprescribe medications, impoverishment of clinical knowledge and skills; taking advantage of Internet-based diagnoses and treatments. But the most important challenge is likely to be the affirmation that mental diseases do exist in children and adolescent. Mental diseases are not simply the expression of societal or developmental tensions. To be treated they need resources that should be determined according to objective data, like in all other areas of medicine. Indeed, we do now know with rather good precision the burden of psychiatric diseases absolutely and relative to other medical domains. This is a question of justice: children and adolescents with mental diseases should be treated like all other patients.

However, this is likely to be considered seriously by politicians only if we emphasize that psychiatry is not mental health. In particular, child and adolescent psychiatrists should not consider that they have to save all children in need of care and protection. As citizens very close to youths who are suffering and in danger we can testify and engage in advocacy when children or parents do not have the possibility to do so, but no more, because we do not have the legitimacy to determine societal priorities, because our legitimacy is in our clinics and we already have so much to do there.

Bruno Falissard
IACAPAP Textbook of
Child and Adolescent Mental Health

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President's Message Prague 2018

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

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

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

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

See you soon, I am eager to meet you.

Kind regards,

Bruno Falissard
President of IACAPAP
Welcome Letter from the IACAPAP 2018
Congress Chair Dr Michal Goetz

I am truly delighted and proud to share with you the full program of the 23rd World IACAPAP Congress. This program is a result of an extraordinary work and efforts of all the authors which we value very highly.

23rd IACAPAP World Congress shall be perceived as outstanding in many ways. First and foremost, it is here in Prague where IACAPAP celebrates its 80th anniversary of devoted service to the mental health of children and adolescents on a global scale. Moreover, this year’s edition is equally an important milestone for the Czech community; for the first time ever, we have a chance to host an international meeting focused on child’s mental health, which is in addition coming at the time when the systemic transformation of the Czech psychiatry is underway.

We are confident the program we have all put together testifies to the significance of this Congress. Contributions from 85 different countries have been received coming from psychiatrists, psychologists, nurses, social workers and other related professions. It is a convincing proof of how great of a work IACAPAP has done during its existence in order to further integrate the international professional community.

The central theme of the Congress is “Understanding Diversity and Uniqueness” and as such it is tangible throughout the whole program. The theme implies a deeper understanding of theoretical assumptions of our disciplines, it implies reflecting of the advantages and limitations of our diagnostic and therapeutic procedures, and thus to the better understanding and appreciation of those who are in our spotlight – children and adolescents with their own fascinating diversity and uniqueness. We are being forced to face new challenges reflecting global demographic changes of today’s world with great insistence and intensity. This is equally being accounted for by the theme of the Congress and reflected in the program itself.

10 Plenary and 20 State of the Art lectures bringing top-class findings from neuroscience, opening new clinical perspectives, and orienting towards more efficient care organization as well as policy from the most significant experts coming from 15 different countries constitute the core of the program.

Furthermore, the program allows the Congress participants to choose from 54 different symposia, 51 workshops, 25 academic perspective sessions, 19 special interest study groups and 6 media theatres. And there’s more. We are delighted with the interest of individual authors who submitted the total of 231 free papers enabling composition of 61 inspiring symposia. Indeed, not forgetting rich poster sessions – you can look forward to seven of those, comprising of 739 posters in total with some of them received literally minutes before the deadline.

We feel equally honored the 2018 IACAPAP Congress is to host the symposia of various esteemed partner organizations such as AACAP, WAIMH, ISAPP, FLAPIA, EMACAPAP and WPA CAP. The IACAPAP stream dedicated to the psychodynamic psychotherapy forms a unique part of the program you can look forward to.

You know very well that any congress is an intense and enriching experience but on the other hand also a tiring one. We couldn’t live up to the expectations of being good organizers shouldn’t we account for mental health of our participants. Therefore, I genuinely look forward meeting you during collective relaxation, morning jogging, yoga sessions, mindfulness exercises and last but not least good meal at the occasion of the Congress Dinner to be held in the magnificent ambience of the Žofín Palace located at one of our Prague islands.

Feeling joyful while looking at the complex program of our Congress makes us realize that we wouldn’t be here without long-term and continuous work of many people involved along the way. Let me express my sincere appreciation and thanks to the members of the IACAPAP Executive Committee, unflagging Congress Steering Committee with Füsun Cuhadaroglu, Sigita Lesinskienė, Per-Anders Rydelius and Gordon Harper. My personal thanks go to the IACAPAP President Bruno Falissard who has always acted as a kind and wise advisor, not forgetting to thank Chris Wilkes for sharing his invaluable experience with organizing the past IACAPAP Congress and encouraging us on the way. I have come to realize again and again in the course of Congress preparations how unique those fellowships held traditionally within the IACAPAP Congresses are. They served as career boosters for many of our young colleagues and are a result of selfless efforts of HRRS and DJCFP guarantors and coordinators. I would like to express my gratitude to them as well.

A sincere thank you goes to the Program Committee Chair Pavel Theiner, also to the members of the Program and Organizing Committees and all other colleagues from various countries who did great job while assessing the abstracts and putting together the program.

I am certain that our delegates will appreciate the infallible work of our organizing agency C-IN and most notably of the Project Manager Alice Tragerová who deserves equally my personal acknowledgement for her outstanding personal involvement which testifies not only to the exemplary professionalism but also to the sincere interest in our work for child’s mental health.

I am very much looking forward to welcoming you all during 23—27 July 2018 in the Prague Congress Centre. We are genuinely proud for being able to contribute to this wonderful tradition of the IACAPAP World Congresses.

Dr Michal Goetz
Pre-Congress Courses

Pre-congress courses are to be organized on Monday, 23 July 2018 before the Congress Opening Ceremony.

Admission to these courses is not included in the congress registration; attendance may be confirmed during the registration process for the selected course. The courses have various timing, as outlined with each course specification below. The courses are planned as parallel and will take place in different locations.

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

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

New social media and web-based communications present important new platforms through which children and adolescents have started to connect and communicate. This shift offers both challenges and opportunities for child mental health professionals. “We will give attendees examples of how providers engage with social media and communications for professional reasons and the ethical boundaries for this type of work. Particular attention will be paid to the use of social media and web communication in both high and low-income countries as well as the risks of social media use” says the author Niranjan S. Karnik, MD, PhD, professor of psychiatry and vice chair for Innovation, Rush University Medical Center, Chicago, Illinois, USA, together with Panos Vostanis, MB, MD, FRCPsych, Professor of Child Mental Health, University of Leicester, UK. Participants will have an opportunity to develop their own projects in small groups as part of this course.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol
Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR

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

Marie Rose Moro, Paris Descartes University, France
Alice Titia Rizzi, Paris Descartes University, France
Elisabetta Dazio, Action Contre la Faim, France
Jonathan Lachal, Paris Descartes University, France

Cultures and migrations is one of the challenges of the twenty-first century. How shall we adapt our health care work to deal efficiently with these global human changes? This course proposes to share and discuss what we have learned about migrant families and their children during the past years. Four excellent speakers from Paris have prepared a course in which (through videos & lectures, games & drawings) they will explore together with the audience what the Moro’s transcultural team is doing to provide care for migrants’ population of first, second and third generation. Alice Titia Rizzi, PhD is a psychologist at the Paris Descartes University and Hôpital Cochin, France. She is trained in the transcultural approach, psychoanalysis, Milan systemic therapy and Palo Alto brief therapy. Elisabetta Dazio is a psychologist and Mental health and psychosocial consultant, project manager and coordinator of mental health programs for developing countries. Jonathan Lachal, MD, PhD is an associate professor in psychiatry in the Cochin Hospital in Paris, France. Marie Rose Moro, MD, PhD is a professor of Child and adolescent psychiatry at the University of Paris, France and the director of the Department of Adolescent medicine and psychopathology in the Cochin Hospital, Paris.

Monday, 23 July 2018, 8:00 – 16:00, Prague Congress Centre
Admission: High Income Countries – 75 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 50 EUR
3. Borderline Personality and Related Issues in Adolescents

Michael Kaess
UNIVERSITY OF BERN, SWITZERLAND

BPD commonly emerges in adolescence and is often associated with multiple and repetitive risk-taking and self-harm behaviors. BPD has been a controversial diagnosis in adolescents, but this is no longer justified. Recent evidence demonstrates that BPD is as reliable and valid among adolescents as it is in adults and that adolescents with BPD can benefit from early intervention. This workshop describes the core components of the outpatient department for "Adolescent Risk-taking and Self-harm behavior" (A1RISK) as an early intervention program for BPD. A1RISK is an evidence-based early intervention service for BPD that has been operating in Germany since 2013. The model is a time-limited, integrated, team-based approach that is based on the principles of Dialectical Behavior Therapy for Adolescents (DBT-A). Professor Michael Kaess is a child and adolescent psychiatrist at the University Clinic in Heidelberg, Germany and the University Hospital of Child and Adolescent Psychiatry and Psychotherapy, University of Bern, Bern, Switzerland.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol
Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR

4. Building Resiliency In Transitional Aged Youth with Learning and Attention Issues

Ellen Beth Braaten
MASSACHUSETTS GENERAL HOSPITAL/HARVARD MEDICAL SCHOOL, USA
Steven C. Schlozman
MASSACHUSETTS GENERAL HOSPITAL/HARVARD MEDICAL SCHOOL, USA

Transitional aged youth are often defined as students between the ages of sixteen and twenty-two. They have a complex variety of needs due to their development and passage into adulthood. Individuals with learning and attention deficits are particularly vulnerable. Dr. Ellen Braaten has offered a 4-hours pre-congress course to cover this topic together with Dr. Schlozman. Dr. Braaten is associate director of The Clay Center for Young Healthy Minds at Massachusetts General Hospital (MGH), director of the Learning and Emotional Assessment Program (LEAP) at MGH, and an associate professor of psychology at Harvard Medical School (HMS). Dr. Braaten is widely recognized as an expert in the field of pediatric neuropsychological and psychological assessment, particularly in the areas of assessing learning disabilities and attention disorders. Dr. Steven Schlozman is associate director of The Clay Center for Young Healthy Minds at Massachusetts General Hospital (MGH), and an assistant professor of psychiatry at Harvard Medical School (HMS).

Learning Objectives of this Course:
The participants will have a greater understanding of the unique problems in transitional-aged youth who also have learning disability and attentional disorders.
The participants will be able to identify the etiology of stigma and bias in this potentially vulnerable population.
The participants will have a better understanding of the role of resilience in development throughout the lifespan and its relationship to mental health outcomes.
The participants will have a greater understanding of the unique importance of resiliency in transitional aged youth with learning and attention issues.
The participants will have a greater understanding of the evidenced-based research that has shown to be effective in promoting resiliency and positive outcomes in transitional-aged youth.
The participants will be able to elucidate the particular importance of popular culture in contributing to the resiliency of this population.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol
Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR

5. Family-Based Treatment of Child Conduct Problems

David J. Hawes
UNIVERSITY OF SYDNEY, AUSTRALIA
Mark R. Dadds
UNIVERSITY OF SYDNEY, AUSTRALIA

Child conduct problems often present in the context of highly distressed and multi-problem families who can be difficult to engage in treatment due to parents’ own issues. This workshop will focus on practical strategies for maximizing the therapeutic impact of parent training for young children with conduct problems in such families, based on the model presented in Integrated Family Intervention for Child Conduct Problems (Dadds & Hawes, 2006). Dr. Mark Dadds is a Professor of Psychology at the University of Sydney, Australia, his research focuses on the development and evaluation of state-of-the-art treatments for children and adolescents with behavioral and emotional problems. He is a past President of Australian Association for Cognitive and Behavior Therapy. Dr. David Hawes is an Associate Professor of Psychology in the School of Psychology, University of Sydney, Australia, and co-Director of the Child Behavior Research Clinic (University of Sydney). He has conducted extensive research into the role of family processes in the development and treatment of childhood externalizing problems, and his research was cited as a key basis for revisions to the diagnostic criteria for conduct disorder in DSM-5.

Learning Objectives of this Course:
Conceptualize the mechanisms through which parenting interventions operate on conduct problems, using an integrated theoretical perspective; Learn practical, father-friendly, consultation strategies for engaging and empowering parents distressed by child conduct problems; Become familiar with the core components and competencies of evidence-based parenting interventions for conduct problems;

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol
Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR
Apply an integrated theoretical perspective in order to avoid and overcome key barriers to change in parenting interventions for conduct problems.

Monday, 23 July 2018, 8:00–16:00, Prague Congress Centre

Admission: High Income Countries – 60 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 40 EUR

6. Moodiness in ADHD: Strategies for Assessment and Treatment

W. Burleson Daviss
DARTMOUTH GEISEL SCHOOL OF MEDICINE, USA

Joseph Blader
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER, USA

Oscar Bukstein
BOSTON CHILDREN'S HOSPITAL / HARVARD MEDICAL SCHOOL, USA

Craig Donnelly
DARTMOUTH GEISEL SCHOOL OF MEDICINE, USA

Bryan King
UNIVERSITY OF SAN FRANCISCO MEDICAL SCHOOL, USA

John T. Walkup
WEILL CORNELL MEDICAL COLLEGE, USA

Mood and affective dysregulation symptoms often co-occur with patients with ADHD of all ages. Such “moodiness” is at times thought to be a characteristic of the ADHD itself, or to represent symptoms of another co-occurring disorder. Such co-morbid disorders in patients with moody ADHD may include anxiety, obsessive-compulsive, post-traumatic, disruptive behavioral, substance use, depressive, bipolar or autism spectrum disorders. Effective and safe treatment of such patients with moodiness and ADHD requires making an accurate diagnosis. W. Burleson Daviss, MD is an Associate Professor of Psychiatry at the University of Texas Health Science Center at San Antonio (UTHSCSA), TX and Geisel School of Medicine at Dartmouth, Hanover, NH

Learning objectives:
Participants will learn clinically relevant, practical strategies for assessing common causes of moodiness in young people with ADHD. Participants will also learn strategies for the psychosocial and pharmacological treatment of patients with these various types of “moody” ADHD.

Monday, 23 July 2018, 8:00–16:00, Prague Congress Centre

Admission: High Income Countries – 75 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 50 EUR

7. New mhGAP IG 2.0 Mobile App and WHO Parents Skills Training

Chiara Servili
WORLD HEALTH ORGANIZATION, GENEVA

Neerja Chowdhary
WORLD HEALTH ORGANIZATION, GENEVA

Janice L. Cooper
THE CARTER CENTER, LIBERIA AND EMORY UNIVERSITY, LIBERIA

Usman Hamdani
HUMAN DEVELOPMENT RESEARCH FOUNDATION, PAKISTAN AND UNIVERSITY OF LIVERPOOL, UNITED KINGDOM

Rose Hoekstra
KING'S COLLEGE LONDON, UNITED KINGDOM

Olayinka Omigbodun
UNIVERSITY OF IBADAN, NIGERIA

Laura Pacione
UNIVERSITY OF TORONTO, CANADA

Erica Salomone
UNIVERSITY OF TORINO, ITALY

We are offering a pre-congress course on the mhGAP IG 2.0 Mobile App and related set of training materials (both are to be released during the upcoming mhGAP Forum, 8–9 October), and the WHO Parent Skills Training program (WHO PST) for caregivers of children with developmental delays/disorders, which is complimentary to the mhGAP tools and currently available upon request for field testing in countries. The mhGAP Program has being used in more than 90 countries. The WHO PST is being used in the context of field testing in 18 countries, including both HIC and LMIC. Chiara Servilli MD, PhD is a Medical Officer, Child and Adolescent Mental Health Program, World Health Organization, Department of Mental Health and Substance Abuse, Geneva, responsible for the WHO child and adolescent mental health program aiming to reduce the burden of mental and neurological disorders. Dr. Servilli has prepared the course with other excellent speakers.

By the end of the course trainees will
- be able to access and use the mhGAP IG 2.0 Mobile App as job aid to improve collaborative care and evidence-based practice for assessment and management of mental disorders in children and adolescents;
- be confident in using mhGAP IG 2.0 new set of training materials to train and supervise primary health care providers and community-based professionals;
- be able to access and use the WHO PST materials to support caregivers and/or community-based providers;
- know about opportunities to contribute towards the field testing of the mhGAP IG 2.0 Mobile App and WHO PST for families of children with developmental delay/disorders.
8. Pediatric Psychopharmacology Update

Graham Emslie  
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER, USA  
Christopher J. Kratochvil  
UNIVERSITY OF NEBRASKA MEDICINE, USA  
Karen Dineen Wagner  
UNIVERSITY OF TEXAS MEDICAL BRANCH, USA  
John T. Walkup  
WEILL CORNELL MEDICAL COLLEGE, USA

This course will review recent research developments and updated best practices in the pharmacological treatments for youth with mental disorders. Four excellent presenters and four prominent topics: depression (Emslie), bipolar (Wagner), anxiety (Walkup) and ADHD (Kratochvil). Dr. Emslie is the Chief of Adolescent Psychiatry program at UT Southwestern and Children’s Medical Center of Dallas. Dr. Emslie’s clinical expertise is in the area of child and adolescent depression. Dr. Kratochvil is the Associate Vice Chancellor for Clinical Research at the University of Nebraska Medicine (UNMC), Vice President for Research for Nebraska Medicine, Chief Medical Officer for UNeHealth, member of the Nebraska Biocontainment Unit Leadership Team, and a Professor of Psychiatry and Pediatrics at UNMC. Dr. Wagner is the Chair of the Department of Psychiatry and Behavioral Sciences at the University of Texas Medical Branch in Galveston. Dr. Wagner is an internationally recognized expert in the pharmacological treatment of childhood mood disorders. Dr. Walkup is a Professor of Psychiatry, DeWitt Wallace Senior Scholar, the Vice Chair of Psychiatry, and Director of the Division of Child and Adolescent Psychiatry, Weill Cornell Medical College and NewYork-Presbyterian Hospital.

Objectives:
To present updated research data in the pharmacological management of youth with depression, bipolar disorder, anxiety disorders and ADHD.
To update participants on recent advances in implementation of research data into clinical practice in youth with depression, bipolar disorder, anxiety disorders and ADHD.
To educate participants on the pharmacological management of difficult cases, either treatment-resistant or with substantial co-morbidities, of youth with depression, bipolar disorder, anxiety disorders and ADHD.

Monday, 23 July 2018, 8:00 – 15:00, Prague Congress Centre
Admission: High Income Countries – 75 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 50 EUR

9. Prevention and Detection of Bullying Related Morbidity

Jorge C. Srabstein  
CHILDREN’S NATIONAL HEALTH SYSTEM, USA  
Anat Brunstein-Klomek  
INTERDISCIPLINARY CENTER, ISRAEL  
Bennett Leventhal  
UNIVERSITY OF CALIFORNIA, USA  
Andre Sourander  
UNIVERSITY OF TURKU, FINLAND  
Dieter Wolke  
UNIVERSITY OF WARWICK, UNITED KINGDOM

There is evolving awareness that bullying is a multifaceted form of victimization is prevalent across social settings and along the lifespan, and is significantly associated with a wide range of morbidity and psychosocial risks, affecting both victims and perpetrators. Dr. Jorge Srabstein is a Child and Adolescent Psychiatrist and former Pediatrician, dedicated to clinical and research work to detect, prevent and treat physical and emotional health problems affecting young people who are being bullied and or bully others. Dr. Srabstein works at the George Washington University School of Medicine. Dr. Bennett Leventhal is a clinical psychiatrist specializing in autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and disruptive behavior disorders. He is a professor of child and adolescent psychiatry at UCSF.

Objectives of the Course:
Recognize the nature, global prevalence and pervasive ecology of bullying.
Identify the wide range of morbidity associated with this form of maltreatment, along the life span.
Apply methods for the prevention, clinical detection and treatment of bullying related morbidity.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol
Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR
10. Taming Sneaky Fears: Evidence-based Treatment for Four- to Seven-year-old Children with Anxiety Disorders

Suneeta Monga
UNIVERSITY OF TORONTO, CANADA

Diane Benoit
UNIVERSITY OF TORONTO, CANADA

We are honored to present the evidence-based, nine-session Taming Sneaky Fears CBT program to treat four- to seven-year-old children with various anxiety disorders, including generalized anxiety disorder, separation anxiety disorder, specific phobia, social anxiety disorder and selective mutism, and their parents. The two workshop leaders are experienced clinicians and researchers and developers of the Taming Sneaky Fears program. They have been actively involved in the treatment of young children with anxiety disorders and their parents for many years. Suneeta Monga is an Associate Professor of Psychiatry at the University of Toronto, Medical Director of the Psychiatry Ambulatory Services and Director of Scholarship and Professional Development, Department of Psychiatry at Sick Kids Hospital in Toronto, Ontario, Canada. Diane Benoit is a Professor of Psychiatry at the University of Toronto, Project Investigator in the Research Institute at Sick Kids Hospital, and Staff Psychiatrist at Sick Kids in Toronto, Ontario, Canada.

Learning Objectives:
- Review the empirical evidence supporting the use of the Taming Sneaky Fears program in the treatment of four- to seven-year-old children with various anxiety disorders (generalized anxiety disorder, separation anxiety disorder, specific phobia, social anxiety disorder, and selective mutism).
- Describe and demonstrate age-appropriate, cognitive-behavioral strategies to treat four- to seven-year-old children with various anxiety disorders.
- Describe and demonstrate an approach for working with the parents of four- to seven-year-old children with various anxiety disorders.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol

Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR

11. Qualitative Research in Child and Adolescent Psychiatry

Jordan Sibeoni
PARIS DESCARTES UNIVERSITY, FRANCE

Jonathan Lachal
PARIS DESCARTES UNIVERSITY, FRANCE

Qualitative methods focus on collecting and analyzing verbal data. They aim to describe, understand and deepen an observed phenomenon; they seek to capture what a person says about her lived-experience, and are therefore a useful tool when it comes to explore patients’ perspectives. As a matter of fact, psychiatry appears to be a natural field for qualitative exploration for many reasons and especially its interest for the person’s narrative and relation to the world, for complex human facts, and its need to take into consideration the clinician’s view in a clinical observation - makes it a natural field for qualitative exploration. Jordan SIBEONI, MD is an adolescent psychiatrist in Argenteuil Hospital Centre, Argenteuil and junior assistant professor in the Cochin Hospital, Maison des adolescents, Paris. Jonathan Lachal, MD, PhD is an associate professor in psychiatry in the Cochin Hospital in Paris, France.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol

Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR

12. Understanding Diversity and Uniqueness: Phenomenology of Psychosis in Adolescence and Developmental Years

Andrea Raballo
NORWEGIAN UNIVERSITY OF SCIENCE AND TECHNOLOGY, NORWAY

Understanding the subtle, often insidious phenomenology of psychosis in developmental years remains a crucial clinical challenge. Indeed, despite a common core of symptoms observed across the lifespan, childhood and adolescence onset psychotic disorders may have unique phenomenological features, further enriched by the dramatic existential and relational changes typical of developmental years. We are offering a highly interactive course led by dr. Raballo. Andrea Raballo, MD, Spec. Psych., PhD is Onsager Associate Professor of Psychopathology and Development at the Norwegian University of Science and Technology (NTNU). He is currently co-chair of the World Psychiatric Association (WPA) Section for Clinical Psychopathology, board member of the European Psychiatric Association (EPA) and Early Intervention in Mental Health (IEPA).

Objectives and course outcomes:
- Learn about state-of-the-art developments and trends in the assessment of vulnerability to psychosis and related at risk mental states;
- Gain an experience-close understanding of the symptom generating pathways involved in the onset of psychosis;
- Improve skills and confidence in the clinical diagnostic and decisional settings;
- Understand its potential for the shared decision-making.

Monday, 23 July 2018, 9:00 – 13:00, University Hospital Motol

Admission: High Income Countries – 45 EUR / Middle Income Countries, Low Income Countries, Students, Young Scientists – 30 EUR
Depressive and anxiety disorders are common conditions that significantly affect the child emotional and psychosocial development and increase the risk for suicide, substance abuse, and other psychiatric disorders. Most of the extant treatment studies concerning the treatment of these disorders include psychosocial and/or pharmacological management. For Major Depressive Disorder (MDD), cognitive behavior therapy (CBT) and Interpersonal Psychotherapy (IPT) and the antidepressants, mainly the Selective Reuptake Inhibitors (SSRIs), have been found beneficial for the acute and the prevention of depressive relapses. There are no maintenance treatment studies for the prevention of recurrences in youth with MDD, but there is consensus that some youth especially those with recurrent and severe illness require years of treatment to avoid recurrences. For anxiety disorders, existing literature indicates that the use of SSRIs, CBT and in particular the combination of these two treatments are very efficacious for the treatment of these disorders in youth. As in depression, after a youth has responded to treatment they should continue the treatment for at least 6–12 months to avoid relapses or recurrences. Although the antidepressants are useful for the treatment of these disorders, their use has to be weighed against their potential side effects, particularly the small, but significant association between SSRIs and suicidal behaviors. At this presentation participants will be acquainted with the existing literature regarding randomized controlled trials for youth with MDD and anxiety disorders. In addition, participants will be knowledgeable about the side effects of SSRIs.
et al., 2003). They are often not recognized as such, however. Much of the effort over the past 50 years has been in unmasking depression, separating the mood from comorbid disorders and ascertaining the degree to which the mood symptoms are primary, enduring and continuous with adult mood disorders. Insofar as the symptoms are impairing in youth, they are worthy of uncovering etiology and developing treatment regardless of whether they presage or are continuous with adult psychopathology, either homotypically or heterotypically. This keynote address will review where the field has been and where we need to go with regard to phenomenology and treatment.

David Cohen
UNIVERSITY PIERRE ET MARIE CURIE, PARIS, FRANCE

Modern technologies in diagnostic and cares in autism

The number of studies focusing on the use of information and communication technology (ICT) and robotics for individuals with autism has been rising steeply over the last 15 years. In this lecture, I summarize the hopes but also the current challenges raised by these methods distinguishing the following domains: (1) the search for automatic tools to produce diagnostic measures; (2) the computation of serious games aiming at training specific skills (e.g. emotion recognition; social interaction; literacy); (3) interaction with robotic platforms. To illustrate these domains, we will detail some paradigmatic examples taken from projects in which my group worked as a partner (see references). I conclude that the potential benefits of the use of ICT and robotics for individuals with autism is enormous given what has been achieved in less than 15 years. However, limitations are numerous and clinical validation is often lacking. BOUCENNA S et al. Cognitive developmental robotics: How robots learn to recognize individuals from imitating children with autism and other agents. Scientific Report 2016; 6: e19908 COHEN D et al. Do motherese prosody and fathers’ commitment facilitate social interaction in infants who will later develop autism? PlosONE 2013; 8(5): e61402 DELAHERCHE E et al. Assessment of communicative and coordination skills of children with pervasive developmental disorders and typically developing children using social signal processing. Research in Autism Spectrum Disorders 2013; 7: 741–756. GROSSARD C et al. Serious games to teach social interactions and emotions to individuals with autism spectrum disorders (ASD). Cognition and Education 2017; 113: 195–211.

Valsamma Eapen
UNIVERSITY OF NEW SOUTH WALES, AUSTRALIA

Pathogenesis of Tourette Syndrome: clues from clinical phenotypes

Tourette Syndrome (TS) is a neurodevelopmental disorder affecting 1% of children and it is often mis-understood and under-diagnosed. TS is highly heritable yet genetically heterogeneous. The genetic heterogeneity also links to clinical heterogeneity and this session will trace the pathogenesis of TS from genotypes to clinical phenotypes including the commonly occurring co-morbidities such as ADHD and OCD. The role of fronto-striatal pathways will be discussed to illustrate how these neuronal circuits serve as the final common pathway in translating genetic vulnerability to tics and related behaviours. Evidence from genetic, neuroimaging and phenomenological data sets suggest that there are different subtypes of TS and OCD and that some forms of OCD are alternative phenotypic expressions of the putative TS gene(s) with gender dependent differences in the phenotypic expression. Newly emerging data including neurophysiological findings suggest that the improvement in tic symptoms with age may be the result of frontal compensatory responses, with frontal cortices becoming more efficiently connected to the striatum and to the motor and sensorimotor cortices. Thus research exploring the neuronal circuitry in relation to sensorimotor gating, procedural learning, and habit formation as well as its genetic underpinnings has implications for understanding the genesis, course and outcome as well as the management.

Learning objectives:
• Be able to recognize TS including the common co-morbidities.
• Understand the genetic and neurobiological factors that underpin the translation of biological vulnerability to clinically significant symptoms.
• Integrate information in relation to the links between neuronal substrates and circuitry to clinical symptoms and implications for management.

Bruno Falissard
UNIVERSITY PARIS-SUD, PARIS, FRANCE

Planning the future of child and adolescent psychiatry

Child and adolescent psychiatry is experiencing in all country a period of growth and of huge tensions. Indeed, we are at the crossfire of many paradoxical injunctions: lot of young patients with severe mental disorders are not treated while there is a pressure to provide cognitive enhancers to children and adolescents without real problems; science is supposed to show the way but it is not possible to have a global theoretical framework including genes, mind, body and culture; the words "mental health" appear everywhere while "psychiatry" disappears progressively; health insurances require efficient treatments but do not allow to take the time that is necessary for such treatments… To solve the puzzle, we have to select clear priorities, those that will really improve the situation: fighting against violence (in particular within families); training parents and teachers; organizing health care systems in an efficient way from primary care to highly specialized departments; making difficult choices: who should be screened and treated and who do what; never stopping the effort of research, to find evidence based and sustainable treatments.
John Fayyad
BALAMAND UNIVERSITY FACULTY OF MEDICINE, LEBANON, ADVOCACY AND APPLIED CARE IDRAAC, LEBANON, MEDICAL INSTITUTE FOR NEUROPSYCHOLOGICAL DISORDERS MIND, LEBANON AND ST. GEORGE HOSPITAL UNIVERSITY MEDICAL CENTER, LEBANON

Mental health and interventions for child and adolescent refugees
Children and adolescents in developing countries are exposed to war trauma and conflicts yet there are limited country resources to provide them with mental health support. Interventions are needed to reach the largest number of child and adolescent refugees possible, and while many international organizations offer psychosocial and mental health support, the evidence for their programming is, at best, limited. There is also an urgent need to promote and conduct research at a local level using sound scientific methods in order to build evidence for what works and what does not. This lecture will draw on field experiences in researching the impact of 3 separate wars on child mental health, illustrating with data from prospective studies as well as controlled interventions, highlighting challenges encountered and discussing unique opportunities for the advancement of knowledge emanating from real world refugee settings. Resilience-building interventions for refugee children and their families will be discussed, including a school-based teacher-mediated resilience building intervention targeting students, and a positive parenting intervention that can be administered by lay (non-mental health) workers targeting parents. Governments, international child and adolescent psychiatry associations as well as international and national NGOs are urged to exert concerted efforts to promote collection of evidence for interventions for refugee populations.

Learning Objectives:
At the end of the session, participants will be able to: Identify mental health needs of refugee child and adolescent populations. Identify challenges in collecting evidence of efficacy of interventions for child and adolescent refugees and their families Advocate for the need to collect evidence for interventions targeting refugee populations.

Joerg Fegert
ULM UNIVERSITY, ULM UNIVERSITY HOSPITAL, GERMANY

Adverse childhood experiences and their consequences for children and adolescents
In the last decades researchers have been starting to understand the magnitude and impact of adverse childhood experiences (ACEs) on human development. This has led to changes in the public awareness, as for example child maltreatment is considered a major public health issue. In this talk the magnitude of the problem, consequences and underlying mechanisms will be presented, based on international research and representative studies from Germany.

Meta-analysis on the prevalence of child maltreatment underline the importance of the problem. In a recent representative survey in German, 2.6% reported severe emotional, 3.3% severe physical, 2.3% severe sexual abuse, 7.1% severe emotional and 9% severe physical neglect. End of the year 2017 data on the prevalence of ACEs in the German population will be available and presented in this talk.

The consequences of ACEs are diverse, including behavioral and emotional problems as well as somatic disorders. Results from a representative study will be presented, indicating a dose-response relationship between ACEs and a large variety of health problems. To better understand the consequences of ACEs, the ACE pyramid provides a framework of the mechanisms by which ACEs influence health and wellbeing throughout the lifespan.

Learning Objectives:
- Learn about the magnitude of Adverse Childhood Experience in Germany and worldwide.
- Recognize the individual and societal consequences of Adverse Childhood Experiences.
- Summarize underlying mechanisms by which health and wellbeing are impacted by Adverse Childhood Experiences.

Ruth Feldman
INTERDISCIPLINARY CENTER, HERILIA, ISRAEL

Synchrony and the neurobiology of human attachments; Trajectories of well-being and psychopathology from infancy to adolescence
Synchrony – the coordination of biological and behavioral processes between attachment partners during social contact – provides the basis for social affiliation in mammals and charts a central mechanism for stress management, empathy, and the development of the "affiliative brain" in humans. In this talk, I will present our model on the neurobiology of human attachments and detail the contribution of the extended oxytocin system to the development of social synchrony at the genetic, brain, hormonal, and behavioral levels across the individual's multiple attachments bonds. Research on the parental brain will be discussed as the junction of evolutionary progress and as a template for species-continuity and sociability of the young. Following, I will present findings from several birth-to-adolescence cohorts involving disruptions to parent-infant bonding, including the long term effects of premature birth, maternal post-partum depression, and chronic trauma exposure on children's brain, behavior, the capacity for empathy, and stress – and affiliation-related neuroendocrine systems. The talk will conclude by addressing the implications of the model for the construction of targeted early interventions and expanding the discussion on the mind-brain polarity.

Nathan Fox
UNIVERSITY OF MARYLAND, USA

Temperament and the emergence of social anxiety in childhood: the roles of reactive and proactive cognitive control
Temperament refers to individual differences in reactivity that can be identified in the first years of life. One such temperament, Behavioral Inhibition (BI), is marked by strong physiological, behavioral, and emotional responses to unfamiliar people and contexts. Data suggest...
Therefore, child and adolescent psychiatry and allied professions have great opportunities to develop our field and to improve our communities. Those with the more classic autism, we are missing information, experience and resources to support those who do not fit in our restricted schema. This combination of respecting diversity and supporting those in need can be difficult for many clinicians. We do know many key aspects about comorbid conditions and about the strategies that promote a good quality of life in many of these citizens, but uniqueness is an essential characteristic in ASD. Personalization thus is mandatory, and although we have significant knowledge and practice in identifying, diagnosing and treating neurodevelopmental conditions that are more common than accepted. They challenge the way individuals interact with others and the world around them, and the core symptoms involve difficulties for complex social communication; sharing empathy and coping with unexpected changes. These persons tend to focus on narrow personal interests and often have sensorial dysfunctions. This condition is a mixture of strengths and limitations, and is often comorbid with diverse psychiatric disorders. In recent years, the diversity present in the spectrum has been acknowledged; with people located in the neurodiversity arena, and others frankly entering a disability situation. This calls for careful consideration of both, symptoms and their generated – or not – negative impact, in terms of health, education, employment, social inclusion and self-determination. In other words, symptoms alone do not define a disorder; and a negative impact on the person has to be established, meriting then diagnosis and intervention.

This combination of respecting diversity and supporting those in need can be difficult for many clinicians. We do know many key aspects about comorbid conditions and about the strategies that promote a good quality of life in many of these citizens, but uniqueness is an essential characteristic in ASD. Personalization thus is mandatory, and although we have significant knowledge and practice in identifying, diagnosing and treating neurodevelopmental conditions that are more common than accepted. They challenge the way individuals interact with others and the world around them, and the core symptoms involve difficulties for complex social communication; sharing empathy and coping with unexpected changes. These persons tend to focus on narrow personal interests and often have sensorial dysfunctions. This condition is a mixture of strengths and limitations, and is often comorbid with diverse psychiatric disorders. In recent years, the diversity present in the spectrum has been acknowledged; with people located in the neurodiversity arena, and others frankly entering a disability situation. This calls for careful consideration of both, symptoms and their generated – or not – negative impact, in terms of health, education, employment, social inclusion and self-determination. In other words, symptoms alone do not define a disorder; and a negative impact on the person has to be established, meriting then diagnosis and intervention.

Tomáš Hájek
DALHOUSIE UNIVERSITY, HALIFAX, CANADA AND NATIONAL INSTITUTE OF MENTAL HEALTH, CZECH REPUBLIC

My parent has bipolar disorder; am I at risk? Brain imaging and clinical studies of bipolar offspring

Bipolar disorders (BD) typically develop in late teens or early 20’s and follow a recurrent course. The combination of early age of onset and life-long course make BD one of the leading causes of morbidity and disability worldwide. While heritability estimates for BD are as high as 89%, there are no widely accepted biological markers of the disorder and diagnosis is made based on behavioural symptoms. This complicates clinical work and contributes to the fact that correct diagnosis of BD often lags behind symptom onset by up to a decade. Brain imaging has the unique ability to non-invasively investigate brain structure and function. Yet, brain imaging remains of limited use in psychiatry, due to clinical heterogeneity and low sensitivity/specificity of between-group neuroimaging differences. Studying unaffected offspring of parents with bipolar disorders (BD), so called genetic high-risk design, decreases clinical heterogeneity and thus increases sensitivity for detection of biomarkers. This presentation will review the results of brain imaging studies in participants at genetic risk for BD by us and others. I will focus on 1) the most replicated neurostructural signature of bipolar disorders (larger right inferior frontal gyrus); 2) prognostic relevance of larger IFG for future conversion to mood disorders; 3) the translational use of machine learning/pattern recognition analyses of MRI data to identify participants with or at risk for BD, and on; 4) novel brain imaging outcome measures, including brain age and their utility in differentiating between early stages of BD and early stages of schizophrenia.

At the end of this session, the participants will have an understanding of:
1. the factors affecting brain structure in mood disorders;
2. the main neuroimaging findings in participants at risk for BD;
3. the main reasons why brain imaging has remained of limited use in psychiatry, and:
4. developments, which could help in translating brain imaging from bench to the bedside.
Insights from developmental research for the practicing child psychiatrist

Current research has documented the essential function of the caregiving relationship in modulating risk factors due to both heredity and the environment. Reciprocal communication of affect and intention between infant and caregiver creates a sense of safety and enjoyment within the infant that promotes the exploration of the world and the generation of meanings about self and other. Self-regulation and a sense of agency grow from this mutual exchange. Similar reciprocal processes – largely communicated through the body and the “musical” elements of speech – take place between an older child and the child psychotherapist. An understanding of these developmental processes enriches psychodynamic and psychoanalytic theory and is useful to a child psychiatrist when functioning as the child’s psychotherapist and also when serving as a consultant to parents or as a member of a clinical team. The presentation provides videotape demonstrations of how this development perspective can be useful in child psychotherapy and also how the developmental perspective can play a role in training health workers caring for infants and their parents.

Educational Objectives:
1. After attending this lecture the participant will be able to name three adverse child experiences modulated by a responsive caregiving relationship.
2. After attending this lecture the participant will be able to explain how nonverbal communication is important in creating a sense of safety and agency in psychotherapy.
3. After attending this lecture the participant will be able to discuss how child psychiatrists can use their expertise to train health workers in preventive mental health in developing countries.

Unravelling the genetic and neuroendocrine basis of adolescent eating disorders

The three major eating disorders anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED) can be diagnosed according to DSM5; in total these disorders effect up to 6% of adolescents. The overview will focus on the relationship between eating and weight disorders and attempt to associate psychopathology with specific body weight categories. Recent genome wide association studies (GWAS) and meta-analyses thereof point to an overlap between genetic factors predisposing to a low body weight and those involved in the genetic predisposition to AN. Genetic correlations have also been found between body mass index (BMI; kg/m²) and other psychiatric disorders including schizophrenia. The premorbid body weight in AN patients has been shown to be in the normal or lower range; in contrast, overweight has been identified as a risk factor for the development of BN and BED. Because primary symptoms of AN are tightly intertwined with symptoms secondary to starvation, specific symptoms of the disorder are potentially amenable to treatment via targeting of the neuroendocrine basis of starvation. In particular, the hormone leptin appears promising to reduce starvation related hyperactivity. In addition, exogenous application of leptin may reduce an addictive like restrained eating behavior and reduce some eating disorder specific cognitive symptoms.

Solving the puzzle of autism: how far have we come?

New views on the origins of autism will be discussed and recent findings in the fields of structural brain imaging and brain connectivity will be summarized. Next, the concept of ‘recovery from autism’ will be reviewed, followed by an assessment of results from oxytocin studies in those with autism. Additionally, the concept of ‘latent social skills in autism’ will be introduced. Next, studies of understudied populations (e.g., preterm children, autism in individuals with organic affections of the brain) will be presented. Finally, implications for future research, stemming from the above-mentioned topics, will be explored.

Learning objectives are to:
1. learn more about brain structure and function in autism;
2. summarize controversies in the concept of autism; and
3. present possible directions for the future autism research.

Action Through Prevention: Rethinking Children’s Mental Health

The perfect storm for positioning the field of child and adolescent mental health to the forefront of health care reform is upon us. If we embrace the power and scope of health promotion and illness prevention, our field will become central to the care and wellbeing of all children and families. Change agents include rapid advances in the understanding of genetics, epigenetics, and structural and functional neuroimaging studies of large populations of children across development. This research allows our field to understand the unique vulnerabilities and opportunities that occur during the epoch of brain development. With the explosion of interest in, and evidence from the Adverse Childhood Experiences (ACEs) study, it is now clear that the same factors that place children at risk for anxiety, depression, and substance abuse also contribute to similarly elevated risk for obesity, diabetes, and hypertension (and many other general medical problems). This plenary session will review the considerable data undergirding this new approach to children’s mental health. It will then describe ways in which we are already implementing this science into programs that change children’s’ and families’ life trajectories for the better. The specific implementation examples
Population, Africa is the world's most diverse continent with over 3,000 different and distinct ethnic groups and over 2,000 languages. About 7% of Africa's population is under the age of 15 while 60% are younger than 24 years. By far, Africa has the largest proportion of children under 15. There is an urgent need for employment options for this important population segment.

Research is urgently needed to address the concerns facing this risk group given the heightened challenges in society with the growing complexity in the general population. Early detection of BIF plus risk needs to be incorporated within the health, education, and social care sectors. Additional attention will be given to status of mental disorder or simply eliminated altogether by combining it with expanded ID/IDD category that implies risk and defines service eligibility. Clinical and epidemiological evidence will be presented to further discuss the risk of poor health and health behaviors associated with BIF. Further research is needed to develop better international consensus on the BIF construct. More specific tools ought to be developed to screen those children and adolescents at highest risk and in need of additional diagnostic assessments. One categorical question is whether BIF ought to be promoted as status of mental disorder or simply eliminated altogether by combining it with expanded ID/IDD category that implies risk and defines service eligibility. Clinical and epidemiological evidence will be presented to further discuss the risk of poor health and health behaviors associated with BIF: in terms of mortality, mental health, obesity, and smoking, as well as exercise levels. In addition, higher risk of exposures to social determinants of poorer health such as Adverse Childhood Experiences (ACEs) and cumulative (multiple) exposures across the lifespan will be considered. Children and adolescents with BIF, as those subjects with mild ID/IDD, face significantly higher co-occurrence levels of mental disorders than those in the general population. Early detection of BIF plus risk needs to be incorporated within the health, education, and social care sectors. Additional research is urgently needed to address the concerns facing this risk group given the heightened challenges in society with the growing complexity and dependence on information technology in everyday life. This is also paramount in increasing use of AI and how it further differentially degrade employment options for this important population segment.

Children and adolescent psychiatry through the lens of infant psychiatry

Continuity and discontinuity from infancy to adolescence is still a major issue in pediatric psychiatry. The major difference between the developmental psychopathology viewpoint and the traditional perspective of psychiatry is its conceptualization of mental disorder not as an inherent trait that resides in an individual but as something that emerges from the dynamic interplay between extra-individual and extra-individual contexts. The parent-infant relationship is one of these contexts where the infant’s own biological protective and risk factors are in a complex interplay with the parent’s biological and psychological strengths and weaknesses. In this lecture, we suggest to look at maladaptive behaviors in childhood and adolescence through the lens of this interplay, and we will end with an illustrative vignette.

Borderline Intellectual Functioning – Children in the gray zone

"Borderline Intellectual Functioning" (BIF) is a complex clinical entity represented in the DSM5 by a descriptive "v code". Many children and adolescents falling within this construct remain in a "gray zone," not only in terms of lack of consensus on definition of their limitations, but due to ineligibility for services for them. BIF is characterized by cognitive functioning falling between minus 1 standard deviation (85) or 16th percentile to minus 2 standard deviations (71) or 2nd percentile of the full-scale intellectual quotient (IQ). About 14 percent of the general population falls within this range. However, IQ is considered an outmoded concept and DSM5 currently emphasizes measures of ‘executive functioning’, e.g., reasoning, planning, consequential thinking, attention, and self-regulation, as more meaningful indicators of Intellectual Disability/Intellectual Developmental (ID/IDD). The DSM5 no longer specifies an IQ range for definition of BIF. Further research is needed to develop better international consensus on the BIF construct. More specific tools ought to be developed to screen those children and adolescents at highest risk and in need of additional diagnostic assessments. One categorical question is whether BIF ought to be promoted to status of mental disorder or simply eliminated altogether by combining it with expanded ID/IDD category that implies risk and defines service eligibility. Clinical and epidemiological evidence will be presented to further discuss the risk of poor health and health behaviors associated with BIF: in terms of mortality, mental health, obesity, smoking, and exercise levels. In addition, higher risk of exposures to social determinants of poorer health such as Adverse Childhood Experiences (ACEs) and cumulative (multiple) exposures across the lifespan will be considered. Children and adolescents with BIF, as those subjects with mild ID/IDD, face significantly higher co-occurrence levels of mental disorders than those in the general population. Early detection of BIF plus risk needs to be incorporated within the health, education, and social care sectors. Additional research is urgently needed to address the concerns facing this risk group given the heightened challenges in society with the growing complexity and dependence on information technology in everyday life. This is also paramount in increasing use of AI and how it further differentially degrade employment options for this important population segment.

Highlighting Africa’s unique CAMH needs emerging from its rich and diverse peoples, contexts and cultures

According to the United Nations, there are 54 recognized countries in Africa, although the African Union recognizes 55, the difference resulting from disputed territories. Africa is the world’s second largest and second most populous continent. Out of the world’s 7.6 billion population, 17% (1.3 billion) live in Africa. Africa has a rapidly growing, youthful population with growth rates of 2–3% each year and of the anticipated growth in global population of 2.2 billion between now and 2050, 1.3 billion will be added in Africa. The population of this diverse continent will continue to increase as the large numbers of children and adolescents reach adulthood. As a result, Africa will play a major role in shaping the size and distribution of the world’s population for decades to come. Out of all the countries in the world, Nigeria’s population, currently the 7th largest in the world, is growing the most rapidly and Nigeria is projected to become the third most populous country by 2050. About 41% of Africa’s population is under the age of 15 while 60% are younger than 24 years. By far Africa has the largest proportion of children under 15 (41%), with Latin America and the Caribbean a distant second at 25% and Asia at 24%. In addition to the large, youthful, rapidly growing population, Africa is the world’s most diverse continent with over 3,000 different and distinct ethnic groups and over 2,000 languages.
This presentation throws light on the unique current and projected child and adolescent mental health (CAMH) needs of Africa’s diverse youthful population. Identifying these needs are a key to the provision of CAMH interventions and services so that the 2030 Sustainable Development Goals (SDGs), which include the promotion of the mental health and wellbeing of Africa’s youthful population, can be met.

**Tomas Paus**
UNIVERSITY OF TORONTO, CANADA AND CHILD MIND INSTITUTE, USA

**Population neuroscience of the adolescent brain: observing to change**

Population neuroscience endeavors to identify environmental and genetic factors that shape the function and structure of the human brain; it uses the tools and knowledge of genetics (and the "omics" sciences), epidemiology, and neuroscience. By understanding the processes driving variations in brain function and structure across individuals, we will also be able to predict an individual’s risk of (or resilience against) developing a brain disorder. In the long term, the hope is that population neuroscience will lay the foundation for personalized preventive medicine and, in turn, reduce the burden associated with complex, chronic disorders of brain and body. In this talk, I will introduce the basic concepts of population neuroscience and illustrate this approach using data collected in the Saguenay Youth Study, the IMAGEN Study and ALSPAC. I will talk about our recent work on gene-expression profiles of sex and stress hormones, the relationship between income inequality and brain maturation, and polygenic risk score for schizophrenia, cannabis use and brain maturation. I will close by outlining possible strategies for translating knowledge obtained by such observational sciences into stratified preventive strategies aimed at changing health behaviors and, in turn, preventing common disorders of the brain and body.

**Dainius Puras**
VILNIUS UNIVERSITY, VILNIUS UNIVERSITY HOSPITAL – CHILD DEVELOPMENT CENTER, VILNIUS, LITHUANIA

**Right to mental health: opportunities and challenges for child and adolescent psychiatry on the way to its realization**

The lecture will provide modern understanding about:

a) obligations of states and other stakeholders with regard to realization of the right to health and other related human rights;
b) practical application of human rights based approach in the field of child and adolescent psychiatry;
c) challenges and opportunities for child and adolescent psychiatry on the way to expanding human rights friendly and effective services for child and adolescents.

Mental health is increasingly recognized as a new priority of the 21st century. This is a unique opportunity globally, regionally and nationally to invest in child mental health through effective promotion of emotional well-being of everyone and through effective services based on modern human rights based and public health approaches.

In this regard it is important to critically assess practices that are being provided and funded globally so far. Many of them need to be replicated as good practices. However, there are many practices worldwide that are not based on modern human rights and public health principles. They may do more harm than good and should be discontinued. For example, neglect of basic principles may lead to institutionalization, coercion, excessive medicalization. Examples of such practices, as well as good practices will be provided.

**Helmut Remschmidt**
PHILIPS UNIVERSITY, MARBURG, GERMANY

**The history of child and adolescent psychiatry and the history of IACAPAP**

"The Prehistory": In the beginning, the history of child and adolescent is the history of childhood, education, philosophy, and psychology – it is only later that it becomes the history of psychiatry and pediatrics and only very late when it actually becomes the history of child and adolescent psychiatry.

Attitudes towards children underwent a significant change during the 18th century in the context of tremendous social and technical revolutions. But only in the 20th century, children were looked upon as independent beings with their own needs, rights, and also duties. There are several theoretical concepts with impact on the development of child and adolescent psychiatry. In the 20th century, developmental theory, psychoanalysis, learning theories, and neuropsychological approaches became dominant.

In the 20th and 21st centuries, child psychiatry in Europe and also in other parts of the world has evolved from four traditions: (1) The neuropsychiatric tradition going back to its roots in neurology and psychiatry in the 19th and 20th centuries, from which child psychiatry has evolved in several places, (2) the tradition of therapeutic education (remedial pedagogics) which developed mainly in pedagogic settings in Austria, Germany, and Switzerland and can be considered as a precursor of the departments of psychosomatics in pediatric hospitals, (3) the psychodynamic-psychoanalytic tradition which goes back to the beginning of psychoanalysis, and (4) the empirical-epidemiological tradition. This approach was established in the 1960es and 1970es, influenced to a great extent by empirical researchers from the UK and the USA.

The roots of IACAPAP as an umbrella organization for national and regional mental health organizations go back to 1935 when a group of European child psychiatrists started off to establish and expand contacts between psychiatrists working in the new medical field of child psychiatry. In 1937, the first international congress of child psychiatry took place in Paris, organized by Georges Heuyer (1884–1977) and Moritz Tramer (1882–1962). An interruption of this development for several years was caused by the Second World War and in 1948, the second international congress took place in London under the presidency of John Rawling Rees (1890–1969). During the following years, an international IACAPAP congress was organized every four years, and since 2008, every second year, a IACAPAP world congress has taken place.

During the last two decades, IACAPAP as an international organization has made remarkable progress, including the following achievements: (1) The foundation of training activities, including the Donald Cohen Fellowship Program and the Helmut Remschmidt Research Seminars, (2) the eTextbook, (3) implementation of iCAMH, (4) implementation of the ATLAS project, a global review of child and adolescent mental health
resources, (5) the WPA Presidential Program on mental health in cooperation with WHO, (6) the publication of 15 declarations and statements on different aspects of child mental health and their distribution to governments and NGO’s since 1992 with a worldwide impact by some of them. As far as the future development is concerned, the members of the IACAPAP Executive Committee proposed the following activities: (1) The training activities should be continued, including the MOOC, and supported more widely. (2) Aside from the eTextbook, other publications could be prepared and distributed online. The current generation of trainees are very eager to learn, especially by using digital media. One of these publications could be a series of case studies. (3) Further development and implementation of iCAMH. (4) IACAPAP needs to expand further its role as an advocate for children, adolescents, and families in relation to their mental health. This will, however, require an active policy that goes beyond preparing declarations. (5) Regional IACAPAP coordinators should try to find volunteers in the countries and form active working groups in collaboration with IACAPAP. (6) A crucial issue is the development of a sustainable system for funding international research projects, training seminars, and study groups.

The members of the IACAPAP EC found that working for IACAPAP was a very rewarding experience and a huge challenge, especially regarding activities in developing countries.

How to understand adolescents with Asperger Syndrome: a clinical account and observations over 17 years

Numerous papers have been published since the first description of a condition which was originally described by Hans Asperger in 1944 as “autistic psychopathy”, was later called “Asperger syndrome” and is now subsumed under the term “autism spectrum disorders”, and still, the condition is an enigma. After some remarks on history and classification as well as on assessment and differential diagnosis, the talk will concentrate on considerations about etiology and about different approaches towards understanding the condition. Currently, neuropsychological theories seem to be the best way of approaching children and adolescents with Asperger syndrome or high-functioning autism. A theoretical concept will be presented including theory of mind, executive functions, and central coherence, and an attempt will be made to understand the condition in terms of integration deficits affecting the cognitive, affective, and social functioning cerebral systems.

The main features, the developmental course and also the result of treatment measures will be exemplified by videotapes of a patient whose development could be followed up for 17 years. The diagnosis was made when he was 15, followed by numerous intensive treatment activities. He is meanwhile 32 years old and a high school teacher.

Luis Rohde
FEDERAL UNIVERSITY OF RIO GRANDE DO SUL, BRAZIL

Decomposing ADHD diagnosis across the life cycle

In this presentation, major issues regarding the validity of AttentionDeficit/Hyperactivity Disorder (ADHD) as a unified construct or as a heterogeneous syndrome will be critically discussed from an evidence-based perspective. Main areas reviewed are: The psychometric problems that are clinically relevant in the current ADHD construct; ADHD types, presentations or different disorders? The case of ADHD without hyperactivity; ADHD and Sluggish Cognitive Tempo: Different disorders? ADHD and comorbidities: a possible way of decomposing ADHD construct? Trajectories of ADHD: Is late-onset ADHD a new disorder? ADHD in the RDoC era; the implications in decomposing the ADHD construct.

Chiara Servili
WORLD HEALTH ORGANIZATION, GENEVA, SWITZERLAND

Child and adolescent mental health in the SDG era

Abstract not available at the moment.

Anne Thorup
UNIVERSITY OF COPENHAGEN, DENMARK AND RESEACH UNIT AT CHILD AND ADOLESCENT MENTAL HEALTH CENTER, DENMARK

Risk and resilience in children born to parents with severe mental illness – what do we know and what can we do?

Background: For decades familial high-risk studies have informed us about genetic and environmental risk factors for schizophrenia and bipolar disorder. Results from familial high-risk studies can help inform us about developmental psychopathology, early markers of mental illness and possible protective factors and resilience.

Method: The Danish High Risk and Resilience Study – VIA 7 is a prospective cohort study of 522 7-year old children, 202 of them born to at least one parent diagnosed with schizophrenia in the Danish registries, 120 of them born to a least one parent diagnosed with bipolar disorder and 200 of them born to parents without any of these diagnoses. A comprehensive battery has been used combining assessments from several domains for both parents and children.

Results: Results show that children born to parents with schizophrenia and to some extent also bipolar disorder show early signs of vulnerability that may influence their daily functioning already at age 7 compared to controls. Results concerning psychopathology, neuro-cognition, motor function- ing and language development will be presented together with data on attachment and environmental factors, including the home environment.

Discussion: Results from the first assessment in VIA 7 indicate that many children and families have unmet needs and problems. This unique cohort is currently being followed-up at age 11 and simultaneously we have evolved an early, integrated, specialized and family based intervention, called VIA Family, aiming to prevent or ameliorate the development mental health problems in individuals born to parents with severe mental illnesses. Perspectives and first experiences will be discussed.
Rudolf Uher
DALHOUSIE UNIVERSITY, HALIFAX, CANADA

What can we do to prevent severe mental illness in children at risk

Severe mental illness includes some of the most disabling chronic diseases: schizophrenia, bipolar disorder and major depression. Most cases of severe mental illness have onset in adolescence or early adulthood. If we can identify risk of severe mental illness in childhood, pre-emptive interventions may prevent disability. I will outline recent developments towards early indicated prevention of severe mental illness, including the Families Overcoming Risks and Building Opportunities for WellBeing (FORBOW) study of youth at risk. Youth aged 1–21 years have been enrolled through identified parents and followed up annually with diagnostic and risk assessments. One in two eligible youth are randomly selected to be offered the Skills for Wellness (SWELL), a personalized skills-learning intervention based on cognitivebehavioral therapy. A combination of antecedents including affective lability, anxiety, psychotic symptoms and basic symptoms accurately predicts new onsets of severe mental illness and allows effective selection of individuals for early intervention. SWELL is highly acceptable to youth and effectively targets these antecedents. Ongoing projects aim to answer questions about personalization, timing and the long-term effects of early interventions on mental health.

Learning objectives:
1. Evaluate the implications of heterotypic continuity of developmental psychopathology for the timing of prevention.
2. Describe developmental antecedents to severe mental illness.
3. Discuss the potential of pre-emptive early interventions to reduce the risk of several mental illness.

Chris Wilkes
UNIVERSITY OF CALGARY, CANADA

Legalization and regulation of cannabis/marijuana

Acute clinical Psychiatry and public mental health have collided as Canada has been struggling with the legalization and regulation of Cannabis/Marijuana. This presentation will focus on defining the concerns involved in this process of decriminalization and minimizing harm of use of Cannabis/Marijuana and the question of legalization with or without regulation. The impact of increasing the availability of this substance on addictions and addictive behavior will be explored using the lens of Toxic Stress, the ACE study, neuro-development and the social determinants of health. We will also examine the risks of Cannabis/Marijuana use for youth, pregnant women and those with serious mental health disorders. Emphasis will be made of the relative risks of driving accidents with Cannabis, alcohol and psycho-tropic medication and the importance of evidenced-informed public education programs. Especially in the context of the correlation of perceived risk and use by students and the public.

Learning objectives:
1. A public health approach with strict regulation of use and access to Cannabis/Marijuana is critical in minimizing harm of use.
2. Cannabis/Marijuana Addictions should be seen through the lens of complex traumatic spectrum disorders linked to the social determinants of health.
3. Children and Youth, Pregnant Women and patients with serious mental health disorders are at particular high risk of Cannabis/Marijuana use.
**Continuing Medical Education – Continuing Professional Development (CME-CPD)**

The 23rd World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions, Prague, Czech Republic, 23/07/2018–27/07/2018 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 30 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

**Adopt a Delegate**

This year’s Congress introduces yet another supportive initiative to enable scientifically active attendees from upper-middle, lower-middle and low income countries to attend, gain up to date knowledge and bring new impulses to their home country practice.

Applications were required to include submitted and accepted abstract, motivation letter, institution/university letter of support and personal CV. Abstract scores by Research and Scientific Program Committee were considered important part of the review process and careful evaluation together with accompanying documents was made by the members of the review committee.

While the applications already closed by Early registration deadline, there may still be room for more applicants to come. Your contribution could make a difference. [See more details here.](#)

**Abstracts**

The full abstracts of all sessions are accessible online to registered delegates within the [Detailed Program tab](#) at the [Congress website](#). Anyone can access the program to see the schedule titles and speakers and also use the search function for these.

**Abstracts can be searched by**

- Session types (Plenary Lecture, State of Art, Workshops, …)
- Function types (Chair, Keynote Speaker, Poster presenter, …)
- Author surname
- Word(s) in session title
- Word(s) in abstract title/text
- Other keyword(s)
## Parallel Sessions

### 24 July 2018

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<td>Research Symposium: Catatonia in children and adolescents: new findings</td>
<td>Room 02</td>
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<td>09:00-09:30</td>
<td>E-learning applications in continuing education in the field of child protection</td>
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<td>09:40-09:40</td>
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<td>Workshop: Evidence-based psychosocial interventions for children and adolescents in low resource settings</td>
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<td>Workshop: Transfer special education needs to teachers on functional behavior analytic effective on their self-efficacy in managing students challenging behavior</td>
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<td>Workshop: Effect of classroom-based intervention on social skills of pupils with intellectual disability in South West Nigeria</td>
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<td>Workshop: Psychological interventions for adolescents and young adults with sickle cell disease in Nigeria</td>
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<td>Workshop: Feasibility and effectiveness of a cognitive behavioral intervention for depressed in-school adolescents in South West Nigeria</td>
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<td>Workshop: Adolescence-Behavioral Health Services in Nigeria Connecting the Dots</td>
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<td>Workshop: From the future of child and adolescent psychiatry</td>
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<td>10:45-10:59</td>
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<td>Workshop Deliberate self-harm and suicide in youth: reviewing the evidence and a pragmatic approach to estimating risk (Chair: Fiona McNicholas, Toronto, Canada)</td>
<td>Workshop Evidence-based treatments for selective mutism and social anxiety disorders in 4- to 7-year-old children: the Taming Sneaky Fears Program (Chair: Sunanta Monga, Kommu, Bangalore, India)</td>
<td>Special Interest Study Group Adolescent mental health services in low and middle income countries: a model from a tertiary care center in India (Chair: John Vijay Sagar, Kommu, Bangalore, India)</td>
<td>Workshop Parents-child psychotherapy: Contemporary indications (Chair: Bernagre Braquier-Maccotta, Paris, France)</td>
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<td>10:45-10:55</td>
<td>Research Symposium</td>
<td>Evidence based findings in the diagnosis of pediatric mood disorders</td>
<td>Room 01, Boston, USA</td>
<td>Joan Buitelaar</td>
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<td>14:45-16:15</td>
<td>Research Symposium</td>
<td>International open access publishing in the field of CAAM</td>
<td>Room 04, Ulm, Germany</td>
<td>Rebecca Brown</td>
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<td>Creativity causes children</td>
<td>Room 02, Paris, France</td>
<td>Jörn F eget and Mónica, Spain</td>
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<td>to read</td>
<td>Room 03, Paris, France</td>
<td>Mónica, Spain</td>
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<td>The child between the worlds: drawings and stories</td>
<td>Room 13, Tokyo, Japan</td>
<td>Benedetto Vitello</td>
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<td>Peer-review in open-access publishing</td>
<td>Room 14, Tokyo, Japan</td>
<td>Silvio Tardajm</td>
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<td>Child and Adolescent Psychiatry and Mental Health (CAPMHS) – the official journal of IACAPAP</td>
<td>Room 15, Tokyo, Japan</td>
<td>Rebecca Brown</td>
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<td>Research Symposium</td>
<td>Distinguishing deficit emotional self-regulation (emotional impulsivity) from mood disorders</td>
<td>Room 06, Boston, USA</td>
<td>Joseph Biederman</td>
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<td>Research Symposium</td>
<td>Forensic psychiatry in relation to childhood</td>
<td>Room 07, Moscow, Russian Federation</td>
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<td>The forensic assessment of parenting capacity of parents with mental disorders</td>
<td>Room 08, Moscow, Russian Federation</td>
<td>Olga Rusakovskaya</td>
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<td>Peer review in open access publishing</td>
<td>Room 09, Moscow, Russian Federation</td>
<td>Silvio Tardajm</td>
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<td>Day and Nighttime Exclusion of a-Selatonin in Adolescents and Young Adults with autism</td>
<td>Room 10, Moscow, Russian Federation</td>
<td>Sylvie Tardajm</td>
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<td>Lack of association between ADHD and Celiac Disease</td>
<td>Room 11, Moscow, Russian Federation</td>
<td>Rokeja Gregorica Rumpoljaciz</td>
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<td>R miejscowosci / RDOC – workshop</td>
<td>Room 12, Moscow, Russian Federation</td>
<td>Margaret Spencer</td>
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<td>Without a History of Child Maltreatment on the Interaction</td>
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<td>Janet Wozniak</td>
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<td>Mentoring young African scientists and publishing an African thematic series in an international journal: A Mentor and Mentee's perspective</td>
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<td>Adelia Oforugu</td>
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<td>The Russian version of AIDA: results of the pilot study</td>
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<td>Alice Rizzi</td>
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<td>Advances in e-access to AIDA</td>
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<td>Course and diagnostic validity in a Spanish sample of children and adolescents with Bipolar disorder</td>
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<td>Mental disorders of adolescents associated with criminal responsibility and competence to stand trial</td>
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<td>Valentia Radameva</td>
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<td>Depressive symptoms</td>
<td>Room 03, Pamplona, Spain</td>
<td>Marta Jurenko</td>
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<td>Language as a cause of mood</td>
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<td>Trends and challenges of open-access publishing in the field of child and adolescent psychiatry and mental health</td>
<td>Room 14, Pamplona, Spain</td>
<td>Jörn F eget</td>
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<td>Alteration of hub organization in the white matter structural network in toddlers with autism spectrum disorder: a two-year follow-up study</td>
<td>Room 15, Pamplona, Spain</td>
<td>Renkong-Fan Lin</td>
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<td>10 years experiences and challenges with RISS methyphenidate treatment for children and adolescents with ADHD in Serbia</td>
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<td>Ana Koric</td>
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<td>Russian version of AIDA: results of the pilot study</td>
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<td>An anxious school refusal: co-decisions and combinations</td>
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<td>Special Interest Group</td>
<td>Join us! Become involved in IACAPAP's educational activities</td>
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<td>State of Art Lecture</td>
<td>Children and adolescents</td>
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<td>15:00-16:00</td>
<td>Free Papers Symposium</td>
<td>Reading and resilience in children born to parents with severe mental illness – what do we know and what can we do?</td>
<td>Room 08, Sydney, Australia</td>
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<td>The autonomic nervous system in mother-child dyads during the Sturge Syndrome: Prevention of violence and neglect</td>
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<td>Examining the Lithuanian version of the ADHD (Assessment of Identity Development in Adolescents): identity pathology in clinically referred non-referral adolescents</td>
<td>Rasa Barkauskaite (Vilnius, Lithuania)</td>
<td>Adolecent bullying victimisation and risk of intimate partner violence victimisation in early adulthood: A prospective follow-up study</td>
<td>Hannan Thomas (Brisbane, Australia)</td>
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<td>Stress reactivity and cognitive functioning in infants of mothers with a history of childhood maltreatment</td>
<td>Utz Zieggenhain (Hamburg, Germany)</td>
<td>Children in out of home care: a high risk population</td>
<td>Jörg Fegert (Hamburg, Germany)</td>
<td>The role of socio-emotional skills in cyberbullying</td>
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16:45–18:15 Workshop Attachment and the Application of the Connect Parent Group Chair: Natalia Adiyan (Calgary, Canada) |

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<td>Current situation and challenges, and future direction in the disaster areas after Great East Japan Earthquaket</td>
<td>Chair: Yumiko Matsumura (Toon city, Japan)</td>
<td>Impact of the Great East Japan Earthquake on Child Mental Health and Neurodevelopment – Multi-national supports for children, parents, and teachers - Rainer Matsumura (Toon city, Japan)</td>
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<td>Research Symposium</td>
<td>Children and Adolescents in Out of Home Placement, A Challenge for Child and Adolescent Psychiatry and Psychotherapy</td>
<td>Chair: Michel Meunier-Dyrvik (Amiens, France)</td>
<td>A prospective about how the collective violence impact the mother-infant bonding and lead to the early trauma transmission</td>
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<td>Research Symposium</td>
<td>A developmental approach for studying and treating 22q11.2 deletion syndrome neuropsychiatric phenotype</td>
<td>Chairs: Marianne van der Heide (Lelystad, United Kingdom), Sharon Garfinkel (Ramat Gan, Israel)</td>
<td>Education and employment trajectories from childhood to adulthood in individuals with 22q11.2 deletion syndrome</td>
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<td>Free Papers Symposium</td>
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18:30–19:00 Social Event | Mindfulness session |
19:00–20:00 Social Event | DJCFP & HRRS Reunions |
20:00–21:00 Social Event | President’s Dinner |
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<tr>
<th>Room</th>
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<tr>
<td>ROOM 08</td>
<td>Current situation of CANSIS and the way forward (IACAPAP)</td>
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<tr>
<td>ROOM 09</td>
<td>Bruno Felixszard (Potsdam, Germany)</td>
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<td>ROOM 10</td>
<td>The interplay of internal and external worlds: the growth and empirical questioning of psychodynamic understanding in child and adolescent mental health (Sarah Hohmann, Austria)</td>
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<td>ROOM 11</td>
<td>Characteristics of mental disorder in children with history of abuse in integrated crisis center of Gips (Jörg Fegert, Indonesia)</td>
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<td>ROOM 12</td>
<td>Changes over time in Lithuanian schoolchildren’s attitudes toward addictive behaviors: promoting and preventing factors (Darius Leskuskas, Lithuania)</td>
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**16:45–18:15 Room 03**

**Academic Perspective**

**Global capacity building initiatives for child & adolescent mental health** (Aisha Afzal, Karachi, Pakistan) and consequence of mass murder with society (Chair: Konstantina Thassou, Prague, Czech Republic)

**Academic Perspective**

**Ethical perspectives on twentith century child and adolescent psychology: the good, bad, and ugly, and lessons for the modern day professional** (Andre Martin, New Haven, USA; Judah Weathers (Tel Hashomer, Israel))

**Workshop**

**Psychodynamic psychotherapy stream: Joint parent-infant psychotherapies: Towards a transdisciplinary psychology of the interpersonal link** (Chair: Bernard Golse, Paris, France)

**Special Interest Study Group**

**IACAPAP workgroup on gender issues** (Chair: Prins-Aardema Cecilia, Bari, Italy)

**Free Papers Symposium**

**Substance-related issues III**

**Capacity building in child mental health – a perspective from the United Arab Emirates** (Ammar Albanna, Dubai, United Arab Emirates)

**Ethical perspectives on twentieth century child and adolescent psychology: the good, bad, and ugly, and lessons for the modern day professional** (New Haven, USA)

**Effect of relative age on hazardous alcohol use** (Chair: Craig Donnelly, Winchester, USA)

**WHO Eastern Mediterranean Region (EMR) School Mental Health Program (SHMP)**

**Rehan Kamoda (Boston, USA)**

**Ethical perspectives on twentieth century child and adolescent psychology: the good, bad, and ugly, and lessons for the modern day professional** (Tuvalu, USA)

**The validity and reliability study of the Turkish version of the substance use risk profile scale** (Chair: Sabide Duygu Uygun, Amasya, Turkey)

**Building capacity in child & adolescent mental health and disorders in Africa**

**Solalage Bella – Awojah (Ibadan, Nigeria)**

**Ethical perspectives on twentieth century child and adolescent psychology: the good, bad, and ugly, and lessons for the modern day professional** (Johannesburg, USA)

**Internet Addiction in Chinese Adolescents: Prevalence, School Behavioral Problems, Depression, and Substance Use** (Chair: Catherine So-Kum TANG, Singapore, Singapore)
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<tr>
<td>Current situation of CAMHS and the way forward (IACAPAP)</td>
<td>The interplay of internal and external worlds: the growth and empirical questioning of psychodynamic understandings in child and adolescent mental health</td>
<td>Characteristics of mental disorder in children with history of abuse in integrated crisis center of Cipto Mangunkusumo Hospital, Jakarta (Indonesia)</td>
<td>Changes over time in Lithuanian schoolchildren’s attitudes toward addictive behaviors: promoting and preventing factors</td>
<td>Bruno Felissaard (Paris, France)</td>
<td>Suzanne Dean (Melbourne, Australia)</td>
<td>Darius Leskauskas (Kaunas, Lithuania)</td>
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<tr>
<td>Academic Perspective Global capacity building initiatives for child &amp; adolescent mental health (Chair: Asiya Haque (Karan, Pakistan), Sara Numan (Karachi, Pakistan))</td>
<td>Academic Perspective Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional (Chair: Andrea Martin (New Haven, USA))</td>
<td>Workshop Psychodynamic psychotherapy stream: The Crash Reunited – examining resilience in recovery from Traumatic Brain Injury (TBI) in a high-risk, high-performance sport (Chair: Craig Sweeney (Lahaina, USA))</td>
<td>Special Interest Study Group IACAPAP workshop on gender issues</td>
<td>Olga Hepnarova (Prague, Czech Republic)</td>
<td>Ammar Albanna (Dubai, United Arab Emirates)</td>
<td>Chair: Anestina Cecilia (Amsterdam, Netherlands)</td>
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<tr>
<td>Capacity building in child mental health – a perspective from the United Arab Emirates</td>
<td>Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional (Chair: Andrea Martin (New Haven, USA))</td>
<td>Workshop Ethical perspectives on twentieth century child and adolescent psychiatry: the good, bad, and ugly, and lessons for the modern-day professional (Chair: Andrea Martin (New Haven, USA))</td>
<td>Free Papers Symposium Substance-related issues III</td>
<td>Chair: Katerina Thorova (Prague, Czech Republic)</td>
<td>Chair: Craig Donnelly (Toronto, Canada)</td>
<td>Chair: Prins-Aardema Cecilia (Amsterd, Netherlands)</td>
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<td>WMO Eastern Mediterranean Region EMRO School Mental Health Program (EMHP)</td>
<td>Building capacity in child &amp; adolescent mental health and disorders in Africa (Chair: Nnoruka Obasi (Abuja, Nigeria))</td>
<td>The validity and reliability study of the Turkish version of the substance use risk profile scale (Chair: Sabide Duygu Uygun (Ankara, Turkey))</td>
<td>Effect of relative age on hazardous alcohol use (Chair: Ewa Biecer (Rochester, USA))</td>
<td>Chair: Nnoruka Obasi (Abuja, Nigeria)</td>
<td>Chair: Prins-Aardema Cecilia (Amsterdam, Netherlands)</td>
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<td>High Risk for Severe Emotional Dysregulation in Psychopathologically Refractory Youth with Autism Spectrum Disorder: A Randomized Study</td>
<td>Janet Moznik (Boston, USA)</td>
<td>Child and adolescent psychiatry in Poland</td>
<td>Barbara Rembek (Warsaw, Poland)</td>
<td>School performance and resources for children with ADHD: A perspective from Taiwan</td>
<td>Jane Chung (London, United Kingdom)</td>
<td>A second group of youngsters with gender nonconformity / same-sex attraction born to mothers with thyroid dysfunction in pregnancy</td>
<td>Osmar Sabuncuoglu (Istanbul, Turkey)</td>
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<td>Unrested by social media in young adults with high-functioning autism spectrum disorder and autism symptoms</td>
<td>Shekhar Rani Arnold Anteraper (Cambridge, USA)</td>
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<td>Current situation of Child and Adolescent Psychiatry inpatient units in Hungary</td>
<td>Krisztina Kerner (Szeged, Hungary)</td>
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<td>Implementation of Adolescent Mental Health in Schools: Indo-Persian Perspectives</td>
<td>Fransiska Kaligis (Jakarta, Indonesia)</td>
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<td>Experiences from the only closed psychiatric ward for children and adolescents in Croatia - the Inpatient Unit of the Psychiatric Hospital for Children and Adolescents, Zagreb</td>
<td>Matija Barovicic Marsanic (Zagreb, Croatia)</td>
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<td>12:15-13:00</td>
<td>State of Art Lecture</td>
<td>Child and adolescent mental health in the SDG era</td>
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<td>State of Art Lecture</td>
<td>Modern technologies in diagnostic and care in autism</td>
<td>David Scher (Paris, France)</td>
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<td>Child and adolescent psychiatry in the Czech Republic: Should it be informed or rather built?</td>
<td>Michal Goetz (Prague, Czech Republic)</td>
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<td>State of Art Lecture</td>
<td>What can we do to prevent severe mental illness in children at risk?</td>
<td>Rüdolf Uher (Zürich, Switzerland)</td>
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<td>State of Art Lecture</td>
<td>The pharmacological treatment of anxiety and depression in children and adolescents</td>
<td>Antoni Sebela (Perwez, Czech Republic)</td>
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<td>State of Art Lecture</td>
<td>Self-harm and suicidal behavior in adolescents</td>
<td>Michael Kramer (Hendenberg, Germany)</td>
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<td>Autism in children with and without ADHD: A Comparison</td>
<td>Joseph Biederman (Cambridge, USA)</td>
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<td>Witnessing violence in children and adolescents in the United States</td>
<td>Sheeba Rani Arnold Anteraper (Cambridge, USA)</td>
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<td>13:00-14:00</td>
<td>Special Session</td>
<td>IACAPAPP General Assembly</td>
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<td>14:00-14:45</td>
<td>Plenary Lecture</td>
<td>Temperament and the emergence of social anxiety in childhood: the roles of reactive and proactive cognitive control</td>
<td>Nathan Fox (Maryland, USA)</td>
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<td>14:45-16:15</td>
<td>Research Symposium</td>
<td>Cultural diversity and mental health care of deaf and hard of hearing youth</td>
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<td>Research Symposium</td>
<td>Involuntary hospitalization and treatment of children, and the Adjacent Areas</td>
<td>Chauwi Wilkie (Calgary, Canada), Kawa Tanaka (Nobe, Hirog, Japan)</td>
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<td>Research Symposium</td>
<td>Dissectioning heterogeneity and development of autism spectrum disorder: neurocognitive and neuroimaging perspectives</td>
<td>Sue-Ann Shir-Row Gau (Taipei, Taiwan)</td>
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<td>Research Symposium</td>
<td>CPCPA Preventing posttraumatic psychiatric psychopathology: Children, substance use disorders, and violence</td>
<td>Chair: Nezar Iab (Sydney, Iraq)</td>
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<td>Research Symposium</td>
<td>Self-harm behavior</td>
<td>Free Papers Symposium (internet and social media)</td>
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<td>Critical thickness as a neural correlate of ODD pathologizing gene variants</td>
<td>Susan Shir-Row Gau (Taipei, Taiwan)</td>
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<td>Gender and age distribution of total problem scores two years after CPIC</td>
<td>Abdulla Ali Ahmad (Ministry, Sweden)</td>
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<td>Comparing two cohorts referred to Paediatric Liaison Psychiatry services for self-harm related behaviour and ideation: 2010-2015 x 2015-2015</td>
<td>Keesa Tallon (Sham, Ireland)</td>
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<td>Self-Efficacy: Two- Years After CPCPA</td>
<td>chair: Jean Sitayi (Darbl, Iraq)</td>
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<td>Measuring Health Attitudes: Support Preferences, and Prevalence of Self- harm among Young People in Ireland</td>
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<td>Internet use of caregivers: impact on internet use and sleep habits of preschool children</td>
<td>Tsunomi Oka (Shiho, Japan)</td>
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<td>In social media use a precipitant for psychiatric hospitalizations in 13-17 year olds?</td>
<td>Roem Ha Shari (Reister, USA)</td>
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<td>Assessment and treatment of deaf youth</td>
<td>Johannes Fellinger (Zurich, Switzerland)</td>
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<td>Informed consent/assent in childhood and adolescence and issues related to parental authority in Japan - research by the Japanese Society for Child and Adolescent Psychiatry (JSCAP) ethics committee</td>
<td>Kazumasa Kimura (Hachiohmyo, City, Tokyo, Japan)</td>
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<td>The impacts of disorientation on white matter microstructural integrity for males with and without autism spectrum disorders</td>
<td>Youjun Chung YL (Taipei, Taiwan)</td>
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<td>Childhood Externalizing Behavior Problems Decline after CPIC</td>
<td>Shahrad Khodaei Sullivan (Dallas, USA)</td>
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<td>Understanding self-harm: Do parenting styles have an impact on self-harm behavior in adolescents?</td>
<td>Fareh Abdul Ghani (Limerick, Ireland)</td>
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<td>A Research Protocol: Effect of social media use on self-esteem, depressive symptoms, psychiatric morbidity and salivary cortisol in young psychiatric patients and controls</td>
<td>Roem Ha Shari (Reister, USA)</td>
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<td>The importance of risk-taking in child mental health care case studies from the Collaboration Care Initiative</td>
<td>Academic Perspective: Addressing the resource gap in child mental health services through collaboration with pediatric primary care providers; from training to practice</td>
<td>Academic Perspective: An Exploration of Pharmacogenomics: How Do We Apply Current Science to Our Clinical Practice?</td>
<td>Free Papers Symposium: Anxiety</td>
<td>Workshop: Integrating child psychiatry in primary care through a telephone consultation service and an ECHO model training program</td>
<td>Workshop: Creative therapies for culturally diverse children</td>
<td>Free Papers Symposium: Measurements</td>
<td>Special Interest Study Group: Indigenous Partnerships in the Delivery of Psychiatry Services to Children and Adolescents – A Retrospective of the Past 15 Years</td>
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<td>Lynn Pantin (San Francisco, USA)</td>
<td>Chair: Austin Wiebe (Toronto, Canada)</td>
<td>Chair: Maria Polvier (Harford, USA)</td>
<td>New development in the therapy of obsessive-compulsive disorder, therapeutically accompanied home exposure via videoconference in adolescents with obsessive-compulsive disorder</td>
<td>Chair: Scott Spero (New York, USA)</td>
<td>Chair: Scott Spero (New York, USA)</td>
<td>Chair: Brian Jacobs (London, United Kingdom)</td>
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<tr>
<td>A Closer Look at Relevant Genes in Psychopharmacology</td>
<td>Descriptive study on the demographics and clinic profile of preschool children with Selective Mutism in Singapore</td>
<td>Understanding the origins and science of pharmacogenomics</td>
<td>Parental psychopathology and selective mutism in a multinational population-based study</td>
<td>The discriminative capacity of the BDI-SF in a Brazilian sample of preschool children</td>
<td>The bilingual assessment of learning disabilities</td>
<td>[IACAPAP Bulletin. JUNE 2018]</td>
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1645-1815
Research Symposium
Qualitative research in child and adolescent psychiatry: Let’s cross perspectives!
Chair: Bruno Fahscheid
(Paris, France)

What adolescents with anxiety-based school refusal and their parents think about the psychiatric care received?
A qualitative study
Jordan Siboni
(Algiers, France)

Parents involvement in emergency care after a suicidal act: a qualitative study from adolescence to young adulthood
Jonathan Latchai
(Paris, France)

Separation during inpatient treatment of anorexia nervosa in adolescence: a transcultural qualitative approach in France
Renja Pohjola
(Eastbourne, France)

Early management for children with autism spectrum disorder and their parents: a cross-case qualitative evaluation of public health policies in the region Pays de la Loire, France
Leslie Bennett
(Paris, France)

1645-1815
Research Symposium
Non-suicidal self-injury: Guidelines for diagnostics and treatment in the light of recent advances in treatment research and long-term follow-up studies
Chair: Eva Moeller (Heidelberg, Germany), Romuald Brunner (Heidelberg, Germany)

Influence of a standardized DBT-A-therapy program on the identity of adolescent patients with emotion regulation disorders
Andrea Bifix
(Har-Oberson, Germany)

Specific traumatic events as risk factors of a suicide attempt in a 10-year longitudinal community study on adolescents and young adults
Marcel Michte
(Basel, Switzerland)

Clinical and genetic profile of psychiatric disorders: the similar deficits in adolescents with high-functioning autism/
Asperger syndrome
Randa Lukanova
(Prague, Czech Republic)

Does secure attachment style in children of depressive mothers?
Maternal-fetal attachment: Outcomes of maternal overprotection history
Resnine Ben Mbarek
(Az-Mansa- Tunis, Tunisia)

Separation during inpatient treatment of anorexia nervosa in adolescence: a transcultural qualitative approach in France
Renja Pohjola
(Eastbourne, France)

Prospective predictors of onset, maintenance and cessation of self-injurious behavior during adolescence
Romuald Brunner
(Heidelberg, Germany)

Debt and persistence of suicidal behaviors and their role for the ideation-to-action pathway – Findings from a cross-sectional epidemiological study among adolescents and young adults
Catharina Voss
(Heidelberg, Germany)

Clinical features and autoimmune variation associated with regression in autism spectrum disorders
Cihan Aslan
(Konya, Turkey)

Does secure attachment style promote resilience among the children of depressive mothers?
Fiona Luoma
(Kuopio, Finland)

Asperger syndrome – a cross-case qualitative evaluation of public health policies in the region Pays de la Loire, France
Leslie Bennett
(Paris, France)

Prevalence of mental disorders in adolescents with and without suicidal behavior in a random common sample – a cross-sectional epidemiological study
Johanna Bernsanger
(Heidelberg, Germany)

The sexual behavior of adolescent men with high-functioning autism/ Asperger syndrome
Vanda Lukanova
(Prague, Czech Republic)

Maternal-fetal attachment: Outcomes of maternal overprotection history
Resnine Ben Mbarek
(Az-Mansa- Tunis, Tunisia)

Early management for children with autism spectrum disorder and their parents: a cross-case qualitative evaluation of public health policies in the region Pays de la Loire, France
Leslie Bennett
(Paris, France)

Assessment and Treatment for Non-suicidal Self-Injury in Childhood and Adolescence: Recommendations from Clinical Practice Guidelines in Germany
Tina In-Albon
(Lindau, Germany)

Prevalence of mental disorders in adolescents with and without suicidal behavior in a random common sample – a cross-sectional epidemiological study
Johanna Bernsanger
(Heidelberg, Germany)

The sexuality of adolescent men with high-functioning autism/ Asperger syndrome
Vanda Lukanova
(Prague, Czech Republic)

What adolescents with anxiety-based school refusal and their parents think about the psychiatric care received?
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Early management for children with autism spectrum disorder and their parents: a cross-case qualitative evaluation of public health policies in the region Pays de la Loire, France
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<td>Medical Theatre</td>
<td>Sheaas – screening of the movie and a follow up discussion – Positive mind, positive vibes, positive life! Chair: Jawwarysheb Mayar Kaku (Bangalore, India)</td>
<td>Academic Perspective An innovative and comprehensive homicide assessment tool: S-HABIT</td>
<td>Academic Perspective The Child/Adolescent Anxiety Multimodal Study (CAMS) – Current findings and future directions Chair: John Piacentini (Los Angeles, USA)</td>
<td>Research Symposium Understanding Uniqueness and Diversity in Child and Adolescent Mental Health: Topics from the 2018 IACAPAP Monograph Chair: Petros de Souza (Cape Town, South Africa), Matthew Hobbs (London, United Kingdom)</td>
<td>Workshop The Evolution of Psychiatry Delivered Through Internet Gaming Disorder and other problematic Internet use in child and adolescent psychiatry practice and research Chair: Tamayo Hatta (San Francisco, USA)</td>
<td>Free Papers Symposium Mindfulness</td>
<td>Workshop Autism in resource-limited settings: A workshop on translating theory into practice Chair: Sara Stones (Kashmir, Pakistan)</td>
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<td>Media Theatre</td>
<td>Sheaas – screening of the movie and a follow up discussion – Positive mind, positive vibes, positive life! Chair: Jawwarysheb Mayar Kaku (Bangalore, India)</td>
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26 July 2018

09:00 - 09:10  
**Research Symposium**  
Chair: Andrea Dixius (Idar-Oberstein, Germany), Christina Schwenck (Essen, Germany)  
- **Research Symposium: In transition from children’s services to adult services: the case of ADHD**  
Chair: Astrid Janssens (Leiden, Netherlands)  
- Me, myself and ... you: The neural mechanisms underlying non-social and social performance monitoring in healthy females scoring low or high on psychopathic traits  
Sandy Overgaauw (London, Netherlands)  
- Post-migration stress induces psychotic symptoms in unaccompanied Eritrean refugees in Switzerland  
Fana Asefaw (Kleinblittersdorf, Switzerland)  

09:10 - 09:20  
**Research Symposium**  
Chair: Anna Price (Leiden, Netherlands)  
- Influence of the START - Program on Adolescent Psychophysiology  
Eva Moehler (Essen, Germany)  
- Enuresis and its relation to attention deficit hyperactivity disorder  
Mahmoud Elwazy (Alexandria, Egypt)  

09:20 - 09:30  
**Research Symposium**  
Chair: Carmen Hamady (Alexandria, Egypt), John Fayyad (New Brunswick, Canada)  
- Quality of life of parents of Syrian refugee children with Autism Spectrum Disorders in Lebanon  
Carmen Ramaty (Beirut, Lebanon)  
- Early exposure to television and autism spectrum disorder: Characterization and relationship  
Takuma Brah (Monash, Australia)  

09:30 - 09:40  
**Special Session**  
Chair: Michal Gort (Prague, Czech Republic)  

09:40 - 10:00  
**Panel Lecture**  
- The persistent impact of being bullied during childhood and adolescence: Implications of policy and practice  
Louise Arseneault (London, United Kingdom)  

10:00 - 10:15  
**Break**
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<td>Workshop</td>
<td>Psychological psychotherapy stream: The tangle of contexts: Psychody-</td>
<td>Majorie Vadnais (New York, USA)</td>
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<td>namically-informed family therapy practice</td>
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<td>Workshop</td>
<td>Biocultural-Behavior Therapy for adolescents: theory overview and cli-</td>
<td>Kashmira Rustomji (New York, USA)</td>
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<td>Workshop</td>
<td>Bridging culture and psychopathology in immigrant</td>
<td>Marija Mitkovic Voncina (New York, USA)</td>
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<td>Workshop</td>
<td>Challenges and opportunities offered by longitudinal cohort studies</td>
<td>Justin Mohatt (New York, USA)</td>
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<td>(Mojtaba Mehrizi)</td>
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<td>Workshop</td>
<td>A blueprint for providing free, comprehensive, integrated</td>
<td>Ryan Sultan (New York, USA)</td>
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<td>adolescent health and mental health care in NYC for $1000 per patient</td>
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<td>Workshop</td>
<td>Academic Perspective Diversifying our understanding of ADHD: Beyond</td>
<td>Ryan Sultan (New York, USA)</td>
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<td>Learning from each other: CAPAPs working together</td>
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<td>Crisis intervention in child and adolescent psychology: learning from different models (Chair: Ana Moro-Sanchez (Seville, Spain))</td>
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<td>Take I: The role of serotonin in regulating mood, movement, and cognition (Chair: Poul Aarskog (Osterøy, Norway))</td>
<td>The role of mitochondria in neuropsychiatric disorders (Chair: Lars-Johan Gustafsson (Gothenburg, Sweden))</td>
<td>The role of the gut microbiome in mental health (Chair: Zdenka Kranjc (Ljubljana, Slovenia))</td>
<td>Compulsive eating behavior in children and adolescents: an epidemiological study (Chair: Anna Salvi (Bologna, Italy))</td>
<td>International treatment models for challenging behavior disorders (Chair: Yukiko Kano (Tokyo, Japan))</td>
<td>Early intervention for complex needs: an interdisciplinary approach (Chair: Yair Friedman (Ramat Gan, Israel))</td>
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<td>Genetic variations and the risk of mental disorders (Chair: Emma Enoch (Lund, Sweden))</td>
<td>High dimensional analysis of psychiatric disorders (Chair: Yuliia Pavlenko (Trondheim, Norway))</td>
<td>Trajectories and genetic factors in schizophrenia (Chair: Anke Hinney (Essen, Germany))</td>
<td>Longitudinal perspectives for child and adolescent psychiatry (Chair: Loma Zarrinkamar (San Francisco, USA))</td>
<td>Early intervention for complex needs: an interdisciplinary approach (Chair: Yair Friedman (Ramat Gan, Israel))</td>
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<td><strong>Special Interest Study Group</strong>&lt;br&gt;The development of standard parenting guidelines for Child Custody Cases in India through recommendations from Special Interest Study Group&lt;br&gt;Chair: Priyanka Pandit&lt;br&gt;NHumid (Bengaluru, India)</td>
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<td><strong>Workshop</strong>&lt;br&gt;Psychoanalytic psychotherapy: The Winderup Depths of Connection: The Unique Psychodynamic Contribution to the Primacy of the Inter-relationship in Psychotherapy, Other Professional Settings&lt;br&gt;Chair: Hjørnholm Web (Surrey, USA)</td>
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<td><strong>Academic Perspective</strong>&lt;br&gt;Psychoanalytic, neurological, legal and public health challenges facing refugee children: an integrated approach&lt;br&gt;Chair: Dorothy Stabile (New Haven, USA)</td>
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<td><strong>Personal protective equipment (PPE) &amp; medical alternatives in the management of challenging behaviors in autism</strong>&lt;br&gt;Lee Wachtel (Baltimore, USA)</td>
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<td><strong>Implementing transformative community youth mental health hubs in Ontario: the YOUTH!N PRERT and provincial directors</strong>&lt;br&gt;Joanna Menderson (Toronto, Canada)</td>
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<td><strong>Transforming youth mental health services across Australia – the headspace experience</strong>&lt;br&gt;Debra Rickwood (Ladner, Australia)</td>
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<td><strong>Transforming youth mental health care in Canada: The ACCESS Open Minds Initiative</strong>&lt;br&gt;Srividy Iyer (Montréal, Canada)</td>
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<td><strong>Raising different minds – cross-cultural caregiver attitudes towards early childhood international development and mental health</strong>&lt;br&gt;Alexandra Chen (Cambridge, USA)</td>
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<td><strong>Legal and public health challenges facing refugee children: an integrated approach</strong>&lt;br&gt;Chair: John Thomas (North Haven, USA)</td>
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<td><strong>Special Interest Study Group</strong>&lt;br&gt;Clinical and Research Applications of Non-Invasive Brain Stimulation in Children and Adolescents&lt;br&gt;Chair: Sadiq Bashir (Cambridge, USA)</td>
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<td><strong>Academic Perspective</strong>&lt;br&gt;Clinical Pathways in Mental Health Care: Organizing systems to improve care delivery in pediatric hospitals&lt;br&gt;Chair: Ahmadi Bahrami (San Francisco, USA)</td>
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<td><strong>Academic Perspective</strong>&lt;br&gt;Survey on the response to developmental disorders at ages 12 and higher in general psychiatric outpatient care in Japan&lt;br&gt;Chairs: Naka Watanabe (Tokyo, Japan); Kazuya Uno (Kawagawa Pref., Japan)</td>
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<td><strong>Free Papers Symposium</strong>&lt;br&gt;ADHD IV&lt;br&gt;Chair: John Thomas (North Haven, USA)</td>
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<td><strong>Workshop</strong>&lt;br&gt;Psychoanalytic psychotherapy: Embedded intersubjectivity in treating relational trauma in adolescent patients&lt;br&gt;Chair: Ingrid Kallicz, Zdonkova (Prague, Czech Republic)</td>
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<td><strong>Free Papers Symposium</strong>&lt;br&gt;FLAPII symposium on global perspective in CAP training&lt;br&gt;Chair: Maria Pacheco (Mexico City, Mexico)</td>
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<td><strong>Free Papers Symposium</strong>&lt;br&gt;Psychopharmacology&lt;br&gt;Chair: John Thomas (North Haven, USA)</td>
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<td><strong>Workshop</strong>&lt;br&gt;Wellbeing in Education: Cultivating Positive Mental Health and Mindfulness in our students and ourselves&lt;br&gt;Chair: Kami Dvorakova (Prague, Czech Republic)</td>
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<td><strong>Survey on addressing deficits in pediatric hospital settings: A Clinical Pathway</strong>&lt;br&gt;Gabrielle Silver (New York, USA)</td>
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<td><strong>Investigation of the relationship between attention deficit hyperactivity disorder and mitochondrial DNA (mtDNA) copy number</strong>&lt;br&gt;Makan Shariat (Erzurum, Turkey)</td>
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<td><strong>Teaching training of child psychiatry in Mexico</strong>&lt;br&gt;Chair: Oscar Sanchez (Mexico City, Mexico)</td>
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<td><strong>Systematic review of third-wave psychotherapies on adolescents in conflict with law: Recent trends</strong>&lt;br&gt;Deborah Bhattacharya (New Delhi, India)</td>
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<td>IACAPAP Bulletin. JUNE 2018</td>
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<tr>
<td>Christina Schwenck (Gießen, Germany), (Clayton, Australia), (Frankfurt, Germany),</td>
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<td>Perspecties on the importance of improving transition, progress and challenges still to be addressed.</td>
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<td>Tanya Street (Heidelberg, Germany), Yulia Golub (Erlangen, Germany),</td>
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<td>Examining the Benefits of Yoga Meditation for High School Students</td>
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<td>Kiri Rasaan (Houston, USA)</td>
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<td>Religion and child and adolescent mental health in low and countries. Don’t throw away the baby with the bath water</td>
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<td>Effectiveness of brief parent-re</td>
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<td>directed interventions for children with autism spectrum disorder. A randomized controlled trial</td>
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<td>Harshini Manohar (Pondcherry, India)</td>
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<td>Use of new technologies (NTI) in children and adolescents with and without symptoms of autism spectrum disorders</td>
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<td>Victor Ribes (El Prat de Llobregat, Spain)</td>
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<td>Selective Mutism: New insights into a neglected disorder</td>
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<td>Mechanisms of fetal programming in child and adolescent mental health</td>
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<td>Autism V</td>
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<td>Chairs: Angelika Gesschaefer (Frankfurt, Germany), Christine Schwerin (Gießen, Germany)</td>
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<td>Chairs: Bengi Semerci (Istanbul, Turkey)</td>
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<td>Research Symposium</td>
<td>Cross-cultural approaches for ADHD: Parenting and psychosocial programs and transition to adult mental health services</td>
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<td>Perspectives on Nonsuicidal Self-Injury (NSSI) in adolescents</td>
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<td>Chairs: Michael Kaes (Heidelberg, Germany), Paul Plener (Zürich, Germany)</td>
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<td>Randomised controlled trial of therapeutic assessment versus usual assessment in adolescents with self-harm: long-term follow-up</td>
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<td>Development of Bengali Autism Assessment Mobile Application</td>
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<td>Workshop</td>
<td>Psychodynamic psychotherapy: stream: Therapeutic engagement of babies with their parents: Training health clinicians across disciplines in infant-parent relationship building through Newborn Behavioral Observation</td>
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<td>Chairs: Campbell Paul (Parkville, Australia)</td>
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<td>Mindfulness session</td>
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<td>19:00–20:00</td>
<td>Social Event</td>
<td>ISAPP (International Society for Adolescent Psychiatry and Child and adolescent Psychiatry) for Adolescent Psychiatry and WAIMH (The World Association for Infant Mental Health)</td>
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<td>OCEP Dinner</td>
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### 27. July 2018

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<tr>
<td>Neurorheological, neurotransmitter, neuro-immune, and genetic studies on attention-deficit hyperactivity disorder</td>
<td>ADHD, lifestyle, and time perception</td>
<td>Young refugees’ mental health care takes a step forward: action research in Belgium, France, and the US</td>
<td>Classification and new disorders</td>
<td>Depression</td>
<td>Transition age</td>
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<td>Chair: Susan Shu-Fei Guo (Taipei, Taiwan)</td>
<td>Radok Pláček (Prague, Czech Republic)</td>
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<td>ADHD, Lifestyle and time perception</td>
<td>Mental health care for young refugees in Flanders, Belgium</td>
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<td><strong>09:40–10:25</strong></td>
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<td>Plenary Lecture</td>
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<td>Research Symposium</td>
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<td>Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings</td>
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<td>Chairs: Myfanwy Beter Boston, USA, Olugbenga Oreibode (Lagos, Nigeria)</td>
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<td>Chair: Michal Goetz (Prague, Czech Republic)</td>
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<td>Population neuroscience of the adolescent brain: observing to change</td>
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<td>Child and Adolescent Mental Health (CAMH) service innovations in resource-limited settings</td>
<td>Psychosocial and Neuromaging Evidence to Validate New ADHD Disorders</td>
<td>Brain and its research</td>
<td>Early diagnostics and interventions</td>
<td>Fighting stigma</td>
<td>Pediatric liaison psychiatry: Role of child mental health professionals in care of medically ill children in resource poor settings</td>
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<td>Chair: Vincent Chou-Hung Chen (Taipei, Taiwan)</td>
<td>Chair: Myfanwy Beter Boston, USA, Olugbenga Oreibode (Lagos, Nigeria)</td>
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<td>Chair: Roberto Pallia (Boston, USA)</td>
<td>Chair: Kerim Munir (London, United Kingdom)</td>
<td>Chairs: Tsunetaka Shinkai-Datta (Kolkata, India)</td>
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<td>The First Multi-Disciplinary Child and Adolescent Mental Health Clinic (CAMH) in Ghana</td>
<td>Risk factors for adolescent self-harm continuation: a community study in Taiwan</td>
<td>Repetitive transcranial magnetic stimulation for the treatment of anxiety in adolescents with depressive disorders</td>
<td>Study of the pattern of psychotherapeutic drugs prescribed for children referred to child psychiatry clinic, Mansoura University Hospital</td>
<td>Child behavior checklist in the screening of autism in toddlers</td>
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<td>Karama Razi-Nezah (Kumasi, Ghana)</td>
<td>Taibei, Taiwan</td>
<td>Emily Hallman (Daly, Australia)</td>
<td>Mohamed Yehia Elsayed (Mansoura, Egypt)</td>
<td>Ying Liu (Beijing, China)</td>
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### Workshop
**Do it! Presenting and publishing your work in child and adolescent psychiatry**
Chair: Andrea Martin (New Haven, USA)

**Strategies for Training Child and Adolescent Psychiatrists in Evidence-based Interventions for Children with Autism Spectrum Disorders: Global Perspectives**
Chair: Kevin Mow (Boston, USA)

**Training courses for school assistants as a contribution to fulfill UN Convention on the Rights of Persons with Disabilities**
Chair: Brita Ziegler (Dusseldorf, Germany)

**Practicing child psychiatry in the 21st century**
Chair: Konstantin Staltsakas (Tromso, Norway)

**Evidence-based practical guidelines for diagnosis and treatment in dyslexia: further steps for high quality standards in intervention and diagnosis**
Chair: Andre Schulte-Korne (Munich, Germany)

**The child and adolescent psychiatrist role in different settings**
Chair: Lea Vela (Westenrade, Uruguay)

**What primary care physicians know about eating disorders, OIR**
Zoeke Montillo (Argentina)

**Psychiatric diagnosis in a Pediatric Hospital**
Díaz-Sanchez (Mexico City, Mexico)

**Postgraduate teaching in Child and Adolescent Psychology and Psychiatry**
Intercultural Team of Mental Health in Emergencies and Emergencies
Roberto Pajiza (Buenos Aires, Argentina)

**Opportunities and challenges in providing psychotherapy services for children and adolescents in Bangladesh**
Jemila Abubakar (Chattlan, Bangladesh)

**Strengthening the Kenyan juvenile justice system to respond to mental health needs of offending offenders**
Florence Muere Muuma (Nairobi, Kenya)

### Free Papers Symposium
**Services I**

**Lessons learned from children with prenatal alcohol damage: FASD patients benefit from early diagnostic and multimodal treatment**
Chair: Juthele Sembereka (Ludwigshafen am Rhein, Germany)

**Caught in the net: a child psychiatrist's guide for navigating the internet age**
Chair: Kristopher Kaliebe (Tampa, USA)

**Free Papers Symposium**
**Services II**

**Diagnostic stability of bipolar disorder in a Spanish sample of children and adolescents**
Azucena Diaz-Suarez (Pamplona, Spain)

**The effects on early child development of a nurse home visitation program for pregnant youth living in adverse conditions**
Dimitri Fatori (Sao Paulo, Brazil)

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**Workshop**
**Integrating current classification systems in relation to Law and Middle Income Countries**
Chair: Anil Jaspal-Ajakz Dooj (Bangalore, India)

**Academic Perspective**
**What differences in studies of cross cultural approaches to gender dysphoric adolescents can and cannot teach us about best practices**
Chair: Herbert Schermer (Oakland, USA)

**Academic perspective**
**Problematical Interactive Media Use: Using what we know to proceed from recognition to understanding to treatment**
Chair: Emily Pilkar (Boston, USA), Michael Rich (Boston, USA), Michael Rapoff (Boston, USA)

**Free Papers Symposium**
**Course and development**

**Lessons learned from children with prenatal alcohol damage: FASD patients benefit from early diagnostic and multimodal treatment**
Chair: Juthele Sembereka (Ludwigshafen am Rhein, Germany)

**Caught in the net: a child psychiatrist’s guide for navigating the internet age**
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**Free Papers Symposium**
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<tr>
<td>Providing services for children with developmental disorders: experiences from a privately owned one-stop care centre in South West Nigeria</td>
<td>Emotional and Behavioral Difficulties and Impaired Adaptations of Children with智障</td>
<td>Resting-state EEG power patterns in children and adolescents with ADHD, ASD and co-morbid ADHD-ASD</td>
<td>Sigma, social exclusion and adolescent self-harm: Exposition of a stigma model and its impact upon adolescent self-harm in UK schools</td>
<td>Collaborative mental health strategy to improve access to child mental health services in Bangladesh: Training of primary health care physicians in the treatment of ADHD</td>
<td>Impact of a multi-component early intervention program on trajectories of behavior, cognition, and health</td>
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<td>Yetunde Adeniyi (Ibadan, Nigeria)</td>
<td>Pavithran Nambiar</td>
<td>Rachel Parker (Leeds, United Kingdom)</td>
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<td>Ammar Alabanan (Dubai, United Arab Emirates)</td>
<td>Massimiliano Ari (Montréal, Canada)</td>
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<tr>
<td>Mental health and pandemics: clinical and research collaborations in India, Bangladesh, Ghana, Tanzania</td>
<td>Psychiatric Comorbidity and Social Adjustment Difficulties in Youth with Developmental Disorders: Data from a National Survey to Je Lin (New Taipei City, Taiwan)</td>
<td>Advances in brain stimulation modalities for monitoring and modulating adolescent suicidality</td>
<td>Paul Cramer (Richmond, USA)</td>
<td>Building Emotional Resilience in Lebanon: A School-Based Intervention to Prevent Anxiety and Depression</td>
<td>A community-based promising intervention for parents of children with a disability: outcomes in the Australian Stepping Stones Triple P project</td>
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<td>(Ibadan, Nigeria)</td>
<td>(Kwazulu-Natal, South Africa)</td>
<td>(Kwazulu-Natal, South Africa)</td>
<td>(Richmond, USA)</td>
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<td>Clinical audit of the Joint Child Psychiatry-Pediatric Neurology Clinic, in Ibadan, Nigeria</td>
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12:15-12:45

State of Art Lecture

Highlighting Africa’s unique CAMH needs emerging from its rich and diverse peoples, contexts and cultures 

Olayinka Omigbodun (Ibadan, Nigeria)

Free Papers Symposium

Forensic I

From the voices of the secondary victims of child sexual abuse – a preliminary observations

Igor Škodáček (Bratislava, Slovakia)

A retrospective case-series analysis on Pervasive Developmental Syndrome in children seeking services from a tertiary-care hospital in India

Priyanka Panvitrak Nimbkar (Bhopal, India)

Intimate partner violence and childhood abuse among women with severe mental illness

Kavita Jangam (Bhopal, India)

Exploring the relationship between mental health, chronic diseases and parental support: results for the adolescents in France

Mireille Caquer (Montreuil, France)

Psychiatric referral patterns of children with medically unexplained symptoms at a pediatric medical center in Thailand: a retrospective study

Srirat Sunthorn (Bangkok, Thailand)

12:45-1:15

State of Art Lecture

Unravelling the genetic and neuroendocrine basis of adolescent eating disorders

Johannes Hebebrand (Berlin, Germany)

State of Art Lecture

Legalization and regulation of cannabis/marijuana

Crisis (Calgary, Canada)

State of Art Lecture

Mental health and interventions for child and adolescent refugees

John Kaydad (Beirut, Lebanon)

State of Art Lecture

Solving the puzzle of autism: how far have we come?

Michal Novák (Prague, Czech Republic)

Free Papers Symposium

Pharmacotherapy

Risk of drug-herb interactions and suggestions for pharmacovigilance in the field of mental health

Yasim Taner (Istanbul, Turkey)

The victim-offender overlap in Hong Kong adolescents: implications for preventive measures and interventions

Heng Choon (Oliver) Chan (Kowloon, Hong Kong)

Resettlement challenges faced by refugee families in Quebec, Canada: construction of a sustainable daily routine

Caroline Cavel (Montreal, Canada)

Psychological distress amongst unaccompanied asylum-seeking adolescents in Greece

Ioanna Giannopoulou (Athens, Greece)

Are child ombudsmen possible way for preventive psychosocial intervention to Special Populations

Merget Jackson (Emden, Australia)

Psychological intervention for refugees’ children in Lake Chad Region

Elisabetta Bazin (Paris, France)

Religions, stress, and mental health trajectories: Testing the beneficial impacts of humanitarian programming for youth affected by the Syria crisis

Catherine Pantier-brick (New Haven, USA)

1:15-1:45

State of Art Lecture

Forensic II

Clinical findings and legal differentiation?

Sophia Walker (Athens, Greece)

Feasibility of a novel protocol for routine practice for children with mental health disorders in low and middle-income countries

Massimiliano Orri (Montreal, Canada)

Strategies for management and perspectives from French adolescents diagnosis: review

Dagmar Pauli (Montreal, Canada)

Forensic Psychology in the Australian Stepping Stones Program: Developing a multi-component Community Psychology intervention

Eoin McElroy (Monash, Australia)

1:45-1:55

Free Papers Symposium

Physical disorders-mental health I

Problematic self destructive behavioral problems that meet pediatric hospital

Augie Lasimakate (Milwaukee, USA)

Reading and spelling disorder (dyslexia): recent advances in genetic and neuropsychological research

Chih-Tsai Chen (Bangkok, Thailand)

Play therapy as a tool to promote resilience normalising in the face of the trauma of battling cancer

Vittula Chari (Bhopal, India)

Diagnostic and dimensional predictors of slow-processing speed in a youth clinical sample

Ellen Breiten (Boulder, USA)

Exploring the relationship between mental health, chronic diseases and parental support: results for the adolescents in France

Mireille Caquer (Montreuil, France)

Psychiatric referral patterns of children with medically unexplained symptoms at a pediatric medical center in Thailand: a retrospective study

Srirat Sunthorn (Bangkok, Thailand)

1:55-2:25

Free Papers Symposium

Learning disabilities

Neurobiological correlates and effect of remediation in Specific Learning Disorder

Askanzeh Singh (Chandigarh, India)

Anti-psychotic prescribing trends, patterns and associated factors in Taiwanese children and adolescents for 2004 to 2013

Igor Škodáček (Bratislava, Slovakia)

The impact of interdisciplinary psychiatric treatment on psychopharmacological prescribing patterns in youth with Autism Spectrum Disorder and severe maladaptive behaviors

Napat Sittanomai (Bangkok, Thailand)

Patient satisfaction of adolescents and their parents say?

Sowmyashree Mayur Kaku (Bangalore, India)

Are child ombudsmen possible way for preventive psychosocial intervention to Special Populations

Merget Jackson (Emden, Australia)

Psychological intervention for refugees’ children in Lake Chad Region

Elisabetta Bazin (Paris, France)

Religions, stress, and mental health trajectories: Testing the beneficial impacts of humanitarian programming for youth affected by the Syria crisis

Catherine Pantier-brick (New Haven, USA)

2:25-2:35

Free Papers Symposium

Mental Health Prevention

Gendular reintegration and depression in children with a disability: outcomes across Europe: a clinical participatory research project

Igor Škodáček (Bratislava, Slovakia)

Impact of a multi-component early intervention program on trajectories of behavior, cognition, and health

Massimiliano Ari (Montréal, Canada)

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<td>The victim-offender overlap in Hong Kong adolescents: implications for preventive measures and interventions</td>
<td>Developing interventions for children and youth at high risk for sexual exploitation: A community-based participatory research project</td>
<td>Treatment of eating disorders in adolescents</td>
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<td>Veena Shah Rajesh (Bhopal, India)</td>
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<td>Yu-Ling Li (Taoyuan City, Taiwan)</td>
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<td>Merget Jackson (Emden, Australia)</td>
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Plenary Lecture

James Anthony Lecture: Insights from developmental research for the practicing child psychiatrist

Alexandra Harrison (Cambridge, USA)
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<td>Sugumar Pauli</td>
<td>Eoin McIlroy</td>
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<td>Special Interest Study Group Cultural issues in policy development (Chair: Fazay (Ihabay, Turkey))</td>
<td>Academic Perspective Symposium: Services for the poor need not be poor services: Child mental health interventions in low and middle-income countries.</td>
<td>Free Papers Symposium Forensic II</td>
<td>Research Symposium Cultural diversity and its impact on mental health care (Chair: Scott Polya (New York, USA))</td>
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<td>Services for the poor need not be poor services: Child mental health interventions in low and middle-income countries. Michelle Rogenhout (Cape Town, South Africa)</td>
<td>How can interface management between school-, youth-, welfare- and mental health services be successful?</td>
<td>“Can’t I tell me what to do with my life?” – a case of compulsory admission to a UK adolescent</td>
<td>Mental Health Services Delivery to Special Populations – Minorities, Engrants, and LGBT Youth (Ilyan Avron New York, USA)</td>
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<td>Michelle Rogenhout (Cape Town, South Africa)</td>
<td>Isabel Beige (Ravenstrop, Germany)</td>
<td>Anca Bizarian (Sofia, Bulgaria)</td>
<td>Immigration Youth and Families Seeking Asylum (New York, USA)</td>
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<td>Diversity as a challenge and asset: Child mental health interventions in low and middle-income countries.</td>
<td>Feasibility of a novel semi-structured homicide and violence assessment tool</td>
<td>Gabrielle Shapiro (New York, USA)</td>
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<td>Sowmyashree Mayur Kaku (Bangalore, India)</td>
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<td>Barriers and facilitators to treatment of MR children, an Indian perspective: Sundeesh Rajak (Jodhpur, India)</td>
<td>Clinical findings and legal outcomes of sexual assault on minors</td>
<td>Unconscious Bias, Micro Versus Macro Aggressions (Melvyn Oates New York, USA)</td>
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<td>Patient satisfaction of adolescents and their parents with in-patient psychiatric treatment: Confirmatory factor analysis of the Best questionnaire</td>
<td>Improving Treatment of Children with Trauma by Engaging Caregivers (Scott Polya New York, USA)</td>
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<td>Ferdinand Keller (Dort, Germany)</td>
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Posters

Poster session 1

Tuesday 24 July 2018, 07:30–13:00, Poster Area

Posters in this session correspond to the following topics:

P 1.001 – P 1.095 ADHD
P 1.096 – P 1.104 Learning Disabilities
P 1.105 – P 1.108 Sleep Impairment
P 1.109 – P 1.114 Tic Disorders

P 1.001
A comparative study of Executive functions among children with Attention Deficit and Hyperactivity Disorder and those with Learning Disabilities
Heba Abouelwafa (Alexandria, Egypt)

P 1.002
A robot-assisted kinematic measurement for children with attention-deficit/hyperactivity disorder (RAKMA); focused on movement speed
Donghyun Ahn (Seoul, Republic of Korea)

P 1.003
Emotional Expression in Child and Adolescent with ADHD
Jose A Alda (Esplugues de Llobregat, Spain)

P 1.004
Video Game as a Learning Tool for Children with ADHD: a Pilot Study
Jose A Alda (Esplugues de Llobregat, Spain)

P 1.005
Work with ADHD children and their families – Serbian experience
Olivera Aleksic Hil (Belgrade, Serbia)

P 1.006
Comparison of impulsivity levels in internalizing, externalizing and combined disorders among adolescents
Ayse Bircan Ayaz (Istanbul, Turkey)

P 1.007
The effects of therapeutic horse riding program on attention, emotion and behavior in adolescents with ADHD
Seung Min Bae (Incheon, Republic of Korea)

P 1.008
Is it only ADHD? – A clinical case study of a girl with history of early deprivation
Anca Bistrian (Sofia, Bulgaria)

P 1.009
The ADHD symptomatology in a Romanian sample of psychiatric adult patients and the risk of substance addiction
Alexandra Mariana Buica (Bucharest, Romania)

P 1.010
Determination of Serum VEGF Levels in Attention Deficit Hyperactivity Disorder
Dicle Buyuktaskin (Ankara, Turkey)

P 1.012
ADHD child primary relations: bonding and pathologization in the context of maternal care
Cinthia Cavalcante Ferreira (Fortaleza, Brazil)

P 1.013
Sleep disturbances in ADHD, objectively and non-objectively measured
Marta Chamorro Fernandez (Barcelona, Spain)

P 1.014
Omega-3 Polyunsaturated Fatty Acids in Children with Attention Deficit Hyperactivity Disorder
Jane Chang (London, United Kingdom)

P 1.015
Improvements in inattention and impulsivity/hyperactivity after consuming phosphatidylserine-containing supplements in ADHD multi-ethnic Asian children
Wai Leng Cheryl Chang (Singapore, Singapore)

P 1.016
Sexually transmitted infection among adolescents and young adults with attention-deficit hyperactivity disorder: a nationwide longitudinal study
Nu-Hung Chen (Taipei, Taiwan)

P 1.017
Attention Deficit Hyperactivity Disorder and mortality: A population-based cohort study and meta-analysis
Vincent Chin-Hung Chen (Taoyuan, Taiwan)

P 1.018
Positive association between the activation in reward pathway and intelligence among healthy parents with attention deficit hyperactivity disorder offspring
Mei Hung Chi (Tainan, Taiwan)
Structural Covariance in Internet Gaming Disorder with Comorbid Attention-deficit/Hyperactivity Disorder
Jeewook Choi (Daejeon, Republic of Korea)

Are Low dosage of METHYLPHENIDATE more efficient than normal dosage in adolescents with ADHD and SMD? 2 cases report
Dora Coito (Le Chesnay, France)

Comparison of Creativity between Children with and without Attention Deficit Hyperactivity Disorder: A Case-Control Study
Rozita Davari-Ashtiani (Tehran, Islamic Republic of Iran)

The role of sociodemographic characteristics in inappropriate eating attitude of children with ADHD
Orçun Demir (Izmir, Turkey)

Prevalence and Predictors of Internet Addiction on Adolescents with Attention Deficit Hyperactivity Disorder
Ozgu Onder Demirtas (Diyarbakir, Turkey)

Comparison of Creativity between Children with and without Attention Deficit Hyperactivity Disorder: A Case-Control Study
Rozita Davari-Ashtiani (Tehran, Islamic Republic of Iran)

The role of sociodemographic characteristics in inappropriate eating attitude of children with ADHD
Orçun Demir (Izmir, Turkey)

Association between stimulants and height in children and adolescent with ADHD: a systematic review and meta-Analysis
Azucena Díez-Suarez (Pamplona, Spain)

Attention deficit/hyperactivity disorder (ADHD) peer relationship-focused treatment: a case report
Laura Feitosa (São Paulo, Brazil)

The impact of ADHD on the social competence of children and adolescents
Sofia Fernandez (Montevideo, Uruguay)

The impact of ADHD on the Social Competence of children and adolescents
Sofia Fernandez (Montevideo, Uruguay)

Sensory Disorders in Children with ADHD – a cross-sectional study
Rita Gonçalves (Coimbra, Portugal)

Seven emotions’ effects on neuropsychiatric diseases in the theory of Traditional Chinese Medicine
Xinmin Han (Nanjing, China)

Treatment Effect of Internet Gaming Disorder on Youth Comorbid with Attention Deficit Hyperactivity Disorder and Emotional Disruption
Cheng Helen (Changhua, Taiwan)

The Impact of ADHD on Parents Mental’s Health
Anna Huguet (Barcelona, Spain)

Precision of the ADHD rating scale
Michael Huss (Mainz, Germany)

Explore the impairments of neuropsychological functions of the continuity of ADHD symptoms within preschoolers: Based on 18 months follow-up study
Shou-Lian Hwang-Gu (Tao-Yuan, Taiwan)

Safety of methylphenidate use in treating an ADHD child with familial long QT syndrome
Katsuo Inoue (Sagamihara, Japan)

Multilayer Extended Release Methylphenidate use in Latency Aged Children: Preliminary Data
Umesh Jain (Kota, India)

Utility of Using the Temperament and Character Inventory and Other Novel Approaches When Diagnosing Adult ADHD
Umesh Jain (Kota, India)

Cross validation of the Attention Deficit Hyperactivity Disorder-After School Checklist (ADHD-ASK)
Hyesoon Kim (Seoul, Republic of Korea)

Cognitive enhancement training with robotics for children with attention-deficit/hyperactivity disorder (ADHD)
Kangryul Kim (Seoul, Republic of Korea)

ADHD symptoms in parents of children with ADHD – correlations with the child’s phenotype
Iana Kobylinska (Bucharest, Romania)
P 1.040
BMI changes in ADHD youth treating with Methylphenidate
Maryam Kousha (Rasht, Islamic Republic of Iran)

P 1.041
Emotional intelligence, parenting stress in mothers of ADHD youth
Maryam Kousha (Rasht, Islamic Republic of Iran)

P 1.042
New augmentation strategy and social functioning of children with hyperkinetic conduct disorder
Tatiana Kupriyanova (Moscow, Russian Federation)

P 1.043
Evaluation of CYP2D6 and CYP2C19 Genotypes of Patients with ADHD Admitted to A Child and Adolescent Psychiatry Clinic
Meryem Özlem Kutuk (Adana, Turkey)

P 1.044
The effect of social skills training on facial emotion recognition and discrimination of children with ADHD and Asperger’s Disorder
Young Sook Kwak (Jeju, Republic of Korea)

P 1.045
Comparison of Temperament and character profiles and psychopathology between ADHD alone group and ADHD with comorbid tic disorder group
Young Sook Kwak (Jeju, Republic of Korea)

P 1.046
Heavy metals in susceptibility to attention-deficit/hyperactivity disorder: implication of lead and antimony
Minjing Lee (Kaohsiung, Taiwan)

P 1.047
Effect of omega-3 and Korean red ginseng on children with attention deficit hyperactivity disorder: An open-label pilot study
Soyoung Lee (Bucheon, Republic of Korea)

P 1.048
Impairment in functioning among a clinically referred sample of young persons with ADHD
Nikki Limashworth (Singapore, Singapore)

P 1.049
Accommodations, modifications, and interventions for students with ADHD in Singapore primary school classrooms
Serena Lim (Singapore, Singapore)

P 1.050
The relationship between ADHD symptoms and executive skills
Chien Ho Lin (Tainan City, Taiwan)

P 1.051
Decision-making in adults with attention deficit/hyperactivity disorder (ADHD): an age-stratified analysis
Yuju Lin (New Taipei City, Taiwan)

P 1.052
Technology danger
Natasa Ljubomirovic (Belgrade, Serbia)

P 1.053
Cannabis use and attention deficit hyperactivity disorder – The role of methylphenidate in the treatment
Joana Macieira (Lisboa, Portugal)

P 1.054
Oppositional Defiant Disorder symptoms as a severity factor in Attention Deficit Hyperactivity Disorder: the case of unintentional injuries
Jenna Maire (Bordeaux, France)

P 1.055
ADHD: Under or Over Diagnosis?
Mafalda Marques (Coimbra, Portugal)

P 1.056
Mentalization capacity and quality of attachment in parents of children with diagnosis of hyperkinetic disorder
Aleksandra Mikic (Belgrade, Serbia)

P 1.057
School dropout and associated factors among Omani children with Attention-Deficit Hyperactivity Disorder: A cross-sectional study
Hassan Mirza (Muscat, Oman)

P 1.058
An audit of attention deficit hyperactivity disorder prescribing practices within Lancashire Children’s learning disability service
Mischa Mockett (preston, United Kingdom)

P 1.059
Neurological soft signs: Its association with behaviour problems and level of intelligence in children with attention deficit hyperactivity disorder
manamohan n (Bangalore, India)

P 1.060
Effects of atomoxetine in adult attention-deficit/hyperactivity disorder as measured by near-infrared spectroscopy: a preliminary study
Takeshi Nagahama (Kashiwara, Japan)
P 1.061
Relationship between Sleep EEG Power Spectrum and Executive Function in Children with ADHD
Eiji Nakagawa (Tokyo, Japan)

P 1.062
ADHD and Communication Pragmatics – What do we know?
Sofia Neiva (Coimbra, Portugal)

P 1.063
Correlation between Sociality and Quantitative Electroencephalography Findings in Attention Deficit Hyperactivity Disorder: A Retrospective Cross-Sectional Study
Soo Hwan Oh (Seoul, Republic of Korea)

P 1.064
Attention deficit hyperactivity disorder (ADHD) among school-aged children in Botswana: subtypes and co-morbid conditions
Anthony Olashore (Gaborone, Botswana)

P 1.065
Predictors of primary school teachers’ beliefs and misconceptions about Attention deficit hyperactivity (ADHD) disorder and its treatment in Botswana
Anthony Olashore (Gaborone, Botswana)

P 1.066
Differences in teachers and parents’ rating of attention deficit hyperactivity disorder (ADHD) in school-age children
Anthony Olashore (Gaborone, Botswana)

P 1.067
A new picture-book style rating tool is feasible for children with attention deficit hyperactivity disorder to reveal their self-understanding
Minako Ooka (Tokyo, Japan)

P 1.068
Comparison between self- and proxy-reported behaviors in children with attention deficit hyperactivity disorder using a picture-book style tool
Minako Ooka (Tokyo, Japan)

P 1.069
How an ADHD parent support group survey in the Community led to quality Improvement outcomes
Susan Ozer (Stevenage, United Kingdom)

P 1.070
Event-Related Potential and Symptom severity in Children with Attention Deficit Hyperactivity Disorder
Eun Jin Park (Goyang, Republic of Korea)

P 1.071
Comparison of Brain Functional Connectivity between Boys and Girls with ADHD in Korea: Preliminary Study
Eun Jin Park (Goyang, Republic of Korea)

P 1.072
Attempt to assess the prevalence of ADHD symptoms among medicine students of Vilnius University
Mindaugas Petraitissas (Vilnius, Lithuania)

P 1.073
Predictors of Somatic Complaints in Children with ADHD – What Matters?
Xue Wei Wendy Poh (Singapore, Singapore)

P 1.074
A Comparative Study of Risperidone and Aripiprazole in Attention Deficit Hyperactivity Disorder: A Randomized Double-Blind Study
Katayoon Razjouyan (Tehran, Islamic Republic of Iran)

P 1.075
Preschool ADHD and its relationship with attachment
Osman Sabuncuoglu (Istanbul, Turkey)

P 1.076
Managing ADHD in the youth sports activity
Pedro Santos (Coimbra, Portugal)

P 1.077
ADHD treatment at least three years prevents long-term complications
Emel Sarı Gökten (İstanbul, Turkey)

P 1.078
Improving the care of children with ADHD: a South London ADHD pathway model
Rosemary Sedgwick (London, United Kingdom)

P 1.079
A double-blind randomized placebo-controlled trial on 4 to 6-year-olds with attention-deficit/ hyperactivity disorder: Probiotics as adjuvant therapy to Ritalin
Zahra Shahrivar (Tehran, Islamic Republic of Iran)

P 1.080
ADHD is a potential cause of road crashes in Bangladesh
Nusrat Shamima Nur (Dhaka, Bangladesh)

P 1.081
Case series on administering long-acting methylphenidate for attention deficit hyperactivity disorder more than once daily and impact on sleep
Danielle Shaw (Camarillo, USA)
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<td>Atypical visual-scan paths of emotion recognition in young adults with attention-deficit/hyperactivity disorder traits</td>
<td>Eun-Bin Shin (Seoul, Republic of Korea)</td>
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<td>Effects of l-carnitine as an adjunctive therapy in ADHD: A randomized, double-blind, placebo-controlled trial</td>
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<td>A longitudinal evaluation of Positive Illusory Bias (PIB) in young people with Attention Deficit Hyperactivity Disorder (ADHD) and anxiety</td>
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<td>Association of the 5-HTTLPR polymorphism of the serotonin transporter gene and OROS methylphenidate response and side effect</td>
<td>Jungeun Song (Goyang, Republic of Korea)</td>
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<td>Do childhood experiences of abuse predict poorer outcomes among individuals with ADHD?</td>
<td>Mairin Taylor (Onnason, Japan)</td>
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<td>Fangju Tsai (New Taipei City, Taiwan)</td>
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<td>1.088</td>
<td>Using Structural Equation Modeling (SEM) to associate ADHD children’s disruptive symptoms (ODD and aggression) with their parental depression related symptoms</td>
<td>Ruu Fen Tzang (Taipei, Taiwan)</td>
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<td>Pharmacogenetic variables associated in methylphenidate response in ADHD children and adolescents</td>
<td>Maria Vallejo Valdivielso (Pamplona, Spain)</td>
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<td>Clinical and neuropsychological predictors of methylphenidate response in children and adolescents with ADHD: naturalistic follow-up study in a Spanish sample</td>
<td>Maria Vallejo Valdivielso (Pamplona, Spain)</td>
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<td>Psychiatric Comorbidities in Attention Deficit Hyperactive Disorder (ADHD): A Retrospective Clinical chart review</td>
<td>Piyush Verma (Rahtak, India)</td>
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<td>A systematic review of stimulant medication and induced suicidality in youth with ADHD</td>
<td>Karen Wang (Toronto, Canada)</td>
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<td>The Impact of Drug Adherence on Oppositional Defiant Disorder and Conduct Disorder Among Patients with Attention-Deficit Hyperactivity Disorder</td>
<td>Liang-Jen Wang (Kaohsiung city, Taiwan)</td>
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<td>Impact of Shudihuang on Behaviors in Spontaneously Hypertensive Rat model of ADHD</td>
<td>Haixia Yuan (Nanjing, China)</td>
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<td>Prenatal tobacco exposure and the risk of learning and coordination disorders</td>
<td>Bianca Arhenius (Turku, Finland)</td>
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<td>Teachers’ attitudes towards children with learning disabilities; a study from Thailand</td>
<td>Wachiraporn Arunothong (Lampang, Thailand)</td>
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<td>The extent and determinants of parenting stress in parents of children with Intellectual Disability, Specific Learning Disability and Slow Learners</td>
<td>Nitin Anandi Lal (New Delhi, India)</td>
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<td>Stopping over Medication in People with Learning Disabilities in Lancashire Children</td>
<td>Mischa Mockett (Preston, United Kingdom)</td>
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<td>Specific learning disorder: A current update from a developing country</td>
<td>Rajesh Sagar (New Delhi, India)</td>
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<td>Etiological perspective &amp; co-morbidities with SLD</td>
<td>Bichitra Nanda Patra (New Delhi, India)</td>
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Comparison of media exposure and sleep habits among Japanese toddlers attending nursery schools, kindergartens or neither
Fumie Horiuchi (Toon, Japan)

Children sleep symptomatology helps differentiate between frequent childhood pathologies
Paule Philippe (Bastogne, Belgium)

Sleep Disorders in Infants – An analytical study from a follow-up perspective
Leonor Sá Machado (Lisbon, Portugal)

Slow cortical potential neurofeedback training for sleep onset insomnia in children and adolescence
Johanna Thiele (Ulm, Germany)

An indication of corneal transplantation due to obsessive compulsive disorder and tic disorder: A case report
Zeynep Aslan (Istanbul, Turkey)

Behavioral Treatment and Empowerment of Patients and their Carers with Tourette Syndrome
Phyllis Ki Chan (Hong Kong, Hong Kong)

The role of family psychoeducation in the management of tics and tic-related impairment in grade school children
Alla Chistol (Chisinau, Republic of Moldova)

Tics and Related Symptoms in Japanese Preschool Children
Yukiko Kano (Tokyo, Japan)

Case study of exposure with response prevention for tics
Ainoa Mateu Mullor (London, United Kingdom)

The role of neurotrophic factors in pathophysiology of tic disorder
Hakan Öğütlü (Erzurum, Turkey)

Poster session 2
Tuesday 24 July 2018, 13:00-18:30, Poster Area

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P 2.023 – P 2.035 Education, Free Time Activities, Lifestyle of Children and Adolescents
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P 2.044 – P 2.058 Child Abuse, CAN, Bullying, Child Protection
P 2.059 – P 2.065 Infant Mental Health
P 2.066 – P 2.080 Neurology and Child and Adolescent Mental Health
P 2.081 – P 2.088 Parent-Child Relational Problems
P 2.089 – P 2.105 Parenting, Attachment
P 2.106 – P 2.114 Trauma Related Disorders

Consideration of a support program targeting caregivers of children with complication trauma
Hiroko Hanada (Nagasaki city, Japan)

Consideration of a support program targeting caregivers of children with complication trauma
Hiroko Hanada (Nagasaki city, Japan)

Psychiatric Profile Of Adopted Children In Indian Context: A Case Series
Manasa Kaja (Hyderabad, India)

Attachment and emotional expressive suppression predict aggressive and rule-breaking behaviors in institutionalized male adolescents
Stefania Muzi (Genoa, Italy)
Comparison of General Self-efficacy and Psychological Stress Between Foster Parents and Staff Members of Residential Children’s Care Institutions
Masaharu Nagae (Nagasaki, Japan)

Comparative Therapeutic foster care: treat child’s bonds with foster family and his parents in order to favourise his psychological development
Martin Pavelka (Etampes, France)

The concept of developmental lines of Anna Freud’s theory in adopted child with depression
Fifiya Putri (Jakarta, Indonesia)

Adolescents mothers from Valparaíso: Relational risk, parental bonding, and depressive symptoms
Paula Carrascos (Quilpué, Chile)

Postpartum depression and postpartum PostTraumatic Stress Disorder following a C-section: a prospective study
María Azul Forti Buratti (Majadahonda, Spain)

Tunisian version validation of the child-mother attachment perceptions security scale
Naoufel Gaddour (Monastir, Tunisia)

What happens to children of parents addicted to drugs or alcohol?
Magdalena Romanowicz (Rochester, USA)

Importance of attachment: Two cases, attached to different parents and given to their biological parents at the age of four
Bergi Semerci (İstanbul, Turkey)

The mediating role of negative automatic thoughts in the relationship between attachment to mother and internalizing problems in youths
Cristina Vlceanu (Târgu Mureș, Romania)

Sex Differences in QEEG in Adolescents with conduct disorder and psychopathic traits
Ana Calzada Reyes (Havana, Cuba)

Mimicry and emotion recognition in children with conduct problems and Callous-Unemotional traits
Daniela Hartmann (Giessen, Germany)

Emotion regulation and empathy dysfunction in DBD subtypes
Minet De Wied (Utrecht, the Netherlands)

Neurophysiological biomarkers associated with distinct conduct problem subtypes: Taking gender differences into account
Kostas Forti (Nicosia, Cyprus)

What makes the difference? Gaze behavior towards affective facial stimuli in children with conduct problems and callous-unemotional traits and their mothers
Anne Theresa Herr (Giessen, Germany)

Is disorganized attachment a predictor of post-traumatic symptoms in children with Disruptive Behavior Disorders?
Stefania Muzi (Genoa, Italy)

The affect of homeroom teacher’s leadership style and maturity gap on adolescents’ rebellious behaviors
Yu-Han Tseng (Tao-Yuan, Taiwan)

Comparative study of intelligence quotients of Almajiris attending Quranic schools and pupils of public primary schools in Zaria, Northwest Nigeria
Aishatu Abubakar-Abdullateef (Zaria, Nigeria)

On the Zeitgeist of Taiwanese children’s picture books in the 1970’s and 80’s
Chih-Tsai Chen (Taoyuan City, Taiwan)

Is it all about peer pressure? An examination of the influences on adolescent health decision-making
Eugene Lee Davids (Cape Town, South Africa)
The title of abstract is Chronotype distribution among adolescent psychiatric patients and its dependence on character traits
Katarina Dodig-Curkovic (Osijek, Croatia)

The influence of educational violence on the well-being of adolescents: some insights from a teacher & therapist experience
Ariane Gian Kiatibian (Paris, France)

Identity development and well-being in Hungarian adolescents
András Lang (Pécs, Hungary)

Dextromethorphan abuse in child & adolescents in Czech Republic
Jiri Podlipny (Plzen, Czech Republic)

Social Class and the Structuration of Family Routines and Rituals
Svetlana Radovic (Novi Sad, Serbia)

Family functioning and identity development in adolescence
Adrienn Rivnyák (Pécs, Hungary)

Quality of life, emotional intelligence, self-concept and psychological well-being in female students
Hossein Shareh (Sabzevar, Islamic Republic of Iran)

Sleep awake circadian rhythm delayed with growth in Japanese healthy children and adolescents
Seiki Tajima (Tokorozawa, Japan)

Association between school burnout and eating habits in a sample of Swiss adolescents
Marjorie Valls (Lausanne, Switzerland)

The Mediating Role Of Early Maladaptive Schemas in the Relationship of Attachment Styles and Parenting Styles with Psychological Well-Being
Bita Yazdani (Tehran, Islamic Republic of Iran)

Implementation of a family constellation group at child and adolescent CAPS Sapopemba – São Paulo – Brazil
Patricia Helena Alves (Sao Paulo, Brazil)

Family group formation: a task mediated by psychopedagogy in mental health
Patricia Helena Alves (Sao Paulo, Brazil)

How childrens live death in family?
Patrick Ben Soussan (Marseille, France)

Reflective Communication and systemic psychotherapy: a good couple!
Filip Caby (Hamburg, Belgium)

Group Cognitive Behavioural Therapy with family involvement for adolescents with Obsessive-Compulsive Disorder in Singapore
Carine Liew (Singapore, Singapore)

Effectiveness of observing Family Therapy sessions as a teaching tool for resident training in family therapy
Amrita Pannu (Kingston, Canada)

Evaluating practitioner training to improve competencies and organizational practices for engaging fathers in parenting interventions
Vilas Sawrikar (Randwick, Australia)

The role of family participation in children’s psychological assessment at a Brazilian university clinical practice: a case with underserved populations
Cristina Varanda (Santos, Brazil)

Association between Bullying Victimisation and Suicide Risk among Junior Public Secondary School Students in Abeokuta, Ogun State
Sewanu Awhangansi (Abeokuta, Nigeria)

Socio-demographic aspects of sexually abused adolescents: A Cross-sectional Tunisian study
Hela Ayadi (Sfax, Tunisia)

Prevalence of bullying behavior in children presenting to an outpatient tertiary healthcare setting in Pakistan: a cross-sectional prospective study
Humay Baqir (Karachi, Pakistan)
Profil of a sexual child abuse in a child psychiatric sample
Ahlem Belhadj (Tunis, Tunisia)

Development of A Multi-Dimensional Scale to Measure Impact of Trauma on Children with Sexual Abuse (MSCSA): A Pilot Study
Vandana Choudhary (New Delhi, India)

Psychological Trauma Indicators in The Human Figure Drawings of Sexually Abused and Non-Abused Children in India: A Comparative Study
Vandana Choudhary (New Delhi, India)

The prevalence of emotional and physical abuse among adolescent between 11 to 18 years old in Al Ain
Maryam Dr (Al Ain, United Arab Emirates)

Impact of the child-mother attachment in resilience following child maltreatment
Naoufel Gaddour (Monastir, Tunisia)

Consequences of female perpetrated child sexual abuse
Jelena Gerke (Ulm, Germany)

The cognitive effect of childhood trauma in bipolar II disorders in euthymic state
Yi Ting Hsieh (Tainan, Taiwan)

Childhood abuse experiences are associated with emotional regulation and antisocial behavior of children in correctional facilities
Si Young Kim (Chuncheon-city, Republic of Korea)

Self-medicating victimization? Polyvictimization and substance abuse in Finnish adolescents
Sara Launio (Helsinki, Finland)

Help Fight Against Child Sexual Abuse: Prevalence and Prevention
Saima Masoom Ali (Leicester, United Kingdom)

The relationship between childhood sexual abuse with early maladaptive schemas and sexual self-esteem in female prostitutes
Hossein Shareh (Sabzevar, Islamic Republic of Iran)

The psychiatric care of paediatric abuse victims: the challenges
Idriss Terranti (Constantine, Algeria)

And after the Sensory Processing Disorders? – What answers does the DSM 5 have
Cláudia Gomes Cano (Lisboa, Portugal)

How does anxiety interfere in children’s functioning and their parents’ life? Differences based on anxiety level and gender
Iván Fernández-Martínez (Elche, Spain)

Long-term effects of a transdiagnostic intervention in reducing comorbid internalizing problems in a non-clinical sample of Spanish-speaking children
Iván Fernández-Martínez (Elche, Spain)

Factorial structure and reliability of the Spanish version of the Short Mood and Feelings Questionnaire Parent-report version (SMFQ-P)
Iván Fernández-Martínez (Elche, Spain)

HOW ARE YOU NOW? Follow-up study of the cases from 2006 to 2013 of an Infant Mental Health Unit
Catarina Garcia Ribeiro (Lisboa, Portugal)

Infant memory may relate to stressful life events
Gabrielle Lipson (New York, USA)

Household income and parenting practices influence the presence of internalising and externalising behaviours in young Colombian children
Diana Obando (Reading, United Kingdom)

Understanding cognitions behind risk behaviours and Mindfulness as a moderator: Hearing the voices of Adolescents
Sangeeta Bhatia (New Delhi, India)

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Daniela Cardoso (Coimbra, Portugal)
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Rui Ferreira Carvalho (Lisbon, Portugal)

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Tulin Fidan (Eskisehir, Turkey)

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Darja Rojaka (Vilnius, Lithuania)

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Alena Leonova (Tyumen, Russian Federation)

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Therese Mulligan (Auckland, New Zealand)

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Understanding the experience of adolescent brain injury
Therese Mulligan (Auckland, New Zealand)

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Nikolay Negay (Almaty, Kazakhstan)

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Acute pediatric – neuropsychiatric syndrome (PANS): gene mutation behind the clinical symptoms?
Kamile Plėšnytė (Vilnius, Lithuania)

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Gretta Sheridan (Dublin, Ireland)

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Michel Spodenkiewicz (Saint-Pierre, France)

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Features of psychic ontogeny and mental health in preschool children with mild perinatal damage of the nervous system
Alfiya Sultanova (Moscow, Russian Federation)

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Manjula Basavaraju (Hosur Road, Bangalore, India)

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Fatma Charfi (Sidi Daoud, Tunisia)

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Kinga Ferenc (Wrocław, Poland)

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Kata Lénárd (Pécs, Hungary)

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Yuliya Perepravina (Moscow, Russian Federation)

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Hossein Shareh (Sabzevar, Islamic Republic of Iran)

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Noopur Singh (Bengaluru, India)

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Crossover from work-family conflict to parent-parent and parent-child interactions, and child mental health
Andisheh Vahedi (Melbourne, Australia)

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Rym Bourourou (Manouba, Tunisia)

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Phyllis K L Chan (Hong Kong, Hong Kong)
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Risk factors of complicated grief among parentally bereaved children: design and first results from a longitudinal and prospective study
Alexis Revet (Toulouse, France)

Association between Parental Immigration and Post-Traumatic Stress Disorder (PTSD): nationwide population-based case-control study
Sanju Silwal (Turku, Finland)

Training Program for Children’s Mental Health in Disaster-affected Area of the Philippines
Masahide Usami (Ichikawa, Japan)

**Wednesday 25 July 2018, 07:30–13:00, Poster Area**

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An Ethics in Development: Attention-Deficit Hyperactivity Disorder in the Research Context
Leigh Adams Tucker (Cape Town, South Africa)

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Kim Jonas (Cape Town, South Africa)

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The telling romantic story of home
Chi Jen Lee (Chiayi County, Taiwan)

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Addressing the psychiatric needs of youth in transition: A youth community assessment and treatment team (YCATT) pilot service
Reem Ma Shafti (Rochester, USA)

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Walking on the edge: from adolescence to adulthood, from cannabis-induced psychosis to borderline personality disorder – case report
Bojan Pavkovic (Belgrade, Serbia)

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Timothy Van Deusen (West Haven, USA)

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Ashok Abhyankar (Te Awamutu, New Zealand)

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Specificities of the adaptation of the MacArthur-Bates Communicative Development Inventory Words and Sentences to Tunisian dialect
Abir Ben Hamouda (Manouba, Tunisia)

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Internationally Adopted Children – A reflection on the impact in child development
Inês De Oliveira (Lisbon, Portugal)

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Onder Kucuk (Tokat, Turkey)

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Toly Chen (Hsinchu City, Taiwan)  

Evaluation of internet-based cognitive-behavioral psychotherapy in children with obsessive-compulsive disorder (OCD)  
Annette Conzelmann (Tübingen, Germany)  

Smile and Vitamin D  
Narendra Gemawat (Mumbai, India)  

Providing Patients Access to Personalized Health Care Through Accessible Youth-and-Provider-Friendly Technology: A Qualitative Feasibility Study  
Sarosh Khalid-Khan (Kingston, Canada)  

E Health Intervention for Autism  
Tanjir Rashid Soron (Dhaka, Bangladesh)  

Telepsychiatry enabled group parent training intervention for children with attention-deficit/hyperactivity disorder (ADHD): A proof-of-concept study from India  
Ruchita Shah (Chandigarh, India)  

Leveraging Corporate Social Responsibility to Enable Cross Jurisdictional Programming  
David Willia (Toronto, Canada)  

School-based intervention: worth every penny? A cost-effectiveness analysis of the Incredible Years® Teacher Classroom Management programme in primary school children  
Poushali Ganguli (London, United Kingdom)  

An overview of Child and Adolescent Mental Health Services in the Western Cape of South Africa  
Stella Mokitimi (Cape Town, South Africa)  

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Ashok Abhyankar (Te Awamutu, New Zealand)  

Clinical Profile and Comorbidity of Obsessive Compulsive Disorder among Children and Adolescents: a Cross-sectional Observation in Bangladesh  
S M Yasir Arafat (Dhaka, Bangladesh)  

Phenomenology of Obsessive Compulsive Disorder in Children and Adolescents: A Cross-sectional Observation in Bangladesh  
S M Yasir Arafat (Dhaka, Bangladesh)  

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Geon Ho Bahn (Seoul, Republic of Korea)  

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Jonathan Bronstein (Santiago, Chile)  

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Azucena Díez-Suárez (Pamplona, Spain)  

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Hussien Elkholy (Cairo, Egypt)  

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Raden Irawati Ismail (Jawa Barat, Indonesia) |
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Samir Kumar Prahara (Bamban, India) |
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Nimran Kaur (Chandigarh (U.T.), India) |
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Haider Saleem (Karachi, Pakistan) |
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Loay Alrojolah (Beirut, Lebanon)

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Prevalence of anxiety disorders in a Romanian clinical sample of children and adolescents with psychiatric conditions
Anna Boglarka Asztalos (Cluj-Napoca, Romania)

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Addiction to video games and psychiatric comorbidity among a population of Tunisian high school students
Rahma Ben Moussa Kahloul (Monastir, Tunisia)

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Sarah Collinge (Burnley, United Kingdom)

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Neurocognitive performance of pediatric OCD patients after being submitted to first-line treatments
Marina De Marco E Souza (São Paulo, Brazil)

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Narrative therapy for depression and anxiety among children with imprisoned parents, a randomized pilot efficacy trial
Farzad Jalali ( Mashhad, Islamic Republic of Iran)

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A review on social anxiety disorder in child and adolescence
Mafalda Marques (Coimbra, Portugal)

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Young children who do not speak: developing a better understanding of selective mutism and social anxiety disorder
Suneeta Monga (Toronto, Canada)

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Kosuke Okazaki (Kashihara, Japan)

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Serkan Turan (Izmir, Turkey)

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P 6.098 – P 6.111 Substance-Related Issues and Disorders

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The Healing Power of Horses: Equine Facilitated Therapy for Grieving Youth
Lakhbir Jassal (Abbotsford, Canada)

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Mohamed James Koroma (Freetown, Sierra Leone)

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Baseline characteristics and outcome of pediatric-onset psychogenic non-epileptic seizures
Anne Sofie Hansen (Aalborg, Denmark)

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Anorexia nervosa from a symptom to an illness
Olivera Aleksic Hil (Belgrade, Serbia)

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Challenges of Anorexia Nervosa Treatment in Autistic Spectrum Disorder Patients: A Clinical Case
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P 6.006
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Raluca Ilca (Cluj-Napoca, Romania)

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Sarosh Khalid Khan (Kingston, Canada)

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Social Program

Monday 23 July, 18:00–19:30
Welcome Cocktail
Exhibition area, Prague Congress Centre

A brief Get-Together concluding the opening day of the Congress provides a great opportunity to both greet with old friends and build new connections. Pick up your first glass of wine or famous Czech beer, taste the local specials and listen to some traditional Czech music.

Admission: included in Participant’s registration fee
Accompanying person’s admission: 120 EUR (includes also Congress Dinner)

Wednesday 25 July, 20:00–23:00
Congress Dinner
Žofín Palace, Slovanský ostrov, Prague 1

Antonín Dvořák held his first concert here in 1878. Berlioz, Liszt, Tchaikovsky and Wagner appeared in concerts in the palace. Má vlast, a set of six symphonic poems by Bedřich Smetana, was first performed in its entirety in Žofín Palace on 5 November 1882.

Capacity of the venue is limited, make sure to book your seat in time when registering for the Congress.

Admission: not included in Participant’s registration fee
Tickets available through online registration: 99 EUR
Accompanying person’s admission: 120 EUR (includes also Congress Dinner)

Guided Tours

Selection of guided tours of Prague and the major sights in the vicinity is available at special prices to IACAPAP Congress participants.
Premiant City Tour was appointed for IACAPAP 2018 to provide a range of tours at exclusive rates for IACAPAP 2018 participants. For details on the tours as listed below and online booking, check the website – Guided Tours tab under Destination.

Grand City Tour
Grand City Tour + Prague Castle + Charles Bridge
Český Krumlov – UNESCO
Karlovy Vary and Moser Factory
Karštejn Castle
Kutná Hora – UNESCO
Sponsors and Exhibitors
Celebrating Professor Helmut Remschmidt at 80!

As IACAPAP celebrates 80 years, it is a very pleasant coincidence that Professor Helmut Remschmidt also celebrates his 80th birthday in 2018.

My First Meeting with Professor Remschmidt

I first met Professor Remschmidt outside the German Embassy in Lagos, Nigeria. This wasn’t a face-to-face meeting but a meeting over the telephone. I was in a very difficult and desperate situation and needed his urgent intervention. The full story was published in the IACAPAP Bulletin. I had been selected to attend the very first Donald J. Cohen Fellowship program, which was to be held during the 16th IACAPAP Congress in Berlin in 2004. Helmut was President of IACAPAP at that time, Convenor of the Congress and Founder of the Donald Cohen Fellowship Program.

I was delighted about the rare opportunity to travel to Berlin to attend the Congress and immediately tried to obtain a visa. The instructions on the German Embassy’s website were that I was to call the Embassy between 7AM and 8AM to book an appointment for a visa interview. I did this every day for about 2 weeks to no avail and later found out that the German Embassy phone line had been jammed by fraudsters. I had to pay a bribe to be granted an interview appointment. (Interestingly, several Nigerians are unable to attend this year’s Congress in Prague because the phone line to the Czech Embassy in Abuja, Nigeria, which is also jammed and CAMH professionals are unable to get visa interviews). I decided that the bribe option was not for me and went to the German Embassy in person to try and get a direct appointment using the “frequent flyer” option. I did not realise that things were even more complex than the phone option. Determined to get to Berlin, made a 200 kilometer journey by road from Ibadan, where I live, to Lagos. I even had a car accident on the way but I refused to turn back. I continued on to Lagos, found a place to stay the night and arrived at the German Embassy as early as 5AM to join the queue reserved for frequent flyers. The mosquitoes from the open drains around feasted on my poor legs as I remained in the unmoving queue for 5 hours, until 10AM. I noticed other people who arrived later than I did being ushered into the Embassy and I found out that if I paid some money to the heavily armed guards, I would get in. I was not willing to pay this bribe. At about 10AM an announcement was made that those of us in the queue should leave because the maximum number of applicants for the day was achieved. I was shocked and in great distress as I watched my plan to attend the Berlin congress fade before my eyes. Some other people in the queue started a verbal protest as I stood numb and bewildered. Suddenly, I felt a stinging sensation in my eyes,
became breathless and then I saw people running and shouting “tear gas, tear gas”. The security agents at the embassy were spraying us with tear gas and I immediately joined in the sprint away from the embassy to safety. It was unbelievable; I had never experienced tear gas before. This is what I wrote in 2004:

“When I got back to safety, I called Professor Helmut Remschmidt in Germany and explained the situation to him. I must mention that throughout this experience, he was very supportive and did his very best to intervene. I called him from outside the embassy and he reassured and encouraged me to wait. He called to speak to the officials over the phone and sent fax messages, but I was still not allowed into the embassy for an interview. At this point I gave up all hope and decided that Berlin was not meant to be”.

My story had a happy ending, many other things happened and got a visa the day before I was to leave for Berlin. The Congress organized by Helmut was awesome as I wrote in 2004:

“I was touched by so many aspects of the conference, especially meeting so many people from such diverse cultures. And those free bus and U-Bahn rides through Berlin… Many evenings I just hopped on a bus and went round the city”.

The IACAPAP Congress organized by Helmut on 2004 marked my entrance into IACAPAP and in just six momentous years, I was elected the 1st African president of IACAPAP in 2010, at the 19th IACAPAP congress in Beijing, China. I was like a little seed from Africa planted at the Berlin congress. The seed grew into a tree, with lots of branches and fruit and produced other seeds, which have grown into trees throughout the continent of Africa, producing more fruit and seeds and this is a continuous process.

When I learnt about Helmut’s 80th birthday, I wrote to Joe Rey the editor of the IACAPAP Bulletin indicating the desire of so many to celebrate Helmut. Joe immediately asked the Bulletin’s deputy-editor, Maite Ferrin to work with me on this project and I must say, this has been a real learning experience. Maite interviewed several CAMH professionals who have very interesting things to say about Helmut.
In 1975, I was appointed as full professor and director of the Department of Child and Adolescent Psychiatry and Neurology at the Free University of Berlin (Freie Universität Berlin, FU). As I was the founding professor of this institution and as I had to build up the department from zero, I asked the university to finance two journeys to leading centers of child and adolescent psychiatry (CAP) in Europe and in the US. I undertook these journeys in 1976, first in Europe and then in the US and Canada. In Europe, I visited institutions in Switzerland, France, the UK, and Sweden. In Canada and the US, I visited child psychiatric institutions in Toronto, New York, St. Louis/Missouri, San Francisco, and Los Angeles. In St. Louis, Prof. James Anthony was head of the department, and he welcomed my wife and I in a very friendly and supportive way. He asked me to give a talk on child psychiatry in Germany; I was shown around the whole institution and had intensive discussions with his co-workers. Later on, he told me that some of his colleagues had thought that I might be a “spy” from Berlin, as I was interested in every detail. In spite of the fact that I told the colleagues that I came from West-Berlin, they might not have realized that there was a great difference between the communist East-Berlin and the Western part of the city. James Anthony proposed me to IACAPAP and introduced me to the association. At that time, I never would have expected that, many years later, I would become president of IACAPAP and hand out to James Anthony the deed bestowing upon him the IACAPAP honorary presidency. He was over the years a fatherly friend who supported all my activities everywhere. At the official opening of my department in Berlin with an international symposium, I invited James Anthony and he gave an excellent talk. However, at this occasion, he turned up with sneakers and an open shirt as his luggage had been sent to Tel Aviv.

Over the years, I attended, of course, all IACAPAP world congresses and was engaged in several study groups. Three of them were very important for my IACAPAP career: The first in Stockholm in 1980 where I met Kari Schleimer, Per-Anders Rydelius and the “legendary” Gerald Caplan. Gerald Caplan invited me to evaluate his department in Jerusalem, approximately one year after the Stockholm meeting, and this was an extraordinary experience.

The second study group was a visit to China during Colette Chiland’s presidency. On this journey, we had the unique possibility to study the situation of children and families in different regions of China and gave talks at five Chinese universities. We offered our Chinese colleagues a choice of topics from which they could choose. It was interesting that in each place, Lionel Hersov’s lecture on “Single-child families” was chosen.

The third study group was in 1989 and we went to Japan before the 1990 IACAPAP congress in Kyoto during Reimer Jensen’s presidency. Again, we lectured at several universities and always a team of two EC members was put together and sent to the different places. The late Salvador Celia from...
I first met Helmut Remschmidt, when, with Martin Schmidt, he came from Berlin to a conference in London in October 1976. The theme of the conference was ‘Epidemiological Approaches in Child Psychiatry’. He made an outstanding contribution. It was immediately clear that he was set to become a leader in the field. Over the next two decades he became the leading European academic child and adolescent psychiatrist. His capacity to handle complex statistical data set him apart from most of his contemporaries. He established an outstanding academic department in Marburg, but his influence extended well beyond his department and, indeed his country. He then set about improving the training of promising young academic child and adolescent psychiatrists and was responsible for establishing a series of European research workshops at which experienced academics could share their expertise with those new to the field. His outstanding achievements led to his election first as President of the European Society for Child and Adolescent Psychiatry and then as President of IACAPAP. Helmut’s friendly and approachable personality ensured he made many friends all over the world and I feel proud to be counted among those.

Philip Graham (United Kingdom)

Even more so, his outstanding achievements in the field of medicine, and especially in child and adolescent psychiatry are well reflected on the numerous national and international awards that he has received. Just to name a few, the German Order of Merit of the Federal Republic of Germany, the Max Planck Award for International Cooperation, Member of the German Academy of Nature Research “Leopoldina”, Honorary Doctor of the Faculty of Medicine of Würzburg University, Honorary President of the German Society for Child and Adolescent Psychiatry and Psychotherapy, International Scholar of the American Psychiatric Association, and Member and Fellow of the Royal College of Psychiatrists.

Prof Remschmidt’s contribution to the promotion of child and adolescent psychiatry is invaluable. He was one of the precursors of the biological and neuropsychological approach to the field. His capacity to handle complex statistical data set him apart from most of his contemporaries. He established an outstanding academic department in Marburg, but his influence extended well beyond his department and, indeed his country. He then set about improving the training of promising young academic child and adolescent psychiatrists and was responsible for establishing a series of European research workshops at which experienced academics could share their expertise with those new to the field. His outstanding achievements led to his election first as President of the European Society for Child and Adolescent Psychiatry and then as President of IACAPAP. Helmut’s friendly and approachable personality ensured he made many friends all over the world and I feel proud to be counted among those.

Philip Graham (United Kingdom)
Helmut Remschmidt is the consummate academic, scholar and Renaissance man. Professor Remschmidt’s contributions to the child psychiatry literature are classics in erudition and at the same time offer important clinically relevant insights. The impact of his contributions in areas such as psychotherapy and diagnosis are substantial and standout in the child psychiatry literature. In many ways the more impressive part of

The Most Impressive part of Helmut’s Life is the Value He Has Placed on Friendships

Helmut Remschmidt has always emphasized the wonderful support he has received from his family, his colleagues, his students (six of them became full professors and head of different universities), and from all his friends. He has made strong bonds with other colleagues, including Martin Schmidt, Sir Michael Rutter, Philip Graham, Herman van Engeland, James Anthony, Irving Philips, Donald Cohen, Myron Belfer, Colette Chiland, Per-Anders Rydelius, Bruno Falissard, Olayinka Omigbodun, Kari Schleimer, Salvador Celia and Petrus J de Vries. Those who are still with us would like to pay a special tribute to Prof. Dr. Dr. Dr. H.C. Helmut Remschmidt on the occasion of his 80th anniversary.

Andreas Warnke (Germany)
I Feel Lucky Having Him as a Role Model and a Friend

I met Prof. Helmut Remschmidt in late 1990’s when he was the president of ESCAP. He has been the most popular leading figure in the field of child and adolescent psychiatry in Germany, as I have been hearing from my colleagues in his country. During his executive years in ESCAP he published a book, ‘Child and Adolescent Psychiatry in Europe’, which has been the first book looking at the historical development, current situation and future perspectives in European countries. He started the European Research Seminars in association with the Child Foundation in Italy, from which many young people from various European countries benefitted. Helmut also held an executive position in the child and adolescent psychiatry section of World Psychiatric Association (WPA) where he, Myron Belfer and Ahmet Okasha developed a WPA-IACAPAP-WHO collaborative project, “Child Mental Health Atlas”, bringing together data of child mental health from countries all around the world. He served as IACAPAP president for a long time and organized the World Congress of IACAPAP in Berlin in 2004. IACAPAP started a research training program dedicated to his name, Helmut Remschmidt Research Seminars (HRRS), in 2007, which is being held biannually in the regions where the World Congresses of IACAPAP are being organized.

Helmut Remschmidt, as an international leader, has many ongoing contributions to the field by his research and publications, his organizational skills, and by supporting and mentoring younger professionals. Helmut is a great role model for many people both as a hard working child and adolescent psychiatrist, a scientist and as an international scholar. He generously shares his experiences and opinions, give suggestions and has creative solutions to problems. I feel lucky having him as role model and friend, and thankful for the learning experience I had through the years I have been working with him in the IACAPAP executive committee.

Füsun Çuhadaroğlu (Turkey)

More than 1000 Articles in Peer Reviewed Journals and Books

Professor Remschmidt was appointed full Professor in Germany in 1975, when this position gave him a life-long mission. He is one of the last full professors in Germany having such a duty. Helmut Remschmidt is unique as he is a true clinical professor of the ‘old style’ being an excellent clinician, teacher, scientist and mentor of a large number of German professors in child and adolescent psychiatry. I had the opportunity to visit his department and follow him in grand rounds, meeting patients and experiencing the very professional and caring way he treats his patients. Everyone who has heard his excellent presentation of ‘Asperger Syndrome’ has seen both the excellent way he meets with patients and his skills as a teacher. Those of us who have read his textbooks really understand his qualities as a teacher.

He is unique as a scientist with interests in different fields such as genetics, molecular biology, and longitudinal prospective research with a developmental perspective. He has written more than 1000 articles in peer reviewed journals. He has had a number of prestigious awards and national and international commitments, one of which was to be President of IACAPAP 1998-2004, actually one of the very few persons (he and Donald Cohen) having been the President for more than four years.

Per-Anders Rydelius (Sweden)
Nurturing the Professional Development of its Youngest Members, the DJCP and HRRS Programs

The remarkably productive professional trajectory of Helmut Remschmidt has been closely intertwined with that of IACAPAP, an organization that for the past four decades he has supported, nurtured, and presided over. How fitting, then, for Helmut and IACAPAP to both turn 80 this year! As we celebrate their two birthdays at the Prague Congress, I want to bring attention to two names—and two labels—that will make the festivities all the more special.

Helmut became president at a painful time in the history of IACAPAP, taking over its leadership after the untimely passing of Donald J. Cohen in 2001. As we look back, it is worth reflecting not only on Helmut’s strong leadership and many accomplishments during his tenure as president, but to thank him for his loving vision in setting up a program named after his predecessor: the Donald J. Cohen Fellowship Program for International Scholars in Child Mental Health. The DJCP was inaugurated in Helmut’s own homeland, at the Berlin Congress in 2004. Helmut’s many students and friends went on to return the gesture in kind, organizing and rolling out by 2008 the inaugural Helmut Remschmidt Research Seminar (HRRS).

Helmut and Donald were close friends and strong leaders of IACAPAP; their eponymous programs remain vibrant and strong pillars of the organization to this day. By nurturing the professional development of its youngest members, the DJCP and HRRS Programs ensure that the future of IACAPAP will be as strong as its first 80 years. If you happen to see Helmut in Prague, please congratulate him in person; if you don’t, look out for these two labels. I hope that when you identify the Programs’ participants through the blue or gold ribbons in their badges, you will think of the special occasion and meaningful history behind this double birthday: Lieber Helmut, liebe IACAPAP, wir wünschen euch alles Gute zum Geburtstag!

Andrés Martin (United States of America)
Autism Spectrum Disorder
International Consortium (ASDIC)
Moving Towards Sustainable and Quality of Life-Improving Services for Autism in Low and Middle Income Regions

Dejan Stevanovic on behalf of ASDIC
Clinic for Neurology and Psychiatry for Children and Youth Belgrade, Serbia

A condition starting in the very early years of life due to the interplay of genetic, biological and environment factors, autism spectrum disorder (ASD) is common in children across the globe. However, much of what we learn about ASD is coming from high-resource countries and there are very limited data about etiology, clinical picture and treatment from low and middle-income regions. This imbalance has contributed to the development of significant gaps in the provision of adequate and sustainable health-care for ASD. On the one hand, there are a variety of screening instruments, well-designed diagnostic tools, and plenty of interventions which together with research studies and highly trained professionals ensure improved quality of life in children with ASD living in high-resource regions. On the other hand, many countries have access to few screening and diagnostic tools, most of which are not validated and are too expensive. In addition, these tools can only be used by a few, skillful professionals that usually handle large caseloads who, consequently, receive few if any ongoing interventions. Bridging the knowledge and research gaps would only be possible through the cooperation, coordination and networking among researchers and clinicians from different parts of the world.

On 28th March 2018, a kick off meeting was organized and supported by the Ospedale Pediatrico Bambino Gesu in Rome (Italy) to launch the Autism Spectrum Disorder International Consortium (ASDIC). The ASDIC was organized with the goal of enhancing care procedures and research of ASD in low and middle-income regions through the joint action of scientists and clinicians from different vocational and educational backgrounds. ASDIC
aims to provide a more comprehensive knowledge of ASD and to help develop sustainable diagnostic protocols and treatment procedures to be administered globally.

The meeting was attended by Floriana Costanzo (Italy), Valentina Biasone (Italy), Giovanni Valeri (Italy), Stefano Vicari (Italy), Anita Marini (Italy), Francisca Bravo (Chile), Maia Gabunia (Georgia), Noordeen Shoqirat (Jordan), Alejandra Auza (Mexico), Maretha de Jonge (The Netherlands), and Dejan Stevanovic (Serbia). Also included in the Consortium are Tatjana Zorcec (Macedonia), Marta Macedoni Luksic (Slovenia), Pieter Hoekstra and Annelies De Bidt (the Netherlands), Tomislav Franic (Croatia), Rajna Knez (Sweden/Croatia), Herbert Roeyers (Belgium), Mohamed Ali (Sudan), Miguel Castelo Branco (Portugal), and Manuel Posada (Spain).

Initially, the following actions have been proposed:

- ASDIC will function as a group in which all participants are expected to work together in all activities, but there will be specific interest groups and allocated tasks. ASDIC will connect with people and organizations with similar interests towards developing the global network, which will be dynamic and interactive, in order to implement ideas, initiatives and activities effectively.

- The main goals are to:
  1. Explore the most important aspects of ASD screening, diagnosis and treatment in different low and middle-income regions through a survey of practitioners and researchers working in these regions
  2. Organize cross-cultural psychometric studies of available instruments
  3. Evaluate psychotropic medication use in ASD, and
  4. Evaluate ASD and comorbidity in low and middle-income regions.

- ASDIC will focus on recommending and/or developing specific screening procedures and diagnostic instruments. In general, an ASD diagnosing instrument suitable for low and middle-income regions should be free, simple and brief, cross-culturally valid, appropriate for different ages and IQ ranges, and able to characterize different aspects of ASD. Recommended or newly developed tools should be used for ASD assessment combining interviews and observations, should be appropriate for use by different professionals in the multi-disciplinary team and require minimal training. Data collected with these instruments should be freely available.

- ASDIC will also focus on cost-effective interventions, mainly community based interventions, as the primary interest. In general, an ideal range of global interventions for ASD should include from parent education and coaching to high intensity interventions delivered by skillful professionals. The greatest majority of interventions for low and middle-income regions should be of low cost and easily implementable, of ultra-low and low intensity, preferably group-oriented, and delivered by non-professional facilitators. Staff with greater expertise should play a role in developing and supervising lower-level interventions across different local settings.

- ASDIC will closely work with international and national societies and organizations across the world, especially on already available initiatives related to ASD screening, diagnosis and treatment. Some immediate actions taken are presenting the Consortium at international and national meetings and in relevant journals and bulletins, to attract more interested people and societies, and looking for stable funding.
The full text of the monograph "Positive Mental Health, Fighting Stigma and Promoting Resiliency for Children and Adolescents" is available at the website.

To access, click on the image.
**THE 2ND CROATIAN CONGRESS ON CHILDREN AND ADOLESCENTS’ MENTAL HEALTH**

The Congress was held in Zagreb, May 18-19, 2018. The Congress was organized by the Croatian Society for Infant, Child and Adolescent Psychiatry, the Psychiatric Hospital for Children and Adolescents of Zagreb and the Zagreb Child Protection Center for Children and Youth, under the patronage of the President of the Republic of Croatia, Ms Kolinda Grabar Kitarović, Ministry of Health and Ministry for Demography, Family, Youth and Social Policy.

The Croatian Society for Infant, Child and Adolescent Psychiatry was established in 1991, during the war of independence in Croatia, and rapidly joined IACAPAP and ESCAP.

The scientific program of the congress was opened by the Secretary-General and the South Europe Regional Coordinator of IACAPAP Professor Füsun Çetin Çuhadaroğlu (Turkey), with a plenary lecture on mental health policy for children and youth, and by the President Elect of ESCAP, Professor Dimitris Anagnostopoulos (Greece) with a lecture on mental health needs of refugee children and the need for collaborative work - a European perspective. Professor Norbert Skokauskas (Norway), Chair of the Child and Adolescent Section of the WPA focused in his lecture on the future of child and adolescent mental health. Invited speakers from the southeastern European region were

From left: Prof. Marija Burgić Radmanović (Bosnia and Herzegovina), Ass. Prof. Hojka Gregorič Kumperščak (Slovenia), Prof. Norbert Skokauskas (Norway), Professor Füsun Çetin Çuhadaroğlu (Turkey), Milica Pejović Milovančević (Serbia), Prof. Dimitris Anagnostopoulos’s (Greece), Ass. Prof. Vlatka Borčević Maršanić (Croatia) and Jasmina Marković, MD, PhD (Serbia).
Hojka Gregorič Kumperščak (Slovenia), Milica Pejović Milovančević (Serbia), Marija Raleva (FRY of Macedonia), Marija Burgić Radmanović (BiH).

Croatian experts in child and adolescent mental health (Ivana Pavić Šimetin, Marina Ajduković, Miranda Novak, Nada Anić, Andrijana Kovačić, Vlasta Rudan, Dubravka Kocijan Hercigonja, Ivica Šain, Marija Posavec, Ljiljana Tirić Čihoratić, Asja Palinović Cvitanović) delivered inspiring and informative lectures on intersectoral CAMH policy, epidemiology of mental health problems in Croatian youth, impact of socioeconomic deprivation on CAMH in Croatia, CBT in the treatment of mental disorders in youth, dental care in children with autism spectrum disorders, challenges of diagnosing dissociative disorders in children and adolescents, day hospital treatment for children and adolescents in Istra as a result of collaboration of the hospital and local community, education of children and adolescents with mental disorders and support from school doctors to youth with mental health needs.

The experts from the Zagreb Child Protection Center for Children and Youth with their director, Professor Gordana Buljan Flander, held a round table on intersectoral collaboration in cases of abuse and neglect of children and youth, and the adverse consequences of not reporting child maltreatment.

Child and adolescent mental health reform is under way in Croatia with strong commitment of the Ministry of Health and Ministry for Demography, Family, Youth and Social Policy, the Ministry of Education, the Croatian Public Institute of Health, and health institutions throughout the county including implementation of the guidelines of the Twinning Project ensuring optimal health care for people with mental health disorders (CRO MHD).

About 180 professionals from Croatia and the region participated in the congress, which included plenary lectures, symposia, round table discussions, poster sessions and workshops. The Congress provided an opportunity to exchange experiences among experts and clinicians from Croatia and abroad, and to advance knowledge and skills in the field of child and adolescent mental health. It was also a good opportunity to start new cooperative clinical and research initiatives. The interested audience from different backgrounds (health care, education, social welfare) participated actively in discussions from which constructive suggestions and initiatives resulted on how to address challenges of the organization of services, clinical practice and research, but also promotion and preventive activities in the field of CAMH.

The Croatian Society for Infant, Child and Adolescent Psychiatry will continue to work on improving child and adolescent mental health in Croatia in collaboration with professionals from many disciplines involved in care of children and youth.
adversity and gender differences on child development and life course, as well as the range of risk and protective factors associated with the onset and persistence of problems.

Chapters dive deeper into antisocial behaviour (Acquaviva et al), bipolar disorder (Goetz et al), tics and Tourette’s (Eapen et al), anxiety disorders (Koydemir & Essau), medically unexplained symptoms (Rask et al), developmental aspects of infancy and adversities (Hunt & Tomlinson, Berg et al), and the needs of refugee children in Europe (Fegert et al). One section addresses the benefits of targeting interventions, as illustrated by a chapter on pharmacogenomics (Malik et al), and another on the ways in which services can be adapted for specific environments by using telemedicine (Malhotra & Shah). The final section addresses European themes on the development and practice of child and adolescent mental health in Central Europe (Remschmidt et al) and training across the continent (Jacobs et al).

Key Features

- Emphasizes social and environmental influences
- Focuses on early developmental and infancy processes
- Covers a range of illustrative psychiatric disorders and problems
- Addresses the training of child and adolescent psychiatrists across Europe
- Works toward the goal of producing a mental health workforce with internationally recognized competencies
The Non-Communicable Diseases-LIFESPAN Global Mental Health Symposium (http://symposium.konsis.az/) was held in Baku, Azerbaijan, at the Azerbaijan Medical University (AMU) and the National Mental Health Center in Baku on March 26-27, 2018, hosted by the Rector of the AMU and sponsored by the Fogarty International Center (FIC) and National Institute of Mental Health (NIMH) training program at the Boston Children’s Hospital.

The program included keynote presentations by Dr. Kerim Munir, Director/PI of the NCD-LIFESPAN program and an IACAPAP Vice-President, as well as Dr. Gordon Harper, IACAPAP Treasurer. In addition, there were presentations by Dr. Michal Goetz, IACAPAP 2018 Prague Congress Chair, as well as Dr. Norbert Skokauskas, World Psychiatric Association (WPA) Chair of the Section of Child and Adolescent Psychiatry. Dr. Munir is also Chair of the WPA Section on Psychiatry of Intellectual and Developmental Disorders. In many ways this was a FIC/NIH, IACAPAP and WPA collaboration. In addition, there were presentations by collaborating faculty from Istanbul and Ankara, Turkey.

Attendance to the plenary day exceeded our expectations. Highlights of the plenary sessions included presentations by two young child and adolescent psychiatrists from Baku, Drs. Ikram Rustamov and Narmin Guliyeva, who described the timeline of the growth of child and adolescent services in Azerbaijan and announcing the establishment of an inter-disciplinary center of excellence on child and adolescent development. In the best tradition of IACAPAP, the unit includes staff from child and adolescent psychiatry, child psychology, pediatrics and child neurology. A full-day was dedicated to a series of workshops on individual professional development as well as clinical case discussions.

In addition to attendees from Azerbaijan there were sponsored participants from Kazakhstan and Kyrgyz Republic. The plenary audience included 500 registrants. There was simultaneous translation from English to Azerbaijani and Russian. The workshops were held in the National Mental Health Center. Attendance was limited to participants with good knowledge of English and included 50 clinically-oriented trainees and junior faculty in child and adolescent psychiatry, clinical psychology, general psychiatry (with an interest in adolescence), pediatrics, and child neurology. There were also attendees with a background in social work, speech and language pathology, and occupational therapy.

Kerim M. Munir MD, MPH, DSc & Ikram Rustamov MD, PhD
The congress, organized by the Turkish Association of Child and Adolescent Psychiatry (TACAP), was held in Istanbul, Turkey, 9-12 May, 2018. There were about five hundred attendees, including many trainees, young and senior child-adolescent psychiatrists, psychologists, social workers, guidance teachers and lawyers. The theme of the congress was “Being Resilient While Growing Up”.

The congress included 34 panels, 8 keynote lectures, and 7 courses. English and Turkish were the official languages. Presentations were simultaneously translated in the main hall where all the plenary lectures and international presentations took place. Dr. Guilherme Polanczyk, who has made important contributions to psychiatric epidemiology, participated in the congress as a keynote speaker and shared his research findings.

The European Society of Child and Adolescent Psychiatry (ESCAP) held their board meeting and general assembly during the congress and the contribution of board members as speakers made the congress even more attractive. Dr. Stephan Eliez, President of ESCAP, presented his work on “How to Translate Latest Findings in Autism Research to Clinical Practice” in his keynote lecture. President-elect Dr. Dimitris Anagnostopoulos presented ESCAP’s work on “Refugee Children and Adolescents”. “From normal grief to pathological mourning in children and adolescents” by Dr. Jean-Philippe Raynaud; “Guidelines for Managing Eating Disorders” by Dr Maeve Doyle; “Services in Child and Adolescent Psychiatry” by Dr. Milica Pejović Milovančević; “Resilience: From Development to the Profession of Child and Adolescent Psychiatry” by Dr. Füsun Cuhadaroglu; and “From Diagnosis to Treatment of ASD and ADHD in the Light of Recent Developments” by Drs. Nahit Molavalli and Eyüp Ercan were the other lectures of the congress.

A workshop was held by Johannes Hebebrand, editor of the ECAP journal, together with Neslihan Emiroğlu, editor of the Turkish Journal of CAP, on “The Art of Writing a Scientific Article and How to Publish It” in addition to his lecture on “How To Deal With Childhood Obesity”.

Courses were run on forensic child and adolescent psychiatry and pediatric psychopharmacology along with K-SADS training for trainees and T-groups for young professionals.

Results of the “Epidemiological Study of the Child and Adolescent Mental Disorders in Turkey”, performed by the countrywide organization of the Turkish Association, completed solely by voluntary contribution of our colleagues, with a representative sampling and by using K-SADS, were presented by the TACAP Board. The articles discussing the results of this study have already been sent for review to international journals and the one on mood disorders has already been published in The Journal of Affective Disorders.

There were 34 panel discussions on the various dimensions of resilience and other subjects of CAMH and CAP. The program also had 89 oral and 158 poster presentations. Three researches received the Professor Fahrettin Gokay Research Award: Dursun OB et al received the first prize by their “Autism awareness training for primary health care workers in Turkey” study; Ercan ES et al were awarded the second prize for “Epidemiological Study of the Child and Adolescent Mental Disorders in Turkey”; and Temtek S et al received the third prize by “Obesity, psychiatric comorbidity, eating habits and quality of life in ADHD”. Kardas B et al were awarded the Atilla Turgay Research Award by their study on “Investigation of Cranial Functional Magnetic Resonance Neuroimaging in Children and Adolescents with Sluggish Cognitive Tempo and ADHD”.

The Turkish Association of Child and Adolescent Psychiatry had its general assembly during the congress and the new board was elected.

The Turkish Green Crescent, an NGO to protect children and adolescents from addictions, was the major sponsor of the Congress. The Congress Gala Dinner was held at Sepetciler Pavillion belonging to the Turkish Green Crescent. The pavilion is located at the opening of the Golden Horn to Bosphorus. Dating from 1592, this is the only surviving pavilion from the Topkapı Palace’s Outer Yard. At the gala dinner, the Down Syndrome Association “Dance + 1 group” performed a salsa dance show. View of the Bosphorus coupled with the cheerful dances of the teenagers with Down Syndrome created a wonderful ambience embracing us all.

Fusun Cuhadaroglu, Hakan Ogutlu
PUBLISHING IN CAPMH

FAQs

• What are the aims and scope of CAPMH?

Child and Adolescent Psychiatry and Mental Health is an open access, online journal that provides an international platform for rapid and comprehensive scientific communication on child and adolescent mental health across different cultural backgrounds. The journal is aimed at clinicians and researchers focused on improving the knowledge base for the diagnosis, prognosis and treatment of mental health conditions in children and adolescents. In addition, aspects which are still underrepresented in the traditional journals such as neurobiology and neuropsychology of psychiatric disorders in childhood and adolescence or international perspectives on child and adolescent psychiatry are considered as well.

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