

Post 14th International Congress of IACAPAP

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President's Message

This is my first message as the newly elected President of IACAPAP. I am grateful to serve our association in this function for the next four years. It was a pleasure having had the opportunity to be affiliated with this organization since 1978 when I was elected as Assistant Secretary General. Since then I have had many interesting and exciting experiences with many colleagues of the IACAPAP executive committee and other friends in many countries all over the world. These experiences and my own work as head of the department for child and adolescent psychiatry and psychotherapy at the Philipps University of Marburg/Germany will be helpful and important for my future work on behalf of IACAPAP. However this work cannot be done alone and for this reason, I kindly ask all our colleagues and readers of this Bulletin to give me their help and support.

The Stockholm Congress was a wonderful experience, not only from the scientific point of view but also from the excellent possibilities for exchange of information with colleagues from many countries. My deepest appreciation and thanks go to Per-Anders Rydelius, Kari Schleimer and their helpers for their marvelous work.

It was a special event and pleasure to accept in Stockholm as new members of IACAPAP the national societies for child and adolescent psychiatry of Chile, China, Egypt and South Korea. I would like to welcome very cordially the colleagues from these countries in the family of IACAPAP, and I am sure that we will establish a close and effective cooperation.

I also welcome the new members of the IACAPAP executive committee and give my warmest thanks to the members of the nominating committee chaired by Dr. Al Solnit (New Haven) and including Dr. Philipp Jeammet (Paris) and Dr. Salvador Cella (Porto Alegre, Brazil) for their hard and effective work. Finally, I thank the colleagues who have left the executive committee for their support and engagement. A special thanks to our past president, Donald Cohen, who guided IACAPAP with energy and wisdom over a period of six years after his predecessor, the late Irving Philips, had passed away so suddenly.

Let me now turn to our current situation and the future perspectives.

Child mental health professionals are confronted with a tremendous responsibility for infants, children, adolescents, and families in trouble. This is a joint venture, not only for child and adolescent psychiatrists, but also for all the other workers devoted to mental health issues. At the general assembly in Stockholm, criticism was voiced that the so called

allied professions and women were not sufficiently included in the Executive Committee. This will be changed in the near future by inviting two experienced and active women as representatives of the allied professions to join the executive committee. I have already received proposals and I am grateful for them. The bureau will come to a decision by the beginning of next year.

Children and adolescents amount, with variations from country to country, to between 23 and 33 percent of the population in many countries; the rate of psychiatric problems in people up to the age of 18, even in developed countries, is about 13 percent, with less than four percent being treated. But the resources spent for this group of the population which represents the responsible people of tomorrow does not at all correspond to their needs. More has to be done and IACAPAP has to pursue this goal. We are approaching a new century. The one we are leaving behind was called by Ellen Key (1849–1929) the “Century of the Child.” What has been achieved under this headline for children? Indeed, there was great progress regarding a remarkable improvement of children’s health, of their social situation as well as education, family life and general well-being. However, this does not apply to all children and not to all parts of the world. Thousands of children still suffer from hunger, malnutrition, physical and mental disorders, as well as from the sequelae of war, maltreatment, loss, migration, and social transplantation. Many children all over the world still suffer from severe developmental disturbances, brain pathology, physical disorders with psychiatric complications and psychopathological conditions. Even in well developed countries, children with psychiatric disorders and handicaps are still at disadvantage. Health care, research and intervention facilities have to take into account this fact as well as the fundamental change of morbidity. It is one of the main tasks of IACAPAP to find ways to help in these fields by dissemination of relevant information by stimulating research, by establishing international collaborations, by introducing new measures of therapy, rehabilitation and prevention and last, but not least, by training mental health professionals in modern research methodology, diagnostic and therapeutic skills.

On behalf of the European Society for Child and Adolescent Psychiatry (ESCAP), we have recently (June 1998) carried out a research seminar in Heidelberg, Germany which was attended by 26 child psychiatrists from 16 European countries. This seminar was highly successful and it is my plan to extend this activity to an international level, probably in connection with the Venice meetings, which will be continued in agreement with Ernesto Caffo and Donald Cohen. This initiative is based on the conviction that an appropriate and up-to-date research training is the most important precondition for high quality research in the future. And progress for the best understanding of children and families with psychiatric disorders will mainly result from good empirical research. As far as research fields are concerned, we have to include a broad range of approaches from basic sciences to applied research in every day clinical practice. Recent progress in basic sciences as well as in clinical medicine has provided us with new tools for research, as well as for treatment. Molecular genetics, brain imaging techniques, advances in immunology and the development of new medications provide enormous challenges and require new solutions. Many of these fields of research and clinical practice also imply ethical considerations, not only with regard to the work of mental health professionals, but also with regard to the rights of children and their families. IACAPAP has to play an active role in all these areas.

However, we have to devote our initiatives with the same intensity to the development of services tailored to the needs of our clientele. We have to respect cultural and economical differences as well as different traditions in different countries. Though child and adolescent psychiatry is acknowledged now as a medical speciality or subspeciality in many countries of the world, there are still countries where this speciality does not exist at all or exists with a completely insufficient number of specialists.

It is our responsibility to convince governments and decision makers in these countries to

either establish child and adolescent psychiatry or to improve the existing situation. With regard to services, newly established or not, the modern principles of quality assurance should be applied comprising

- 1) Training and continuous education;
- 2) Standardization of diagnostic procedures;
- 3) Standardization of therapeutic measures;
- 4) Documentation [history, diagnoses, interventions]; and 5) Evaluation [effectiveness and efficiency]. Several of these aspects and the situation of services as such are discussed in the recent volume of the IACAPAP Book Series, "Designing Mental Health Services and Systems for Children and Adolescents: A Shrewd Instrument," Brunner/ Maazel, Philadelphia 1998. This book was distributed at the Stockholm Congress.

In close connection with establishment of services, effective and efficient methods of treatment have to be developed integrating a wide spectrum of interventions ranging from medication and other somatic methods to psychotherapy. It is of great importance to evaluate treatment methods with regard to their effectiveness, usefulness and possible side effects and after that, to make them available for the practitioner.

The years ahead will require many activities, and I hope they will be successful and also rewarding for all of us. In the near future, the following activities must be undertaken:

- 1) 11th International ESCAP Congress: September 15–19, 1999.

Of course, this is not a usual activity of IACAPAP, but as there is an overlap for me in the presidency of these two organizations, and as we have already tried during the last years to establish close relations between IACAPAP and ESCAP, it is an important event also for IACAPAP. I will try to organize a meeting of the IACAPAP Executive Committee in Hamburg as Herman van Engeland did in Utrecht during the last Congress. I also would like to have both boards play an active role during the Hamburg meeting. I am trying to get support for the invitation of colleagues from Eastern Europe, and I will be in close contact with Kari Schleimer concerning this matter and have asked her for her support.

- 2) Another important event will be the second congress of the Asian Society (ASCAPAP) to be held in Seoul, Korea on May 6–7, 1999. I will attend this meeting and give a lecture there. At the same time, I will try—as I did in Stockholm—to negotiate with the ASCAPAP board about their meeting so far planned in 2002 as we will also have our next regular IACAPAP meeting in New Delhi in the same year.

- 3) Great efforts of many colleagues will be necessary in order to prepare the meeting in Jerusalem 2000. Some of us had a very good conversation with Joy Osofsky who represented WAIMH in Stockholm and Michael Kalogerakis as the representative of ISAP. I am very optimistic that the three societies (IACAPAP, ISAP and WAIMH) will contribute actively to the Jerusalem meeting, and what we have heard about the organization so far by Sam Tyano, was very promising. I will be in Jerusalem, together with our past president Donald Cohen, in February or March 1999 in order to join the activities in Israel and, of course, to give lectures there.

- 4) Venice Meeting

The next Venice meeting will presumably take place in spring 2000. I am in close contact about this meeting with Donald Cohen and Ernesto Caffo. It is the plan to establish in Venice an international research and training center. We will see what we can do.

- 5) 15th International IACAPAP Congress in New Delhi in 2002.

I was very impressed by the presentation of our Indian colleagues in Stockholm. I know that they are working very hard to prepare an excellent meeting, and I appreciate very much their activities. It will be extremely important to announce this meeting all over the world and to try to get a broad attendance, not only from Asia and Australia, but also from Europe and both Americas. Therefore, we will try to arrange a very interesting program including to a great extent the cultural aspect, as Savita Malhotra has proposed.

6) Application of a group of Canadian colleagues to organize the 16th IACAPAP Congress in Montreal in 2006.

We have had discussions in Stockholm with a group of Canadian colleagues from Montreal University who want to organize the IACAPAP Congress in 2006. I am quite convinced that the possibilities to have such a meeting in Montreal are excellent. We should analyze this proposal very carefully and come to a decision within the next year.

7) Monograph

Jerry Young and Pierre Ferrari have edited an excellent monograph coming out of the first Venice meeting which was distributed in Stockholm. As far as I see, it is the first monograph that really covers the current state of services in the field of child mental health nearly all over the world. I am very much looking forward to the two forthcoming monographs on "Children and War" and "Autism." I hope that these monographs will have great impact not only on the field of child psychiatry, but also on many related fields.

8) IACAPAP Bulletin

Cynthia Pfeffer (New York) and Jocelyn Hattab (Jerusalem) have worked hard and efficiently in regularly publishing our Bulletin. The special issue devoted to the 14th International IACAPAP Congress in Stockholm was excellent, and I want to thank them very cordially. The Bulletin has become an international forum for information exchange and discussion and will be further developed as a major IACAPAP activity for disseminating knowledge and news. With its 15,000 copies, it is one of the most widely distributed child mental health publications in the world.

9) Permanent IACAPAP office and Archive

As discussed in the Executive Committee during the Congress, a permanent IACAPAP office is extremely desirable. In connection with this idea, I propose to establish a IACAPAP archive collecting all relevant historical material, and at the same time, all current documents of importance for IACAPAP.

Let me conclude by expressing my deep appreciation and thanks to all who gave me their help and support. I will need this support, help and friendship for our joint work and for a good future of IACAPAP.

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Editors' Comments

The XIVth Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions held in Stockholm, Sweden from August 2–6, 1998 was the coronation of IACAPAP's activities for the last four years of extensive international collaboration and development of significant programs to enhance the welfare of children and adolescents. This issue of the IACAPAP Bulletin is devoted to presenting highlights of this exceptional Congress. Special thanks is extended on behalf of all member nations to the organizing committee of this Congress, headed by Professors Kari Schleimer and Per-Anders Rydelius. Their post-congress remarks are included in this issue.

An international congress of an association has many purposes. It emphasizes the "Raison d'être" of the association for all member countries whose participating representatives identify and develop goals to set policy, educate professionals and communities, and promote research that will benefit youth and their families. Instrumental in activating the collaboration and support of colleagues around the world was the executive committee lead by our Past-President Dr. Donald Cohen. Four countries, Chile, China, Egypt, and South Korea, were elected to become new IACAPAP members at this XIVth International Congress. Congratulations to them; we are eager to interact actively with the representatives of their national associations. In this respect, important plans were initiated to have IACAPAP related and sponsored meetings during the period between the IACAPAP Congresses which are held once every four years. During the presidency of Dr. Cohen, the executive committee supported the development of the Jerusalem 2000 international meeting, entitled, "The Promised Childhood," to be sponsored by IACAPAP and other associations including the World Association Of Infant Psychiatry, the International Society of Adolescent Psychiatry, and the Israeli Association of Child and Adolescent Psychiatry. We are fortunate that our newly elected IACAPAP President, Professor Helmut Remschmidt, is also the current President of the European Society of Child and Adolescent Psychiatry and in this dual capacity, he will endeavor to enhance collaboration among international member countries and develop new links with potential member countries. A resume of Professor Remschmidt's professional activities is included in this issue as an important introduction to our esteemed leader and colleague who is the Director of the Department of Child and Adolescent Psychiatry at Philipps University in Marburg, Germany. In his first President's Message, he presents some of the past endeavors of IACAPAP that will be maintained and some of the new ideas and issues to be a focus for his presidential years.

Several innovative features were included in this Congress. Notably, there was a very rich exposure to intellectually enriching scientific lectures, panels, discussions information working-group meetings, and dialogues between colleagues from many countries. The executive committee initiated the IACAPAP Scholars Program to sponsor trainees and recently trained professionals to attend our XIV IACAPAP International Congress. Profiles of the seven IACAPAP Scholars are included in this issue. In addition, these Scholars prepared the lead article for this IACAPAP Bulletin to highlight features of the XIVth IACAPAP International Congress. This article points out the profound and diverse issues and challenges in promoting the mental health of children and adolescents. The intellectual structure of the Congress was elegantly augmented by artistically presented themes that enhanced the emotional experiences of the attendees. Special appreciation is offered to Professor Bjorn Wrangsjo and his committee who arranged uniquely memorable music, art, and theatrical renditions of themes related to the psychological and sociocultural experiences of children, adolescents, and their families throughout the world. Professor Wrangsjo presents an article about his impressions of such themes. In this Congress, there was a fortunate opportunity to interact with several past presidents of IACAPAP including Professors Serge Lebovici (President at the 1970 Congress in Jerusalem, Israel), E. James Anthony (President at the 1974 Congress in Philadelphia, PA, USA), Albert J. Solnit (President at the 1978 Congress in Melbourne, Australia), Colette Chiland (President at the 1986 Congress in Paris, France), and Reimer Jensen (President at the 1990 Congress in Kyoto, Japan). Attendees were stimulated by the teaching lecture and video presentation by Professor Serge Lebovici. This is highlighted in articles in this issue of the IACAPAP Bulletin.

Another notable highlight included in this Congress was the publication and distribution of the first issue of The Leadership Series of IACAPAP sponsored books. This book is entitled Designing Mental Health Services and Systems for Children and Adolescents: A Shrewd

Investment. This important volume is edited by Professors J. Gerald Young and Pierre Ferrari. It was developed as a result of the informative Venice International Working Group meeting, organized by IACAPAP and Il Telefono Azzurro under the leadership of Professor Ernesto Caffo of the University of Modena, Italy. This volume brings together a multidisciplinary approach to confronting the difficult concerns about providing essential services for treatment and prevention of maladies of children and adolescents.

We wish to thank all participants who attended the XIVth Congress of IACAPAP in the wonderful city of Stockholm, Sweden for energizing each other, bringing together new ideas, and developing new collaborations. The scientific aspects of this important Congress are highlighted and collected in the book of abstracts, entitled Trauma and Recovery: Care of Children by 21st Century Clinicians.

It is not too early to look to the future when in the next millennium, the XVth Congress of IACAPAP will be held from October 29–November 2, 2002, in New Delhi, India. Finally, this issue of the IACAPAP Bulletin represents an archive of our work and presents an optimistic view of future endeavors that will be undertaken by IACAPAP. In this issue, the new members of the new executive committee are listed. We will highlight profiles of members in future issues. We invite others to submit articles or comments to the Bulletin that illustrate innovative issues important to aiding children, adolescents and their families.

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Trauma and Recovery: Report of the 14th Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions

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Desmond Kaplan, M.D.
Yoav Kohn, M.D.
Robin Randall, M.D.
Lynelle Thomas, M.D.
Gordon Weiss, M.D.
Gil Zalsman, M.D.

Introduction

By air, water and land - from every corner of the globe - we came together in Stockholm, Sweden from August 2 to 6, 1998 to share recent discoveries, thoughts, and questions at

this final IACAPAP Congress of the 20th Century. Years of dedicated planning by the program organizers, Per-Anders Rydelius, M.D., Ph.D., and Kari Schleimer, M.D., Ph.D., culminated with a brilliant array of lectures, symposia, workshops, study-visits and recreational events. The home of the Nobel Prize seemed an ideal setting for the sense of international goodwill and collaboration that pervaded the conference. Not only did the participants from over 60 countries enjoy glorious sunshine (with only occasional short bursts of rain), but the warmth and friendliness of our Swedish hosts was ever present. The scientific program had impressive breadth and depth and demonstrated a consensus surprising for the diversity of participants' cultures and languages.

Opening Ceremony

The glowing faces and pageantry of the Opening Ceremony ushered in a palpable spirit of shared enthusiasm and community. Perhaps this emphasis on our necessarily shared and communal pursuit of international relational partnership was of poignantly shown there by the message of the younger generation to the older. A Stockholm children's choir sang to the delegates in three different languages; the variation in the choir's skin tones, a microcosmic reflection of the diversified global representation within Sweden and IACAPAP in the past decade.

This infusion of intergenerational spirit continued, musically, with the tribute of the vocalist Claes-Hakan Ahnsjo to his father, Sven Ahnsjo, MD - appointed as the first Swedish University Chair in Child and Adolescent Psychiatry at the Karolinska Institut in July of 1958. He transformed Stockholm Fairs' Victoria Hall, if briefly, into a great International Opera House. At the ceremonies' conclusion, two Swedish youth led the conference attendees from the auditorium to the reception, playing their violins as they went. What better way to begin a Congress of Child and Adolescent Psychiatry than to be led to the events of the conference by the musical gifts of the youth?

Dr. Donald Cohen, IACAPAP President, addressed the nearly 1300 attendees to commemorate 60 years of IACAPAP, over sixty nations in attendance and shared commitments of the Congress: "to encourage discussion about training in future decades, collaboration, clarification of controversies and reflection on both the advances and brutalities of the 20th Century as well as a visionary preparation for the world's challenges of the approaching century." Per-Anders Rydelius encouraged all present to sample Swedish- style the ranging "smorgasbord of science" at the conference, while Kari Schleimer led the rollcall of the Nations from newly recognized nations like Macedonia to ancient nations like the Republic of China, both present for the first time at an International IACAPAP Congress.

The Caplan Lecture, Opening Ceremony Sunday, August 2nd

Michele Maury, Professor of Child and Adolescent Psychiatry at the Centre Hospitalier Universitaire in Montpellier, France presented the first lecture of the Congress. In her lecture, Dr. Maury shared her insights from over 20 years of clinical work about the use of a multidisciplinary approach (informed by psychoanalytic theory) in treating hospital newborns at risk (premature neonates, infants with diseases, eating disorders, sleeping disorders, etc.). Dr. Maury stressed the importance, in pediatric psychiatry liaison work, of recognizing the display of infant symptoms as well as the nature of the conflicts between patients, infant and caregiver with attention to their psychodynamic roots: the guilt of the staff suffering from shortcomings in their professional interactions, the external stress behavior of the separated infant, and the alternating anxiety, denial and depression of the caregivers. The techniques offered by Dr. Maury for such conflicts propose ways to develop psychic containers of trust within physical containers and gestures: the medical caregiver's offer of the newborn into parental arms lends security to the relationship between caregivers, as well as the

caregivers self-recognition of success in doing something good.

In addition to the psychic significance of physical interactions between staff, caregiver and infant, Dr. Maury reports the visible relief experienced by caregivers when they are prohibited from sleeping in the room with their hospitalized infant beyond the first week of hospitalization. Though the parent receives assistance from the medical caregiver in the difficulty of parting, the separation provides breathing space for caregiver, infant and staff. Maury's ideas stressed the importance of proper relational mediation of the psychiatrist in the caregiving team - influencing decision makers, both staff and parents - so that they may realize positive interactions independently without guilt and with increased confidence.

IACAPAP Lecture: Monday, August 3rd

Torsten Wiesel, M.D., F.R.S.

The first IACAPAP lecture of the meeting, titled, "Brain Development - Nature and Nurture," by the Nobel Prize winning Professor Torsten Wiesel, was an exciting event for all of the meeting participants. Professor Wiesel, a Swedish-born neuroscientist, shared with us his unique personal history. He described his career trajectory which began with exposure to psychiatry as a child, growing up on the premises of a mental health hospital where his father worked as a psychiatrist. He described his education, medical school and a short training in child psychiatry during the 1950s— when he realized that the psychoanalytically oriented approach was not best suited to his interest in the biological basis of mental disorders. Professor Wiesel then moved to the United States, where he began a series of experiments on the physiology of vision, which led to his receipt of the Nobel Prize for medicine some 17 years ago.

It was a memorable experience for the young residents and fellows in the audience to hear the man who, with his colleagues, was able to make these fascinating discoveries.

Professor Wiesel's talk was a boost of motivation for everyone in the younger generation with an interest in research on the biological processes at the basis of mental phenomena.

IACAPAP Lecture: Tuesday, August 4th

Urie Bronfenbrenner, Ph.D.

Urie Bronfenbrenner spoke with pained conviction about the "Growing Chaos in the Lives of Children, Youth and Families: Consequences and Counterstrategies." Notable among his review of socio-cultural trends in U.S. adolescents is the vast decrease in the percentage that believe that most people can be trusted; it has fallen from 35% to only 15% of adolescents over the last decade. This, in addition to growing homicide rates, rising numbers of youth in prisons, decreasing achievement scores, increasing single parent families, decreasing adult models and mentors, and a widening gap between the rich and the poor. He spoke with obvious conviction and deep concern about these trends, expressing fear that de Toqueville's warnings about the dangers of individualistic democracies becoming "undisciplines" are coming to fruition.

Despite the increasing negative social trends, Dr. Bronfenbrenner proposed the importance of the bio-ecological model of relationship between symbols, objects and people - to break the cycle of destructive chaos with more stabilizing influences. Among the unique needs of humans is the active participation with one or more persons in a "strong, mutual, sometimes irrational attachment for life" - the qualities of exercising commitment and relational risk for others often more inspirationally captured by art and poetry than by science. Dr. Bronfenbrenner also cites the importance of "ping-pong" like reciprocity in relationships; his shared wisdom and concern about the danger of growing social chaos springs visibly from his own poetic well of grandfatherly concern. His concluding remark to the Congress attendees lifts a dutiful challenge to all mental health professionals regarding our professional and personal responsibility in doing our part to help reverse troubling socio-cultural trends: "Ask not for whom the bell tolls; It tolls for thee."

IACAPAP Lecture: Wednesday, August 5th
Sir Michael Rutter, M.D., F.R.S.

The feeling of anticipation in Victoria Hall was palpable as the audience eagerly awaited Sir Michael Rutter's approach to the podium. In her introduction of the celebrated scholar, Dr. Marianne Cederblad likened the necessity of child psychiatrist reading Dr. Rutter's work to that of English children reading the work of Lewis Carroll or Swedish children reading Astrid Lindgren. In his talk, entitled "Resilience versus Vulnerability - which is most important in prevention?," Dr. Rutter demonstrated his talents in synthesizing diverse research into a cohesive argument with important implications for all those in practice working with children and for administrators working in public mental health policy.

He began his talk by stressing the enormous variability in susceptibility and relative resistance to psychosocial adversity. He echoed important messages from other key talks at the conference in his conclusion that resilience is strongly influenced by the dynamic interaction of genetic, temperamental and environmental factors. He stressed that these interactions can have synergistic effects and lead to chain reactions of experience. Similarly, he noted that resilience is affected by both negative experiences and important protective factors and experiences. He pointed out how scapegoating of individuals in families at risk, in particular, can have dire influences on later social functioning.

Dr. Rutter concluded that positive experiences can have healing effects, but that these experiences must compensate for specific risk factors and be continuous over long periods of time throughout development to be influential. These findings suggest that non-specific ultra-brief treatment approaches with children undergoing chronic stresses, so commonly employed in many current mental health care systems, are unlikely to have lasting healing effects, especially when these children remain in adverse environments. More specific strategies aimed at providing ongoing positive experiences and relationships, and eliminating negative experiences are therefore required to truly help these children at risk.

IACAPAP Lecture: Thursday, August 6th
James Gabarino, Ph.D.

James Gabarino, Ph.D., Professor of Human Development and Family Studies and Director of The Family Life Development Center at Cornell University, New York, USA, gave a riveting presentation entitled, "Making Sense of 'Senseless' Youth Violence." He detailed empirical studies and compelling anecdotal reports to support his ever-developing ecobiological model of developmental pathways to youth violence. Dr. Gabarino compared many communities in America's major cities to "war zones," based on children's surveyed and described exposures to lethal violence and assault. He gave disturbing statistical comparisons of international homicide rates for adolescent boys; homicide rates in the United States rose far above those of same-aged males in other countries around the globe. Those for African-American males were astronomical. He wondered with the international audience, "Why American boys and not yours?"

Dr. Gabarino then gave a very succinct and perhaps controversial explanation that this disparity in youth homicide is a direct result of Southern America's unique history of institutionalized slavery. He continued by detailing how the present day social, economic and political legacies of slavery and racism in the US have varied and had profound effects on the inner life of African-American children. Dr. Gabarino stressed that any child's developmental trajectory is influenced by the interplay of biological, social and psychological factors. But he highlighted that these particular children of war-torn urban communities may be viewed as "psychological asthmatics," already sensitized to noxious influences.

When raised in inadequate home environments (characterized by parental maltreatment, exposure to domestic violence, lack of male role models) and a toxic social community

(characterized by economic disparity, easy access to guns, pervasive media violence, a decline of basic trust) - this sensitized male child may become a conduct disordered, spiritually impoverished adolescent who easily resorts to lethal violence.

The prolonged rousing applause following the session spoke of the audience's appreciation of Dr. Gabarino's work and his promise to return to IACAPAP 2000 with followup of his recently initiated violence intervention program "From Bootcamp to Monastery." Dr. Gabarino's intervention aims to provide profound psychological and cognitive transformation necessary to intervene in the psycho- pathological development of violent offenders.

IACAPAP Lecture: Friday, August 7th

Daniel Magnusson, Ph.D.

This year's Bowlby lecture was given by Dr. David Magnusson whose talk, entitled "A Holistic View of Child Development," traced the evolution of the growing field of Developmental Science. Dr. Magnusson began his talk by outlining what it meant to take a holistic view of a phenomenon. He argued that a holistic view is really an old approach that was gaining new life in the field of development. This old approach is now backed by the power of new scientific techniques and understanding. Dr. Magnusson stressed that advances in research, cognitive processing and biological research on the brain, physiology and genetics, coupled with new models for dynamic complex processes and longitudinal research have all come together to make a holistic view of development more possible.

In citing research that connected a girl's age of sexual maturity and alcohol use to long term outcomes in her life, Dr. Magnusson stressed that the organism remains the fundamental unit in that "only the organism remains distinct and identifiable." He went on to argue that a holistic view was vital to future research by providing a framework for studying specific problems. Only a holistic view can provide a common conceptual framework for communication across the multiple disciplines and areas of research investigating the field of development.

Dr. Magnusson stressed, however, that a holistic view does not mean that specific areas of development cannot be studied or that an entire system of an individual has to be studied at all times. He cited research connecting the persistence of criminal behavior in males past the age of eighteen with both hyperactivity and lower adrenaline levels under stress. He used this research to show that a holistic model of development would require investigation into the biological and environmental aspects of these males and the interaction of biology and environment.

Dr. Magnusson ended his talk by stressing that Developmental Science is a natural outcome of a process that is often seen in the sciences. That process is one of specialization leading to integration and then fueling new discoveries. In that way, the field of Developmental Science is an idea whose time has come and a holistic approach is the guiding principle which will bring it to maturity.

The Bowlby lecture is sponsored by the American Academy of Child and Adolescent Psychiatry (AACAP) in remembrance of Dr. John Bowlby and other deceased members of AACAP. Dr. Bowlby was a long time member of both AACAP and IACAPAP. A list of the AACAP members who have died in the past five years was handed out prior to the lecture.

Afternoon Poster Sessions

Over forty nations were represented at the four afternoon poster sessions. These sessions were well attended, provided an important informal forum for discussion, and created an opportunity to meet researchers from around the globe. A broad range of topics was covered including autism, hyperactivity, depression, PTSD, eating disorders, psychotic disorders, suicide, attachment, epidemiology, and psychopharmacology. Around the

psychopharmacology section, there were lively discussions about the use of medications throughout the world. There was a particular interest in the varying availability of psychiatric drugs and varying experiences with efficacy and adverse effects from the same drug in different nations.

Morning and Afternoon Sessions

The afternoon sessions continued to elaborate on the program theme of "trauma and recovery." There were usually 15 simultaneously held sessions - each with a selected chairperson to introduce and moderate each of five to seven speakers. Topics were diverse and ranged from a "UNICEF symposium on children in post-war conditions II," "obsessive compulsive disorder," and "traumatized refugee children," to a "Finnish Japanese workshop on traumas and interventions during infancy."

In addition to clinical overviews of the field's most current knowledge and theories of developmental psychopathology, the presenters provided their audience with aspects of cultural styles, psychosocial stress, ethical dilemmas, diagnostic considerations, and child and family adaptations unique to a particular nation or region of the world. This opportunity for such a breadth of international collaboration was, certainly, a highlight for all of the congress attendees.

One particularly intriguing session was on Autism and PDD which was chaired by Professor Remschmidt. Top scientists of the field presented the state-of-the-art in different aspects of these disorders. Professor Rutter reviewed the current knowledge on the genetics of autism. He expressed his optimism that the discovery of genes that act together to predispose to autism can be expected in the near future. On the other hand, he called for realistic expectations as the discovery of genes would only start a very long process of research that would definitely take years. Only at the end of this process will we be able to enhance our capabilities of understanding the pathophysiology of the disorders, arriving at more precise diagnoses, and providing better treatment.

Dr. George Anderson, from the Yale Child Study Center, reviewed the neurochemical findings in autism which seem complex with far from simple answers for questions regarding the etiology of the disorder. Dr. Schultz, also from Yale, presented a fascinating functional neuroimaging study, which elegantly demonstrates how persons with autism perceive faces in the same brain region where normal controls perceive inanimate objects. Dr. Howlin from the UK reviewed the current knowledge regarding treatment and prognosis. Dr. Howlin spoke on the unproved efficacy of many "fashionable" treatment modalities, which gain access to the media every now and then. She also expressed optimism, by showing how during the decades, probably due to early intensive interventions, autistic children do better, in terms of independence. In his concluding remarks, Dr. Howlin stressed that the prognosis for these individuals is still guarded, and that better treatment options are still needed. Ms. Gerland contributed her own personal experience as a person with autism and called for more consideration of the thoughts and feelings of autistic patients.

Another fascinating symposium on Thursday, August 6th, organized by the Association of Child Psychoanalysis was entitled, "The Other Child: Therapeutic efforts on behalf of siblings of children with severe and disabling congenital anomalies." This session, chaired by Thomas F. Barrett and Ernesto Caffo, comprised two case reports, one by Robin Turner and the other by Beatrice Griffin, both from the USA. Through the presentation of two analyses, the symposium provided wonderful insight into the difficult world of children burdened by developmentally impaired siblings. The association of Psychoanalysis has a vital role to play in the field. One would hope that it be given expanded opportunity to present at the next IACAPAP conference in New Delhi."

Concluding Thoughts

Overall, this Congress served the purpose of bringing professionals in the field from different parts of the world close to each other - sharing and exchanging views and

experiences - overcoming language and cultural barriers to establish new friendships and possibilities for collaboration. For us, the younger generation, this opportunity that we were granted will definitely influence the way we see our profession, our commitment to better understanding and treatment of children, and the importance of international cooperation. When we are called to take over and lead this field, we will undoubtedly cherish the heritage of our teachers shared at the 1998 Stockholm IACAPAP Congress. And on our way on our professional paths, four years from now in 2002, perhaps we will meet some of the same, as well as different, friends at the Fifteenth Annual IACAPAP Congress in New Delhi, India.

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IACAPAP Presidential Lecture: Donald J. Cohen, M.D.

Desmond Kaplan, M.D.

Professor Donald J. Cohen, outgoing President of IACAPAP and Director of the Child Study Center at Yale University, gave his outgoing presidential lecture entitled, "The Self Under Siege: The Biopsychology of Tourette's Syndrome and the Integration of the Mind." For many in the audience, this was yet another opportunity to experience the brilliance, dynamism and warmth of the outgoing President in a wonderfully cogent lecture, rich in content and vision. The choice of Tourette's Syndrome (TS) for the Presidential Address was highly appropriate as the Child Study Center has led the field in the treatment and study of this disorder for almost two decades. Furthermore, Tourette's Syndrome provides an excellent model for the "integration" of the human mind.

Firstly, Professor Cohen acknowledged the contributions of a multidisciplinary group with whom he has worked over the past two decades including Professors James Leckman, Fred Volkmar, David Pauls, George Anderson, Robert King, Bradley Peterson, Jerry Young, and Mark Riddle. The clinical will need a new way of thinking about children and their families, said Professor Cohen, that will integrate psychodynamics and biology to move beyond mind and body. Today, we have an outline of a new clinical epistemology to guide child and adolescent psychiatry into the next century.

Professor Cohen then went on to describe the tic disorders. Tics illuminate the boundaries between voluntary and involuntary, conscious and unconscious, and meaningful and meaningless in mental disorders. As with the work of Gilles de la Tourette, said Professor Cohen, Sigmund Freud's work had launched a new field and a continuing line of investigation of the inner world. Throughout this century, these two traditions—the neurological tradition of Tourette and the psychological one of Freud—had occasionally come into contact. Yet they were mainly divergent and had been hard to integrate. Tourette's Syndrome hovers between the two domains of study. It is sometimes located more in the territory of the brain and sometimes more in the mind. Today, said Professor Cohen, we are able to envision a new integration in the traditions of clinical psychoanalysis and neuroscience, two traditions that provide a complementary perspective on the origins and maintenance of an integrated sense of self.

Continuing, he alluded to the general issues in developmental psychoanalysis (as conceived by Anna Freud), that are raised in trying to understand the relations between inherited vulnerability, the effect of vulnerability on the brain, behavioral development and temperament, and the emergence of symptoms. In clinical work, it was now possible to trace the developmental burdens shaping the child's emerging sense of self, effecting the coherence of his or her inner experience.

Clinicians and researchers now recognize that TS is a familial and genetic disorder, close to the early models of Sigmund and Anna Freud. As the genes and gene products are

clarified, research and care will enter a new phase. We will begin to understand the interactions between genetic endowment and psychosocial context in the emergence of specific symptoms and severity. Elucidation of the genetics of TS will allow for effective preventative and early intervention treatments, as well as therapy of children who are vulnerable or are beginning to experience tic syndromes.

The findings at the Child Study Center at Yale, said Professor Cohen, suggest that the symptoms and course of TS are related to abnormalities in the cortico-striatal-thalamic-cortico pathways (CSTC). These pathways integrate the cortical, frontal regions of the brain with deeper brain structures that subserve emotion, movement and sensory systems. Dysfunctions in these integrative pathways may be related not only to genetic risk factors, but also the interactions between constitution and environment. Early recurrent experiences that might impact on CSTC pathways include the manner in which arousal is modulated by parents, the continuity of caregiving, and the impact of sudden losses and other traumas. Models such as these, which bridge the effects of early experience and biological factors, are beginning to approach the level of complexity that is of interest to child psychoanalysis. They are also amenable to empirical examination.

Professor Cohen then very movingly shepherded us into the fiercely difficult inner world of Abe (a patient of his for the past 18 years) who suffers from Tourette's Syndrome. Most touching was Abe's response after listening to his own case report: both verbal, describing the two tormented clashing bulls in his head, and physical, lifting a fatherly Professor Cohen into the air. In adulthood, said Professor Cohen, many children make a very good adaptation, regardless of the severity of their childhood problems. A motto for clinical care should be to treat the child and not the tics. Very good therapeutic results have been seen with a spectrum of interventions including education of the family, support and guidance, school interventions, individual psychotherapy, cognitive behavioral therapy and the judicious use of medication. All too often development is derailed because of the pursuit of "cure." For example, there were children who received poorly monitored polypharmacy, confusing their bodily state and impairing their sense of autonomy.

Tics, obsessions, and compulsions are breakdowns in the normal organization of experience and behavior, he said. The child experiences and emits disjointed, meaningless fragments of behavior and tries to make sense of an alien experiential world. His self is under siege from inner forces. The therapeutic process for children with these breakdowns is aimed at reconstituting meaningfulness and coherence. Specific therapeutic interventions should occur in the clinical context of the relationship, with fully shared concern and knowledge. Taken together, available interventions are effective for the majority of individuals.

In the past, clinicians as well as philosophers have thought about human development from two perspectives—biology and psychology, and have sometimes felt that these were two separate maps: one for the development of the mind and the other for the development of the brain. Today, he said, we know that clinical care and research can lead to a new epistemology that does not split the mind and the brain, but which remains committed to understanding the child as a whole developing person.

Finally, Professor Cohen thanked IACAPAP's international community of child mental health clinicians and researchers who have worked to create bridges across nations and disciplines. At this moment, he said, we can feel a sense of hope, anticipating that in the next epoch, new methods, new understanding, and new approaches to the delivery of care, will help treat children with the most severe disorders.

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Jerusalem 2000

Dear Friend and Colleague,

You are cordially invited to participate in the Jerusalem 2000 Congress, October 29 through November 3, 2000.

To bring together the best in global and regional psychiatric care for infants, children and adolescents, the three leading organiza-tions of this important field have joined forces: the International Association for Child and Adolescent Psychiatry and Allied Professions— IACAPAP; the World Association of Infant Mental Health—WAIMH; and the International Society of Adolescent Psychiatry—ISAP.

The Congress is planned to be an international focal point in the millennium and will attract participants from many disciplines. The intention is to present at the Congress the “Declaration of Jerusalem” which will refer to children’s rights and responsibilities.

The Congress will attempt to address the scientific advances made in the understanding of normal and abnormal child and adolescent development during the 20th century. Furthermore, the goal will be to set the directions for the next one hundred years, integrating psychological, educational, biological and sociological approaches to our young but maturing field of endeavor.

The Organizing Committee, along with the entire Israeli community of Psychiatry and Allied Professions, is making every effort to ensure a scientifically rewarding and intellectually stimulating Congress and, at the same time, to make your visit to Jerusalem both pleasant and memorable. We feel sure that the unique setting of Jerusalem—spiritual center of three great religions and a city of magnificent sites—will provide the appropriate milieu for achieving both of these aims.

We look forward to receiving your preliminary expression of interest on the form on the back of this leaflet, as well as for your eventual participation.

Sincerely,

A. Apter
Chairman Scientific Committee

D. J. Cohen
Chairman, International Advisory Board

S. Tyano
Chairman

The Promised Childhood

The basic theme of the Congress deals with all aspects of infant, child and adolescent developmental needs for the next decades:

The Scientific Program will include:

Plenary lectures, symposia and workshops, poster sessions, satellite symposia, "Meet the Authors," and "Around a Topic" open sessions.

Round Table

Childhood in Respective Countries. Children and adolescents will co-chair relevant symposia and workshops.

Among Other Topics:

- Developmental Psychopathology
- Brain Research and Neuro Sciences, Imaging, Molecular Bio-Chemistry, Applications in psychopharmacology and Psycho-Social Approaches
- Genetics
- The Child, The Family and Their Society
- Protective and Risk Factors
- Self Enhancement and Self Destruction
- Traumatization and Post Trauma (PTSD)
- New Nosographical Systems — Their Relevance in Service Delivery
- All topics dealt with in Infancy, Childhood and Adolescence.

Satellite Symposia

- International Meeting of Children Ombudsmen
- International Adoption
- Children in Mass Media
- Psycho-Analysis
- Education
- Minor Migration
- Pediatrics
- The Child and The Law

Participants will be asked to sign the "Jerusalem Declaration of Children's Rights and Duties" to be published during the Congress. Professional visits will be offered.

The 15th International Congress of IACAPAP

New Delhi, India, October 29 - November 2, 2002

The 14th International Congress of IACAPAP that took place on August 2–6 in Stockholm, Sweden was one of those special and rare events in which nothing went wrong. Such was the perfection of planning and organizing. All credit goes to Per-Anders Rydelius, Kari Schleimer and their team.

This was a great opportunity to meet and listen to the scholars, clinicians, and researchers in child and adolescent psychiatry in the world, some of whom ranked at the "top" position; to learn about varying levels of development in child psychiatry in different parts of the world which range from being an independent academic discipline for nearly a century to a virtual non-entity; to know something about the state of children around the world indicating striking similarities and contrasts; and, of course, to renew the old and make new friendships.

IACAPAP is a wonderful organization which is global in character, comprehensive in its objectives, integrative in approach, and futuristic in vision. The Indian Association for Child and Adolescent Mental Health (IACAM), a young body itself and a new member of IACAPAP, is treading slowly towards making a bigger contribution to IACAPAP activities. IACAM will host the 15th International Congress of IACAPAP in New Delhi on October 29–November 2, 2002. It is the first time that this Congress will be held in a developing country, several of which inhabit the majority of the world's children.

Our understanding of childhood psychiatric disorders, the basic theories that guide the practice of child and adolescent psychiatry, and insights cannot be complete if this majority

of children are not taken into account. This would be an opportunity to focus on the global perspectives in child and adolescent mental health.

Coming to India, as it is different from the other known parts of the world, must raise certain questions and doubts in the minds of members and prospective participants to the Congress. The dates of the Congress in India are different from the usual calendar of IACAPAP congresses, necessitated by the concern for climatic conditions. Weather at the end of October and early November in north India is very pleasant. So October 29–November 2 in New Delhi is the best time of the year and it will be so in 2002.

New Delhi is a modern city like any other cosmopolitan city in the world, with all the infrastructure available for comfortable living. It also provides good connections with other parts of the country where “true” India exists with its variety of cultures, monuments and temples, historical and philosophical traditions, and so on. No matter if India is listed as “poor” by modern standards of economy; its people are “rich” of heart. The warmth and hospitality, human touch and sensitivity, care and sacrifice are the guiding values, particularly so in the host for the guest. Each delegate will be our honored guest. Let thinking about India be the beginning of the journey to India. We shall be happy to help you decide, plan, and make the trip easier, comfortable and fulfilling.

On behalf of the Indian Association for Child and Adolescent Mental Health, and on my own behalf, I extend a very warm and cordial invitation to you to the 15th International Congress of IACAPAP in New Delhi, India, October 29–November 2, 2002. Book the dates in your diary and pass on your questions to us at the following addresses:

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Dr. Savita Malhotra

Chairperson, Organizing Committee

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Tel: +91 172 541467-9, 54032-9, ext. 247, 521

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Email: medinst@pgi.chd.nio.in

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Email: savita@chl.dot.net.in

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A Teaching Seminar with Serge Lebovici, M.D.

Gordon Weiss, M.D.

One of the special highlights of the 14th IACAPAP Congress was a session on evaluation of infant psychopathology featuring a discussion by Professor Serge Lebovici, currently an honorary President of IACAPAP and former President of the seventh Congress held in Jerusalem. In keeping with the theme of the seventh Congress, Professor Lebovici's presentation focused on “the child and his family.”

Professor Lebovici began the session with a videotape entitled, “At the Dawn of Life.” The tape featured an evaluation of an eight-day-old infant and her parents conducted by the

professor. This family suffered a severe trauma and loss when their first child had drowned as a toddler. They subsequently had great difficulty bonding with their new baby girl.

The tape provided a unique opportunity to witness Professor Lebovici's particular style of interviewing a family, described by one of his students as "lively." A discussion with students and professionals from different schools of thought captured Lebovici as a dynamic teacher who does not shy away from a challenging point of view. He discussed the importance of having the entire family, including the infant, present for the evaluation and other salient issues of technique. There were several questions raised concerning how Professor Lebovici arrived at a basic understanding of the underlying issues in this case so rapidly and with such confidence. He explained that he used his intuition guided by the parents' words and behaviors to make important interventions throughout the evaluation. By describing a parable about an old musical conductor and his apprentice, he illustrated how he hoped to transmit his will onto young trainees who can carry forth his ideas and techniques. It is evident that his students are truly lucky to become part of his legacy.

The videotape viewing was followed by a lively discussion of both the case presented and psychotherapeutic technique in general. The entire series of videotapes, "At the Dawn of Life," an accompanying book, and CD-ROM are available by contacting Starfilm International in Paris at (33) 1 40 26 11 60.



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Afterthoughts about the 14th International Congress of IACAPAP

Kari Schleimer, M.D., Ph.D.

Being one of the organizers, the chairperson of the Arrangements Committee, I would like to summarize my thoughts after this big event—in preparation for four years and fulfilled in just 4.5 days!

After a lovely 13th Congress in San Francisco, with all events going on in one big hotel and a most exclusive congress party in a very special museum of arts, we Swedes participating there thought we would never be able to achieve anything like this. But then, every country has to prepare an international congress in its own way with the facilities being typical for that country, so — we did it our way with the help of many colleagues working within child mental health care, being full of ideas how to do it and what to offer to people coming from all over the world.

The Congress hosted 1324 participants from 63 different nations; 166 were accompanying persons. The venue was the Stockholm International Fairs in the southernmost part of the town, most easily reached by commuter train in about eight minutes from downtown.

We, the local organizing committee (LOC), wanted to implement the congress together with children and adolescents— those we care about and speak about during our meetings. So, with the help of one person in the LOC with a large network of families and children, interested in aesthetic activities like singing, dancing, painting, etc., we could arrange some very special features commonly not met with at a congress like this. Björn Wrangsjö has contributed himself to the Bulletin with an article about these emotional events. Besides, congress participants could get experiences of art, dance, music and relaxation guided by professionals of these disciplines. I hope many of the congress delegates took their chance to get new experiences!

The opening ceremony was on the first day, Sunday, to allow all congress participants to meet in a less official way in an atmosphere of festivities and to let the scientific program start directly the day after. The Congress stood under the patronage of Her Majesty, Queen Silvia of Sweden, who, sorry to say, could not attend due to the holiday of the Royal Family at that time of the year. One item at the opening ceremony was a performance given by

Claes-Hakan Ahnsjö, Kammersanger at the Bayerische Staatsoper in Munich, Germany. Claes-Hakan is the son of Sven Ahnsjö, the very first professor of child and adolescent psychiatry in Sweden.

When planning the scientific program, we wanted all the delegates to assemble first thing in the morning without having other lectures or presentations to think of or have them intervene. We, therefore, had four well-known IACAPAP lecturers to start each day as an introduction to the theme of that day. I think this was a good idea to make everyone feel part of the Congress, since one could meet all the others and could be seen as a participant. Later on, people dispersed in all directions, as usual. These four main lectures were introduced by very special small and short scenes with children, alluding to the theme of the lecture. It made people get into the right mood, open their minds, and was much appreciated.

To help delegates find their way and give all sorts of information, we had organized a group, called "The Crew," consisting of about 30 staff members from different vocational groups working within child mental health care in Stockholm, both clinics and outpatient units. They did a wonderful job, were seen well in their yellow T-shirts with the IACAPAP logo, helped with hanging posters, arranging slides, finding people, etc.

When thinking of the social program, starting with a get-together party at the Congress venue, followed by a very generous reception at the Stockholm City Hall (invitation by the City of Stockholm and The Stockholm County Council) and optional events like a tour to the Vasa Museum and the Congress Dinner, I have a feeling all delegates joined in these events in high spirits and thus contributed to them being well remembered. At the Congress Dinner, there was singing by small groups, presenting their national well known songs—maybe influenced by the Swedes, who started it. And there was dancing to live music, appreciated by many participants.

It was hard work arranging an international scientific meeting like this. However, through innumerable committee meetings, you go to know interesting and nice people you wouldn't have met otherwise! The LOC consisted of 21 people, most of them working actively with given tasks to make the scientific part as well as the arrangements work well. We got very good help from the Stockholm Convention Bureau, our prominent organizer, without whom we would not have managed to arrange a meeting of this size.

So, in our Swedish memories, this Fourteenth IACAPAP Congress will stay forever. I hope that the delegates from other parts of the world will remember it as well—maybe being the congress where children were included in the program, were seen and listened to, giving us all a special sensation when turning to the scientific presentations.



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A Teaching Seminar with Serge Lebovici, M.D.

Robin Randall, M.D.

This year we were lucky to have Dr. Serge Lebovici conduct a video presentation and discussion on infant-mother relations. Dr. Lebovici is a well known French psychoanalyst and former past president of IACAPAP. His importance to the field was well demonstrated by the respect and admiration shown him at this well attended presentation.

The video was drawn from Dr. Lebovici's training series entitled, "Element of Baby Psychopathology." The video presentation consisted initially of Dr. Lebovici working with a 20-day-old infant and her parents. The infant had not been sleeping. The parents had difficulty relating to their child due to prior experiences with an older child. The video then showed Dr. Lebovici discussing the case with trainees and clarifying his ideas and intuition regarding the family's difficulties. The video then ended with Dr. Lebovici receiving feedback

and criticism from colleagues on his teaching and training methods. This in one brilliant video, Dr. Lebovici modeled for us not only outstanding clinical skills and exemplary supervisory skills but also the need to be open to criticism and feedback.

After the presentation, Dr. Lebovici took questions from the audience and further shared his thoughts and experiences on infant-mother relations. Audience participants noted that his methods were both time efficient and long lasting in their effects.

Dr. Lebovici's video presentation along with a companion book and CD-ROM can be obtained by contacting Alain Casanova and Monique Saladin at:
Collection "At the Dawn of Life,"

Starfilm International, 91 rue St. Honore, 75001 Paris. Phone (33) 1 40 26 11 60.

Email: aube_de_la_vie@cnam.fr.

Internet: <http://lion.cnam.fr/aube>.

At the time of this printing, the video is subtitled in English but the book is only available in French.



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Profile of IACAPAP President Helmut E. Remschmidt, M.D., Ph.D.

Dr. Remschmidt is Professor and Director of the Department of Child and Adolescent Psychiatry, Philipps University, Marburg, Germany. He studied in medicine, psychology, and philosophy at the Universities of Erlangen, Germany, Vienna, Austria, and Tübingen, Germany. He majored in medical psychology (*venia legendi*) in 1971. He was head of the Department and Professor of Child and Adolescent Psychiatry and Neurology at the Freie Universität in Berlin from 1975 to 1980 when he became the Head of the Department of Child and Adolescent Psychiatry at Philipps University in Marburg. In 1982–1996, Dr. Remschmidt was the Managing Director of the Neuroscience Center at the University of Marburg.

Dr. Remschmidt received in 1990 the Hermann-Simon Award for Outstanding Research in Social Psychiatry. He received the following other awards: Christine-Barz Award for scientific research in eating disorders (1994), Ernst von-Bergmann Medal of the German General Medical Council (1996). He is a member of many societies and associations. Among them, Dr. Remschmidt is an International Scholar of the American Psychiatrists Association and a member of the Royal College of Psychiatrists. He was the Dean of the Medical Faculty of the Philipps University at Marburg (1985–1997). Since 1995, he is the President of the European Society for Child and Adolescent Psychiatry (ESCAP). He is currently the Honorary President of the Spanish Society for Child and Adolescent Psychiatry.

Dr. Remschmidt has many research activities in areas of developmental psychopathology, schizophrenia, eating disorders, psychiatric genetics, therapy and evaluation. He is the author of more than 500 articles in scientific journals and is the editor and co-editor of several journals including the German Journal of Child and Adolescent Psychiatry and Psychotherapy, European Journal of Child and Adolescent Psychiatry, and the German Medical Journal.

He has been affiliated with IACAPAP since 1978 when he served as Assistant Secretary General (1978–1982), Vice President (1982–1990), and Counselor since 1994.



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Emotional Representatives at the 14th Congress of IACAPAP

Björn Wrangsjö, M.D., Ph.D.

Member of Local Organizing Committee

The 14th World Congress in Stockholm has just ended. It contained some special features which are unusual in scientific congresses. Children and adolescents were brought in, performing music, art and dancing, not only at the opening and closing sessions—which may be common—but also more continuously.

In the entrance hall close to the main plenary hall, children and adolescents, in the breaks between sessions and in lunch pauses, sang, played various instruments, danced conventional ballet and break dances. The audience seemed to be vitalized and softened by the presence of these youngsters (from two to 18 years old).

In the “experience rooms,” congress participants could participate in music group or dance improvisations or paint, supported and guided by expressive arts therapists.

Perhaps the most unusual happening was small scenes with children, dramatizing some core aspect of the plenary lecture. These scenes were 30–60 seconds long and occurred after the plenary speaker had been presented, but before he or she started. These so-called “emotional events” were appreciated by the audience. Let me share the thoughts behind these unusual features in the congress.

I, as a member of the local organizing committee, was entrusted the task of summarizing the congress as a part of the closing ceremony. That made me reflect on the congress as a total event. My own experience from congresses in general is that there is much intake of information but often too little space to express your feelings about what is going on. My work as a child psychiatrist and psychoanalyst had given me a deep respect for the congress theme, “Trauma and Recovery.” I also knew from writing about the developments of psychotherapists, that people working within the mental professions often have backgrounds not too different from that of their clients. Taking in and reflecting on the congress theme would pose an emotional challenge to many of us, and I thought of what could facilitate that process. Trauma means disruption, discontinuity, hopelessness and leakage of energy and vitality in the psyche. How could that be counteracted in the congress structure? By creating vitalizing events, holding continuities and opportunities for self expression. My work as a music therapist in later years had given me a deep belief in the potential of the arts. In cooperation with the network for creative arts and non-verbal therapies in child and adolescent psychiatry in Stockholm, the project became more concrete. Bringing in children and adolescents, painting, dancing, singing, playing on a stage, which the congress participants could choose to watch (and choose not to watch), I hoped would bring in vitality and a feeling of hope. Close to that stage was a huge wall covered with paper 6 x 2.5 meters on which all participants in the congress, including crew, congress bureau staff, and visiting children and adolescents, could make their contribution to the Congress Painting. In the “experience rooms,” congress participants could make experiences and express themselves in group music or dance improvisations; they could paint or relax to music. The emotional events in the plenary session grow out of the ideas of trying to lay a “right brain cord in the bottom, on top of which the left brain music of the paper presentation could be played.” Let me give you an example.

Professor Torsten Wiesel, awarded the Nobel prize in 1981, gave a presentation with the heading, “Nature and Nurture,” talking about the development of the visual system. After he was introduced, before he started his presentation, in the dark, from each side of the stage, a mother and a daughter started an improvised voice duet. At the same time, a slide was shown with a father and an infant looking into each other’s eyes with a deep expression of joy, openness and mutual belonging. The mother and daughter approached each other, stayed for a moment face to face, passed each other and disappeared. The whole event took about 60 seconds. The emotional events in the other five plenary sessions were

playing out the same concept.

In the closing ceremony, in my summary I used the slides from the “emotional events” in the plenary sessions to “accompany” my verbal presentation. We were lucky to find that the concept worked out and that what we had to offer was well received. I will finish this presentation by summing up my thoughts about why it worked—which was not at all self evident from the beginning:

- the openness, flexibility and generosity from the audience, not least including the plenary presenters, to take in something new
- even if the performing children and adolescents were not professionals, each performance was under the guidance of professionals in the fields of art, dance, music or drama
- concerning the “emotional events,” that they were long enough to give the audience an experience and an idea how what happened related to the theme of the presentation, but short enough not to disrupt the connection between the introduction of the speaker and his or her talk or distract the speaker too much

If not properly timed, the emotions stirred up by the “emotional event” would more have been irritation, a sense of frustration and disruption instead of an opening up to the theme that was going to be presented.

Even if the idea of bringing in children and adolescents, the different arts and creating microscopic “emotional events” in the context of scientific presentation, was triggered by the theme of “Trauma and Recover,” parts of the concept might be brought in to add to the richness of the experience of a congress in the mental health field, whatever theme is under consideration.



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A Comment from Past President Albert Solint, M.D.

Each IACAPAP Congress reflects the growth and development of the international efforts to advance scientific and clinical knowledge and its application to the well-being of infants, children, and adolescents throughout the world. The 1998 Stockholm Congress was outstanding in capturing the advancing efforts in all the continents which support this vital growth and development, and in addressing the obstacles that confront us. Searching to achieve a dynamic balance that will prepare us for the next phase of our development, the Stockholm Congress brought in to view the clinical exchange of how nature and nurture interact.

The IACAPAP volume associated with the 14th International Congress, “Designing Mental Health Services and Systems for Children and Adolescents,” prepared by our astute editors, J. Gerald Young and Pierre Ferrari, with scholars throughout the world, gives voice to our present and future challenges and conflicts between best practices (based on best knowledge) and issues concerned with economic searchlights and anxieties.

As demonstrated in this volume and at our Stockholm Congress, we can work to achieve creative compromises as we seek the proportionate, competent representation of geographic, cultural, gender and disciplinary perspectives. In turn, this will lead us to our Jerusalem 2000 and Delhi 2002 meetings. Reflection and planning in 1998 are assurances that our growth and development will move into the future with the knowledge and dedication that will support the desperate need to improve priorities for infants, children and adolescents throughout the world.

Profiles of IACAPAP Scholars

Jon Boone is a second year medical student at the Yale School of Medicine in New Haven, Connecticut, USA. At this early point in his medical training, he has a pronounced interest in child psychiatry—specifically in the mental health challenges of orphan and refugee children as well as the influence of cultural and religious factors in moral development and reaction to trauma.

Jon spent two years teaching conversational English to students in the Republic of Moldova with the USPeace Corps while also learning about the impoverished environmental conditions of several Moldovan orphanages. After service in the Peace Corps, Jon studied theology for two years at Yale Divinity School, receiving a Masters in Divinity in May of 1998 and focusing his studies in the psychology of religion and the inter-relationships among world religions. Jon is currently working with Dr. Linda Mayes at the Yale Child Study Center, studying the impact of pre-natal cocaine exposure on the self-regulatory capacities of 30- and 42-month old children.

Desmond Kaplan, M.D., completed his medical degree at the University of Cape Town in South Africa. He then emigrated to Israel where he trained in Child and Adolescent Psychiatry mentored by Dr. Alan Apter. During his residency at Geha Psychiatric Hospital, directed by Professor Sam Tyrano, he developed an interest in Developmental Disabilities and decided to further his training in the United States at the Kennedy Krieger Institute for developmental disabilities (mentored by Drs. Allan Reiss and Carl Feinstein) and Johns Hopkins Medical Institutions (mentored by Dr. Mark Riddle).

After the completion of a two year research and clinical post-doctoral fellowship, Desmond was appointed an Assistant Professor in the department of Psychiatry at the Johns Hopkins University School of Medicine, and to the staff at the Kennedy Krieger Institute. Recently, he was awarded a two year research grant from The Third Generation Klingenstein Foundation entitled, "Depression Among Children and Adolescents with Cerebral Palsy." He will also be working with Dr. Mark Riddle on psychopharmacological trials and as a co-investigator with Dr. Wendy Kates on an autism neuroimaging twin study funded by NAAR.

Important influences on Desmond's career have been a sibling who suffers from cerebral palsy, a childhood and adolescence in apartheid South Africa, and the wonderful mentors listed above. He would also like to thank Dr. Donald Cohen who has provided consistent and inspiring mentorship over the past two years. Desmond has a strong interest in mental health in the Middle East and the "new" South Africa. A hobby is the dramatic arts (with a B.A. in Directing from Tel Aviv University). He is married to Sarit, a resident in Prosthodontics at the Maryland School of Dentistry, and they have two ("wonderful") children, Dean (5-1/2) and Shir (3-1/2).

Yoav Kohn, M.D., is a fourth year resident in general psychiatry at Hadassah University Hospital, Jerusalem. His intention is to start a child psychiatry fellowship after completing training next year. His attraction to the field began long ago with interest in the body-mind questions. Yoav went to medical school knowing that he would go on to train in psychiatry. This seemed the best way to experience both treatment and research in psychobiology. Child psychiatry is of special interest to Yoav as it offers a unique opportunity to study these issues as they unfold from conception to adulthood. Among these subjects, he is most interested in the genetics of mental disorder as a means of understanding their etiology and pathophysiology, and for improving diagnosis and treatment.

During training, Yoav was able to spend time at the Yale Child Study Center with Professors Donald Cohen and David Pauls. This allowed him to study research methods in

psychiatric genetics and apply them to the study of Tourette Syndrome. Since his return to Israel, Yoav uses these methods to study the question of schizophrenic and bipolar disorder in that country.

Robin Randall, M.D., grew up in New Orleans, Louisiana, and attended college at Emory University in Atlanta, Georgia. He returned to New Orleans and obtained a dual M.D./M.P.H. degree at the Tulane School of Medicine and the Tulane School of Public Health in a four year combined degree program. He completed a four year general psychiatry residency at the University of California at San Francisco and stayed on to do a two year child and adolescent fellowship. Dr. Randall is currently in his last year of fellowship. He has varied interests in psychiatry including cross cultural psychiatry and public psychiatry. In addition to being a member of AACAP, he is also a member of the American Psychiatric Association and the Black Psychiatrist of America.

Lynell Thomas, M.D., is a board certified pediatrician. After completing her pediatric training at the University of Chicago in 1992, she worked for several years in community-based clinics in Chicago, Illinois. She then moved to New Haven, CT to complete General Psychiatry training and a Child and Adolescent Psychiatry Fellowship at Yale University School of Medicine. Lynelle remains at the Yale Child Study Center where she has just begun an NIMH-Merck sponsored post-doctoral research training program. Under the mentorship of Dr. Mary Schwab-Stone, Lynelle will continue to develop her research interests in the initiation and evaluation of primary prevention strategies for health-related social problems that affect inner city youth—most specifically, violence.

Gordon Weiss, M.D., was born and raised an only child in Brooklyn, New York. He chose to attend college at Wesleyan University and studied developmental psychology. Gordon completed an honors thesis there on moral development in school-aged children. More importantly, attending Wesleyan allowed him to meet his wife, Erica, who is also completing her training in psychiatry at Yale. They are about to celebrate the first birthday of their daughter, Emma, next month.

After college, Gordon worked on an in-patient child psychiatry unit in Washington, D.C. as a mental health worker. He had invaluable experiences there which helped shape his future goal to become a child psychiatrist. During medical school, he became engrossed in pediatrics and considered altering his career path. Instead, he decided to complete a year of pediatric internship at the University of Connecticut prior to moving on to adult psychiatry residence training at Yale University. For years, he had dreamed of training in child psychiatry at the Yale Child Study Center and was delighted to begin his fellowship there last summer. He is now in his second year of fellowship, serving as chief resident. He plans to continue clinical practice with children and families after completing his training this year and also hopes to pursue academic interests in childhood anxiety disorders, mood disorders, and possibly psychoanalysis.

Gil Zalsman, M.D., is an adult psychiatrist and a child psychiatry fellow in Geha Psychiatric Hospital in Israel. Gil is interested in suicidal behavior and research on the genetics of adolescent suicide. He spent six months at the Yale Child Study Center and learned the methodology and techniques of genetic research in psychiatry. He is married and father to Yonatan, who is seven months old.



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When Planning for a Scientific Congress - Some Memories and a Look Back in the Mirror from a Program Chairman

Per-Anders Rydelius, M.D., Ph.D.

For a period of almost ten years, from 1980 to 1990, Kari Schleimer and I worked together in the board of the Swedish Association for Child and Adolescent Psychiatry where Kari was Scientific Secretary and I fulfilled my commitments as Vice President and President (1986–1990). During these years as described below, the very first initiatives were taken to arrange a IACAPAP Congress here in Sweden.

In 1981, preparing for the tenth IACAPAP congress in Dublin, the IACAPAP executive committee met in Gällövsta, Sweden, giving us Swedes a most stimulating time and an outstanding experience of the art and science of child and adolescent psychiatry and allied professions. The meeting was later summarized in the seventh volume of "The Child In His Family: Children in Turmoil: Tomorrow's Parents" (eds. E. J. Anthony and C. Chiland, John Wiley & Sons, 1982) included in the congress bag of the Dublin meeting.

The Gällövsta meeting and the IACAPAP congresses of Dublin (1982) and Paris (1986) became the sources for the inspiration to invite IACAPAP to have a congress in Sweden. The formal invitation was sent to IACAPAP ten years ago, and we became very happy and enthusiastic when IACAPAP at the San Francisco congress announced the 14th congress, "Trauma and Recovery: Care of Children by 21st Century Clinicians" to be arranged in Stockholm, Sweden, in August 1998. A dream of almost 15 years duration was true!

When reading Leo Kanner's textbook of child and adolescent psychiatry (2nd Ed. 1948), the introductory chapters refer to our century as the "Century of the Child" proposed by the Swedish pedagogue Ellen Key. For us Swedes, the "Century of the Child" has been very important promoting child and adolescent psychiatry to be a medical discipline of its own (established in 1951). From this it was natural to plan the last IACAPAP congress of this century to be a forum where the knowledge, that a century's research covering children's' social, psychological, educational and psychiatric situation has been given us, could be presented. For this reason it became important to plan the congress from major themes relating to biology, social child and adolescent psychiatry, psychology, social work/sociology and pedagogics/ education and adolescent psychiatry and allied professions was very early incorporated in the planning of the congress.

Immediately after the San Francisco meeting in 1994, we started our work to find the members of the program and the social organizing committees. It was essential to have working groups with members representing different medical disciplines and allied professions coming from different parts of Sweden, but living close enough to the Stockholm area, giving us opportunities to meet on a regular basis. Our sister organizations in the Nordic countries, Finland, Denmark, Norway and Iceland, were invited to become "soul friends" in the preparation of the program.

The second step in the planning was to invite IACAPAP's President, Donald Cohen, Secretary General Kosuke Yamazaki (responsible for the 1990 congress in Kyoto, Japan) and John Sikorski (responsible for the San Francisco congress) to Sweden, to give us their advice and to share their experiences in running a congress. Our questions ranged from questions on economy, science, social events to matters of certain delicacy (what to do and not do in order not to be impolite to or offend distinguished members of our organizations!) In May 1995 we had some stimulating days together in Stockholm, having sherry with the Mayor of Stockholm, visiting the congress venue, the City Hall and practice in commuting on the local trains.

The third step in the planning was to contact international distinguished scholars and clinicians from all different fields included in "child and adolescent psychiatry and allied professions" to have their suggestions for themes, keynote lecturers, areas of interest for scientific work groups, seminars, etc. From these suggestions, the scientific program was successively "built." The different groups in the local organizing committees met regularly and each individual member from each of the four main disciplines, child and adolescent psychiatry, psychology, social work/sociology and pedagogics/education was given the task

to invite one keynote lecturer who had made a major contribution to the understanding of child development and children's mental and social health in their field. From the first idea to have each of the congress days designated to a specific main theme, we changed our decision to have each day planned so that every participant irrespective of her/his profession should have a program where she/he could find lectures, seminars, or work groups fitting her/his special interest each of the congress days.

To give emotional and cultural aspects on children's living conditions of today and letting children themselves take part in a congress of this kind, we decided to have a special group, led by Björn Wrangsjö, M.D., Ph.D., a psychotherapist, for "emotional events."

As our century has been the century of the child, in which many advances have taken place in development and children's psychosocial adjustment, it was with great gratitude that we had David Magnusson's acceptance to give the final lecture on "A Holistic View on Child Development."

Most certainly, you realize that the fun parts when planning a congress have to do with the scientific program itself, the social events and the emotional parts, while the more serious part of the planning is related to economy. However, a number of positive sponsors "showed up" and as the number of participants reached the break even point before the congress took place, a big burden was taken of the shoulders of Kari Schleimer and myself. Although the final "closing of the books" is not yet done, it seems as if IACAPAP will have a contribution from the congress for future activities for which I am very satisfied and happy.

When looking back, I personally will also summarize that working with the Fourteenth IACAPAP Congress has been a period of much work, much joy and a most stimulating experience, and although a work of this type is a "once in a lifetime" experience, I would not hesitate to do it again!



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Eastern European Child Abuse Project

Owen Lewis, M.D.

Pamela Sicher, M.D.

The Children's Mental Health Alliance Foundation / Soros Foundation Eastern European Child Abuse and Child Mental Health Project brought at least two representatives from each of the seventeen countries in which they are working to the IACAPAP Congress in Stockholm this past August.

Under the direction of child psychiatrists Drs. Pamela Sicher and Owen Lewis, the Eastern European Child Abuse Project has been working in Easter Europe since 1995. In the first phase of the project, their goals were the general education of mental health professionals and an assessment of current services and needs. The second phase of the project, occurring in 1997, was the training of a cadre of therapists in various therapeutic interventions for abused children and their families. This group of therapists returned to their homes to train others. The third phase of the project, beginning in 1998, was the organization of stable multi-disciplinary teams to coordinate professional education and to begin outreach to other disciplines such as pediatricians, educators, and police. The final phase of the project, which will extend through the year 2000, will be the self-sufficiency of these teams.

The project has conceptualized the self-sufficiency of its member teams in a legal sense; that is, the official registration of the teams as NGOs (non-governmental organizations), in an economic sense, and in an intellectual sense. It was with this latter idea in mind that the project brought participating psychiatrists, psychologists, and social workers to the IACAPAP conference. While the teams have had extensive training and mentoring by the

primarily American faculty, this was the first Western conference many of the participants had attended. The goal for attending the IACAPAP conference was for the team members to begin to make contact with Western European mental health professionals. These "nearer neighbors," as opposed to their distant teachers from America, will hopefully be able to play an on-going role in their professional development in the future.

A number of the project's faculty attended the conference as well. In addition to Drs. Sicher and Lewis, Drs. John Sargent, Mark Chaffin, William Friedrich, and Nicholas Cunningham from the United States, and Dr. Maria Hamela-Keller from Poland and Dr. Ruth Soonets from Estonia attended. The faculty attended scientific sessions with the Eastern European participants, and had discussion groups about new topics of interest. Most of the participants found that their training from the Project had prepared them to become educated consumers of conference sessions and gave them the confidence to begin to take their places in the larger professional community of Europe.

On the day prior to the commencement of the meeting, Per-Anders Rydelius arranged a special program for the Eastern European participants at a children's hospital in Stockholm on the handling of child abuse in Sweden. Most of the participants also took advantage of the post-meeting site visits. At the meeting, the faculty presented a symposium on the project and included representatives from Poland, Estonia, the Ukraine, and Albania who detailed the progress in the field of child abuse in their respective countries.

In addition, the team from Macedonia, led by Dr. Anthony Novotni, presented a symposium, "Psychological Assessment of Adolescent Sexual Offenders," and the team from Latvia, led by Dr. Sandra Sebre, presented "Risk Factors and Symptoms Associated With Child Abuse in Latvia."

The experience of joining colleagues at the IACAPAP Congress was an important step in enhancing the health care services for children and enabling colleagues to be more accessible to each other.



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We are pleased to highlight recent contributions for educational support for publication of the Bulletin in 1998.

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IACAPAP in the Next Millenium



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American Society for Adolescent Psychiatry - 1999 Annual Meeting
Adolescent Psychiatry: Where We've Been and Where We're Going
March 25–28, 1999
The Regal Knickerbocker Hotel
Chicago, Illinois
Registration and meeting information is available at:
ASAP Annual Meeting
7916 Convoy Court
San Diego, CA 92111
Tel: 619 565-9921
Fax: 619 565-9954

Invitation of the 11th International Congress of ESCAP

September 15–19, 1999
Hamburg, Germany
Prof. Helmut Remschmidt, M.D., Ph.D.
President of ESCAP

Dear Colleagues,

It is a great pleasure for me to invite you to the 11th International Congress of the European Society for Child and Adolescent Psychiatry (ESCAP).

The main theme of the congress is "New Challenges – New Solutions," particularly considering the remarkable changes in nearly all fields of life and all over the world.

The Congress is organized in collaboration with the Section of Child and Adolescent Psychiatry of the Union of European Medical Specialists (UEMS) and with the Deutsche Gesellschaft für Kinder- und Jugendpsychiatrie - und psychotherapie (DGKJPP).

ESCAP is the European organization of national societies committed to child and adolescent psychiatry and psychotherapy. Founded in 1964 in Switzerland, ESCAP has

been the leading scientific and professional organization of child and adolescent psychiatrists in Europe for many years and pursues the following aims:

- to foster the European tradition of child psychiatry
- to facilitate and extend the bonds between physicians practicing child psychiatry in European countries
- to spread the results of research and experience in this branch of medicine by publishing reports and organizing scientific conferences and meetings, and
- to collaborate with international organizations with the same or related aims.

I trust that these aims will be pursued at the international meeting in Hamburg, which will cover the whole range of new developments in the field of child, adolescent and family mental health.

Hamburg is a wonderful place providing excellent facilities for our meeting, a rich historical background and a manifold cultural and social life.

Please join us in Hamburg!

For further information, please contact:

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11th International Congress
CCH-Congress Organization
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Internet <http://www.cch.de/ESCAP/>

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New Dehli, India, October 29 - November 2, 2002

The IACAPAP Bulletin wishes to receive contributions for educational support for publication of the Bulletin in 1999. This will enable us to widely distribute the Bulletin and to maintain significant news and articles of interest to our readership.

The IACAPAP Bulletin is also seeking to include advertisements from groups and organizations that wish to disseminate information about their products and services that are relevant to educating child and adolescent psychiatrists and allied professions and that will serve to benefit the mental health of children, adolescents and their families. For further information about contributions and advertisements, please contact:

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