



International Association of Child and
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IACAPAP

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et de l'Adolescent et des Professions Associées

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Symposium in Honour of Serge Lebovici
IACAPAP Congress **Melbourne – 2006**



Past President Myron Belfer and new President Per-Anders Rydelius at the Melbourne Congress, September 2006. Photo: Olle Lindevall, Stockholm, Sweden.

resulted in placing IACAPAP in a strong position in the global community of child mental health. As both the president and the CAP officer of WHO, he contributed to child mental health work in many important ways. Perhaps the most significant example is the initiation of the ATLAS on Child and Adolescent Mental Health Resources from 2005, the training program for child and adolescent psychiatry in developing countries, including the organization of regional meetings in South America and Africa. It is a sincere and honorable challenge to take over the presidency.

The goals for the coming years are to further strengthen the bonds between the different regions of the world in order to promote science, training and clinical practise in our disciplines, as well as to further strengthen bonds between child and adolescent psychiatrists and allied professionals. The IACAPAP Congress will meet every second year, rather than every fourth year, in an effort to achieve those goals.

Other important ways to achieve those goals are to promote the global program on child mental health that was started in cooperation with WPA and the WHO, and to further establish evidence based methods for treatment of CAP disorders. The IACAPAP educational program, currently focusing on the East Mediterranean region, Africa and South America, will also be increased to include East Europe and the new countries in the Asian regions of the former Soviet Union.

I wish all a happy 2007 and will once again wish the highest appreciation and admiration to Myron Belfer and the organizing committee of the Melbourne Congress for their very successful work.

Per-Anders Rydelius, M.D., Ph.D
President, IACAPAP
per-anders.rydelius@ki.se

Table of Contents

President's Column	1, 2
Symposium in honor of Serge Lebovici	
Serge Lebovici: the man and his charisma	2, 3
In Honor of Serge Lebovici	3, 4
Trans-generational transmission: concept and practice	
Psychoanalytical and clinical research on sudden infant death syndrome	4, 5
Report-in-Brief by Co-Convenors Suzanne Dean and Campbell Paul	6
18th IACAPAP Congress in Istanbul, Turkey, April 29–May 3, 2008	7
IACAPAP Officers	8

President's Column

The IACAPAP Melbourne 2006 Congress was truly a success. The quality of the scientific program, social arrangements and the large number of participants from several disciplines met the criteria of the highest standards. The Congress was unique as IACAPAP shared the responsibilities of hosting the Congress together with our brother and sister organizations devoted to Child Mental Health: AICAFMA, AIMHI, MYFVIC, RANZCP. The result was a practical example of successful and productive cooperation among the allied professions.

Myron Belfer ended his term as the president of IACAPAP. IACAPAP owes him the utmost respect and gratitude for his extraordinary achievements that

Serge Lebovici: the man and his charisma

Colette Chiland

Those who knew Serge Lebovici have certainly not forgotten him. For those who did not know him, I shall try to describe something of his charisma – a mixture of humanity and warmth, of tremendous vitality, of an extraordinary capacity for work and of a desire to pass on his knowledge and experience.

His capacity for work

It was absolutely impossible to imitate such a mentor: even when you worked at full stretch, you looked almost lazy in comparison with him. Work was his religion. He slept little – but that in no way prevented him from being more wide-awake than any of us at our meetings. Up early in the morning, he would deal first of all with his mail – no letter addressed to him ever remained unanswered. He read everything there was to read, and drew our attention to texts that were worth reading. He saw a considerable number of patients, supervised many students, taught, and wrote papers.

His creative capacity showed itself through the institutions he directed and the learned societies to which he belonged. Not only did he write articles, chapters in books, and whole books themselves, he encouraged others to write too, and quite a number of books were

published under his editorship. We owe to him series such as *Le fil rouge* (*Presses Universitaires de France*), periodicals (including *La psychiatrie de l'enfant*) and, *in fine*, a multimedia series called *A l'aube de la vie* (At the dawn of life).

To make any kind of mark on the international scene, one has to speak English. The circumstances in which Serge Lebovici learned English are well worth recalling. As a prisoner of war in Germany, he devoted some time each day to learning English by the well-known *Assimil* method, as a form of passive resistance. In this way, although of course his accent was not particularly good, he was able to make himself understood and to understand others.

He was President of several international associations, including the IACAPAP, where he held office as Honorary President until his death, the International Psychoanalytic Association, the World Association for Infant Mental Health, and the International Society for Adolescent Psychiatry.

Different periods in his life

There were four distinct cycles of activity in Serge Lebovici's life.

In 1947, he was appointed assistant to Professor Georges Heuyer, who held the first ever chair of child psychiatry in France. It was at this point that Serge Lebovici began to come to the fore as a psychoanalyst. At that time, he discovered

Moreno and psychodrama. He created, along with René Diatkine and Evelyne Kestemberg, psychoanalytic psychodrama, a psychotherapeutic technique which is relatively unknown outside France and the French-speaking world: the patient suggests a scenario and chooses which therapists are to act in it, while the play director suggests changes as the scenario unfolds and offers interpretations. With patients who are otherwise very difficult to treat, some remarkable results can be obtained thanks to this approach.

In 1958, Serge Lebovici set up the Alfred Binet Centre [*Centre Alfred Binet*], which is the Child and Adolescent Department of the Mental Health Association of the 13th *arrondissement* of Paris, thereby proving that psychoanalysis has its place in catchment area psychiatry and with patients who have little in the way of resources. His staff there was composed of highly experienced colleagues.

In 1978, he was appointed Professor in the University of North-Paris at Bobigny. With his staff of quite junior colleagues, he developed both the psychiatric approach to the pathology of young infants and ethnopsychiatry, as well as encouraging research in all branches of psychiatry.

Then in 1989, Serge Lebovici retired – but I find myself obliged to treat this as his fourth period of activity, as vouched for by the following table of his literary output:

	Books (author)	Books (editor)	Papers and chapters	Forewords	Book previews
Beginning 1947-58 12 years	2		106 19%		7
Alfred-Binet Center 1959-78 20 years	3		139 25%	9	16
Bobigny 1979-88 10 years	3	5	107	9	4
Retirement 1989-2000 12 years	3	14 70%	196 36%	25 58%	19 40%
TOTAL	11	20	548	43	47

Transmission

Transmission, for Serge Lebovici, was not something he did simply through his written work; it implied also a lively relationship with his pupils.

One's first contact with him could be quite disconcerting. Over the telephone, a staccato "Serge Lebovici here" was what you heard. And you certainly couldn't babble on about the reasons for seeking an appointment with him. He agreed to my coming to work at the Alfred Binet Centre for three months "and not a day longer." When the three months were up, he forgot to speak to me about leaving, and I didn't breathe a word about it either. The upshot being that I remained at the Alfred Binet Centre for more than thirty years!

When you met him for the first time, he would scrutinize you carefully with his blue eyes. But if he accepted you as a trainee, you could participate in everything he did, with the sole exception of situations in which individual sessions were necessary for the patient concerned. Some trainees were so inhibited that they took no direct part in what was going on. But if you were bold enough to open your mouth – with the risk of saying something silly – you were listened to. Serge accepted being contradicted – in fact, he enjoyed it if the other person's argument was well-founded.

A turning point was reached whenever he suggested the use of the familiar "tu" form of address in talking to each other. In English, this particular subtlety in a relationship could not have become manifest; "you" can mean either a more formal kind of address with everyone, or the more familiar form – it depends on how you feel it...

If he promised to help you out in any way or to do some work or other, he would write it down in his notebook – which, over the years, grew thicker and thicker – and you could be sure it would be done.

He communicated with his patients in a very lively and stimulating way. He had the gift of making symptoms "come out into the open" – especially those that the patient kept quiet about or that the audience, in front of the closed-circuit television set, had never imagined existed. His intuition was so penetrating that there seemed to be something "diabolical" about it, but in fact what was happening was that Serge Lebovici could

truly empathize with the patient – be he or she infant, child, adolescent or adult.

At the Alfred Binet Centre, I was fortunate to be trained simultaneously by two mentors, Serge Lebovici and René Diatkine. Even though they were on very friendly terms and had the same general theoretical outlook, they could not have been more dissimilar in their approach to their patients. That protected me against mere imitation and led me to the conclusion that we all have to discover our own way of approaching the patient, one that is true to our personality.

I owe to those two mentors everything I am as a psychiatrist. No human being is really dead as long as he or she remains present in the minds of the living. Serge Lebovici is still alive today.



In Honor of Serge Lebovici

Trans-generational transmission: concept and practice

Prof. Marie Rose Moro

Professor of child and adolescent psychiatry, University of Paris, Chief of the Department of Child Psychiatry, Avicenna Hospital, Bobigny, France

I would like to start from what we have inherited from Serge Lebovici, whom we got to know in 1989 in the Faculty of Medicine in Bobigny, in the northern suburbs of Paris, and in Avicenne hospital where I have the good fortune of being in charge of managing the department he created.

Serge Lebovici, or the art of caring for the most vulnerable infants.

It was in 1978 that Serge Lebovici, when appointed Professor in paedopsychiatry in Bobigny Faculty of Medicine, created the department of psychopathology in Avicenne Hospital, which he left in 1984. It was here that he developed and diffused worldwide his psychoanalytical approach to the infant with its parents, and his theory and methods of exploration concerning mother-infant interactions, thus making a resounding contribution to the reputation of Bobigny Faculty of

Medicine (Paris 13 University) and its teaching hospital. As a psychoanalyst, he made innovations within the discipline by gathering clinicians from very diverse backgrounds in his department to cater for infants, children, adolescents and their parents from widely different social and cultural environments. He also created a unit to cater for substance abusers, and an emergency or psychiatric liaison unit. He took an interest in everything. Thanks to this wide horizon, he enabled a population that does not usually have the benefit of psychoanalytical care to gain access to it.

He also had the idea, more than twenty-five years ago, of a trans-cultural psychiatric consultation unit for migrants, the first in the world. To implement this, he called on Tobie Nathan. In all his hospital activities, he developed his technique of the psychiatric consultation based on empathy, which was one of his very strong points. He described this empathy as "metaphorising," meaning that it is able to generate images that are good for both patient and therapist.

He entertained a real passion for the therapeutic alliance with patients, young and old, but also with the therapists working with him, whom he trained in these skills. This inheritance is for us to preserve so that it can endure, and that in Avicenne the name of Serge Lebovici will remain that of a great master who has left his mark on several generations of psychiatrists, psychoanalysts and students.

The unusual encounter

Just to show his welcoming attitude towards young people –

I had just arrived in Paris to specialise in child psychiatry. I had come to work and conduct research with him. I met him in a corridor in the university and asked if I could see him. He gave me an appointment for the following Sunday at 6 a.m. At the appointed time, I rang his doorbell, and he opened the door and said "They don't usually turn up!" The relationship was established from then on. I set out my research theme on the vulnerability of the children of migrants, which he enthusiastically accepted, saying "Only you can conduct this research, so get on with it fast." I left to start work, and I am still working on it.

The concept of trans-generational transmission

This is a very rich and very popular concept. It is often quoted, sometimes in a rather watered-down form. It is to the concept as Serge Lebovici set it out that we are going to return, above all in images. These are just a few words of introduction and we will then see and hear him defining and using it.

The tree of life

“Each of us carries with them a trans-generational mandate: we could say that our “tree of life” has its roots in the earth irrigated by the blood that flows from the wounds caused by the childhood conflicts of our parents. Yet these roots can enable the tree of life to flourish so long as they are not buried too deep in the earth and thus inaccessible. Generally – and fortunately – filiation, which carries the marks of neurotic conflict, does not stand in the way of cultural affiliation.” (Lebovici, 1995, p.5).

The child’s tree of life, or the mandate given him in trans-generational transmission, thus brings the generation of his grandparents into his mental (psychological?) life through the childhood conflicts of his parents, whether these are pre-conscious or repressed. More immediate conflict, and in particular trauma, can also become part of this tree of life, and these events may, of course, subsequently give meaning to conflict or trauma in childhood. When the burden of transmission is too great, and the translation too direct, for the child the filiation is converted into a “pathology of destiny.” Then there are “ghosts in the children’s bedroom.” (Fraiberg, 1999) These ghosts are visitors that arise from the parents’ forgotten past, ghosts that have not been “invited to the christening.” In favourable circumstances, they are chased from the child’s bedroom and return underground. But in certain unfavourable contexts, these representations of the past in the present invade the living space, settle there, and seriously affect the relationship between mother and infant. This is where the therapeutic challenge arises: creating, jointly creating with the mother and those around her, and with the child as an active partner in the interaction, the conditions that will enable the identification of these ghosts; and rather than actually chasing

them away, negotiating with them, in a sense, and humanising them. Yet again, we have the challenge of making something human out of trauma.

Conclusion

Yes, indeed, Lebovici was an outstanding figure for me, for us, for all our community. We must continue his work, and try to reach all young children and their parents, whatever their colour, their vulnerability or their needs.

Films and bibliography in:
www.clinique-transculturelle.org
www.aubedelavie.com



Symposium in honor of Serge Lebovici

Psychoanalytical and clinical research on sudden infant death syndrome

Marie-Michèle Bourrat

My first encounter with Serge Lebovici took place in 1976, as I was a resident in child psychiatry for one year in Paris. Previously, I knew him only through his book, *La connaissance de l’enfant par la psychanalyse (The knowledge of the child through psychoanalysis)*, a book not translated into English.

Then I got the opportunity to work with him. To work with Serge Lebovici was not difficult — to keep up the pace was another story!

In 1985, I was invited to take part in one of his researches, concerning babies conceived after the “sudden infant death” of a sibling. At that time there was an important number of so-called “unexplained sudden deaths.” Noticing that such a life event was often brought, Serge Lebovici built a research hypothesis:

After the sudden infant death of a baby (usually two or four months old), the parents conceive very quickly another baby. The new baby is conceived with the aim of replacing the dead baby and is taken in the parental mourning, and so becomes the object of a confusion with the previous baby. This situation might

provoke troubles in the parent-child interactions and be the source of pathology for the child.

On the basis of this hypothesis, Serge Lebovici gathered around him a team of clinicians (researchers, psychologists, child psychiatrists) for a clinical multicentric prospective research. This research lasted eight years, with regular periods of harmonization between the members of the team: elaboration of the research tools, grids, scales of evaluation, statistical methodology. It gave place to a collaboration with pediatricians, mother and child welfare, statisticians, INSERM (French National Health Research Service). It was described in a book edited by Serge Lebovici and Philippe Mazet: *La mort subite, un deuil impossible? (Sudden death, an impossible grief?)*. The question mark is the crucial element of the title.

The research team started from the hypothesis built by Serge Lebovici, but very soon was faced with the necessity, raising from the field material, of calling into question this hypothesis. The new babies were at the beginning conceived as replacement children to reduce “the unbearable pain of the death of a baby,” in Freud’s words. But very quickly, because of their own characteristics, at the very beginning of the pregnancy, they came in a way to confirm the previous baby’s death.

We can summarize the process in a few tables.

(Pregnancy: Table 1, page 5.)

In this way, through the work of discrimination driven by the research, the work of differentiation started by the parents may be taken up again, elaborated anew in the interviews with the researcher, who so seems to us having a clinical and therapeutic function beyond pure research. Here appears the originality of the clinical research which implies an adaptability to the data emerging from the work on the field, which did not belong to the basis hypothesis.

Table 1

PREGNANCY	
<i>At the beginning</i>	Wish of pregnancy leads to conception of replacement
<i>At the first trimester</i>	Pregnancy of replacement with nostalgia of the lost baby and desire of return of "the same"
<i>At the second trimester</i>	Scans, active movements means a different baby Fear "to forget" the dead child leads to idealization The expected child becomes a persecutor
<i>At the third trimester</i>	Pediatric measures of prevention because of the risk lead to Fear of repetition which means that expected baby gets precious

Table 2

DELIVERY is characterized by irruption of the real child
Too much likeness leads to confusion and fear of lost
Too much difference leads to "cruel disappointment" which leads to difficulties of investment

Table 3

WHAT HAPPENS FROM THE DEATH BIRTHDAY TO THE FIRST STEPS OF THE CHILD?		
First direct speech about the alive baby appears. Parents say : "The other one, we didn't know him like that."		
Then appear two babies and comparison between them, which lead to Reactivation of the fear to abandon the dead baby and necessity "to identify" the present baby so that he remains alive which implies		
Grieving work	and	Identifying work
With resemblance of the present child with the dead baby		Resemblance with the father or the other children
The parents look again at the pictures		

So to be invested, this new baby must both resemble and be different from the lost baby. Thus with the whole psychical work the new baby requires, if there is in fact grief and confusion, the subsequent child becomes a positive agent in the grieving work; because life's briefness of their lost baby, parents have not succeeded in their grieving work, the new baby allow them to start again the grieving process. In a work on resemblance and difference between the dead baby and the alive

baby, the parents may come to accept at the same time their baby's death and to get able to give an identity to their present baby.

This work of identification of the new baby will go on with much difficulty up to the birthday of the death of the previous child; there is reactivation and even creation of memories about the dead child and in the same time confusion between the two children and a lot of anxieties of lost.

So, in our research, the birth of a new child helps to create possibilities for the parents to look at the dead child as alive and, in this way, to grieve. Certainly there are risks:

- the risk that the new child remains a replacement child, perceived as the come-back of the "same" in an identity of perception;
- the risk that the new baby might be compared only with the dead baby, the resemblances helping to confound him and the differences (in particular "he is alive") differentiating him in an identity of representation.

But, more often, these children will be both confounded and differentiated towards the dead baby, the parents, the other children, with variations of confusion and differentiation according to the moment. And face to this traumatic situation, the conception of a new baby remains a response which allows the elaboration of the traumatism, provided that the death should not be denied. In this situation, the grieving work is not directly possible because of the absence of memories, and what the parents have to do is more like a melancholia work.

To go from Serge Lebovici's hypothesis to the conclusions built by the team needed many clinical confrontations. It was not easy to get Serge to abandon his hypothesis. It needed kilometers of videoed interviews and clinical observation. For, with rigor and tenacity, he put always his finger on our methodological weaknesses or our absence of emotional distance, which made us take our interpretations for clinical facts. After many meetings with double blind coding of videotapes, shared evaluation, exchanges on methodology and clinic, he had to bow before evidence. His personality and his knowledge of both cognitive psychiatry and of psychoanalytic psychiatry were a source of creativity out of reach without him.

I wanted to give today a testimony of the place held in this research by Serge Lebovici as both a clinician and a psychoanalyst. To do research with him was to embark on an adventure, where two poles were essential: to become a researcher and to remain a clinician, an experience marking one forever.

Report-in-Brief by Co-Convenors Suzanne Dean and Campbell Paul

From the 11th to the 14th of September 2006, the infant, child, adolescent and family mental health field gathered in Melbourne to discuss the critical issues currently facing the young and their communities. Over 1,400 delegates from over 45 countries participated in the 17th World Congress of IACAPAP. The Congress addressed the overall theme of “Nurturing Diversity,” which promoted the widest possible exploration of practice, research and policy perspectives. Professor Lowitja O’Donoghue, an Aboriginal Australian and Australian National Treasure, opened the Congress by underlining the central importance of the work of the child and adolescent mental health field to the future of human societies and their resilience.

From around the globe came vivid reports of the challenges facing infants, children and young people across a vast array of different cultures and regions. How individuals, family systems and wider groups in society are managing these challenges, large and small, was the focus of attention. Natural and social disasters were considered, including continued exposure to war, displacement, oppression, abuse of all kinds, and severe illnesses such as HIV AIDS, in addition to the full spectrum of biologically, psychologically and family-based problems arising in all groups. Twenty-eight outstanding invited keynote and state-of-the-art speakers set the scene for over 167 symposia, forums and workshops, and 218 poster presentations, involving some 850 individual presenters. All shared a rich mix of reflections, exciting new solutions ideas and important research findings. The Donald Cohen Fellowship Program went from strength to strength, bringing 50 younger professionals into the thinking of the Congress, including a total of 16 special discussion sessions, thus facilitating collaboration across borders, now and into the future. An innovative and highly successful feature of this Congress was the full, creative participation of young consumers and their families in the Scientific Program itself.

The Congress Organising Committee, in collaboration with the International IACAPAP Executive Committee, represented a broad consortium of professions and organisations in the field.

Key contributors were the *Royal Australian and New Zealand College of Psychiatrists*, the *Australian Infant, Child, Adolescent and Family Mental Health Association* (both member organisations of IACAPAP), and the *Australian Association of Infant Mental Health, Mental Health for the Young and their Families: Victorian Group*, and the *Royal Children’s Hospital*, Melbourne.

Like so many colleagues across Australia and around the world, the Committee was shocked and deeply saddened by the untimely, accidental death of our inspiring Convenor, Dr. Howard Cooper, in September 2005, just a year before the Congress was due to take place. We dedicated the excellent work of the Congress to Howard’s memory. Howard was in charge of the training of Victorian child and adolescent psychiatrists and other mental health professionals at The University of Melbourne, which institution most generously auspiced the Congress. Many delegates commented that Howard’s optimism and cooperative spirit was very much expressed in the vibrant life of the Congress itself.

Feedback from those attending has confirmed that this 17th Congress did continue the IACAPAP tradition of enthusiastic, friendly and hopeful sharing that was so enjoyed in the 1978 Congress also held in Melbourne, and convened so admirably by Dr. Winston Rickards. The 17th Congress was honoured to have Dr. Rickards as our Patron. He reminded delegates at the Opening Ceremony of the special chance offered by the Congress to make new friends and to be surprised and nourished by new ideas. Memorable artwork and entertainment, especially by children and young people, helped make the Congress all the more stimulating. For example, an exhibition of drawings by children who had suffered the Tsunami in Indonesia struck a note of urgent need recognisable by all.

The 17th Congress Organising Committee is presently compiling a full Report of the Congress and its organisation, to facilitate evaluation by all concerned, and for the use of future Organising Committees. The aim is to have this available by May 2007, hopefully in time to assist in the preparation of the 18th Congress, to be held in Istanbul from April 30th to May 4th in 2008, which clearly promises to be an exciting and important meeting.

The aspiration of the 17th Congress to contribute to the betterment of conditions for the young and their families everywhere seemed palpable in so many of its sessions, where plain-talking, passionate discussion was the keynote. The Congress provided a much-needed opportunity for IACAPAP and member organisations to review again the needs of infants, children and young people world-wide. A number of sessions and meetings were specifically dedicated to consideration of policy matters, and to how IACAPAP may facilitate advancement of the well being of the young.

This aspiration of the Congress was well summed up in the Declaration generated by the Congress, presented at the Closing Ceremony, which emphasised particular Principles recognising diversity and individuality that are embodied in the *United Nations Declaration on the Rights of Children (November, 1959)*.

The Congress Declaration concluded, “*All ten U. N. principles should be incorporated in our advocacy, monitored for their implementation, and explained in terms understandable to a broad audience. Almost all countries have embraced the U. N. Convention on the Rights of the Child. Global recognition should be fostered in an ever more visible and forceful manner in collaboration with a broad range of consumers and stakeholders.*”



**18th IACAPAP Congress
in Istanbul, Turkey
April 29 – May 3, 2008**

Dear Colleagues,

On behalf of the Organizing Committee, we are pleased to invite you to the **18th World Congress of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)** taking place in Istanbul, Turkey, on April 29–May 3, 2008.

This Congress will be a multidisciplinary meeting of the professionals working in the field of child and adolescent mental health all over the world, including psychiatrists, psychologists, social workers, teachers and pediatricians.

The theme of the Congress is *“Carrying Hope between East and West for 3 C’s: Children, Cultures, Conflicts.”*

We are aiming to bring up the issues related to children and adolescents in various cultures and under various conflicts and to rebuild the hopes for the future. Turkey, being a country where the continents meet and bridging the east and west parts of the world, having hosted various cultures along its history, and witnessing so many conflicts across the surrounding three seas, will be a good place to discuss child and adolescent mental health problems in scope of both enlarging and by globalization dwindling world.

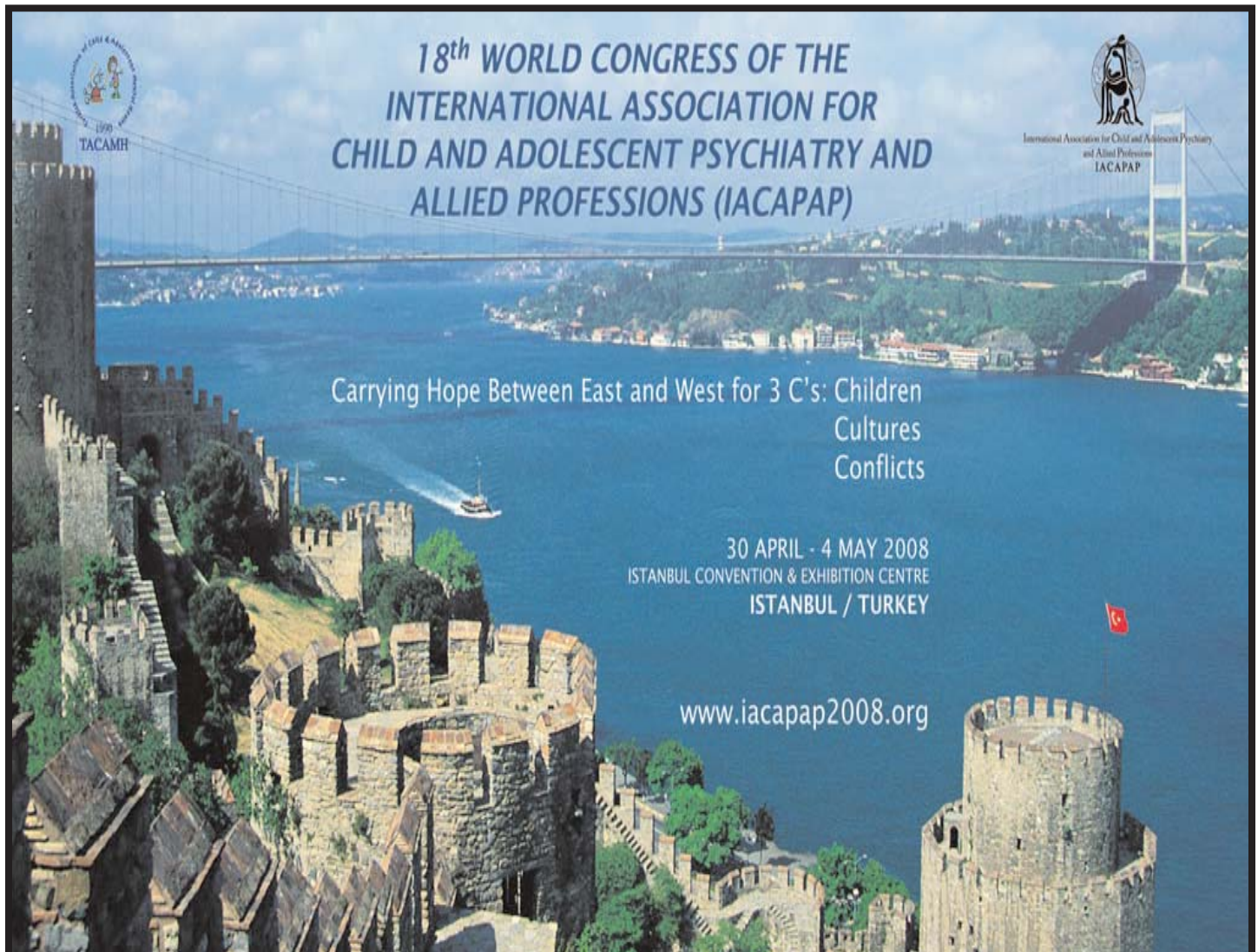
We are looking forward to hosting you in Istanbul, one of the most charming sites of the UNESCO World Heritage, ensuring that your visit will be academically and socially rewarding with a high quality scientific program accompanied by an exciting and attractive socio-cultural program.

We will be much pleased to offer you the traditional Turkish hospitality.

Füsun Cuhadaroglu Cetin

Per-Anders Rydelius
Chair of the Organizing Committee
President of IACAPAP

President, Turkish Association for
Child and Adolescent Mental Health





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

Carrying Hope Between East and West for 3 C's: Children
Cultures
Conflicts

30 APRIL - 4 MAY 2008
ISTANBUL CONVENTION & EXHIBITION CENTRE
ISTANBUL / TURKEY

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IACAPAP OFFICERS

PRESIDENT

Per-Anders Rydelius, MD, PhD
Karolinska Institutet,
Astrid Lindgren Children's Hospital
SE-17176 Stockholm, Sweden
per-anders.rydelius@ki.se

SECRETARY-GENERAL

Luis Augusto Rohde, MD, MSc, DSc
Child and Adolescent Psychiatric
Division,
Federal University of Rio Grande
duo Sol,
Rua Ramiro Barcelos 2350,
Porto Allegro, RS, Brazil, 95035-003
Lrodhe@terra.com.br

TREASURER

John B. Sikorski, MD
Dept. of Psychiatry, UCSF,
350 Parnassus Avenue, Suite 309,
San Francisco, CA 94117, USA
john.sikorski@ucsf.edu

PAST PRESIDENT

Myron L. Belfer, MD
Social Medicine
Harvard Medical School
641 Huntington Avenue
Boston, MA 02115, USA
MYRON_BELFER@hms.harvard.edu

PERMANENT SECRETARIAT AND ARCHIVIST

Kari Schleimer, MD, PhD
Mellanvångsvägen 45
SE- 223 55 Lund, Sweden
kari.schleimer@comhem.se

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