



International Association for Child and Adolescent
Psychiatry and Allied Professions
IACAPAP
Association Internationale de Psychiatrie de
l'Enfant et de l'Adolescent et des Professions Associées
April 1995

PRESIDENT'S MESSAGE

The 13th International Congress exemplified the dynamic, international role of IACAPAP as a voice for children and adolescents and the professions that serve them. The Congress was a special opportunity to meet friends and colleagues, learn, and experience the remarkable bonds that transcend national boundaries and guilds. We were able to study issues concerning Violence and the Vulnerable Child from many scientific and clinical perspectives, and to share scientific and ethical concerns. We left San Francisco with a renewed sense of professional commitments and responsibilities, and of the important role for IACAPAP during the next years.

The lives of children throughout the world are burdened by war, poverty, illness, and violence. At the same time, the buffering and protective factors in communities and families are being eroded and, for many children, they barely exist. At the beginning of the century, child advocates were looking to this as the century of the child. At the end, we all acknowledge that this has been a horrible epoch for children.

All too often, constitutional factors that lead to vulnerability are exacerbated by stresses in a child's environment. Thus, the cumulative burdens of poverty and social disruption compound the other factors that lead to psychiatric, developmental, and emotional disorders of children and adolescents. Children who are handicapped, emotionally disturbed, retarded, and at risk from other sources often feel the brunt of social upheaval and loss of protective factors the most. The burden of these risk factors is reflected in the epidemiology that is apparent in our clinical case loads: Within the inner city in the United States and in many parts of the world, the rates of mental illness reach up to 15% of all children. If children are a nation's greatest resource, the full impact of the scope of mental disorder will be felt increasingly over these next decades in other indicators of social difficulty. Today's children with mental disorders and anxieties will be tomorrow's parents, and the workers on whom economic systems will depend.

EDITORS' COMMENTS

A few months prior to IACAPAP San Francisco 13th Congress, we all received a special issue of the IACAPAP newsletter. This unique letter retraced the famous history of our Association and other important news and material about the upcoming Congress.

As pointed out by our President, Donald Cohen, M.D., this Congress was a turning point to IACAPAP, stressing marvelous developments in research, services delivery, multidisciplinary, but also the terrible conditions of children and adolescents all over the world, in over-developed as well as in under-developed countries. All these issues raised crucial questions and ethical dilemmas about the responsibility of each child and adolescent psychiatrist and of IACAPAP as an Association.

We are convinced that conjoint efforts of all child psychiatrists in all these domains all over the world will promote our profession and the well-being of children and adolescents; as says Professor Donald Cohen: "One World Child Psychiatry."

This new Newsletter, first of a long series, will serve all of us, as a vehicle for better knowledge and better understanding among colleagues. In each issue, we will include regional reports on our profession and child welfare and mental health in different countries. We are deeply concerned by the living conditions of children in areas under war or political conflicts. Such reports have their place in our Newsletter. May these reports stimulate vocations to help colleagues and children in these countries.

We would like also to emphasize the "AP" of IACAPAP, the "Allied Professions," mainly psychology and social work and give them the place they merit. We call their representatives to use this Newsletter as their own.

This Newsletter will give information on future congresses, workshops, seminars, etc. organized by IACAPAP and allied Associations like WAIMH and ISAP. According to our President's address, this newsletter will be the "megaphone" of IACAPAP's voice for children and adolescents and those who serve them.

VIOLENCE AND THE VULNERABLE CHILD

REPORT OF THE THIRTEENTH CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR CHILD AND ADOLESCENT PSYCHIATRY AND ALLIED PROFESSIONS

Glenn Elliott, M.D.
Program Committee Chair

John B. Sikorski, M.D.
Arrangements Committee Chair

The origins of the Thirteenth Congress trace back to 1990 when Irving Philips, M.D., became President of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). It was Dr. Philips' desire to hold the 1994 Quadrennial Congress in San Francisco, and he developed the organizing theme of Violence and the Vulnerable Child because of his growing concern that infants, children and youth throughout the world were increasingly becoming the targets of neglect, abuse, trauma and violence. Already planning to retire from his Professorship at the University of California at San Francisco, Dr. Philips planned to devote the next four years to preparing to welcome friends, colleagues, researchers and clinicians to San Francisco so they could grapple with the problems of utmost importance to him, improving the well-being of the young and fostering the education and training of professionals in this work. Sadly, Dr. Philips' death in 1992 left the implementation of his goal to his many friends and colleagues in California and on the Executive Committee of IACAPAP.

Donald J. Cohen, M.D., having served as Vice President of IACAPAP, was appointed President and infused the Arrangements and Program Committees with his indefatigable energy, broad scope of information and resources, and exemplary devotion to the goals of the IACAPAP.

The Thirteenth International Congress was held at the Fairmont Hotel in San Francisco 24-28 July 1994, and was hosted by the American Academy of Child and Adolescent Psychiatry and the American

The 13th Congress provided a remarkable opportunity to see the needs of children and adolescents throughout the world and the innovative services that are being provided to be of help. Child and adolescent psychiatrists, psychologists, social workers, and nurses are at the front lines in many nations—as clinicians, researchers, policy shapers, and advocates. Child mental health professionals are working shoulder-to-shoulder with other professionals—child welfare workers, educators, lawyers, police, politicians, economists—to understand and improve the care of children and adolescents at risk.

In many ways, these are not only hard times for children, they are difficult times for child mental health professionals.

With more refugee children than ever, with increasing numbers of children who are homeless, in foster care, and in the criminal justice system, and with more children in need of psychiatric treatment, the demands on mental health professionals and the systems in which we work are increasing.

Along with the increasing need and demand for psychiatric services, governments throughout the world are reorganizing their health and mental health systems. Usually, their primary goal is to save money rather than improve access or quality of care. Thus, many nations are facing reductions in the support for child mental health services. These administrative changes are forcing us to re-think the kinds of services we deliver. Who should we be serving? How can we best deliver this care? What do we really know about treatment, early intervention and effective treatment? How can we convey our knowledge to administrators and those who are setting the administrative and financial policies? At no time has it been more urgent for IACAPAP to be able to be a voice for children, adolescents and those who serve them, and to help provide information to those who are shaping policy about the critical importance of prevention, early intervention and high quality mental health services. Many members of IACAPAP, including the affiliated professions such as social work and nursing, are playing leading roles in re-designing the mental health systems. IACAPAP can play an important international role in sharing emerging knowledge and concepts.

There is a remarkable paradox that the administrative "attacks" on mental health systems are coming at a time of expanding knowledge and competence. There is increasing knowledge about the causes, prevention and treatment of many types of

serious disorders, including problems of infants, young children and adolescents. The neurobiological basis of some of the most severe neuropsychiatric disorders are under active investigation. There also are more effective educational, psychiatric and medical treatments. Advances in biological, pharmacological and developmental knowledge will make child psychiatrists and psychologists even more effective in the future. Thus, it is critical for IACAPAP to be able to facilitate research and dissemination of new knowledge, and to be an advocate for rigorous, systematic clinical investigation. An important role for IACAPAP is to help in arranging research exchanges among younger investigators and research collaborations across nations. IACAPAP also can educate leaders of government and Foundations about the potential gains from treatment and research and about the design of mental health systems for the future.

For more than sixty years, IACAPAP has played a unique, international role in creating and disseminating knowledge, advocating, and convening. IACAPAP has helped shape social policy and raise consciousness about children's mental health. IACAPAP now has an even greater obligation and potential, with newly emerging nations eager to develop training, clinical and research programs and with expanding knowledge within child psychiatry, psychology and the associated professions.

One of the major goals for IACAPAP during the next years will be to strengthen relations among professionals in different nations. As the major international umbrella organization for national societies concerned with child and adolescent mental health, IACAPAP has a tremendous responsibility to reach out to nations that are not yet active within IACAPAP and to be inclusive of the diversity that exists within child and adolescent psychiatry, psychology and the related fields.

The Congress was especially remarkable for the broad participation by Eastern Europe child psychiatrists and psychologists. The professionals in these newly emerging nations are actively shaping the systems of mental health services and working hard to create bridges with colleagues in other nations. IACAPAP will work to engage other developing nations in our organization.

The 13th Congress was made possible by the hard work of many members, especially Drs. John Sikorski and Glen Elliott and their committee, and I would like to express our gratitude to them. The planning for the 14th Congress is well underway. Between the two Congresses, IACAPAP will engage in many activities—including

working groups and study groups, publications, regional meetings, participation in international meetings, and fostering collaborations.

I hope that colleagues will continue to communicate with the Executive Committee and myself about the best use of our organization on behalf of children and adolescents and the professionals who serve them. ■

Donald J. Cohen, M.D.
President, IACAPAP
Director, Yale Child Study Center
New Haven, CT USA

INTERNATIONAL WORKING GROUP ON CHILDREN AND WAR

The International Working Group on Children and War of IACAPAP consists of about fifty active members who have been meeting two or three times annually for the past several years. Convened by Drs. Bennett Simon (Harvard), James Garbarino (Cornell University) and Donald J. Cohen (IACAPAP and Yale), the Working Group brings together psychologists, psychiatrists, social workers and other professionals who are working with children and adolescents in war situations and who are experiencing urban trauma. Meetings focus on specific topics, such as new methods of intervention, the processing of trauma by children, and the ways in which traumatic events and processes are explained to children and the reasons for teaching children about trauma. The Autumn 1994 meeting was held at the new Holocaust Museum in Washington, D.C. and focused on the transmission of knowledge about the Holocaust to children—what is being transmitted, how, and for what reasons, and the short- and long-term impact on both children and adults of visiting such a museum. Future meetings will expand this topic of historical transmission of knowledge, as well as other topics relating to war and urban trauma. Drs. Bennett Simon and Roberta Apfel have edited a book entitled, Minifields in Their Hearts: The Mental Health of Children in War and Communal Violence (to be published by Yale University Press in 1996, related to the Working Group; the Working Group has prepared a bibliography of materials on the impact of war (available on request); and a hotline for workers in the field is available for ready access to information about war and trauma. ■

Editors' Comments (from page 1)

We ask you to submit for publication all relevant information on such activities you know about or organize, and for proposing positions, fellowships, grants, research collaborations, etc.

This Newsletter is distributed to all registered child and adolescent psychiatrists over the world. As such, it is the best support for cooperation and exchange of ideas as well as of needs. Please feel at home in it!

In next issues, a large part will be open for readers' letters, critics, advice and proposals. Please send these to us. We hope to serve colleagues, children and adolescents and look forward to a long and lasting publication.

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BALTIC SEA CONFERENCE

**ON TRAINING IN MEDICAL PSYCHOLOGY,
PS. THERAPY AND PSYCHOSOMATICS**

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

A conference for psychiatrists and psychotherapists around the Baltic Sea was held in Vilnius, Lithuania on Sept. 7–10, 1994. Participants came from nine different countries and were mostly adult psychiatrists and psychotherapists in addition to child and adolescent psychiatrists, one pediatrician, and one social worker. The organizer was Associate Professor Eugenijus Laurinaitis, M.D., Ph.D., Director of the Psychotherapeutic Center in Vilnius. Besides keynote lectures, the main activity was discussion groups on items such as: Training of medical students in medical psychology, psychotherapy and psychosomatics; psychotherapy and psychosomatics in the pediatric practice and training; education and training of clinical psychologists; supervision in psychotherapeutic education and practice, etc.

Differences in training in this field were acknowledged between almost all countries but different views were accepted. Gaps were bridged within an atmosphere of consensus. Psychosomatic disorders increase in number in all of these countries and should be approached in a psychotherapeutic way, which is the case more and more in the East European countries.

This Conference will be repeated annually. The next venue will be in Sweden, autumn 1995. ■

Irving Philips, M.D. In Memoriam

October 5, 1921—August 29, 1992

President, IACAPAP, 1990–1992

Dr. Irving Philips, 17th President of the American Academy of Child and Adolescent Psychiatry...President of the International Association for Child and Adolescent Psychiatrists and Allied Professions...first Chairman of the National Consortium for Child Mental Health Services...and the longest serving book review editor of the *AACAP Journal*.

Like many of considerable stature, Dr. Philips' life was one of accomplishment with due recognition. He climbed academically to the rank of professor at Langley Porter. He was awarded many honors; the American Psychiatric Association's Agnes Purcell McGavin Award for significant contributions toward prevention of mental disorders in children and an endowed chair at Columbia named after him. On his journey, he touched, changed and influenced many people. He brought a great friendship and camaraderie to my life as I worked with him for over 20 years in his various leadership capacities and in his interactions with child and adolescent psychiatry.

Although Dr. Philips contributed significantly to his profession as a primary author of our Projects Future and Prevention, and these tomes, "Child Psychiatry: A Plan for the Coming Decades" and "Prevention of Mental Disorders, Alcohol and Other Drug use in Children and Adolescents," attest to him and his significant professional influence, they do not appropriately illustrate the volumes of influence he has had on his family, friends, students and colleagues. Above everything, he was an interactive person, always prodding, cajoling, giving advice, and stepping in. He liked children, students and his patients. He loved his colleagues, profession and family.

His jokes and humor pervaded most interactions. He teased and was lovingly teased back. He instructed friends and strangers alike. His most standard messages were, "set your sights higher... go to Oberlin...lose weight... get married...don't be so precious...come off it..." and "be a good winner." His good humor struck down petty complaints with comments of, "so," "so?"

His professional interests included unswerving defense and advocacy for the mentally retarded and a dogged tenacity for the rights of children and their families. His most interesting research, in my opinion, was that done on premature infants with multiple birth defects. The research showed that the greatest indicator of optimal outcome was not the degree of disability, but the strength of the parents' marriage, or the strength of the family.

He was immensely curious, ultimately collecting a number of exquisite Chinese Porcelains. This collection was renowned among art dealers. He traveled the globe many times and, even in his last year, brought child and adolescent psychiatry to colleagues in nations emerging from the Soviet Union. He was very open and inclusive, shrinking the world's size in the name of his profession. He was a curmudgeon, and most who loved him also fought with him, and on occasion found him irascible. But not for long, because he was so disarming and would not allow it. His friendships ran deep.

His wife and life's partner, Mary Gray Philips, accompanied him throughout his travels, smoothed his rough edges, brought warmth and insight to their interactions and implemented many of his commitments to the 1994 IACAPAP meeting. In my years of friendship with Irving, there were often complicated logistics. Irving would dismiss these, saying, "If my mother at age 17 can come all the way from Russia, not speaking a word of English, and find her second cousin in New York City, surely (I was told), you can find Mary and me."

Irving was born in Hartford, CT, graduated from Oberlin College and the University of Illinois Medical School, had his internship and pediatric residency at Michael Reese Hospital and psychiatry fellowships at Menninger and Langley Porter Neuropsychiatric Institute. San Francisco became home for Mary, their three children, Laura, Daniel and Donald, and for Irving's child psychiatry career. His last elected office was that of President of the International Association for Child and Adolescent Psychiatrists and Allied Professions, and he spent his term preparing for his San Francisco meeting. I warned him many times saying, "Irving, you don't want the meeting in your back yard..." but, he did. Later, he constantly blamed me for letting this happen and not telling him how much work and anxiety goes into such an effort. The meeting was wonderful, with much of Irving's plans coming to fruition. He would have been very pleased at the attendance, participation of so many from the Eastern bloc countries, and the interactions among the many colleagues from all over the world who loved him.

Irving intruded on our lives leaving a giant imprint—a huge hole. He is greatly missed by his friends, students, family and colleagues. His personality pervaded his interactions. His leadership and accomplishments were admirable, yet the loss of this friend, much, much more than these achievements, is still with us, and our universe of child psychiatry mourns its' loss.

Virginia Q. Anthony

Executive Director, AACAP

Violence and... (from page 1)

Orthopsychiatric Associations, each of which sponsored a major symposium along the organizing themes. In terms of the scientific program, there were a total of 39 organized scientific symposia, including symposia sponsored by international organizations such as the Association for Child Psychoanalysis, the International Association for the Scientific Study of Mental Deficiency, the International Society for Adolescent Psychiatry, Special Olympics International, United Nations International Child Emergency Fund, the World Association for Infant Mental Health, the World Health Organization and the World Psychiatric Association Section on Child and Adolescent Psychiatry.

A total of 1,115 persons from 56 countries registered for this four day Congress. Over 500 abstracts were received from 51 different countries and organized into 296 individual scientific papers and 122 research or clinical poster sessions. In addition, there were ten invited plenary or featured lecturers. Among these, the sixth Gerald Caplan Lecture entitled, "The Earth is Not Flat: Learning to Accommodate Human Diversity," was given by David Hamburg, President of the Carnegie Corporation of New York. The Irving Philips Memorial lecture was given by Helmut Remschmidt, Professor of Child and Adolescent Psychiatry, Philipps University, Marburg, Germany, and entitled, "Violence, Vulnerability and the Family: Perspectives from Child and Adolescent Psychiatry." The John Bulby Memorial Lecture, entitled "Clinical Implications of Attachment Concepts: Retrospect and Prospect," was delivered by Sir Michael Rutter. At the closing plenary session, the Mahfoud Boucabci Memorial Lecture, entitled "Society and Violence," was presented by Professors Jeammet, Chiland, and Lebovici.

A spirit of international collegiality was provided at the opening and closing receptions at the Fairmont Hotel, but the social highlight of the Congress was the sumptuous buffet reception held in the courtyards of the Asian and DeYoung Art Museums in Golden Gate Park. Over 800 people attended to their gustatory as well as artistic delights.

A combination of scientific and musical excellence was organized and presented by Gary Gelber, M.D., Lecturer and Clarinetist, under the title of "Mozart's Creative Process: A Discussion and a Concert."

Another unique feature of this Congress included the simultaneous translation into French, Japanese and Spanish of at least one major session at all times throughout the four days of the Congress. A spirit of international collegiality, a joy of new-found friendships and a renewed spirit of dedication to the scientific and professional challenges which lie ahead infused all of the participants.

The Organizing Committee wishes to express its gratitude and appreciation to the hundreds of professionals and volunteers whose energy, dedication and enthusiasm helped to make this Congress an enormous success. We look forward to assisting the Executive Committee and our Swedish colleagues in carrying on the tradition at the Fourteenth International Congress in Stockholm in August 1998. ■

UEMS

The European Union of Medical Specialists was founded in Brussels in 1958 to promote, support, defend, etc. medical specialists in Europe. (Mono)specialist sections within UEMS work for special interests in their field, as does the Section for CAPP (Child and Adolescent Psychiatry/ Psychotherapy). This section has, during the last years, met annually: Brussels 1991, Cologne 1992, Copenhagen 1993, and in Vienna at the end of September 1995. Participants in these meetings are representatives, two from each member country: Germany, Belgium, Denmark, Spain, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, and U.K. besides Finland, Iceland, Sweden, Norway, Austria, Switzerland and Liechtenstein. There is a drive to get Central and East European countries into this union as well. The objectives are, among others, to harmonize the training program for postgraduate students in CAP in order to promote the possibility for medical specialists to migrate all over Europe and get their specialist qualification accepted in all these countries. A draft of a training program, including four years of pure CAP, one year of general psychiatry, and one year of pediatrics with special regard to child neurology will be presented in September 1995 in Utrecht, Netherlands. Discussions and revisions will follow to make this program a document of basic needs in specialist training in CAPP. ■

SPECIAL OLYMPICS INTERNATIONAL (SOI)

The following overview was provided by Dr. Donald Cohen. Contact him for more information.

The SOI made a special presentation to the Congress in San Francisco. The SOI is a unique organization concerned with sports, recreation and social development of individuals suffering from mental retardation and developmental disabilities. It is an international network with potentially important implications for national social policy. The 1995 Special Olympics International are being held in the U.S., July 4-9, 1995, and will bring athletes and families from 150 nations to New Haven, Connecticut. More than 300,000 people will be observing the games, and this provides us with an opportunity for major activities in relation to educating families and professionals about mental retardation and mental health issues.

We are collaborating in the preparation of a UN Symposium for international leaders on perspectives on social policy concerned with mental retardation. This will be held at the time of the Special Olympics in July. In March, 1995, I am working on organizing a major international meeting on legal issues, international conventions, and social policy concerned with mental retardation, to be held at the Yale Law School on March 24-25, 1995. Throughout the world, there are many child psychologists, psychiatrists, social workers and nurses who are actively involved with Special Olympics International. One colleague from Moscow has been active in this way, and he was brought to New Haven following the Congress by the SOI. ■

Call For...

Items for future Newsletters

Please forward any items for inclusion in future newsletters to:

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THE SCUD MISSILES ATTACKS OVER ISRAELI CIVILIAN POPULATION

Nathaniel Laor^{1,2}, M.D., Ph.D.

Leo Wolmer¹, M.A.

Abigail Golomb¹, M.D.

Results reported here were presented at the Annual Meeting of the American Academy of Child and Adolescent Psychiatry, San Antonio, Texas, October 1993.

On the night of January 18, 1991, a few days after the initiation of the Gulf War, a long-lasting threat became a real nightmare. The first SCUD missile attack hit Israeli cities. This event ended a five-month waiting of tension and increasing stress which had started with the international warning of Iraq after the invasion of Kuwait.

During the waiting period, the Israeli civilian population was preparing to face both conventional and chemical attacks: gas masks were distributed to every person, including newborns in the delivery room of the hospitals, and rooms were sealed in each home against chemical attacks.

Thirty-nine missiles hit different areas of the country during a period of two months. Hundreds of civilians were injured and thousands of houses were damaged resulting in the physical displacement of the families to temporary locations, designated as recovery hostels in the affected area.

Attacks were expected during the night, and people changed their lifestyle to meet the threat: they carried personal gas masks, made sure to return home earlier, and to suspend all outdoor activities. At the sound of the siren signaling an approaching missile attack, families entered the sealed room, put on their gas masks and stayed in the room listening to instructions transmitted on the radio.

In Tel-Aviv around 7,000 houses were damaged during the first two-week period of the war. As in other cities around the country, mental health professionals coped with thousands of calls; some were placed at the affected areas, others at the displacement locations, and still others were operating an Emergency Hot Line. Hundreds of professionals volunteered at the Community Mental Health Center which was closely linked to the social and educational programs of the municipality.

The mental health staff constituted multidisciplinary teams with a crisis intervention approach. It was assumed that war stress is a time-limited benign phenomenon and would be best managed if mental health teams limit their intervention to the facilitation of the readaptive process on all levels: community, family and individual, and recede as soon as possible to the background.

As mental health professionals were decreasing their involvement with the affected population, we, in collaboration with Donald J. Cohen, M.D., and Linda C. Mayes, M.D., from the Yale Child Study Center, raised several questions. These questions concerned protective and risk factors involved in the recovery process, particularly that of children as individuals at risk.

We defined "protective matrix" as the child's proximate cultural, social, physical, familial, and personal adaptive mechanisms and wished to explore how factors related to those various dimensions regulate for the child environmental stress stimuli. Most appropriate for a study of this issue seemed preschool children, whose personal autonomy from dependence on environmental support increases between the ages of three and five. Hence, six months after the end of the war, when most of the displaced families returned to their homes, three groups of families with preschool children were approached (around 75 families in each group); those displaced after their home was damaged by the SCUD missile attack, those living in the same hit neighborhood in Tel-Aviv but whose homes remained intact ("hit undisplaced"), and families living in a distant city, that was threatened during the war, but not hit ("threatened").

We found that six months after the end of the war, the three groups of children showed a significant symptom decrease compared to the retrospective evaluation of the symptomatology during the war period. However, at six months, displaced children and mothers showed significantly higher symptomatic levels compared to "hit undisplaced" and "threatened" subjects. The latter were also similar to their "pre-war" values. Further, since no differences were observed between the symptom levels reported by the "hit undisplaced" and "threatened" subjects (mothers and children), we concluded that the higher symptomatic reaction of displaced subjects was not explained by their distance from the missile impact but by the destruction of their homes and their following displacement.

Within the displaced group of children, those showing more severe symptomatology came from families that were characterized by longer displacement periods, inadequate cohesion (either too cohesive or too loose family ties), and highly symptomatic mothers.

Finally, we observed that despite the fact that no significant symptomatic differences between three, four, and five year old children were observed, only symptoms of the younger group (three and four year old) correlated with both their mothers' symptom levels and the inadequate cohesion of the family. Since the mother's functioning and the family's appropriate cohesion are important protective factors for the child, we viewed the "protective matrix" as becoming more autonomous with increasing age.

Thirty months later, the two groups from Tel-Aviv were approached again. This time we extended our interest to specific post-traumatic symptoms of both children and mothers, children's adaptive behavior, and mothers' capacity for image control. A significant decrease in stress-related symptoms was observed in displaced children, to a point at which no difference was observed between them and undisplaced ones. Further, there were no differences on the adaptive behavior scores of both groups of children. However, post-traumatic symptoms of both displaced children and mothers were more severe than those reported by the undisplaced group.

Post-traumatic symptoms of displaced children were statistically explained only by the mothers' numbing and avoidance of stimuli related to the trauma, while the latter were explained by the mothers' symptoms six months after the war, their low capacity for image control, the inadequate cohesion of the family and the duration of the displacement period.

Our findings support the need to develop intervention strategies aiming at families at risk, i.e., those consisting of parents and/or children who are vulnerable to failure of their protective matrix in the face of adverse situations. ■

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CHILD AND ADOLESCENT PSYCHIATRY IN THE CONTEXT OF POLITICAL CHANGE AND VIOLENCE National Reports from Eastern and Central Europe

The following national reports were presented at the Thirteenth International Congress in San Francisco from the Republics of Estonia, Yugoslavia-Serbia, and Slovenia. They focus on the status of child and adolescent psychiatry and problems of violence affecting youth. These reports are specifically important because they illustrate the profound effects of extensive political and social change on issues pertinent to child and adolescent psychiatry.

Republic of Estonia, Eve Pöllu, M.D.

Rapid changes in society and economic difficulties have caused stress in The Republic of Estonia that is reflected on children. At present, the major reasons to see a child psychiatrist are conduct and emotional disorders, learning disabilities, depression and suicidal attempts. The main problems for child psychiatrists are a shortage of staff members. There are few child psychologists and no social workers. There is no special psychiatric and therapeutic education for medical nurses. The social system is unsatisfactory with limited possibilities for foster parenting. There are few mental health workers outside child psychiatric units. There has been an emphasis on biological approaches to treating mental disorders among children and an insufficient development of psychotherapies.

At present there are about 30 child and adolescent psychiatrists in Estonia with half of them working in three Estonian child psychiatric clinics, and there are five psychologists working in child and adolescent psychiatry. There are about 20 child psychologists in Estonia.

A training program in child and adolescent psychiatry lasts for three years and includes training in general psychiatry before child psychiatry training. There is no training program in child and adolescent clinical psychology.

Child and adolescent psychiatrists and psychologists evaluate and treat aspects of the impact of trauma and violence on children and adolescents by providing direct services in outpatient and inpatient child psychiatric units. There are no teams of specialists, such as psychologists, social workers, specially educated nurses for this work.

There is only sporadic collaboration between child psychiatrists and psychologists and other specialists in pediatric clinics and hospitals, child welfare services and others.

The major types of trauma related to violence with which child psychiatrists and psychologists are concerned are:

1. Family violence involving physical punishment, quarrels between parents (more often in alcoholic families) and incest.

2. School violence involving aggressiveness and violence between pupils, physical and moral violence toward pupils from teachers involving humiliation, taunting or mocking and persecution.

3. Terror of youth gangs outside the schools involving extortion, humiliation, forcing to commit a crime, use of alcohol or drugs.

There is relatively little systematic training for work with trauma. Information is acquired from the few lectures from abroad or independent study by reading books and articles. Very few people can go abroad for training because of the economic situation in The Republic.

The major obstacles that child mental health workers face in work with traumatized children are a lack of special education for working with traumatized children, a shortage of mental health workers dealing with the problem outside child psychiatric units, limited possibilities of solving these problems because of an unsatisfactory social system, and a deficiency of legislation to prevent violence and its traumatic effects on children.

Yugoslavia-Serbia presented by Vojislav Curcic, M.D.

All research and practice connected with children and adolescents must be understood within two periods of time: 1) before disintegration of former Yugoslavia in 1991 and 2) after these events. Former Yugoslavia was a relatively stable country, with strict laws and satisfying economic status. Yugoslavia was, according to these features, similar to other Western countries. There was free exchange of people, ideas, and information which was of great importance to all experts and, of course, those dealing with psychological and psychiatric problems of children and adolescents. There was a high level of education and knowledge and a very good and current organization of mental health care for this population.


Cooperation between experts in this field was very intensive, thanks to the Yugoslavia Association for Child and Adolescent Psychiatry and Allied Professions

which was established in 1986. There was hardly a difference between problems of children and adolescents in Yugoslavia in Western countries.

An increasing number of violent behaviors among adolescents occurred in the eighties that included destructive behavior and suicide attempts. This corresponds with increasing violence in society with children and adolescents as victims of physical and sexual maltreatment by adults.

Starting from the formal disintegration of the former in summer 1991, the situation has rapidly, dramatically and tragically changed. It reached its climax with the beginning of war at the end of that year and with the spreading of war in Bosnia in spring 1992.

The following is a description of the situation in Federal Republic of Yugoslavia consisting of Serbia and Monte Negro. The war that started at the borders of FR Yugoslavia brought anxiety and refugees whose number grew to a maximum in autumn 1992 of 700,000 among which included 50% of children and teenagers. These refugees required very rapid professional attention from a system of professional help that developed in a very short time. It was created by psychiatric institutions, with the help of the state churches, political parties and humanitarian organizations — UNICEF (United Nations Children's Fund), IFRC (International Federation of the Red Cross and Red Crescent), WHO (UN World Health Organization), SOROS Foundation, etc. An important strategy was to provide homes for 97% of the refugees. They were located in homes of their relatives, friends and other people. It was obvious that children and adolescents situated in homes had less psychic problems and were to a smaller degree victims of acute or chronic stress than those situated in collective accommodations. The problems of adjustment occurred later. Those from rural regions suffered most because they could not get professional help. Volunteers, who were students of psychology, medicine, sociology, helped by working in collecting centers in many of the towns where the refugees are located. There are Counseling Services for Families jeopardized by war, Counseling Services for War Victims, Counseling Services for Maltreated Children, etc. The staff in these centers consisted of educated volunteers supervised by psychiatrists, psychologists, and psychotherapists.

Children and adolescents in Yugoslavia suffer from many problems, especially after the introduction of the embargo. 

The conditions got worse after than with an extremely fast economic destruction that reached a climax at the end of 1993 and the beginning of 1994. Economic crises brought hunger and poverty to most of the inhabitants. Children collapsed from hunger so that the Red Cross organized free meals in schools for each child. Families functioned chaotically and struggled for existence. Criminality increased and everyone was anxious and worried. This affected children, adolescents, and young adults most, especially the highly educated ones who started to leave the country searching for better futures. Adolescents became more chaotic and depressed. They lost hope and the meaning of life because the supporting system had broken. In the clinical sense, it manifested itself through anxious reactions, acting-out reactions, increasing violence and delinquency. There were more depressive and psychotic episodes, with predominance of confused-paranoid pictures. The psychopathology of children and adolescents became more and more severe during the last three years. On the other hand, the number of children asking for help diminished because their parents were occupied with existential problems.

Professionals had to organize additional activities and to adjust to new circumstances. Seminars were organized for volunteers who worked on primary prevention. A major problem is the lack of journals, books, publications because of the embargo and little exchange of professional experiences with our colleagues abroad. The tragic economic situation caused tragic problems in hospitals, health centers and other institutions working with children and adolescents. There was no food, medication, detergents and other conditions for normal functioning of these institutions.

From the beginning of 1994 the economic situation and the situation in mental health care improved. However, there is still a lack of equipment, medication, and professional support in education.

The main problem that currently exists involves dealing with taking care of a large number of refugees with their specific problems: consequences of acute or chronic trauma of various degrees, intensity and manifestations. The main clinical manifestations are anxious and depressive conditions.

A second problem is that children and adolescents living in their native environment are suffering because of abnormal conditions caused by constant threat of war, violence, and death. They manifest severe and more intensive pathology: depression, aggressivity, violence, delinquent behavior.

There is an increasing number of psychotic disorders in adolescents. Finally, due to the growth of criminal and violent behavior, youngsters became their own victims.

The mental health care for children and adolescents is organized in sectors. In bigger towns and university centers, there are special units within university psychiatric clinics. Hospitals are provided with 80 beds for this age group. These university centers organize primary, secondary and tertiary prevention and educate professionals for this kind of work. There are five of them in Serbia now.

There are also child guidance centers within institutions for general practice. Every community has such an institution which covers about 100,000 inhabitants. The staff consist of pediatricians, psychologists, social workers and others who have additional education in mental hygiene. The main function is primary prevention, early detection of disturbances and diseases and psychological help. More complicated cases are sent to specialized institutions. There are also school psychologists in every essential and secondary school. Their aim is also primary prevention, early detection of disturbances as well as the counselling.

Finally, there are social work centers and some other institutions for social help. Some of them are specialized for handicapped, autistic, retarded children and adolescents and those who manifest psychiatric disorders. The staff consist of educated psychologists, social workers, and other specialists.

This organization partly satisfies the need for mental health care. But, there is always lack of staff and lack of maintaining this level of care.

Republic of Slovenia presented by
Franci Hrastar, M.D.

Child psychiatric work within The Republic of Slovenia has a long tradition that developed alongside the modern idea of adult psychiatric and psychotherapeutic help. When the outpatient psychiatric service was founded in 1954, our profession gained the first specialists for child psychiatry. This year we are celebrating 40 years of child psychiatric work.

The Section for Child Psychiatry was founded in 1976 and today, it is a fully authorized member of the Slovene Medical Society. This section included child psychiatrists, some school general practitioners and pediatricians, as well as child neurologists. Among its associated members are clinical psychologists and specialists in special education, who deal with the problems of children and adolescents.

In the organizational sense, we are working on the formation of a system of child psychiatric service which would, in optimum conditions, evenly cover the entire country. Presently, there are 14 child psychiatrists in public health service and two in private practice. Four child psychiatrists work in the public hospital service, while all the others work in the outpatient service. Thus there is one psychiatrist per 30,000 children and adolescents under 18 years of age. After the adoption of the state health care program, the optimum relation should be one child psychiatrist per 18,000 children. It is possible to achieve this goal by the year 2000. All child psychiatric teams include also clinical psychologists. A great number of them also work within mental hygiene departments of child and school dispensaries. There is a total of 120 clinical psychologists.

In Slovenia there is no specific educational program in the field of child psychiatry. It is possible to practice child psychiatry by specializing in general psychiatry. The specialization course lasts four years and concludes with the specialization exam; the first three years include general orientation, while in the fourth year, it is possible to choose between various fields of psychiatry, among which is also child psychiatry.

Private practice has been legal only for the past two years. The specialist has to be employed in the public health service for five years before he/she can apply for private practice, which must be acknowledged by the Ministry of Health in accordance with the health network specific for each geographical territory.

There also is no specific specialization course in child or adolescent clinical psychology. Within the general specialization course there are possibilities of adapting the program towards the field required. Within the specialization course, every psychologist has to finish the obligatory two semester postgraduate course in psychotherapy. In Slovenia, it is not possible to have a private practice in child or adolescent psychology but clinical practice only counseling or as a psychotherapist. Specialists in psychiatry and clinical psychology can reach the academic levels of MSc and/or Doctor of Sciences in these two fields.

Special attention is constantly paid to violence among children and adolescents and the violations of children's rights. In this context, a telephone for children in distress (SOS-child telephone) was founded

seven years ago at the Center for Social Work in Ljubljana. The child telephone includes specially trained volunteers, social workers and psychologists. Such telephones have been spread to 13 towns across the country, while a national network of phonelines for children in distress is in the process of development. The Association for the Prevention of the Abuse of Children and for Help Within the Family has been formed recently. All these activities include child psychiatrists, clinical psychologists, and social workers.

In the last three years, a special problem developed regarding trauma of refugee children who came to Slovenia from the newly-formed countries of the former Yugoslavia, especially children from The Republic of Croatia. There are also refugees from Bosnia and Hercegovina. They suffer from post-traumatic stress disorder due to war terror and loss of relatives. Special mobile teams were organized to treat these children together with their relatives in the refugee camps. The Counseling Center in Ljubljana and some of the centers for social work showed special efficiency in this activity.

An urgent problem is also sexual abuse of children, which is hard to detect because it is hidden within the family. There is no routine pattern of procedure in such cases. We do not have departments for crisis intervention for these children. Intervention is offered by a psychiatrist or clinical psychologist with the help of the Service for Prevention of Child Abuse at the social work centers. Less threatening, yet longer lasting, are the traumas that children and adolescents experience in an extremely achievement-oriented school environment. Recently, there has been an increase in violence among children and adolescents. ■

BIOGRAPHICAL SKETCHES

In our next issues of the Newsletter, we will feature biographical sketches about each of the officers of IACAPAP. Please feel free to contact these officers about any important issues concerning IACAPAP.

Donald J. Cohen, M.D. President

Donald J. Cohen, M.D., is the Director of the Child Study Center and Professor of Child Psychiatry, Pediatrics and Psychology, at the Yale University School of Medicine, New Haven. The Child Study Center is internationally recognized for its multidisciplinary programs of clinical and basic research, professional education, and clinical services and advocacy for children and families. Dr. Cohen's clinical and research activities have focused on the neuropsychiatric disorders of childhood, including pervasive developmental disorders (such as autism); stereotypic and tic disorders (such as Tourette's syndrome); and the impact of trauma on children and families. The research program he has led in the Child Study Center is characterized by the integration of multiple biological and behavioral perspectives on psychiatric disorders of childhood, and the linkage between research and clinical services. Dr. Cohen is also a training and supervisory psychoanalyst at the Western New England Institute for Psychoanalysis and a member of the Institute of Medicine of the National Academy of Sciences.

Myron L. Belfer, M.D. Treasurer

Myron Lowell Belfer, M.D., received his B.A. in 1961 from the University of Rochester and his M.D. from the Albert Einstein College of Medicine in 1965. He was trained in psychiatry at the Massachusetts Mental Health Center and in child psychiatry at Boston Children's Hospital and the Judge Baker Guidance Center. Since 1972 he has been associated in various capacities with the Massachusetts Mental Health Center, Boston Children's Hospital, and the Cambridge Hospital. His academic appointments have been at the Harvard Medical School. From 1981-1991, he was Chief of Psychiatry and from 1983-1991 was Professor of Psychiatry and Head of the Department of Psychiatry at Cambridge Hospital. He served as Special Assistant to the Acting Administrator, Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services, Washington, D.C. from 1992-1994. He is currently Professor of Psychiatry in the Department of Social Medicine, Harvard Medical School.

Dr. Belfer is a Fellow of the American Psychiatric Association; member of the Boston Psychoanalytic Society and Institute; Fellow of the American Academy of Child and Adolescent Psychiatry; and Past-President of the New England Council of Child Psychiatry, and the Massachusetts Psychiatric Society.

Kosuke Yamazaki, M.D., Ph.D. Secretary-General

I have been enjoying the opportunity of serving as Secretary-General since my appointment at the General Assembly of the 13th International Congress. It has been a monumental honor for me to have been selected at the first from Asia to take office in this important capacity. It is my intention to follow through in my duties to the best of my abilities, for which I am counting on the cooperation and support of every last member of our Association.

I was born on December 1, 1937, in Hokkaido, the northernmost island in Japan. In 1962, following graduation from the Hokkaido University School of Medicine, clinical training and research (Neuroendocrinology, Clinical Child Psychiatry, Developmental Disorders), I was appointed lecturer of the Department of Psychiatry and Neurology at the University in 1970. In 1974, I took office as Director of a newly established Division of Child and Adolescent Psychiatry at Sapporo City General Hospital, where I undertook practice in all aspects of clinical child psychiatry and regional activities. During this time, I also continued to serve as lecturer at my alma mater, where I undertook infant studies with Prof. Kazuo Miyaka. In the fall of 1981, I was appointed Associate Professor of the Department of Psychiatry and Behavioral Science, Division of Child and Adolescent Psychiatry, Tokai University School of Medicine, chaired by the late Prof. Kiyoshi Makita, where I was promoted to Professor in 1987. Thereafter, I served as the Executive Secretary for the Organizing Committee of the 12th Congress of IACAPAP held in Kyoto in July 1990, where we were able to bring to its safe conclusion amidst much success given the support of the membership.

Currently, I am also serving as Director (The Japanese Society of Child and Adolescent Psychiatry), Editor (Japanese Journal of Child and Adolescent Psychiatry, Japanese Journal of Psychotherapy), while enjoying membership in various organizations (The Pacific Rim College of Psychiatry, World Association for Infant Mental Health, Child and Adolescent Section of the World Psychiatric Association, The Royal College of Psychiatrist, other).

We are all in positions entailing active involvement in a variety of problems affecting children. Please do not hesitate to send in any ideas or requests you may have regarding our Association.
(Fax: 81-463-94-5532 [office],
81-3-3334-4548 [home]) ■

ANNOUNCEMENTS

ISAP TO MEET IN GREECE

The International Society for Adolescent Psychiatry is holding its Fourth Congress in Athens, July 5-8, 1995. The organization, founded in 1984, chose as its theme, "Trauma in Adolescence," with an emphasis on the post-traumatic consequences of war, socio-political disturbances, natural disasters and mass violence. Internationally-known figures who have studied post-traumatic stress disorder in different regions of the world will head the list of participants, including James Garbarino, Bessel van der Kolk and Robert Pynoos. Their presentations will address violence and its impact on adolescent development, trauma and identity formation, and life events and stress. The relationship between stress and adolescent psychopathology will be the subject of a talk by Philippe Jeammet while two other plenary lectures will examine trauma related to drug abuse (E. Kalina), and psychotherapeutic intervention in institutions (Tsiandis).

Other topics that will be covered include chronic illness and accidents, suicide and sexual assault. The participation of the World Health Organization and UNICEF is a welcome addition to the program and will further an exploration of the refugee problem, the Bosnian situation and other matters of concern to these international bodies.

Both IACAPAP and WAIMH (World Association for Infant Mental Health) will be presenting, each with a panel (details not available at this writing).

As always at ISAP meetings, the developmental and psychoanalytic perspective will receive ample attention, as is appropriate with the theme of trauma. Biological and pharmacological aspects, perhaps still largely at the investigative level, will also be covered.

A rich social and cultural program featuring the art, music and dance of Greece, from ancient times to the present, will round out the official Congress activities. These will include Byzantine and modern Greek folk music, shadow theater, and an adolescent choral group singing contemporary popular songs. A gala dinner/dance by the Aegean will cap off the festivities.

For accompanying persons, tours will be available to the Acropolis, the National and the Benaki Museums, as well as other sites of legendary fame such as Delphi. (An opportunity for an audience with the Oracle is being explored.)

A special feature will be a talk at the Jewish Museum on the history of the Jews in Greece. There is the possibility of an overnight tour to Thessaloniki, which early in the century was a major center of Jewish commerce and culture, and which suffered the loss of more than 48,000 (i.e., over 95%) of its citizens in a five month period in 1945.

The agency in Greece which has responsibility for local arrangements and pre- and post-Congress travel is Zita Tourist Club, 46 Voulis Street, 10558 ATHENS, Tel. 3239744; Fax 3241720. For residents of the Americas, Australia, Japan and the Pacific Rim, Hellenic Holidays, Inc. at 1501 Broadway, Suite 1512, New York, NY 10036, Tel 212-944-8388, Fax 212-944-2450, will handle all travel arrangements.

The ISAP office is as follows: Mary D. Staples, Executive Secretary, 610 Timber Lane, Nashville, TN 37215, Tel 615-297-7738, Fax 615-385-2069. Program brochures and applications for registration can be obtained at any of these offices.

Michael G. Kalogerakis, M.D.
President

REGIONAL CONFERENCE

April 7-8, 1995; Dallas, Texas

Babies Can't Wait: A collaborative approach to planning for infants and toddlers in the legal system.

For information, contact:
Deborah E. Butler, TCJC Child Abuse Intervention Training Project, 4801 Marine Creek Parkway, Fort Worth, Texas 76179
Tel: 817/232-7703.

WORLD CONGRESS

July 25-28, 1995; Tampere, Finland

Anyone interested may contact the WAIMH office for further details:

WAIMH, Institute for Children, Youth and Families, Kellogg Center #27, Michigan State University, East Lansing, MI 48824
Tel: 517/432-3793 or Fax 517/432-3694

IACAPAP CONGRESS

The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) will have its next International Congress in Stockholm, Sweden, August 2-6, 1998. The proposed theme is, "**Challenges and Intervention for Child Mental Health: Present and Future Perspectives.**" Chairperson for the Program Committee is Professor Per-Anders Rydelius. Chairperson for the Organizing Committee is Professor Kari Schleimer. Further information can be obtained from Kari Schleimer, M.D., Ph.D., Department of CAP, University Hospital MAS, S-214 01 Malmo, Sweden, Fax 46-40-33 62 53.

INTERNATIONAL CONFERENCE

August 30-Sept. 1, 1995; Tel Aviv, Israel

Understanding Youth Suicide: A Meeting of Differing Perspectives

Among the topics to be covered:

- Phenomenological, Sociocultural and Biological Approaches to Understanding Suicide in the Young
- Epidemiology: Life Stress, Sociocultural Factors and Psychobiological Factors
- Diagnosis: Biological vs Psychodynamic Approaches
- Treatment: Medical, Psychodynamic and Cognitive-Behavioral Approaches
- Suicidal Adolescent/Child and the Family
- Unique Dynamics and Factors in Adolescent Suicide and Suicidal Behavior
- The Role of Adolescence Crisis in Suicidal Behavior
- Mental illness, Drug Abuse and Suicidal Behavior
- Suicide from Philosophical Perspectives
- Understanding Suicide from the Viewpoint of Literature and the Arts
- Self-Destructive Processes in Adolescents
- Approaches to Suicide Prevention
- Relationship to One's Body and Suicide

Abstracts are invited for the above topics.

They should be about 150 words and be submitted before March 31, 1995 to:

Secretariat
ISAS International Seminars
P.O. Box 574
Jerusalem 91004 Israel
Tel: 972-2-661356
Fax: 972-2-666154

A YOUTH'S PERSPECTIVE ON THE 13TH INTERNATIONAL CONGRESS

JOSEPH COHEN (USA)

Children throughout the world are victimized by trauma in their homes and in the towns and cities in which they live. They are exposed to violence as witnesses of terrible events—such as bombings, sniper fire, and the murder or abduction of parents and siblings. They are also the direct victims of assaults and during the past decades, children have increasingly become the targets of aggression during warfare. During the Holocaust, more than one million children were killed. The Holocaust established the pattern of making children the specific target of aggression and not just “innocent bystanders” in war. Today, children are kidnapped or attacked in front of adults or are mutilated in order to demoralize their families. When warfare leads to mass movements, children often suffer the most as refugees separated from parents and family. While there are many differences, there are also similarities between the experiences of children in areas of war, such as in the former Yugoslavia, and in the inner cities of the United States. In both situations, children are exposed to persistent and acute episodes of violence, they see dead and injured people, and they often do not feel safe even in their own homes. The scale of violence to children in the United States is astonishing. Over two million child abuse cases are reported annually in the U.S., and there are probably many more children who are neglected and abused but who are never seen for evaluation.

Violence towards children was the theme of the 13th International Congress of the Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP). More than 1,200 leading child psychiatrists and psychologists from over 55 nations, from Albania to Zimbabwe, presented their most recent research and clinical findings. Many of the new Eastern European nations were represented, including Serbia, Croatia, Slovenia, Ukraine, Lithuania, and Latvia. Some of the participants flew directly from war areas where they are taking care of young children and adolescents suffering from physical injuries as well as psychological problems, such as post traumatic stress disorder. Researchers and clinicians from the U.S. also described their work with children exposed to urban trauma as well as approaches to treatment, like group therapy in schools, and helping children describe their experiences in words, drawings and acting. The clinicians emphasized the

importance of helping children exposed to trauma resume their normal experiences, like going to school.

Ever since its conception in 1937, the international organization has been a source of knowledge for mental health workers from all nations who come together to discuss their theories and findings. The 13th Congress continued this work.

I came to San Francisco expecting to enjoy the city, perhaps with some other teenagers who were accompanying their parents from other countries, and perhaps to take in a few sessions of the Congress. As the week progressed, I was captured in thought about the conference. I thought about essays, books, articles, photographs, but what is more important, did I agree with that paper or was that a truthful interview? I felt that a young person has a lot to gain from participating in a congress predominantly of adults, but also that youth would have a great deal to offer and that there should be more space for our participation.

Listening to the various lectures, one learned that the world is plagued with inhumanity and general injustices to children. This is true even in the most “advanced” countries that serve as models for other nations. Dr. Kari Schleimer, a Swedish child and adolescent psychiatrist, said that Sweden is lucky, but no country is perfect. “Nobody is starving, nobody is poor, nobody is homeless,” said Schleimer, but she thought the problem was on “the emotional side.” The problems were mostly, according to Schleimer, “coming from the home.” Many of Sweden’s youths are depressed because of alcohol and drugs and because of family pressures, also sometimes relating to alcohol and drugs. Most of Sweden’s violence is coming from neo-nazi groups. For centuries, Swedes have always come from Sweden. Now Sweden is facing the problem of trying to integrate immigrants from other nations, including Eastern European and middle-Eastern families. The Swedish society is being tested in a new way, and many Swedes are having a difficult time. This is leading to violence by skinheads and other forms of intolerance, to which the young children, both immigrants and Swedes, are exposed.

Many psychologists and psychiatrists working in Eastern Europe described the terrible problems of children who have been exposed to months of warfare, as in Sarejevo and Bosnia-Herzegovina. In discussion, some of these people tried to put on the best face possible, as a way of showing their optimism, and often as a form of denial. Dr. Jen Pecenak, a child psychiatrist

in the Slovak republic, said that children there don’t have especially “serious problems.” Pecenak says the violence in the Slovak Republic is similar to that of the United States, but “it is more hidden.” Pecenak said that children and families in the Slovak Republic were not familiar with the benefits of psychiatry. He described that sometimes it is better for children not to be seen by psychiatrists because this would make the situation worse. He emphasized that “the whole family should be in therapy,” because most of the psychiatric problems in the Slovak Republic are family related. The psychiatrists from many of the Eastern-European countries expressed to me that psychiatry is a few decades behind other parts of the world because mental health research and training was generally not supported and often suppressed for many decades under the Soviet Union. The professors know that their universities are lagging behind Western Europe and the United States in treatment centers, resources, and knowledge and they are eager to learn and to share their own experiences with other colleagues.

Many of the people came to the conclusion that families of the world are becoming increasingly dysfunctional. However, several of the people who were interviewed tried to deny their problems when talking with me. For example, a leading professor from a country that has experienced a great deal of conflict, insisted that there wasn’t much trouble in his capital city even though the city was filled with refugees and had thousands of young people go off to war. He said that there was only a slight rise in urban violence, but it was always fluctuating. As much as I tried, he never admitted the emotional and social problems that his city and nation were facing. Perhaps it was miscommunication, but I think it probably represented something deeper, his *wish* that the biggest problem facing adolescents was still the way it used to be, “there is a very hard exam to be accepted to college.” Perhaps it is that patriotism that keeps the professor from telling the truths of his country. Maybe it is shame, possibly embarrassment, and most likely it is pride, especially in talking with an American teenager who has had all the advantages of living in a country that has not had a war on its own land in more than a century. Politics makes an impact on academia.

While many were tentative about talking about the problems children face in their countries, others were more outgoing. I think American professors were especially blunt and outspoken about worries.

Professor David Finkelhor, a psychology researcher from Durham, New Hampshire, summed up the conference quite simply, "it's very hard to be a young person." He said that with increasing family instability, children in some of their most formative years, under the age of six, have a one-half chance of being in a single parent family. He hopes his research will lead society to take children and their problems more seriously.

One of his suggestions was to give more power to children and adolescents. In a way, it's ironic that he says this at IACAPAP, a convention where not one college or high school student was on a committee. It was very nice to hear about children in trouble, but often because of lack of representation of young people, there was much room for misinterpretation.

In many scientific paper sessions, there were times when I disagreed with the speaker, or had comments to add about a speech that was just presented. I wanted to stand up to the microphone and speak my feelings. But fear of being patronized, or at the very least, misunderstood, inhibited my actions. I was particularly outraged while attending "Viewing Violence in the Media," where children were made to sound like mindless organisms, who absorb television all day and act crazily after sitting in front of TV. Perhaps a part of the session should have been a tour through Harlem, New York or through Mogadisu, Somalia. Then the presenters would have a much more difficult time stating that day-to-day violence was created by TV. Did TV really influence a child into being a drug dealer? I tend to think I am a normal kid, but perhaps I'm not... after hearing "Viewing Violence in the Media," I'm not sure. After all, they argued that a normal kid watches several hours of television after school and shows signs of ADHD after watching regular TV programming, then I guess I (and all the young people I know) must be very abnormal. If adolescents from different countries were presented at this session, I'm positive that the outlook of the session would have been quite different. Children and adolescents would have been able to discuss how TV watching can be a simple "recreation." They also could describe the real sources of violence in their communities.

Judge Jonny Bearcub Stiffarm of Eagle Butte, South Dakota, brought up issues of the dysfunctional family involving violence, alcohol, and even homicide. Stiffarm says her tribe, one of the Cheyenne Sioux River Nation, has an incredibly young population with 50% under 18 years of age. Indian reservations around the United States are

role models for their children, a task that is becoming increasingly more difficult. There are not enough activities, sports, facilities, money or employment. Judge Stiffarm believes self-worth and self-confidence are the answers. Born in a trouble domestic environment, Judge Stiffarm was destined to become a statistic, but she overcame her domestic situation and went to law school. She has become one of the leading Native American lawyer. Her achievements are the result of being taken in by her family and being extremely intelligent and working hard. She has personally experienced the prejudice against the Native American system, but she overcame them and has succeeded. She believes in Lacota, a morality code—respect for human beings, nature, and the world. She was right on target with her closing statement, "You need the society to heal itself." Society needs to be healed, but how is another question. A question that cannot be answered by a single conference.

Dr. Steven Marans, a psychologist and psychoanalyst at the Yale Child Study Center, and his colleagues described the experiences of children in New Haven, Connecticut. Working with the New Haven Police Department, the Child Study Center psychologists respond to children who are the witnesses of violence, such as drive-by shootings and family violence, and help children and families deal with the trauma. Other psychologists and psychiatrist from Yale are working with children who come from families where parents have AIDS or who are suffering from HIV infection or AIDS themselves. Other psychologists are working with children who are abused and neglected. The Yale child psychiatrists described some of the terrible burdens that are experienced by many children growing up today in the inner city. But they also described how children and their families are being helped by new clinical and preventive approaches, such as programs for families, the Comer School Development Program, and the programs for children exposed to trauma. People from many other countries were very interested to learn about the New Haven programs for helping children deal with trauma.

One came out of this Congress with the impression that the children of the world are facing terrible troubles. It is good that there are professionals throughout the world who are sharing their ideas and research, and who are working to help children and families. Many of the psychologists and psychiatrists seem to be dealing with problems that are bigger than what they can cope with. So long as children are the victims of war,

poverty, racism, and neglect, even the best therapists and researchers will not be able to do much. Mental health professionals need to help change the societies in which they live and work. Thus, perhaps one of their most important jobs is to let government leaders and the citizens who elect them know about the terrible consequences of what is happening in their own and other nations, including how the actions of their own nation are hurting children in other nations. Many of the psychologists and psychiatrists at the Congress are also important advocates for children. They are not only helping individual children who are their patients, they are trying to improve the lives and experiences of all children. The next Congress in Sweden should encourage that delegations include more teenagers. The psychologists and psychiatrists could learn a lot from their own sons and daughters and the youth delegates would gain a new perspective (and perhaps pride) about the work of their parents and "colleagues" and the status of children in the world. ■

THE 1994 SAN FRANCISCO CONGRESS

Gerald Caplan, M.D.

This was the first congress of IACAPAP that I have been able to attend in recent years. My immediate impression was that our association had grown out of all recognition. We were no longer small enough, as in the past, to be welded together into a homogenous meeting focusing on a single theme. The theme of this congress molded only part of the proceedings. And the dominant impression at the meetings was the wide range of topics that were addressed, which mirrored the varied activities and interests of child psychiatrists in different countries at the present day. IACAPAP has come of age, and has taken on the complexion of other large organizations.

The measure of success of the San Francisco congress, and indeed, I judged it to be an outstanding congress, was that it catered to the needs of a very large heterogeneous membership. It was so well organized that most participants could attend their own chosen mixture of sessions without the usual difficulty of feeling frustrated more than minimally, because of having to miss attractive sessions that were taking place simultaneously in other places. The professional standard of the meetings I attended were uniformly high. Rarely have

UNICEF PROGRAM FOR CHILDREN AFFECTED BY WAR IN FORMER YUGOSLAVIA

Rune Stuvland, Psychosocial Advisor
UNICEF Former Yugoslavia

Almost four years have passed since the war started in former Yugoslavia. In this time, the international community has done its best to provide assistance and preserve some kind of normalcy in a situation that is everything but normal. This assistance has first of all been directed towards the hundreds and thousands of people who were forced to flee their homes due to the terror and violence directed toward civilians as part of the policy of ethnic cleansing, and naturally, the assistance needed was first of all, supplies for survival.

But even at the very beginning, there were also considerable efforts to provide psychosocial and mental health services to the most affected populations. As the war is taking place in a relatively speaking highly developed society, mental health professionals as well as volunteers responded in a spontaneous way to help the war victims. Gradually, one could observe that these spontaneous efforts lost some of their efficiency as the conflict just continued, and the tasks became quite overwhelming for the care providers.

Fortunately, a number of international organizations have realized the importance of assisting these services even in the midst of a crisis, and significant efforts have been made to improve the situation among the many children and adults seriously affected by this war. UNICEF, one of the very first organizations setting up specific psychosocial projects in former Yugoslavia, is today supporting wide-scale projects. Focusing on primary schools, preschool institutions, primary health care workers and refugee camps, thousands of care providers have received specialized training in methods for working with distressed populations. We have learned that it not only is possible, but highly welcomed, when psychosocial assistance is provided even in the midst of active war zones. In close cooperation with national and international resource institutions, UNICEF has assisted relevant governmental bodies in the development of a wide range of actions to help the most affected children. As a result, tens of thousands of children have been involved in special activities in the school system, whether debriefing sessions or expressive exercises addressing the very adverse experiences many children have had in the war. Teachers have been educated in how to understand symptoms of stress and traumas,

and how they as teachers may help the most affected children. Primary health care workers have learned how to better distinguish psychosomatic from somatic pains, and ways they may help the children other than offering medications.

It is difficult to give a precise account of what has been achieved during these years, partly because the program is so extensive and partly because it is difficult to assess the actual impact of the various activities. Perhaps the best way to measure it is through assessing the interest for this kind of project among the involved governments. Interestingly, the interest has never been greater for assistance in this field. Some governments already have formed specific inter-ministerial committees to address the situation of the most vulnerable children, others are in the process of establishing such committees. Increasingly, there is an understanding of not only the importance of providing assistance to the children in need today, but also of linking the psychological and social needs of children to their rights as stated in the Convention of the Rights of the Child and by the World Summit for Children.

The challenges are enormous. Not only are there millions of children directly affected by an extremely brutal war (unfortunately targeting of civilians seems to become more and more accepted by the international community), and not only is the conflict still unresolved with all the negative consequences of this, but also the future of these children will depend very much on how these new states will be able to develop appropriate child services as they undergo these tremendous transformations. No doubt the time is right to assist these governments, as well as the careproviders themselves, today. Through continuous and adequate support to the various partners involved in helping the children, we can hope that these services will be even better tomorrow. ■

(Congress... from page 11)

I taken part in a large congress where I have not felt bored much of the time. This did not occur at all in San Francisco. And the atmosphere was one of friendly enthusiastic involvement. Everyone I met was excited by his work and eager to discuss it with others.

This result did not come about by chance. It was produced by hard working and creative teamwork on the part of the Executive Committee of the Association, led by Donald Cohen, and of the local organizing committee, led by John Sikorski. We owe these colleagues a special debt of gratitude. ■



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