-- Girls’ brains develop different from boys’ brains from puberty until young adulthood.
-- IQ may change from puberty and onwards.

A series of photos of four cousins, three of whom were born with only one month chronological difference, followed over 20 years from age almost 6 years in 1991 to age 26 years in 2011 do illustrate the individual differences as well as sex differences.

The variance of normality means that each child must be understood and supported according to his/her individual capacity/mental age and not according to the average norms of his/her chronological age. Of special importance is that mental age may change during development and become more congruent with chronological age from puberty. A low mental age usually goes hand in hand with a slow learning capacity and a high risk of school failure. If the child is not supported according to his/her mental age capacity he/she will suffer from emotional stress and is at risk to develop both behavioral symptoms and a negative self-image.

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Tu-L-15
Le paradoxe des troubles psychiatriques: de la conduite adaptative en réponse à une menace sur l’homeostasie psychique à la tentation de détruire y compris soi-même pour se sentir exister
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Psychiatric clinical practice, in particular among adolescents, can illustrate in spectacular and paradoxical manner the adaptive dimension of psychiatric disorders, which can explain, in my view, why the patient adheres to pathological behaviours however destructive they might be. Mental disorders are not the result of choice. They impose themselves on the subject, and belong to the register of destructiveness. What they have in common, apart from their stereotyped nature, is the amputation of part of the person’s potential, and an impoverishment of the individual. The constraint takes over for emotional reasons, linked to fear and the feeling of being threatened. Desires are overall not widely implicated. But by imposing on the self, mental disorders enable the self to recover a form of control, and the illusion that even if the subject has not chosen them, they at least belong to him. Destructiveness is not solely physical and material. It also takes the form of all the behaviours, attitudes and beliefs that consist in erasing or reversing the emotions that might make us dependent on others – striving to be above sorrow, denying suffering, being stronger than disappointment, claiming indifference, and even being stronger than death by choosing that very option. Other possible manifestations are cynicism, misanthropy, disparagement, or refusal of all values except that of believing in that refusal itself. Thus, more or less insidiously, destructiveness can become the reference value, and can intoxicate a human being all the more easily when he has the illusion of being the sole agent in charge. Destructiveness, unlike creativity, has no limits; it escapes disappointment and expectations – the ultimate human narcotic.

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Tu-L-16
Asperger syndrome and high-functioning autism: Are they different?
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There is an ongoing debate whether a differentiation of autistic subtypes, especially between Asperger Syndrome (AS) and high-functioning-autism (HFA) is possible and if so whether it is a categorical or dimensional one. The aim of our studies on this question was to examine the possible clustering or responses in different symptom domains without making any assumption concerning diagnostic appreciation.

They give a report on a study about 140 children and adolescents, incorporating 52 with a diagnosis of AS, 44 with HFA, 8 with atypical autism and 36 with other diagnoses related to developmental problems. Our study does not support the thesis that autistic disorders are discrete phenotypes. On the contrary it provides evidence that e.g. AS and autism are not qualitatively distinct disorders, but rather quantitative manifestations of the same basic condition. This will be exemplified by a review of the literature, statistical data and a case history.

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Tu-L-17
When wars target children, how effective are mental health weapons of intervention?
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While millions of children are exposed to wars in many regions of the world, the science behind mental health mass intervention has lagged behind. This
presentation will review the evidence for the efficacy of psychosocial interventions for war exposed children and adolescents. The nature of the evidence for efficacy of these interventions will be discussed. Experience in Lebanon following two wars (1996, 2006) will be described along with the current practices of international organizations engaging in universal interventions after wars. The studies on psychosocial interventions on war exposed children and adolescents conducted to date have various methodological limitations that make their interpretation difficult and limit their generalization. The various types of interventions that international agencies advocate for have very little scientific support. Recommendations for policy, planning and research are made. Networking of the scientific community with international agencies is urgently needed to improve their practices and to modify future guidelines.

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Tu-L-18

From diathesis-stress to differential susceptibility: How risky genes might turn into high potentials

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In contrast to the conventional cumulative risk or diathesis stress model the novel hypothesis of ‘differential susceptibility’ proposes that some children are more susceptible to both the adverse effects of unsupportive environments and the beneficial effects of supportive rearing environments. Three classes of markers of differential susceptibility are reactive temperament (pioneered by Jay Belsky), a reactive neurophysiological stress response system (introduced by Tom Boyce), and a susceptible genotype (initiated by the Leiden team directed by Marian Bakermans-Kranenburg and me). In this presentation I will report on studies that focused on each of the three susceptibility markers. Genetic differential susceptibility will be emphasized. Dopamine-system related genes seem to play a crucial role: for example, children with the 7-repeat alleles are more vulnerable to bad environments, but they flourish more than their peers without this “risk” gene in optimal rearing environments. I will argue that so-called Gene-by-Environment Experiments are the next step in examining process and outcome of differential susceptibility.

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Tu-L-19

Regard, langage et subjectivité: Comment le cerveau d’un enfant peut dire « je »”?

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Dès la naissance, le bébé est capable de rester pendant de longues périodes les yeux dans les yeux avec son partenaire relationnel habituel, la mère en général. Rapidement au cours du premier trimestre vont se développer des phases d’attention partagée au cours desquelles la mère commente largement toutes les expressions mimiques survenant sur le visage du bébé tout en l’imitant de près. Rapidement au cours du premier trimestre vont se développer des phases d’attention partagée au cours desquelles le parent explique ce geste, permettant de passer de ce pointage proto-déclaratif, ce qui provoque chez d’autres espèces animales telles les primates supérieurs au pointage proto-déclaratif strictement spécifique des êtres humains. L’acquisition du pointage proto-déclaratif, précureur indispensable à l’apparition du langage, précède de peu le développement des jeux de faire-semblant où peu à peu l’enfant se décale de sa propre position pour jouer à être un autre. Le jeu de faire semblant est un jeu sur le « je » au cours duquel l’adulte s’approprie une subjectivité qui lui a en quelque sorte été transférée, transposée dans les étapes précédentes. Ce jeu de faire semblant peut être tenu pour un précureur de l’apparition du « je » Au début, dans la phase d’attention partagée la mère s’adresse au bébé et lui dit « tu ». Ensuite, à la phase d’attention concomitante, elle nomme l’objet en introduisant le « il/elle », ce qu’elle répète quand l’enfant pointe du doigt. Enfin l’enfant en développant la narrativité nécessaire au jeu de faire semblant, jouant de ce « tu » et de ce « il » parvient à se placer en position tierce pour dire « je ». Dans le développement du langage, le « tu » vient en premier, suivi du « il/elle », pour qu’enfin apparaîsse le « je » qui est la véritable instance tierce. La capacité à se regarder dans les yeux, la capacité à développer un pointage proto-déclaratif, la mise en place des jeux de faire-semblant sont des préalables indispensables me semble-t-il à la capacité de pouvoir dire « je » quelques mois plus tard. A contrario, chez les enfants autistes on ne retrouve pas cette séquence qui semble être un marqueur essentiel du développement de la subjectivité.

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Tu-L-20

Treatment for the brain, treatment for the mind: The same “evidence based medicine” for both?

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At the origin, evidence based medicine aimed to apply the best available evidence gained from the scientific method to clinical decision making. It had to incorporate clinical expertise, research evidence, patient’s preference and it recognized that many aspects of health care depend on individual factors such as quality and value of life judgments, which are only partially subject to scientific methods. With time and with the rise to prominence of the evaluation of pharmacological treatments, EBM entered in an era of biological and reductionist perspective. This excess is potentially deleterious for the evaluation of integrative treatments in child and adolescent psychiatry. We will see how can be conceived a new perspective for a rational and sensible EBM.

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Tu-L-21

Functional neurodevelopment underlying motivated behavior in adolescents: The triadic model

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“Adolescence” conjures images of extreme behaviors, typically carried out in groups, and accompanied by intense emotions. These follow poor emotional regulation and suboptimal decision-making. Selected studies comparing brain function in adolescents and adults with regards to specific emotion and cognitive processes will be reviewed. For its central role in the coding of salient information, the amygdala will be a main focus. Two additional themes, reward and inhibition, will be addressed. Much attention has been directed toward both topics because of the unique response to incentives displayed during adolescence, and because inhibitory capacity continues to be refined until young adulthood. Most intriguing is the interaction between these two modulators of behavior, and the way such interactions evolve over time. The reviewed findings will be integrated into a general framework of motivated behavior: the Triadic Model, which describes a simplified architecture of functional neural nodes and their interactions that together mold behavior.

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Tu-L-22

The impact of poverty on child and adolescent mental health: Implications for policy, services and interventions

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Poverty affects children’s mental health through different mechanisms involving a range of family, community and school factors. These effects are both direct and indirect. The first level of factors includes poor housing conditions, malnutrition, large household size, and family and neighbourhood poverty. These are in turn associated with well established risk factors for child mental health problems such as domestic and community violence, abuse and neglect, parenting difficulties, parental mental illness and substance/alcohol abuse, and lack of education opportunities. Secondary effects in this cycle include offending, school exclusion, poor educational attainment, learning difficulties and other developmental