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

M.H. Van Ijzendoorn
Centre for Child and Family Studies, Leiden University, Leiden, Netherlands

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 susceptible 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 »”?

D. Marcelli
Centre hospitalier de Poitiers, Poitiers, France

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 commence largement toutes les expressions mimiques survenant sur le visage du bébé tout en l’imitant de yeux dans les yeux avec son partenaire relationnel habituel, la mère en général. La phase d’attention conjointe, elle nomme l’objet en introduisant le « il/elle », par l’effet 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?

B. Falissard
University of Paris-Sud 11, Le Kremlin Bicêtre, France

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

M. Ernst
Anxiety and Mood Disorders, NIMH, Bethesda, USA

“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

P. Vostanis
Greenwood Institute of Child Health, University of Leicester, Leicester, UK

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 geographical 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