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 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 »”?
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 façon amplifiée, déformée. Vers la fin du deuxième trimestre et de façon encore plus évidente au cours du troisième trimestre, le partenaire relationnel introduit un objet: hochet, petite girafe qu’il se plaît à commenter, pilotant l’attention de l’enfant sur cet objet dans cette phase qu’on nomme attention conjointe. Par la suite, l’enfant tend la main vers cet objet et le parent commente ce geste, permettant de passer de ce pointage proto-impératif, ce qu’on rencontre chez d’autres espèces animales telles les primates supérieurs au pointage proto-déclaratif strictement spécifique des êtes humains. L’acquisition du pointage proto-déclaratif, précurseur indispensable à l’apparition du langage, précède de peu le développement des jeux de faire-simulant 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’enfant s’approprie une subjectivité qui lui a en quelque sorte été transférée, transfusée dans les étapes précédentes. Ce jeu de faire semblant peut être tenu pour un précurseur 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 conjointe, 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-simulant 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 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...
So far, determinants of emotions and behavioral expressions will not be uniquely any child, whatever his culture is acquiring words and grammar rules between beings. We can support the idea of a crucial period for acquiring language, when in systemical terms. An external constraint is turned into an internal gift, a familiarized object brain so as to modify its functioning.

The unconscious always has associated the “biological under-rock” with “the soul. Today, the progress in psychology and neuro-sciences invite us to integrate the local population.

The knowledge and the disintegration of social support networks, particularly in inner cities. In low income countries, with more than 20% of children and families living below the poverty line, lack of basic human needs are linked to adverse child health outcomes across the spectrum, non withstanding high mortality rates, low birth weight and malnutrition. Child mental health practitioners and services have a major role to play at different levels in enhancing children’s current and future mental well-being, even in the context of substantial socioeconomic adversity. The wealth of epidemiological and aetiological evidence indicates that child mental health outcomes and associated risk factors should be explicitly included in international and national anti-poverty policies and campaigns (level 1). Universal programmes, with increasingly international collaboration, should target parenting, enhancement of family and social supports, and school mental health (level 2), and these are more likely to be resource-effective when combined with other public health and child welfare initiatives. Risk factors for child mental health problems are the focus of targeted programmes, for example on preventing parental mental ill health, family and community violence, drug and alcohol abuse, antisocial behaviour and school exclusion (level 3). For the vast number of children who already present with mental health problems and who live in poverty, interventions and services should be integrated with school and community initiatives, and maximize the resourcefulness of NGOs, especially in low income countries (level 4). Child mental health training for all frontline staff and agencies in contact with children in deprived areas is of paramount importance, and should be adjusted to their remit and the sociocultural needs of the local population.

The process of transition from adolescence to adulthood has become longer and harder for all youth in most of the developed countries over the past several decades. Today, many young people are experiencing prolonged dependent adolescence with a greater risk of maladaptation including mental health problems. Also, youth tend to stay longer in educational institute and consequently most adolescents experience their transition to adulthood in schools rather than in workplaces. Given many adolescents need transition support and most of them enter high school; the school-based approach would be promising to promote successful transition to adulthood in modern society. While adolescence is a vulnerable period for various psychopathologies, which require intensive mental health services, the school-based transition support program should be a comprehensive one which incorporates education, employment, social welfare, as well as mental health. Some examples of school-based transition support in Japan will be discussed.

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We-L-23
From brain to mind
B. Cyrulnik
Groupe de Recherche en Ethologie Clinique, Hôpital Intercommunal de Toulon, Toulon, France

It is easier to fragment our knowledge on the one hand the brain, on the other the soul. Today, the progress in psychology and neuro-sciences invite us to integrate the data. The unconscious always has associated the « biological under-rock » with « the memory of the past civilisations », but knowledge in the beginning of the 20th century made it difficult to go from biology to culture. Nowadays, neuro-sciences make it observable the « forcing the way through neurons », Freud had been speaking about. The implicit memory tracks in our brain a particular sensitivity for a kind of event. This memory without reminiscence gives no access to consciousness. It is close to ethological imprint when a meeting between a crucial period with an external event goes imprinted in the brain so as to modify its functioning.

An external constraint is turned into an internal gift, a familiarized object becomes a secure-base. Hence, an information collected in the presence of this familiar-base invites the living being to play and explore. In the opposite, the same information in the absence of this secure-base triggers a panic and metabolic trouble. Linear causalties are improper. It is far better to train reasoning in systenical terms. Such a notion of imprint is schematic on animals and rather heuristic in human beings. We can support the idea of a crucial period for acquiring language, when any child, whatever his culture is acquiring words and grammar rules between the 20th to the 30th month. So far, determinants of emotions and behavioral expressions will not be uniquely sensorial, but will also be caused by verbal representations. Family narratives and cultural myths structure the verbal context which is imprinted in memory, making possible the repression which pushes back in unconscious certain unbearable representations.

The biological imprint, (memory without reminiscence), explains the unknown learning. The subject does not know that he knows, and in order to preserve emotional and social relationships, the sometimes prevents particular remembrances from popping up in memory. The neurological memory and soul don’t always harmonize. When aged memory can no longer incorporate recent events, it allows tracks of past to reappear. And when memory is traumatised, the violent imprint numbs the soul and blocks the evolution of self-representations. Plato’s winged horses gallop in different ways, nevertheless they draw together the same cart.

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We-L-24
How culture shapes the brain
M. Piazza *, S. Dehaene
INSERM-CEA, Cognitive Neuroimaging Unit, Gif-sur-Yvette, France
*Corresponding author.

The human brain comes to life with a complex set of pre-wired modularly organized neural systems that pre-specify their basic functions. For example, lateralized perisylvian areas show an extremely early response specific to spoken language, ventral occipito-temporal regions to object’s shape, and parietal dorsal regions to approximate numerical quantity. During learning, complex cultural-dependent acquisitions such as reading and calculation are grounded on some of these pre-existing evolutionary ancient neural circuits, thus inheriting many of their structural constraints. This process (also referred to as “recycling”, or partial reconversion of pre-existing cortical maps), entails important reorganizations of brain responses, and this is reflected in gains but both also sometimes in losses in behavioral performance. In this conference we will draw upon recent neuroimaging and behavioral data of both literacy and numeracy acquisition, to directly illustrate the idea that the brain both shapes and is shaped by culture.

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We-L-25
Transition to adulthood: Challenges of child and adolescent mental health and education in modern society
Y. Ono
Wakayama Prefecture Mental Health and Welfare Center, Wakayama, Japan

The process of transition from adolescence to adulthood has become longer and harder for all youth in most of the developed countries over the past several decades. Today, many young people are experiencing prolonged dependent adolescence with a greater risk of maladaptation including mental health problems. Also, youth tend to stay longer in educational institute and consequently most adolescents experience their transition to adulthood in schools rather than in workplaces. Given many adolescents need transition support and most of them enter high school; the school-based approach would be promising to promote successful transition to adulthood in modern society. While adolescence is a vulnerable period for various psychopathologies, which require intensive mental health services, the school-based transition support program should be a comprehensive one which incorporates education, employment, social welfare, as well as mental health. Some examples of school-based transition support in Japan will be discussed.

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We-L-26
Neurofonctionnal approach of autism: From brain exploration to therapy
C. Barthélémy
CHU Tours, Tours, France

Autism is a neurodevelopmental disorder that alters from the early life social interaction, communication and adaptation to the environment. Detailed