THE THIRD INTERNATIONAL CONFERENCE OF THE JORDANIAN ASSOCIATION OF PSYCHIATRISTS

" Co-Sponsored By "The World Psychiatric Association"

Congress Abstract: www.arabpsynet.com/Congress/CongJ41IIICJordanianAssPsyAbstract.doc
Congress Program: http://www.arabpsynet.com/Congress/CongJ41IIICJordanianAssPsyPr.pdf

http://www.eventscons.com/website.php?id=7
4-6 june 2014 Holiday Inn Hotel Amman Jordan

The Third International Conference
of The Jordanian Association of Psychiatrists
Co-Sponsored by "The World of Psychiatric Association"
4th - 6th June, 2014 - Holiday Inn Hotel
Amman - Jordan

Dear Colleagues,

The Third International Conference of the Jordan Association of Psychiatrist, taking place 4th -6th June,2014 in Amman, Jordan, will be a major meeting of international psychiatrists dedicated to improving mental health around the globe.

On behalf of the Jordan Association of Psychiatrist, it is our great pleasure to invite you to join us at this occasion.

Guided by the motto Jordanian Psychiatry Focusing on Body and Mind, we are preparing a top-notch scientific programme that will review the most important aspects of diagnosis and treatment in psychiatry and examine the latest achievements in the field. As such, it is a great honour to welcome Professors to present the plenary lectures at The Third International Conference of the Jordan Association of Psychiatrist.

The Third International Conference of the Jordan Association of Psychiatrist will meet the needs of all participants, from trainees in psychiatry to the most esteemed professors. We will also be introducing a new session type, Meet the Experts, which will allow participants the opportunity to meet some of the Speakers in a small group, and discuss real life clinical issues and practical solutionsand strategies.

The Third International Conference of the Jordan Association of Psychiatrist is committed to helping psychiatrists network, share research and learn from their colleagues . Accordingly, we have developed an array of activities at the conference of Psychiatry which will allow these valuable connections to continue and flourish.

Dr. W. Shnigat

president of the Jordanian Association of Psychiatrist

Committees

Chairman of the Conference

Dr. Walid Shnaigat

Executive Committee

Dr. Mohammad Ageel , Chairman
Dr. Walid Shnaigat
Dr. Naim Hasan
Dr. Faiq Shaaban
Dr. Mohammad Rabee
Dr. Ahmad Jaloodi
Dr. Mohammad Al Shobaki
Dr. Saaid Shunnag
Dr. Tayseer Thiabat
Dr. Abdullah Al Ro'od
Dr. Nasri Jaser
Dr. Mahmoud Bashtawi
Dr. Rafat Saleh
Dr. Mousa Hassan
Dr. Zayed Mustafa
Dr. Dawood Raddad
Dr. Iyad Al Abid
Dr. Mohammad Al Theebeh

Local Advisory Committee

Dr. Adnan Takriti, Chairman
Prof.. Abdelmanaf Al Jadry
Prof. Tawfiq Daradkeh
Prof. Nizam Abu Hijleh
Dr. Lutfi Khasawneh
Dr. Ghalib Nazzal
Dr. Jamil Qandah
Dr. Khalil Abu Znad
Dr. Mohammad Kanan
Dr. Bahjat Abedl Rahim
Dr. Asem Abu Farhah
Dr. Mustafa Odeh
Dr. Mahmoud Abu Danoon
Dr. Radwan Bani Mustafa
Dr. Ryad Azawi
Dr. Wail Araim
Dr. Fawzi Ababneh

Co-Chairman of the conference

Dr. Walid Sarhan

Scientific Committee

Dr. Walid Sarhan , Chairman
Dr. Naail Al Odwan
Dr. Nasser Shuriqie
Dr. Samir Samawi
Dr. Mohammad Dabbas
Dr. Mousa Al Dogmi
Dr. Mohammad Habashneh
Dr. Ali Alqam
Dr. Falah Al Tamimi
Dr. Maher Assasleh
Dr. Mohammad Al Zoubi
Dr. Abdelhamid Al Ali
Dr. Aws Al Khasawneh
Dr. Amjad Jumaia'an

Financial Committee

Dr. Naim Hasan, Chairman
Dr. Walid Shnaigat
Dr. Faiq Sha'aban
Dr. Mohammad Ageel
Dr. Adnan Al Kouz

Social Committee

Dr. Faiq Sha'aban, Chairman
Dr. Ahmad Gazawi
Dr. Ashraf Al Salhi
Dr. Rafat Abu Rumman
Dr. Khalid Al Hadidi
Dr. Radwan Elyyan
Dr. Kamal Froukh
Dr. Ibrahim Abdel Qader

Program Committee

Dr. Adnan Al Kouz, Chirman
Dr. Mohammad Al Zoubi
Dr. Maher Assasleh
Dr. Ashraf Al Salhi
Dr. Walid Shnaigat

International advisory board

Prof. Dinesh Bhugra -UK appology
Prof. Mohammad AbouSaleh-UK
Prof. Jack McIntyre-USA
Prof. Unaiza Niaz-Pakistan
Prof. Malek Bajbouj-Germany
Prof. Mohammad Qureshi-Iraq
Prof. Afaf Hamed-Egypt
Prof. Abdelaziz Thabet -Palestine
Prof. Adib Essali-Syria
Prof. Nasser Loza -Egypt
Prof. Jamal Turkey-Tunisia
Prof. Driss Moussaoui -Morocco
Prof. Solomon Rataemane-South Africa
Prof. Abdelrazak Alhamad –KSA
Prof. Elie Karam -Lebanon
Prof. Mrio Maj-Italy
Prof. Adel karrani-UAE
Prof. Abdelhamid Afaneh-Qatar
Prof. Numan Ali-Iraq
Prof. Ali Alrowai-Libya
Prof. Suhaila Galloum -Qatar
Prof. Essam Ansari-Kuwait
Prof. Charlotte Kamel-Baharian

Main Topics

*Psychosocial trauma
* Psychosocial rehabilitation
* Psychotherapy in the Arab culture
* The military psychiatry
* Mood disorders
* Anxiety disorders
* Childhood psychiatric disorders
* Schizophrenia and psychotic disorders
* Substance misuse disorders
* Womens Mental Health

Speakers

Prof. Ahmad Okasha-Egypt
Prof. Mohammed T Abou-Saleh –UK
Prof. Jack McIntyre-USA
Prof. Unaiza Niaz- Pakistan
Prof. Abdelaziz Thabet –Palestine
Prof. Jamal Turkey-Tunisia
Prof. Solomon Rataemane- South Africa
Prof. Marwan Dwairy- Palestine

General information

Venue : Holiday Inn Hotel - Amman - Jordan.

Language : English is the official language of the conference.

Airline : Royal Jordanian.

Currency : Jordanian Dinar (JD). Please note that 1.00 USD is equivalent to 0.7 JD

Weather : for weather information please

visit :www.jometeo.gov.jo

Accommondation

Holiday Inn Hotel : SGL Room : 95.00 J.D bed & breakfast

DBL Room : 100.00 J.D bed & breakfast

ibis Hotel : SGL Room : 65.00 J.D bed & breakfast

DBL Room : 75.00 J.D bed & breakfast

All Above rates are per night per room included of taxes

For more information and reservation, please contact:

Tel : +962 6 5819003Mob: +962 79 9602002

admin@eventscons.com

Abstracts

Deadline for absract submission is April 15 2014

please submit your abstract on : wsarhan34@gmail.com

Please write your abstract using the following headings:

Objectives, Materials and Methods, Results, and Conclusions.

The abstract text should be no longer than 2500 character or 300 words, including spaces and tables.

Abstracts should include name, affiliation and address of the main correspondent and must be sent as attached Microsoft word file.

Authors should indicate their presentation preference oral or poster.Authors will be notified of acceptance within three weeks of receiving their abstracts.

Registration

Registration fees

Jordanian Psychiatrists	140.00 JD
Non Jordanian	200.00 JD
Residents	70.00 JD
Other Mental Health Professionals	70.00 JD

The Registration fees include: Access to the opening ceremony, scientific sessions, exhibition, lunches, coffee breaks, and Conference bag which includes a certificate of attendance, and abstract book with final program.

Please transfare the payment to:

Bank Name: Islamic Bank Account

Name: Al Mustashar for Conferences Account

Number: JOD.: 11709

Branch: Swaifieh SWIFT

Code: IJORJOAX

Bank Address: Tel: 06-4625131 P.O.BOX: 3080

Suggestion Tourism Program

Direction	Dinner place
tour in downtown, theater, King Abdullah mosque, etc	Kan Zaman Restaurant
Madaba, Nepo mountain, Dead Sea.	Marriott Hotel, Dead Sea
visit Ajlun and Jerash, Dinner at Jerash city	Lebanese house Restaurant
Visit Petra & Wadi Rum with Private Camp in Rum to Have a special Dinner + special Jeep 4 X 4 Desert Tour, for the group, Entertainment .	Camping

Note

Transportation by air-conditioned tourist bus Children age (2-12) 50% discount All above rates valid only for 20 persons as a minimum Any Comedian Show. Is up to Amman activity in that time. And it's optional. -not included All above rates not included Guide

For more details please contact

P.O. Box: 143161 Amman 11814 Jordan
Tel : +962 6 581 9003
Cell: + 962 7 99 60 2002
Fax: +962 6 581 1733
E-mail: admin@eventscons.com
Website: www.eventscons.com

Events consultant

Sponsers

The Third International Conference of the Jordanian Association of Psychiatrists
Amman
4-6 June 2014
The Abstracts

(1) Is there a broad spectrum Psychotropic Drug? None but near!!

Prof. Ahmed Okasha
M.D., PhD, F.R.C.P., F.R.C., Psych., F.A.C.P (Hon.)
Director, WHO Collaborating Center
For Research and Training in Mental Health
Institute of Psychiatry, Ain Shams University
EGYPT

Do we have a drug which can help in the acute and maintenance treatment of Schizophrenia, Bipolar Mania, Bipolar Depression and Bipolar mixed, and other psychiatric disorders?
There are some drugs that can be an adjunct for refractory depression or refractory to Clozapine in Schizophrenia?
There are some drugs available now which are commonly prescribed with FDA Approval for Schizophrenia (ages 13 and older), maintaining stability in schizophrenia, acute mania/mixed mania (ages 10 and older), bipolar maintenance, depression (adjunct), and autism-related irritability in children ages 6 to 17. And many may be used but not yet approved by FDA like: bipolar depression, other psychotic disorders, behavioral disturbances in dementias, behavioral disturbances in children and adolescents, disorders associated with problems with impulse control.
We do not have a wide broad spectrum psychotropic drug otherwise it will be the finale of psychotropic research and development!!! However we have some drug which may be used in different clinical management as shown above.
Among these drugs are: Aripiprazole, Quetiapine and Amisulrpride.
We shall focus in this presentation to a prototype Aripiprazole.
Our treatment in psychiatry is directed towards symptoms rather than disorders as our current diagnosis has a lot of overlapping.
I hope that the future research will aim to delineate our disorders through biological markers that we can treat psychiatric disorders and can find a broad spectrum psychotropic drug that can alleviate our mental patient's suffering

(2) Subsyndromal Depressive and Bipolar Disorders

Prof. John S. McIntyre
Clinical Professor of Psychiatry, University of Rochester, New York
WPA Zone 2 Representative
Past President, American Psychiatric Association

Subsyndromal Depressive and Bipolar Disorders are common and associated with symptoms and impairments of clinical importance. Subsyndromal depression is especially common in the elderly where the incidence is approximately 15%, three times that of Major Depressive Disorder. Consistent criteria for these sybsyndromal conditions were not established and they were not included in the nomenclature of DSM or ICD until DSM-5.

DSM-5 partially addresses these subsyndromal states with the categories of Other Specified Disorders, and Unspecified Disorders. For depression there are three examples of Other Specified Disorders: recurrent brief depression, short-duration depressive disorder and depressive episode with insufficient symptoms. For bipolar and related disorders there are four examples: short-duration hypomanic episodes, hypomanic episodes with insufficient symptoms and major depressive episodes, hypomanic episode without prior major depressive episode and short-duration cyclothymia.

The use of these Other Specified Disorders as well as Unspecified Disorders for depression and bipolar conditions will be reviewed in this presentation. In addition, there will be discussion of the administrative, research and clinical implications of subsyndromal states of depression and bipolar disorder.

References

1. Lyness J., Kim J. et al; The clinical significance of subsyndromal depression in older primary care patients. Am J Geriatr Psychiatry. 2007 Mar; 15(3):214-223
2. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Editipon. Arlington, VA, American Psychiatric Association, 2013

(3) The challenge of remission in "Borderline Personality Disorder

Prof. Abdul-Monaf Al-Jadiry, MD; FRCPsych- Jordan
Professor of Psychiatry, the University of Jordan Medical School

Although "Borderline Personality Disorder (BPD)", as a well-defined diagnostic entity, appeared for the first time in DSM III in 1980, historical descriptions of its symptoms may be found in the medical writings for 3 thousands of years. However, only about eight decades ago scientific understandings of the disorder started to appear in the literature, and research shows that this disorder has diagnostic validity. However, in recent literature, its seriousness and importance has been increasingly recognized.

BPD, according to DSM-5, is a cluster B personality disorder characterized by a pervasive pattern of instability of interpersonal relationships, self-image and affects, and marked impulsivity. It is diagnosed in about 6% of patients consulting primary care settings, 10% of outpatients seen in mental health clinics and about 20% of psychiatric inpatients. Females constitute about 75% of those diagnosed with this disorder.

It is well established that BPD has a devastating impact on the patients, and their families and friends. Further, it is reported that approximately 9% of these patients committed suicide. Individuals with this disorder are much more likely to seek medical help for physical and emotional symptoms than other people in the general population, and associated with other psychiatric disorders, such as depression, bipolar disorders, anxiety disorders, substance abuse, and ADHD.

Traditionally, the course of this disorder is considered chronic and non-remitting, and the outcome coloured with pessimistic prediction. The aim of this presentation is to highlight the chances of remission in affected individuals who receive appropriate psychiatric care and attention.

(4) International Action on Addictions: The way forward

Professor Mohammed Abou-Saleh,
Professor of Psychiatry, St George's,
University of London

Abstract

Addictions are global mental disorders and contribute to the global burden of disease. They are highly stigmatizing and illicit drug addiction is subject to international drug conventions aimed at limiting their production and no-medical use. However addictions are treatable and preventable mental disorders with the availability of effective interventions and hence the reformulation of drug policy to aim to demand control, harm reduction and investment in treatment and care besides the prime aim of supply control.

Positive international action has been taken by the WHO, United Nations Office for Drugs and Crime (UNODC) , International Narcotics Control Board (INCB) , the World Federation for Mental Health (WFMH) and the Movement for Global Mental Health (MGMH). The WHO has produced the Mental Health GAP Program and Intervention Guide, the first Atlas on Substance Use and the Global Mental Health Action Plan. The UNODC and the INCB produce annual reports on the World Drug Problem. The Lancet series on mental health (2007 and 2011) and on addictions (2012) have called for global action.

The WFMH in strategic alliance with the MGMH developed the People's Charter for Mental Health "No health without mental health…but no health without the People…" The "Charter" supports the view of the INCB that Governments and the international community include in their remit, education and training of health professionals, identification of overly restrictive laws, the development of distribution mechanisms and the identification of licit requirements for narcotic drugs and psychotropic substances. The world can no longer be in denial: Addictions are treatable and preventable health conditions.

(9) Workshop on DSM -5
International Conference of the Jordanian Association of Psychiatrists
Amman, Jordan
June 4, 2014

Prof. John S. McIntyre
Clinical Professor of Psychiatry, University of Rochester, New York
WPA Zone 2 Representative
Past President, American Psychiatric Association
Chair, DSM-5 Clinical and Public Health Committee

Abstract

I this workshop will begin with a discussion of the importance of diagnostic systems. We will then review the development of the ICD and DSM systems and recent attempts to integrate the two nomenclatures. The process of development of DSM-5 will be discussed including a description of the international contributors. In this section, as well as all of the others, questions will be encouraged.

II There will then be an overview of the changes in DSM-5 compared to DSM IV and the DSM-5 structure will be reviewed. Section III will be discussed in detail as well as a briefer discussion of the Appendix.

III The bulk of the workshop will focus on specific diagnostic groups, including neurodevelopmental disorders (including Autism Spectrum Disorder), Attention-Deficit/Hyperactivity Disorder, Schizophrenia, Bipolar and Related Disorders, Major Depressive Disorder, Disruptive Mood Dysregulation Disorder, Anxiety Disorders, OCD, PTSD, Somatic Symptom and Related Disorders, Eating Disorders, Gender

Dysphoria, Substance Use Disorders, Neurocognitive Disorders, Personality Disorders, and Paraphilic Disorders.
IV If time remains, there will be a discussion of cross-cutting and severity measures as well as the WHODAS domains.

(10) Psychological Consequences of the Syrian conflict on Syrian refugees

Dr. Mamoun Mobayed. Consultant Psychiatrist, Qatar.
Consultant Psychiatrist,
Qatar Foundation for protection and Rehabilitation,
Doha, Qatar.
mobayed@hotmail.com

The Syrian conflict is in its fourth year, and the psychological consequences from it are harmful not only to those inside Syria but also to the many refugee adults and children in the neighboring countries.
Refugees may have faced many health challenges, physical injuries, hunger, diseases and emotional trauma. It is essential to provide medical and mental health care, as well as the housing, schooling, and employment needs essential to life in their new homeland.

Studies from other wars have shown that the most common mental health issue for refugees is post-traumatic stress disorder (PTSD) and related symptoms of depression, anxiety, inattention, sleeping difficulties, nightmares, and survival guilt. They may also experience a sense of helplessness and despair.

There are no published studies on the impact of the conflict on mental health in Syria. This paper presents a study of a random sample of 228 Syrian men and women aged between 18 and 65 years, selected from two camps, who had been exposed to the conflict, reported prevalence rates of post-traumatic stress disorder (PTSD) across the camps from 36.3% to 61.9%.
The study also involved 129 Syrian children aged 10–16 years from two camps. The number of traumatic experiences related to conflict was positively correlated with PTSD symptoms, and the prevalence of PTSD among the children was higher than among adults, at 41.3–76.4%.

Refugees from conflict zones often continue to experience trauma from persecution, imprisonment, torture and resettlement for a long time. Thus, it is important to understand the challenges and difficulties of refugee families and communities, and this can affect future generations.
There is a need for a competent support for these refugees based on respect, trust, empathy, care and understanding of the socio-political and historical forces that led refugees into exile.
We need to remember as well that although the refugees as survivors of trauma, persecution and family losses, they are motivated to succeed and create a better life for themselves and their children, thus we need to recognize their strengths.

This presentation will review the outcomes of various studies of conflict refugees, with a particular focus on the needs of the Syrian refugees from the current Syrian conflict.

(11) Responding to the Syrian Catastrophe: the Role of the Syrian Association for Mental Health

Dr. Mohammad Tawfik Aljundi
MBBS. DPM (Ireland). Jordanian Board in Psychiatry. KSUF (Psychiatry). ISAM
Consultant psychiatrist and Addiction Medicine
Alamal addiction hospital - P.O. Box: 132556 - Zip Code: 21382 - Jeddah - Saudi Arabia
Email: drjundi@gmail.com

Abstract
The Syrian armed conflict has developed into the worst catastrophe in human history with the unprecedented violence, disregard and violation of human rights of the Syrian people. Accumulating evidence has shown the dire suffering and the mental health consequences of the Syrian people including the internally displaced and the refugees in surrounding countries.

Responding to this catastrophe, a group of Syrian mental health professionals established the Syrian Association for Mental Health (SAMH) in 2012. SAMH's vision
is to promote and support the provision of comprehensive mental health care and wellbeing, to Syrians and to become an established leading professional association, offering supervised services, consultations, training and research in mental health.

This presentation will highlight the aims of SAMH, its scope of activities and programmes and report its achievements including the proceedings of SAMH's recent second Conference held in Turkey in February 2014. Moreover SAMH's planned projects will be described with the aim of developing collaborative national and international professional and humanitarian associations to deliver its mission to promote the mental health and wellbeing of the Syrian people facing the worst catastrophe in human history.

(12) Critical incident stress management (CISM)
In the Arab world "Syrian Crisis example"

Dr. Khaldoun Marwa, MD, KSUF-Psych, DPM-Ire, CPAM-Canada
Assistant Professor in Psychiatry,
King Saud Bin Abdul Aziz University for Health Science, Riyadh, Saudi Arabia
Consultant Psychiatrist,
Mental Health Department, Neuroscience Institute, King Fahad Medical City, Riyadh, SA.
Head f Transcultural and spiritual section: Arab Federation of Psychiatrist
Approved Instructor (ICISF) Crisis Intervention & stress Management, Baltimore. MD, US

Introduction
Critical incidents: are sudden, unexpected, often life-threatening time-limited events that may overwhelm an individual's capacity (or society) to respond adaptively. extreme critical incident stressors might result in personal crises (or disaster at the community level), traumatic stress, or Posttraumatic Stress Disorder.
Crisis may be thought of as a response condition wherein psychological homeostasis has been disrupted.
(Critical Incident Stress Management) CISM is a comprehensive crisis intervention system consisting of multiple components which functionally span the entire temporal spectrum of a crisis.
CISM is also considered comprehensive in that it consists of interventions which may be applied to individuals, small functional groups, large groups, families, organizations, and even entire communities
As currently evolved, CISM includes numerous core elements:

1. pre-crisis preparation;
2. large scale demobilization procedures for public safety personnel as well as large group crisis management briefings for civilian victims of terrorism, mass disaster, community crises, school system tragedies and the like;
3. individual acute crisis intervention;
4. brief small group discussions, called defusings to assist in acute symptom reduction;
5. longer small group discussions known as Critical Incident Stress Debriefings (CISD; Mitchell & Everly, 1996);
6. family crisis intervention procedures;
7. organizational development interventions;

Variations of the CISM model have been adopted by numerous and diverse organizations in a wide variety of workplace settings including the Federal Aviation Administration (FAA), the United States Air Force, the United States Coast Guard, the US Secret Service, the Federal Bureau of Investigations (FBI), the Airline Pilots Association (ALPA), the Swedish National Police, the Association of Icelandic Rescue Teams, the Australian Navy, and the Massachusetts Department of Mental Health.

Syrian conflict and CISM Crisis Intervention

CISM models were applied as a great tool for crisis intervention from psychological aspect and some cultural issues were encountered like sensitive group dynamics and self-disclosure resistance during sessions beside gender differences in case of mixed male –female gathering. Beside the new approach

2- Outlines:

I. Critical Incidents, Crisis and Disaster

II. Crisis Intervention spectrum

III. CRITICAL INCIDENT STRESS MANAGEMENT (CISM):

- Components of CISM System:

✓ Demobilization,

✓ Defusing and

✓ Debriefing (CISD)

IV. Syrian Crisis:

a. Syria In brief

i. Syria location in Middle East, History comes to life in Syria

ii. (Syrian Resilience) How Syrians Cope?!

b. The Impact of Crisis

i. Disastrous sequels (basic life needs)

ii. Psychological distress amongst Syrian

V. Intervention:

Utilizing CRITICAL INCIDENT STRESS MANAGEMENT (CISM)

- Applying Critical Incident Stress Management in Syria faced some challenges:
- Group Crisis Intervention:
  - Challenges of CMB - Crisis Management briefing:
  - Challenges of CISD - Debriefing:
  - Challenges of CISM – Afterward:

VI. Recommendation:

I. Summary and references.

(13) From psycho-analysis to culture-analysis:
A culturally sensitive revision of psychology

Prof. Marwan Dwairy - Palestine

This lecture re-examines the application of psychodynamic approach to collective cultures such as the Arab/Muslim one. Unlike the rooted idea of separation-individuation process that ends in possessing an autonomous identity or self, individuals from collective cultures maintain their collective identity and self. Adaptation to the interdependent collective system, rather than to independence, is the ultimate goal of healthy development in these societies. The main drama of collective people's life takes place within the intra-familial domain rather than the intra-psychic one. The self is not differentiated from the family's identity, and the internal constructs of control such as ego, self, or super-ego are therefore not autonomous. External pressures are the main source of control, and familial approval is the main source of esteem and joy. Social norms and values explain the consistency in peoples' behavior; individuation and social status explain the individual differences. To deal with threat and shame Arab/Muslims, for example, need social mechanisms to manipulate the external oppressor, such as Mosayara, Istighaba and identification with the oppressor, rather than unconscious defense mechanisms.

To deal with psychological disorders, psychotherapy is applied to restore the intra-psychic order. During therapy, revealing unconscious drives or promoting self-actualization may lead to confrontations with the family and the social environment. In these confrontations typically the client is the weakest and therefore the looser. Therapy should not be a tool to change the client's culture. Culture should rather be exploited to bring about therapeutic change. Metaphor therapy and culture-analysis are suggested to help clients who adopt a collective identity or self. In metaphor therapy the inner world is addressed and dealt indirectly and symbolically without bringing unconscious content to the consciousness, thus avoiding guilt or confrontation with the family. In culture-analysis therapist identifies subtle contradictions within the belief system of the client and employ cultural aspects that may facilitate change. Similarly to how a psychoanalyst analyses the psychological domain and brings conflicting aspects to the consciousness (e.g. aggression and guilt) in order to mobilize change, a culturanalyst analyses the client's belief system and brings contradicting aspects to the consciousness in order to mobilize revision in attitudes and behavior. The assumption that underlies culturanalysis is that culture influences people's lives unconsciously. When therapists inquire into and learn about the client's culture, they may find some unconscious aspects that are in conflict with the conscious attitudes of the client. Once the therapist brings these aspects to the awareness of the client, a significant change may be effected. Unlike the unconscious drives which are revealed through psychoanalysis, these intra-culture conflicts are not supposed to be threatening because all aspects revealed are culturally and morally legitimized. This process can be described in humanistic terms too. In much the same way that a Rogerian therapist establishes an unconditional positive regard and empathy to facilitate the coming forward of the real authentic self, a culturanalyst establishes positive regard and empathy to the culture and facilitates the coming forward of more and more aspects of the culture that were denied and that may be employed to effect change. Alternatively, one can understand this process in terms of generating cognitive dissonance within the client's belief system that necessitates change. Regardless of the theoretical explanation, in order to conduct a "within-culture therapy," therapists need to be open and incorporate several aspects of the culture in the therapy in order to create a new dynamic within the client's culture. Beside empathy, a thorough inquiry into the client's culture in order to identify the cultural aspects that may be employed in therapy is needed. Some examples of within-culture therapy will be presented.

(14) Significant factors in providing psycho social support for the Muslim refugee women

Prof. Unaiza Niaz MD,DPM,FRCPsych- Pakistan

Culture, religion and gender sensitive approach is vital in psycho social support of Muslim Refugee Women

According to the United Nations, there are currently 9.9 million refugees displaced from their home countries across the globe (United Nations High Commission on Refugees, UNHCR, 2007). An additional 25 million people are internally displaced (IDP's. Eschenbächer, 2005.The vast majority of refugees come from developing countries; approximately 50% of all refugees are women, and 45% are children under the age of 18.Women are also over-represented in the older age group (60 years and above.) Collectively both women and children consist of about 75% of the world's refugee population. It appears that most of the refugees today are from the Muslim world!!.

Providing psychosocial support of Muslim Refugee Women, culture, religion and gender sensitive approach is obviously vital. Research evidence suggests that a strong belief system, whether grounded in faith or in a political ideology, is a protective factor for refugees and it assists in coping with trauma (Brune et al, 2002). Relocation to a new country may challenge one's existing sense of coherence. Hence it is crucial, that mental health services should work to support refugees' resilience: and help them to understand and find meaning in their experience to adopt health-promotion behaviors.

Presenters personal experience with the Women in the Afghan Refugee camps, IDP's from Tribal areas & women survivors of Pakistan Earthquake,2005,"Faith Factor" has been found to be vital in developing "sense of coherence" peoples' ability to create positive health depends on their – a combination of the ability to assess and understand their situation, to find meaning in their circumstances) & to develop resilience to cope with traumatic events.

Cultural & religious aspects play a significant role in the lives of Eastern Mediterranean Muslim Women. Hence a tailor made program is essential for providing Psychosocial Support of Muslim Refugee Women. The Western concept of trauma & violence is far different from the East or Middle Eastern cultures. The West has little experience of in dealing with state sanctioned violence, and may make inaccurate assumptions about what constitutes safety for a refugee. Balancing individual and collective identities may be key in assisting some refugee populations

Clearly, anyone working with refugees needs to be aware of how different situational contexts are likely to affect the meaning ascribed to their experiences.

(15)The major changes in DSM5

Prof. M. K. Hamza
Lamar University
Po Box 10034
Department of COSP
Room 236
Beaumont, TX 77710
USA

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5, was published on May 18, 2013, superseding the DSM-IV-TR, which was published in 2000. In the United States, DSM serves as the [standard] authority for psychiatric diagnoses. Treatment recommendations, as well as payment by health care providers, are often determined by DSM classifications. DSM 5; however, was profoundly criticized by different mental health authorities (e.g. American Psychological Association). Critics report that various DSM-5 changes lack empirical validation and reliability; poorly written, confusing, or contradictory information. They also claim that the psychiatric drug industry somewhat influenced the manual's content. General criticism resulted in a petition signed by 13,000 mental health professionals, and sponsored by a number of mental health organizations which called for outside review of the document. This workshop will review the major changes that took place and help present actual cases to illustrate its applications based on the new changes to DSM-IV-TR.

(16) Burnout and secondary traumatization: Helping the helpers

Prof. S. Rataemane (South Africa)
Department of Psychiatry (University of Limpopo), South Africa

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place. On the other hand, secondary traumatization (also called vicarious traumatization) is the stress resulting from helping or wanting to help a traumatized or suffering person. This is the cumulative transformative effect of working with survivors of traumatic life events. Vicarious traumatization and burnout are on a continuum, with the latter being the end stage or ultimate failure to prevent or manage secondary traumatization. This continuum will be discussed with reference to early identification and management of both elements in the context of psycho-trauma, particularly in helping survivors of traumatic life-events.

References

1. Christian Pross, MD: Burnout, vicarious traumatization and its prevention: Torture Volume 16, Number 1, 2006
2. Pearlman, L.A., Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In C.A. Courtois & J.D. Ford (Eds.), Treating complex traumatic stress disorders: An evidence –based guide (pp.202-224).New York: Guildford Press

(17) Acute stress disorder

Dr. Sadi Musa Al-Hanoty-Saudi Arabia

Acute stress disorder (ASD) was introduced into DSM-IV to describe acute stress reactions (ASRs) that occur in the initial month after exposure to a traumatic event and before the possibility of diagnosing posttraumatic stress disorder (PTSD), and to identify trauma survivors in the acute phase who are high risk for PTSD.

This review considers ASD in relation to other diagnostic approaches to acute stress responses, critiques the evidence of the predictive power of ASD, and discusses ASD in relation to Adjustment Disorder. The evidence suggests that ASD does not adequately identify most people who develop PTSD. This review presents a number of options and preliminary considerations to be considered for DSM-5. It is proposed that ASD be limited to describing severe ASRs (that are not necessarily precursors of PTSD). The evidence suggests that the current emphasis on dissociation may be overly restrictive and does not recognize the

heterogeneity of early posttraumatic stress responses. It is proposed that ASD may be better conceptualized as the severity of acute stress responses that does not require specific clusters to be present.
The ASD diagnosis was introduced for two primary reasons: (1) to describe ASRs that occur in the initial month after trauma exposure, which have earlier gone unrecognized or were labeled adjustment disorders, and(2) to identify trauma survivors who are high risk for developing subsequent PTSD.
This review addresses (a) the definition of ASD, (b) the distinction between ASD and ASRs, (c) the overlap between ASD and Adjustment Disorder, (d) the capacity of ASD to predict subsequent PTSD, (e) the role of dissociation in ASD, (f) the benefits of the ASD to enhance early intervention, (g) the range and utility of emotional responses in the A2 definition, (h) cross-cultural considerations for ASD, (i) the utility of an ASD diagnosis, and (i) finally, a proposal for the modified ASD definition in DSM-V

References

1. Lewis-Fernandez R, Guarnaccia PJ, Martinez IE, Salman E, Schmidt A, Liebowitz M. Comparative phenomenology of ataques de nervios, panic attacks, and panic disorder. Cult Med Psychiatry 2002;26:199–223.
2. Hinton DE, Chhean D, Pich V, Hofmann SG, Barlow DH. Tinnitus among Cambodian refugees: relationship to PTSD severity. J Trauma Stress 2006;19:541–546.
3. Hinton DE, Chhean D, Pich V, Um K, Fama JM, Pollack MH. Neck-focused panic attacks among Cambodian refugees; a logistic and linear regression analysis. J Anxiety Disord 2006;20:119–138.

(18) Documentation of Torture in Occupied Palestine: A Report on a Training Course on the Istanbul Protocol

Samah Jabr - Palestine (1, 2) Elizabeth Berger (2)-USA

1. Private practice, east Jerusalem, occupied Palestinian territory
2. Psychiatry department, George Washington university school of Medicine, Washington D.C., USA

Background & Aims

Torture is commonplace in Palestine--especially the torture of men. While treatment techniques are familiar to many mental health workers, the process of interviewing and the documentation of torture may require the development of new skills.

Methods

One of us (S.J.) participated in a training course for Palestinian and Israeli physicians—including psychiatrists—and other clinicians on the Istanbul Protocol for the Documentation of Torture given in Jaffa and Neve Shalom in between 2012-2014. The course involved protocol training and practical application of the protocol through interviewing torture victims. We report on the responses and reflections of the course participants.

Results

Issues in the transference/countertransference were prominent: gaining trust when the interviewer belongs to an enemy group, appreciating barriers to disclosure by a male Palestinian torture victim to a woman interviewer, evaluating both subjective and objective signs of torture, assessing potential secondary gain, and preventing the interviewer's identity as an activist from compromising professional identity.

Conclusion

Course participants represent a vanguard of an important initiative. Their reflections provide useful suggestions and can empower a growing understanding of the consequences of torture.

References

1. Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Professional Training Series No.8/Rev. 1, United Nations, New York and Geneva, 2004

(19) Mental Health Consequences of the Syrian Conflict: A Call for Action

Prof. Mohammed Abou-Saleh,
Professor of Psychiatry, St George's, University of London, London, UK.

The conflict in Syria, which is now in its third year, is almost unprecedented in the magnitude of humanitarian and public health catastrophe. Nearly half of the Syrian population has been displaced with more than two million people outside the country, to camps in Jordan, Lebanon and Turkey. Millions of Syrians have been traumatized including children, the lost generation (Abou-Saleh and Mobayed, 2013).

A recent systematic review of studies of the mental health of Syrian refugees and those displaced in Syria review indicated rising levels of psychosocial distress, an anticipated further increase in people identified with mental disorders requiring reinforced, culturally appropriate mental health care, psychosocial and Community based support (Quosh et al, 2013).

Analysis of the shifting resources and infrastructure available to the affected populations in Syria demonstrated how previous, protracted humanitarian and development centred inter-agency efforts to evaluate and improve the mental health and psychosocial system in Syria can be applied as a foundation, and adjusted to address the current internally displaced persons and refugee Crises in the country (Eloul et al, 2013).

The Syrian humanitarian catastrophe calls for international sustainable action and the time for action is now.

Abou-Saleh, M.T. and Mobayed, M (2013) Mental Health in Post-conflict Syria
International Psychiatry 10:58-60

Quosh et al (2013) Mental health of refugees and displaced persons in Syria and surrounding countries: a systematic review, Intervention,11:276 - 294

Eloul et al (2013) Inter-agency coordination of mental health and psychosocial support for refugees and people displaced in Syria, Intervention,11:340 - 348

(20) Stress, trauma, psychological problems, quality of life, and resilience of Palestinian Families in the Gaza Strip

Dr. Thabet, AA, MB, MD, PhD-Palestine
Associate Professor of Child and Adolescent Psychiatry, Al Quds University, School of Public Health, Child Institute-Gaza PO Box 5314. Email: abdelazizt@hotmail.com
Sana Sabah Thabet, BA, MPH
Director of Child and Family Training and Counseling Center-Gaza

Abstract

Since the Israeli Government enacted the full Gaza blockade on 2006 after one year of the unilateral withdrawal from Gaza Strip on 2005, making the restrictions on the free movement of goods and people in and out of Gaza almost total, the population in Gaza has suffered ever-increasing infringements of their economic, social, civil, and political rights to free movement and security rights. Beside this, on November 2013 a new cycle of violence was erupted when Israel launched 8 days war on Gaza Strip leaving hundreds killed and thousands injured.

Aim: The aim of the study to investigate the types of stressors due to siege and trauma due to 8 days war on psychological problems, quality of life, and resilience of Palestinian families in the Gaza Strip.

Methods

A sample consisted of 502 randomly selected parents from 5 areas of the Gaza Strip. A quantitative and qualitative method of data collection. Measures for collecting data from adults include Stressful Situations due to Siege Scale, Traumatic Events due to 8 days war Checklist, Symptom Checklist, World Health Organization Quality of Life, and Resilience scale.

Results : The most common stressful situations due to blockade and siege were: feelings of being living in a big prison, cannot finish some construction and repair work in their house due to shortage of cement and building materials, prices were sharply increased in the last few years. Stressors were more in fathers than mothers, in older age (51 years and old), in people living in refugee camps, being unemployed, living in poor families with monthly income less than 300 US $, less educated parents.

Traumatic experiences due to 8 days of war on Gaza were: hearing shelling of the area by artillery, hearing the sonic sounds of the jetfighters, hearing the loud voice of Pilotless plans, watching mutilated bodies in TV. The study showed that males had significantly experienced severe traumatic events than females. People live in cities reported more that traumatic events than those live in a village or a camp. Simple worker and less educated mothers were more traumatized. Furthermore, traumatic events experiences due to war on Gaza increased psychological problems, including depression, somatization, and anxiety in parents. While, trauma had no effect on quality of life and resilience of Palestinian families.

As a reaction to stress and trauma Palestinian parents reported anxiety symptoms such as nervousness or shakiness inside, feeling tense or keyed up; while depression symptoms reported were feeling sad, and weak in parts of their body. However, feelings of worthlessness and thoughts of ending life were seldom. Mothers had less stress and trauma, but they showed anxiety and somatization symptoms than fathers. In addition, general psychological symptoms, somatization, depression, and anxiety were significantly more in families with monthly income less than 300$, less educated father had more general psychological symptoms and anxiety. In addition, general psychological symptoms, anxiety, depression, and somatization symptoms were more in unemployed fathers. For mothers, general psychological and somatization symptoms were with less than elementary education, and depression symptoms were housewives than employed mothers.

Only 12.5% said that they evaluate their life as good, and 27.1% said they enjoy their life. Better quality of life is an indicator of wellbeing; females had higher level of quality of life. While, physical health activities of daily living were more in males was. Furthermore, psychological bodily image and appearance, social and personal relationships, environment and financial resources were more in females. Quality of life was different in different groups, people 40 years age and less had more social and personal relationships, families with family income more than 300$ per month had higher level of quality of life, fathers with higher education and working and getting salary had better quality of life, and all domains of quality of life. For mothers, those with more than elementary education had better quality of life and all domains of quality of life. While, environment and financial resources were more in working mothers and getting salary.

Palestinians used religious ways of coping with the stress and trauma, and 98% said God is helping all the time, they were proud of their achievements, and had strong sense of purpose in their life.
Fathers showed competence that is more personal, high standards, tenacity, while mother had more religious influences than fathers did. Resilience, personal competence, high standards, tenacity were more in people live in a camp than the city and village, while control was more in people live in a village than in a city or a camp. While, spiritual (religious) influences was significantly used by people living in the city more than those do live in a camp or village. Resilience, control, personal competence, high standards, tenacity was more in families with income more than 301-750 $. Also, education is another protective factor for Palestinians, the study showed resilience factor, personal competence, high standards, tenacity and positive acceptance of change, secure relationships were in fathers who had more than university education. Mothers with higher education had more resilience factors and positive acceptance of change, secure relationships.
The results showed that total resilience, personal competence, high standards, tenacity and trust in one's instincts, tolerance of negative affect, strengthening effects of stress were in civil employed fathers, not at work and getting salary than others. However, religious factor, which was one of the main factors used to overcome the adversities in Palestinian society, was not influenced by stress due to siege and blockade.
Conclusion and implications
This study showed that blockade making the restrictions on the free movement of goods and people in and out of Gaza has suffered ever-increasing infringements of their economic, social, civil, and political rights to free movement and security rights. In addition to those stressors, last 8 days war on Gaza was another devastating event, which lead to more psychological symptoms in parents such as anxiety, depression, and somatization, decrease their quality of life and affect negatively their resilience. Children are a particularly vulnerable target group. Trauma due to war and stress and trauma on parents increased their psychological symptoms, including post-traumatic stress disorder and anxiety. Such psychological problems were associated with traumatic experiences, and thus children resilience was lower than before.
Key words: Siege, Gaza Strip, Parents, Stress, Trauma, Psychological problems, Quality of life, Resilience.

(21) Psychiatric disorders in women refugee and IDP'S in Pakistan

Prof. Unaiza Niaz MD,DPM,FRCPsych
Chair Section on WMH, WPA,
Advisory Board Member, IAWMH,
Visiting Professor of Psychiatry, University of Health Sciences, Lahore.
Visiting Faculty in Dow University of Health Sciences, Karachi, Pakistan

Pakistan has been host of more than four million refugees from Afghanistan, and taking care of Afghan the refugees over four decades. Militancy, terrorism & Drone attacks have taken a psychological toll on the dwellers of violence-wracked Malakand and the Federally Administered Tribal Areas (FATA). Every third person in South and North Waziristan, Bajaur and Swat suffers from depression and many women and children complain of recurring nightmares of blood-splattered bodies and homeless families living in destitution. The Victims of violence (bomb blasts, terrorist attacks and the Drone Attacks) need regular psychological services, counseling and treatment to help them overcome the trauma.
This presentation will also focus on the plight of women in FATA as well as the challenges that women and children face as internally displaced people, due to instability, militancy, and insecurity in the region. What are the rights of IDPs and to what extent these are being offered to the women and children IDPs of FATA? In addition to the difficulty of being displaced and the cultural& psychosocial impact of this phenomenon, these women are victims of the War on Terror .

The IDP females around the world are most vulnerable to gender-based violence. In FATA there are hidden stories of GBV in camps usually witnessed by the female workers in the IDP camps. The women are victimized not only n camps but also when they go out in search of food and work. Young girls and children particularly get targeted to sexual exploitation, abuse, rape and forced abortions Females are harassed in the food distribution points and camps during the day time when their men have gone for labor work. So these women avoid going out and restrict themselves to the camps but some have to face the world to face starvation (Ameer, 2013). It is vital to highlight the issues faced by these women in the camps due to their tribal cultural background and strict customary laws. Finally, recommendations for handling psychosocial issues of women refugees & IDP'S will be mad

(22) Joining the Useful to the Useful: Mental Health Relief among Refugees

Elie Karam [a-c], John Fayyad [a-c], Claudia Farhatc, Caroline Cordahi Tabet [a-c], Joseph El Khoury [a-c], Aimee Nasser Karam [a-c]

[a] Department of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, Beirut Lebanon

[b] Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Beirut, Lebanon.

[c] Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut, Lebanon.

IDRAAC in association with the Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Faculty of Medicine, Balamand University has embarked for almost 20 years on evaluating different forms of group treatments to alleviate /treat and prevent mental health disorders in various populations.

The Syrian refugee situation in Lebanon presented another possibility for us to intervene and evaluate in parallel what works, when, and on whom. The variety of factors we have identified from family psychopathology, family stressors, personal stressors, personality, temperament… The challenge is to deliver helpful strategies and to identify the underlying parameters that increase or decrease the effectiveness of the interventions. We will go over the main findings we are studying at present, trying to chase the best possible way to add useful to useful.

(23) Trauma due to 8 days war, PTSD, anxiety, and resilience in Palestinian children in the Gaza Strip

Dr. Thabet, AA, MB, MD, PhD -Palestine

Associate Professor of Child and Adolescent Psychiatry, Al Quds University, School of Public Health, Child Institute-Gaza PO Box 5314. Email: abdelazizt@hotmail.com

Sana Sabah Thabet, BA, MPH

Director of Child and Family Training and Counseling Center-Gaza

Aim

This study aimed to investigate the effect of 8 days war traumatic events on children PTSD, anxiety, and resilience.

Methods

A sample consisted of 502 randomly selected children from 16 districts of the Gaza Strip agreed to take part in this study. A quantitative method of data collection was used after meeting with community-based

organization staff in order to explore their opinion about the most important stressors and trauma affecting the people in the community and ways of helping in data collection. In addition, staff from each community-based organization attended training course in scientific research for three days, later on 5 people were selected for data collection. Measures for collecting data from include Traumatic Events Checklist, Security scale, Post traumatic stress disorder scale-17 items, Children's Manifest Anxiety Scale, and Resilience Scale for Adolescents.

Results

Perception of Safety and security was evaluated, 65.7% of children said that they did not feel safe at home during the 8 days war on Gaza, 71.3% said that they were not able to protect themselves, 83.5% were not able to protect their family, 45.4% said that others were able to protect themselves.

Mean traumatic events reported by children were 7 events. The most common traumatic experiences were: Hearing the loud voice of Pilotless plan (98.8%), Hearing shelling of the area by artillery (98.6%), Hearing the sonic sounds of the jetfighters (98.4%), and watching mutilated bodies of Palestinians in TV (98.2%).

The study showed that boys reported severe traumatic events than girls; traumatic events were reported in children living in a city than in village and camp. There were no significant differences in traumatic events according to family's income, father's education, mother's education, and father's type of work. While, traumatic experiences were more in children of simple worker mothers. Traumatic experiences were risk for children to develop feelings of insecurity, decrease their resilience, and affect negatively their relationship with peers and parents. However, traumatic experiences by children were positively associated with PTSD and anxiety.

This study showed that 35.9% of children showed full criteria of PTSD. Post-traumatic stress disorder and re-experiencing symptoms were more in girls. Also, children coming from families with family income less than 300$, living in city, father and mother education less than elementary education had more post-traumatic stress disorder.

The children anxiety symptoms, 30.9% of children had anxiety disorder. No differences in anxiety disorder between boys and girls. Anxiety was more in children living in camps than in a city and a village, with family income less than 300$, children whom father and mother education less than elementary education.

Palestinians children used different ways of coping with the stress and trauma, and common resilience items were: 94.6% said they were proud of their citizenship, 92.4% said they feel safe when they were with their caregivers, 91.4% said that their spiritual (religious) beliefs were a source of strength for them, and 91% said they were proud of their family background

Total resilience in children, personal skills, peer component, and social skills, contextual components that facilitate a sense of belonging (Spiritual beliefs, culture, and educational items) were more in of girls. Total resilience and contextual components were more in children living in a camps and a village than in a city. However, there were statistically significant differences in individual factors (personal skills, peer component, and social skills) toward children from family monthly income 301-750 $ than families with monthly income of 300$ and less. There were significant differences in total resilience and individual factors (personal skills, peer component, and social skills) toward children with mother's education more than university education. The results showed that having high traumatic events, more anxiety symptoms, less security, and high PSTD significantly decreased total resilience in Palestinian children.

Conclusion and implications

This study showed that the last 8 days war on Gaza was a devastating event. Children were a particularly vulnerable target group. Trauma due to war and stress and trauma on parents increased their psychological symptoms, including post-traumatic stress disorder and anxiety. Such psychological problems were associated with traumatic experiences, and thus children resilience was lower than before.

(24) An Overview on Syrian Refugees in Lebanon (SYRIL)

Elie Karam [a-c], John Fayyad [a-c], Claudia Farhatc, Pamela Mradc
[a] Department of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, Beirut Lebanon
[b] Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Beirut, Lebanon.
[c] Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut, Lebanon.

Abstract
Objectives
The main goals of this study are:

1. To assess the prevalence of mental disorders and other difficulties including gender based violence in the Syrian population, mostly children, adolescents and women.
2. To examine the parameters that predict such problems including was as well as non-war adversities for all the studied population.
3. To use on a large scale therapeutic techniques some of which we have tested personally.
4. To evaluate the efficacy and the parameters that influence outcomes of the applied collective treatments
5. To evaluate the possible mediating effect of genetics, not only in the development of disorders but also on the response to different therapeutic interventions.

Materials & Methodology
A total number of 3479 children, adolescents and women are involved in this multipurpose project on Syrians that moved into Lebanon due to the Syrian conflicts: a total of 3479 subjects are the focus of the ongoing project 2475 children/adolescents & 1004 mothers. They are divided into the following groups: 2079 students in public schools (Syrians and non-Syrians); 438 mothers & their corresponding 396 children in make shift schools; and 566 women from the community.

(25) Impact of Childhood Adversities and War Trauma on the Mental Health Wellbeing of Lebanese and Syrian Children

Claudia Farhatc, Pamela Mradc, John Fayyad [a-c], Caroline Cordahi Tabet a-c, Elie Karam [a-c]
[a] Department of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, Beirut Lebanon
[b] Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Beirut, Lebanon.
[c] Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut, Lebanon.

Abstract
Objectives
Children living under various forms of trauma are affected directly and indirectly. Since life events are strong predictors of a child's mental health, looking at relations between stressors such as family violence, lack of leisure and support, child neglect and abuse, exposure to war trauma's and mental disorders allowed us to measure the impact of such experiences on children's wellbeing; specifically in the high risk groups, the Syrian refugees.

Materials & Methods
This study investigated the mental health of 2079 children, 1534 Lebanese & 387 Syrians in Lebanese public schools in relation to childhood adversities, war exposure (exclusive to Syrians) and mediating factors

Results & Conclusions will include
We will be presenting findings that show how Lebanese and Syrians that have not been exposed to war are comparable in terms of well-being, but profiles of high risk groups that have been exposed to increasing numbers of trauma differed significantly, resulting in increased risks of mental disorders, doubling for example in disorders such as PTSD& Depression.

(26) Building Resilience after Mass Traumatic Events: A Universal Classroom-based Intervention

Caroline Cordahi Tabet a-c, John Fayyad [a-c], Pamela Mradc, Claudia Farhatc, Elie Karam [a-c],
[a] Department of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, Beirut Lebanon
[b] Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Beirut, Lebanon.
[c] Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut, Lebanon.

Abstract
Resilience is an active process resulting in positive adaptation in the face of major adversity. Biological, psychological and social aspects can moderate children and adolescents' reactions to trauma. Building personal competencies and coping skills is one of the building blocks in enhancing resilience before or after traumatic events.

Objectives
Syrian Refugee children in Lebanon have endured trauma related to war as well to trauma due to family factors. Lebanese students are similarly exposed to familial and social stressors. There is a need to target the largest number of children possible with resilience-building interventions. As Syrian refugee children have been gradually integrated into the public school system, schools are an ideal setting to reach both Lebanese and Syrian students.

Materials & Methods
A classroom-based intervention was designed at IDRAAC in which teachers would become mediators of positive coping, consisting of 13 sessions that were given as part of the regular curriculum to Grades 4-7. We will present findings from this intervention that took place during the academic school year 2013-2014. A total of 32 teachers and 2,520 students (1791 intervention students, 729 control students) from 19 public schools participated in 5 regions of Lebanon: Aley, Bourj Hammoud, Chiyah, Jounieh and Sidon.
Results and Conclusions will include:
Data was collected from students, parents and teachers on multiple risk factors such as childhood adversities and war exposure as well as outcomes such as personal competencies, impulsivity, aggression, anxiety, depression and post-traumatic stress symptoms from both intervention and control classrooms, pre- as well as post-intervention.

(27) Enhancing Child Protection among Refugees by Dissemination of Evidence Based Parenting Intervention

John Fayyad [a-c], Claudia Farhatc, Caroline Cordahi Tabet [a-c], Joseph El Khoury [a-c], Aimee Nasser Karam [a-c] Elie Karam [a-c],
[a] Department of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, Beirut Lebanon
[b] Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Beirut, Lebanon.
[c] Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut, Lebanon.

Abstract
Objectives
Refugee children are at risk for various types of secondary adversities within the family during and after displacement. Refugee parents are overwhelmed by financial, social and personal stressors in addition to their own mental disorders, and may end up subjecting their children to corporal punishment, neglect, psychological or physical abuse. After mass trauma such as wars, there is a need to enhance child protection by reaching the largest number of families possible. Task shifting in health services is a process of delegation whereby tasks are moved, where appropriate, to less specialized health workers.

Materials & Methods
IDRAAC had previously demonstrated the efficacy of dissemination of evidence-based intervention in resource-poor communities by using task shifting paradigms. We will present findings from a parenting intervention which targeted 474 Syrian Refugee mothers in 5 regions in Lebanon. Nine health and social workers with no previous experience in mental health were trained to deliver a manual-based intervention, teaching mothers various types of skills related to positive parenting. Data was collected pre- and post-intervention from mothers and children from intervention and wait-list controls.

Results & Conclusions will include
Information on various types of maltreatment, adversities and war exposure was collected as well as outcomes such as impulsivity, hyperactivity, aggressive behaviors, anxiety, depressive and post-traumatic stress symptoms.

(28) Raising Awareness of Gender Based Violence among Syrian Refugee Women in Lebanon

Aimee Nasser Karam [a-c], Joseph El Khoury [a-c], Claudia Farhatc, Pamela Mradc, John Fayyad [a-c], Elie Karam [a-c]
[a] Department of Psychiatry and Clinical Psychology, Faculty of Medicine, Balamand University, Beirut Lebanon
[b] Department of Psychiatry and Clinical Psychology, St. Georges Hospital University Medical Center, Beirut, Lebanon.
[c] Institute for Development Research Advocacy and Applied Care (IDRAAC), Beirut, Lebanon.

Abstract
Violence against women has profound implications on the community mental health and well-being, especially when this type of violence is treated as a "private" family matter or a normal part of life. WHO's

World Report on Violence and Health notes that "one of the most common forms of violence against women is that performed by a husband or male partner"

Objectives

We are aiming primarily at spreading awareness around the concept of GBV within the Syrian refugee population. Objectives were also to explore key issues that would maintain and perpetuate significant violence against women and implement learning and progress at different levels in relation to perception, prevention and response mechanisms.

Materials and Methodology

In the context of a study addressing GBV facts and figures in a refugee Syrian population, focus groups interventions were conducted and data was gathered reflecting the reality of the GBV situation in this high risk community, in terms of prevalence, perceptions, practices and attitudes.

Results & Conclusions will include

In this respect, the main causes and the underlying dynamics affecting GBV will be exposed.

Preliminary criteria for what make collective actions successful in the process of change will be highlighted.

Identifying practical and rigorous ways to enhance the effectiveness of these actions in mediating the change among the main stakeholders will be emphasized.

GBV is a serious issue in the Syrian refugee population and needs to be addressed.

(29) Deliberate Self harm by dermal injection of Kerosene, case study in Baghdad

Khalifa E. Sharquie , Adil A.Noaimi , Maha S Younis ,Basher Sami
College of Medicine-Baghdad University -Baghdad -Iraq
maha.younis@gmail.com

Background: Kerosene is a common household (fuel)-stuff .There is increased observation of dermal injection as a method of deliberate self-harm following psychological stress. There are no previous reports for such serious DSH in the published literature.

Objective: To evaluate the clinical presentation and mental status of 10 patients diagnosed with subcutaneous injection of kerosene in Baghdad Teaching Hospital.

Patients and Methods: This is a case descriptive study of 10 cases consulted the department of Dermatology and department of Psychiatry during the period from 2010-2012. Careful Psychiatric assessment was performed soon after their urgent medical and surgical treatment.

Results: All patients had single lesion l distributed on accessible areas on the limbs commonly the forearms, denied death wishes, or suicidal tendencies. Severe emotional tension was reported by all of the involved patients. The clinical presentations included panniculitis ,pyoderma ,chronic discharging ulcer and sever muscle necrosis .

Conclusions: Kerosene intra dermal injection is a very rare yet serious method of self-harm ,it is believed that availability and psychological distress are responsible for increase sing of such cases .The predominance of females and absence of sever personality disorders or mental illness may indicate the role of environment related factors.

(30) Hallucinations in Non-Psychotic OCD

Prof. Wa-il AbouHendy-EGYPT

Co-occurrence of psychotic & obsessive-compulsive symptoms was first reported nearly 70 years ago. Much attention has been paid to patients lacking insight into their obsessional beliefs, less importance has been given to individuals with OCD who display "Perceptual Disturbances" typically found in psychotic disorders.

Practicing CBT with a lot of OCD patients particularly those with religious content it was striking to me to frequently hear patients who insist that they feel Anal Sensations of Passing Flatus &/or Dribbling Urine during or just after finishing Wudoo 'for prayer or feel it while praying.

Turning to the literature shows that despite the fact that Hallucinations and more precisely, auditory hallucinations have been described in a good number of psychiatric disorders, Occurrence of hallucinations or related phenomena in patients with OCD was not expected by all or most psychiatrists and hence the phenomenon has been neglected in the psychiatric literature.

In another arena of research related to Tourette and tic disorders, Sensory Phenomena (Miguel et al., 2000) or Sensory tics observed in patients with tic disorders, and also the presence of different types of perceptual disturbances in OCD patients (described as subjective feelings or experiences that precede or accompany compulsions) has been widely acknowledged (Fontenelle , 2008) particularly tic related OCD patients.

Most psychiatrists have not thought of hallucinations and obsessions in terms of differences and similarities, cognitively however both hallucinations and obsessions are Intrusive Cognitions characterized by the Perceived Non-Self Origin.

In the lecture I give the case histories of five OCD patients, showing how real OCD Spectrum disordered cases are presented and managed, Moreover, the boundaries between hallucinations the classically psychotic symptom and obsessions the classically neurotic symptom are cognitively blurred, and more surprisingly the boundaries between tic disorder and OCD patients.

(31)Investigations for out- patients in private practice in Jordan

Dr. Ali Alqam
Consultant psychiatrist-Amman-Jordan

We studied 154 connective psychiatric patients attending a private outpatient practice. We looked at investigations used and results of these patients including laboratory, radiology, EEG, and Psychological tests. We found that a significant percentage of patients' results were abnormal and required further input. This highlights the importance of investigating psychiatric out-patients.

The results will be discussed in the light of current literature.

(32) Insomnia among Depressive Patients in Jordan

Dr. Bahaa Tabaza- Jordan

Aim

The purpose of the study is to provide data about the relationship between different types of insomnia among depressed patients in Jordan.

Method: a sample of 200 depressed patients was re-evaluated about the sleep problems specifically, collected retrospectively from the medical files of DSM4R diagnosed persons of Major Depressive Episodes, attended one psychiatric clinic in Jordan. The correlation and prevalence of such symptoms are assessed and analyzed statistically and clinically.

(33) ADHD

Workshop

Dr. Mahmoud Bashtawi- Jordan

Attention Deficit Hyperactivity Disorder (ADHD) is one of the most commonly diagnosed behavioral disorders of childhood and can continue through adolescence and adulthood. It is a disorder of inattention, distractibility, hyperactivity, impulsiveness and other deficits of executive function. It involves impairment of the ability to "do your work and work your plan". Successful management of a child with ADHD starts by taking careful collection of the observations from parents, school and other caregivers and exploring co-morbid problems. Multimodal or combined treatment of ADHD with medication and behavioral therapy produces the most effective treatment response.

We will discuss different scenarios about ADHD cases, what are the differential diagnosis, the investigations and how can we using screening tools(e.g., SNAP and the Connors rating scales) to explore co-morbid problems. Also we will discuss the best management plan to treat the subjects.

دورة (34)

مهارات الدعم النفسي في أزمات التعنيف الجنسي والإغتصاب

Critical Incidents Stress Management (SISM) and

Crisis Intervention in Sexual Assault

A Bio – Psycho – Social & Spiritual Approach

الأبعاد الجسدية والنفسية والأجتماعية الحقوقية والروحية

د . خلدون مروة

استشاري الطب النفسي والأستاذ المساعد في مدينة الملك فهد الطبية – الرياض – السعودية

المدرب المعتمد في التدخل في الأزمات والكوارث من الهيئة العالمية للأزمات والكوارث ICISF

المعتمدة من الأمم المتحدة – ميرلاند – الولايات المتحدة

الأهداف Objectives

- **سبراستراتيجيات التدخل في الأزمات عموماً**
- **فهم اساسيات الصدمات وردود أفعالها الطبيعية والمرضية بما فيها متلازمة ما بعد المرض**
- **الإلمام بمهارات الإسعاف النفسي والتأهب له قبل وأثناء وبعد الواقعة الحرجة والكارثية**
- **كسب المهارات الأساسية في التواصل وفي بناء علاقة طيبة مع المصابين ومن حولهم**
- **مهارات مقاربة المعنفات جنسياً والمغتصبات:**
  - **جسدياً بما فيه الفحص والأستقصاء الطبي واعتبار موضوع الحمل والاجهاض.**
  - **اجتماعياً وحقوقياً دعماً وتوثيقاً.**
  - **نفسياً وروحياً – استقصاء وتشخيص وعلاج وبناء**
- **تعلم المبادئ الأساسية للتدخل النفسي والإرشادي.**
- **البعد الروحي في التدخل في الأزمات**

المستهدفون Target audience (s)

- **العاملون في القطاع النفسي من أطباء نفسيين واجتماعيين**
- **العاملون في القطاع الصحي بما فيهم أطباء وممريضين**
- **العاملون في خدمات الكوارث والطوارئ العامة والمساندون**

الأسلوب Format

- **دورة تفاعلية بإستخدام الأمثلة العملية وتمثيل الأدوار**

(35)Evidence – Based psychotherapies for management of substance abuse

PROF. S Rataemane, University of Limpopo (South Africa)
Presenter: Solomon Rataemane
Affiliation: University of Limpopo (MEDUNSA),
Box 32922, Glenstantia
Pretoria, South Africa
0010
srataema@gmail.com Tel: +27 12 521 4143 Fax: +27 12 521 3869

Substance abuse presents a challenge in terms of choice of psychotherapy to use for a particular individual or group. Various approaches have been tried including spiritual interventions by churches and other faith-based civil organizations. Although it is not easy to fit a particular psychotherapy to an individual, some therapies have proved to yield results when used by well- trained experts. These include Cognitive Behavior Therapy (CBT), Motivational Enhancement Therapy (MET), Contingency Management (CM), Twelve Step Facilitation (TSF) and Brief Psychodynamic Psychotherapy. These therapies have been used for individual psychotherapy and in group settings. TSF has been used primarily in residential settings and it may contain elements of the other therapies. This presentation explores use of these therapies with and their relevance for different and specific settings.

(36) Multi-factorial measure of parenting and children's psychological disorders: A cross cultural research

Prof. Marwan Dwairy-Palestine.

Studies on parenting typically focus on one or two parental factors such as authoritarian, authoritative, and permissive parenting or acceptance-rejection factor. Based on the understanding that parenting is a complex process and on that parenting factors may overlapping (such as authoritarian and rejection), the author (Dwairy) has suggested a multi-factorial method of research and has developed a scale (Dwairy Multi-Factorial Parenting Scale, DMFPS) that measures ten different factors: Punishing in the name of love, addressing the child's conscience, addressing the child's rational thinking, conditional love, inconsistent parenting, unconditional acceptance, authoritarian parenting, absent parents, critical parents, and humiliating parents. The questionnaire in addition to another questionnaire that measures psychological disorders among children was administered to 900 teenagers (15-17 years old) in three cultures: Palestinian, Lebanese, and Algerian. The results shows that the scales were valid and reliable and revealed four different patterns (profiles) of parenting each consists from ten factors. Each pattern was associated with different level of psychological disorders. Interesting cross-cultural and gender differences in parenting patterns were found. To our knowledge, this is the first study of parenting that is based on a multi-factorial scale of parenting. Based on further research the DMFPS may contribute a lot to parenting research and to clinical work with families.

(37) How to meet family expectations during children evaluation?

Dr. Reham A. Abdelmohsen- Egypt

Although there is much agreement concerning the need for systematic assessments of children and adolescents who display or are at risk for later problems, there has been and continues to be considerable disagreement and debate regarding how childhood disorders should be defined; what child characteristics, adaptations, and contexts should be assessed; by whom and in what situations children should be assessed; what methods should be used and how assessment information should be integrated, interpreted, and utilized.

The use of subjective assessments in mental health is why there are only definitions for disorders and no clear definitions for what it means to be normal (regarding behavior and emotion).

We use the term "developmental–systems assessment" to describe a range of deliberate assessment strategies for understanding both disturbed and non disturbed children and their social systems, including families and peer groups. These strategies employ a flexible and ongoing process of hypothesis testing regarding the nature of the problem, its causes, and likely outcome in the absence of intervention, and the anticipated effects of various treatments. Discussing Special Considerations in Assessing Children and the ABC's of Parenting including: Parents wants vs. children needs -Helicopter Parenting - How to Stop Arguing and Start Talking with Your ADHD Child –stealing -Peer relationship.

(38) Neuropsychological Evaluation of Health & Forensics: Essential Tools for Diagnoses, Treatment, & Legal Presentations

Dr. M. K. Hamza - USA
Email hamzamk@lamar.edu

Clinical neuropsychology specialty offers medical professionals objectively effective psychometric conclusions that focus on brain functioning, psychological status, overall assessment of abilities, patterns of strengths and weaknesses needed for important health care areas, and an actuarial baseline that aims for diagnosis and planning for effective treatment. During this lecture, the author (Professor & a practicing Forensic Neuropsychologist) will present a number of [real] mental health cases, forensic law cases, and how neuropsychological evaluations were performed, and results were obtained to aid the diagnosis and treatment options

(39) OCD patient in private practice in Jordan

Dr. ALI Alqam
Consultant psychiatrist-Amman-Jordan

We studied one hundred consecutive cause of OCD attending a private outpatient practice. We looked at the characteristics, nature, and time latency before consultation, previous treatment and response, comorbidity, and compliance with treatment and follow up. We found a significant delay in consulting psychiatrists and little use of psychological treatment and high incidence of comorbidity.

The results will be discussed in the light of current literate.

(40) ورشة عمل

المعجـــــــــم الالكترونـــــــي للعلـــــــــوم النفسيـــــــــــة

د. جمــال التركـــي – تونس

نعرض في الجزء الأول من هذه الورشة لمراحل إعداد المعجم متبوعاً بدراسة كمية عن توزيع المصطلحات من كل من المعاجم الثلاث:

- **المعجم النفسي العربي: Arabic ePsydict**

معجم عربي- فرنسي- إنكليزي ، يحتوي على 36646 مصطلحاً تهم جميع ميادين العلوم النفسية، يتم فيه بحث ترجمة المصطلحات العربية باللغتين الإنكليزية والفرنسية.

- **المعجم النفسي الإنكليزي: English ePsydict**

معجم إنكليزي- فرنسي – عربي ، يحتوي على 44132 مصطلحاً تهم جميع ميادين العلوم النفسية, يتم البحث فيه باللغة الإنكليزية وتعرض نتائج ترجمة المصطلح النفسي باللغتين الفرنسية والعربية.

- **المعجم النفسي الفرنسي: French ePsydict**

معجم فرنسي- إنكليزي- عربي ، يحتوي على 32163 مصطلحا تهم جميع ميادين العلوم النفسية، يتم البحث فيه باللغة الفرنسية وتعرض نتائج ترجمة المصطلح النفسي باللغتين الإنكليزية والعربية

ثم نعرض لجميع إصدارات المعجم الالكتروني.

- ✓ المعجم المبرمج للعلوم النفسية AL-MUBARMAJ
- ✓ المعجم التفاعلي للعلوم النفسية ATTAFAAELI
- ✓ المعجم الموسع للعلوم النفسية AL-MUWASSAA
- ✓ المعجم الوجيز للعلوم النفسية AL-WAJIZ

في نهاية هذا الجزء تقدم دراسة مقارنة كمية للمعجم الالكتروني مع مجموعة من أحدث معاجم العلوم النفسية الحديثة

في الجزء الثاني من الورشة، نعرض الجانب التطبيقي والعملي في كيفية الإستفادة و الإستعمال الجيد لكل من:

- ✓ المعجم المبرمج للعلوم النفسيةAL-MUBARMAJ
- ✓ المعجم التفاعلي للعلوم النفسيةATTAFAAELI

(41) العلـــــوم النفسيـــــة وأزمـــة المصطلـــح العربـــــي

د. جمــال التركـــي – تونس

قديماً قال سقراط لجليسه: " تكلم حتى أراك" . أما اليوم فإنّا نقول : "تحاور عن بعد حتى يراك الآخرون وتراهم ومن ثم ترى ذاتك أنت وهي بعيدة عنك أو لصيقة القرب منك."

إننا اليوم في عصر بات فيه سؤال الهوية مطروحاً على أوسع نطاق، وراحت الشعوب في قلقها على مصيرها تتساءل: من نحن؟ أين تكمن العلاقة بين هويتنا ولغتنا (نبيل علي)؟ أين هو الحد الفاصل بينهما بعد أن تماهت اللغة والهوية؟ وكيف لنا أن نؤَمن للغتنا موقعا حصينا على "الخريطـة الجيولغويـة" التي تموج بالتيارات الثقافية العاتية، كيف نصمد إزاء عولمة تفكيك الهويات الثقافية التي تتخذ من اللغة مدخلاً رئيسياً لها، كيف نصمد إزاء خطاب يعتبر الهوية ضربا من الوهم؟

إنّ ضرورة التأسيس للمصطلح النفسي العربي الموحد المتفق حوله، يعد أكثر من ضرورة في زمن أصبحت فيه العلوم (الإنسانية عامة، والنفسية خاصة) تستلهم مادتها من لسان أهلها و رؤاهم للكون و الحياة، لا أن تستوردها ابتداءاً من "سلوك" غيرها (الرخاوي).

نعرض في هذه المداخلة لماهية اللغة مع تساؤلات عن: اللغة والمخ، اللغة والفكر، اللغة والوعي / اللاوعي ، اللغة والهوية، اللغة والعلوم النفسية ثم لماذا علوم نفسية باللغة العربية؟

نتوقف أيضاً حول أهم خصائص "المعجم العربي" مبينين إشكاليات المصطلح النفسي ومعوقات نحته وتأسيسه وتطوره: إشكالية الترجمة، إشكالية التبني و الإبتكار، إشكالية المصطلح المركب، ثم هل من سبيل لتجاوز هذه الاشكالات

نشير أخيراً إلى المحاولات التى تؤسس لها "شبكة العلوم النفسية العربية" لترسيخ مكانة المصطلح النفسي العربي نحتاً واستعمالاً وتنظيراً، مسلطين الضوء على مشروع تعريب العلوم النفسية والخطوات العملية لإنجاز "المعجم الموحد للعلوم النفسية"

(42) Solution Focused Approach in Psychiatry: An Introduction
Arabic

Dr. Mamoun Mobayed,
Consultant Psychiatrist,
Doha, Qatar.

The Solution Focused Approach (SF) is a powerful way of bringing positive change to individuals, teams and organizations. Deceptively simple, it has been successfully integrated into a wide range of professions in health and social care where it is has been shown to enhance collaboration and positive outcomes.
SF is both a system of communication and set assumptions about how best to motivate individuals to change, adapt and grow. It was first developed in the 1980s.

In practice SF is progressively structured, from goal negotiation to patient strengths and the steps they may take towards the goals. There is some evidence that SF is cost effective approach to the training of communication skills.

Use of SF can lead to better communication between patients and staff. It helps patients connect with their strengths and resources. Patients will be encouraged to identify goals for their treatment and look for their solutions. It helps staff by giving them better job satisfaction.

The aim of this session is to provide an introduction to the knowledge and critical perspective needed to apply SF methods in practice. This will include the core techniques and assumptions such as future-focused questions, eliciting strengths and resources to empower change, the implications of a 'non-expert' stance and conversation as a formative practice.
I will do this presentation in Arabic in order to introduce SF to all those working in mental health.

(43)Pervasive Developmental Disorder - Clinical diagnosis

Dr. Abedelnasser Al Saad Egbariah
Psychiatrist, Child and Adolescent Psychiatrist and Psychotherapist
Practice in St Joseph Hospital
Arlon, Belgique
dregbariah@msn.com

Clinical work shows the difficulty of establishing a diagnosis of autism in children before the age of three as well as in adolescents and adults in the case of Asperger Syndrome.
Asperger Syndrome is described as Kanner's autism of very high level and is defined by the absence of language disorder and the presence of a good academic and occupational functioning. Both are part of pervasive development disorders (PDD) (ICD-10) and typically regroup the autistic triad (triad of Wing): qualitative impairment in social interaction, in verbal and non-verbal communication and restricted repetitive and stereotyped patterns.

Clinical manifestations vary with the evolution of the child (development), from child to child (subjectivity), and because of associated psychopathological and neurological disorders (comorbidity). Overall, this allows us to consider autism as a spectrum.

The theoretical support of development theories (Spitz, Bowlby, Winnicott, Stein, Brazelton) is necessary to elucidate the precocious development disorder. The clinical material presented through two Asperger syndrome cases (14 years old teenager and an adult of 56 years old) allows us to elaborate a differential diagnostic and avoid misdiagnosis of this disorder.
The importance of early diagnosis lies in the interest of precocity care treatment, effectively focused and multidisciplinary. The integration of parents as partners in the care of their children must be a significant asset.

(44) Spiritual Care in disasters & Posttraumatic Growth Arab-Culture perspective

Dr. Khaldoun Marwa, MD, KSUF-Psych, DPM-Ire, CPAM-Canada
Asst. Professor, Consultant Psychiatrist, KFMC,NNI KSU-HS
Head Of Transcultural Psychiatry & Spirituality section
Federation of Arab Psychiatrist – FAP
Approved Instructor, Crisis Intervention & stress Management
(International Critical Incident Stress Foundation (ICISF) , Baltimore. MD

Introduction

The impact of traumatic events and disasters is well documented within the clinical psychology literature where it is recognized that people who experience traumatic events may go on to develop posttraumatic stress disorder (PTSD) or other Psychological distresses. On the other hand, Spirituality is an essential part of humanity. Disaster significantly disrupts people's spiritual lives. Nurturing people's spiritual needs contributes to holistic psychosocial spiritual healing. Every person can benefit from spiritual care in time of disaster.

The outline of the presentation includes

The BIO PSYCHO.SOCIAL-CULTURAL SPIRITUAL APPROACH.
Culture, religion and mental health
Spirituality and Religiosity
Disasters and Complex Trauma
Disaster Psychosocial Sequels & Disaster intervention an overview.
Recognizing Spiritual and Emotional Reactions to Disaster
Meaning of disaster in all religions
Why Disaster Spiritual Care? .Who Can Give Spiritual Care?. Who Can Give Disaster Spiritual Care?
Spiritual Crisis and crisis Intervention
Overview of Spiritual First Aid,. What to do and to say and not to say.
The Twelve-Step Spiritual Approach to Disaster, SAFER approach and SFA Approach
Posttraumatic Growth – PTG & Assessing PTG
Resilience vs. Posttraumatic Growth
A Cross-Cultural issues on Impact of Disaster and Spirituality, Resilience & PTG
Learned helplessness effects of multi -on going crisis on Muslims and Arabs.
Chaplaincy in the Arab world.

(45) Workshop

Addict adolescents; multiple challenges

How to deal with addict adolescents; assessment and treatment

Dr. Mohammad Tawfik Aljundi-KSA

Objective

To highlight some of the problems and difficulties facing therapists in dealing with adolescents who present with substance use problems.

Themes of the workshop

1. overview on adolescents addiction
2. Assessment and diagnosis difficulties facing therapists in dealing with adolescents with substance use, with special attention on: gender differences, socio-cultural aspects, ethical and legal issues in dealing with adolescents with examples of clinical cases.
3. challenges on treating addict adolescents

Conclusion

Dealing with adolescents with substance use problems is an issue of maximal importance which has great challenges and requires special attention among therapists.

(46) العلاج المعرفي السلوكي لاضطراب العرض الجسدي وقلق المرض والحالات ذات الصلة. "ورشة عمل تعليمية"

أ.د وائل أبو هندي
أستاذ الطب النفسي جامعة الزقازيق.
رئيس وحدة اضطرابات نطاق الوسواس القهري
اتحاد الأطباء النفسانيين العرب.
مؤسس موقع مجانين. كوم

1. مقدمة مختصرة عن التشخيص والتصنيفات وعن مفهوم الجسدنة في المجتمع العربي.
2. علاقة اضطراب قلق المرض أو اضطراب وسواس المرض (الاضطراب المراقي) بالوسواس القهري.
3. أنواع المرضى في هذا الطيف من الحالات.
4. الآليات والعمليات المعرفية السلوكية المختلفة لحالات قلق المرض مع أمثلة أمثلة على قناعات وافتراضات المرضى، وخصائصهم المعرفية والسلوكية.

الجزء الثاني : 50 دقيقة :

5. العلاج . العمليات الهامة والتقييم والعناصر والإدماج
6. المشاكل الشائعة أثناء علاج حالات قلق المرض
7. أمثلة للتَحَيُّزَات (التحريفات) المعرفية في المرضى وطرق التعامل معها.
8. منع الانتكاس.

(47) Overview of Research on the Mental Health Impact of Violence in the Middle East in Light of the Arab Spring

Dr. Noor Amawi -USA

This is a baseline of published research in the trauma field by Arab researchers. It highlights ground-breaking attempts by Arab researchers to investigate the mental health impact of violence in their countries prior to the Arab Spring. Peer reviewed articles (N=157) were identified through computerized searches: PubMed, PsychInfo, Google Scholar, and Pilots Database, 1995-2012. A synopsis of the published research included: 1) country, 2) screening instruments, 3) sample size, 4) methods, 5) and results. Findings reveal domestic violence attracted most attention after civil strife in Palestine and Lebanon. Torture survivors and victims of sexual violence received little attention. Study instruments were borrowed from Western researchers without being validated within local Arab cultures. No clinical outcome studies were found. In light of the Arab Spring, it is urgent that Arab researchers conduct studies that are evidence based and culturally valid addressing the mental health care of all traumatized citizens.

(48) Social Phobia among University Students in Jordan

Radwan Baninmustafa MD*,Ayman Mansour PhD,Jameel HijazeenMD, Hosam Abed MD, Fadi AbdallahMD, Hanan Omari PhD.-JORDAN

Social phobia is one of the most common anxiety disorders that may cause disability in individuals if not treated. The purpose of the study is to investigate the prevalence of social phobia among university students in Jordan, and to examine its relationship to demographic and personal characteristics of the research sample.

A convenience sample of 1659 students from two private and two governmental universities in Jordan filled and returned a self-administered questionnaire. Data collected in regards to social phobia and its associated features.

The analysis of data revealed that 220(13.3%) had history of childhood abuse, 825(49.8%) had a stressful life event over the last year, 120(7.3%) current alcohol users. By using the 19 score in social phobia scale, the majority of students have no symptoms at all1196 (72.1%), mild symptoms in 313(18.9%), and severe to very severe symptoms 508(30.6%). There was no difference gender difference in the prevalence of social phobia, however male students avoided performance in social situation more than females. Age and substance use and to a lesser degree gender contributed to higher level of social phobia among students.

Results indicate that university health providers should pay more attention to university students' mental health.

More details will be discussed in the presentation.

(49) Medco legal issues in psychiatric daily practice

Dr. Mumen Hadidi -senior medico legal consultant-Jordan

Practicing psychiatry in general needs unique personality to cope with the difficulty facing with patients. Surly such practice require responding daily to certain inquires such as : fitness to plea, mental illness defense, fitness to instruct counsel, competency, visa immigration , fitness to work , workers compensation ,competency to drive vehicle and many many other questions . Consent for therapeutic purposes and medical intervention require assessment too. A forensic psychiatric assessment may have a number of purposes as mentioned above together with comment on the relationship between the person's mental illness and the risk of further violent offenses either within or outer patient own family. A medico-legal

psychiatric assessment is usually required when patient threats of committing suicide when he leaves the practitioner with dilemma of breaking confidentiality or death of his patient. Assessment may also be needed when a psychiatric report is used as evidence in civil litigation .Not the less psychiatric assessment may be requested in order to establish a link between the trauma and the victim's psychological condition such as PTSD (post traumatic syndrome disorder). Medico-legal psychiatric assessments are also utilized in the context of child safety and child protection services although this is yet not common practice in Jordan. A child psychiatrist's assessment can provide information to the judge or family protection authority on the psychological impact of abuse or neglect on a child. A child psychiatrist scarcely available less than one hand counting fingers in Jordan, can carry out an assessment of parenting capacity, taking into consideration the mental state of both the child and the parents, and this may be used by child protective services to decide whether a child should be placed in an alternative care arrangement such as foster care. The answer to such questions and others may be contradicted with confidentiality medical policy followed by hospital administrations or doctor private discipline policy. There must be national psychiatric ethical committee to assess the best interest of the patient in connection to his own environment.

(50) Hubris syndrome and the Arab spring: shared ideology or folie partagée?

Dr. Nasser Shuriquie MD MRCPsych
Consultant psychiatrist
Clinical director -Alrashid hospital center -Jordan

For some politicians and business leaders, power can become an intoxicating drug and can affect their actions and decision making in a most serious way. The ancient Greeks called it hubris and identified arrogance and contempt for others' opinions as classic traits. When a leader becomes impetuous, refuses to listen to or take advice and develops a particular form of incompetence when impulsivity, recklessness and frequent inattention to detail predominate. This can result in disastrous leadership and cause damage on a large scale. A common thread tying these elements together is hubris, or exaggerated pride, overwhelming self-confidence and contempt for others (Owen, 2006). Developments in the Arab Spring demonstrate how hubris syndrome may be exhibited not only by a person in power, but also by his or her followers.
In this talk I shall discuss the modern use of this concept, the massive effect of this syndrome on the people's personality. The implications of Hubris syndrome on the Arab leaders and the followers will be discussed.

(51)A study of the profile and the outcome of patients who are admitted to Alrashid hospital in 2013 for addiction related disorders

Nasser Shuriquie* MD MRCPsych, Abdulhamid Ali, Tayseer Shawash, Ahmad Jalowdi, Ayman Rabi and Sammar Ibrahim -Alrashid hospital center -Jordan

This study includes all the patients who are admitted to Alrashid hospital in 2013. It will review the demographic data, nationalities, the duration of admission, the type of addiction, the presence of comorbidity, relapses (if any) and their number.
We will try to elicit the good prognostic signs as well as the bad prognostic signs. A demonstration of the percentages of above data will be presented.

(52) What do university students in Jordan know and think about Epilepsy?

Jameel Khaleel Hijazeen, MD; Dr. Munir Abu-Helaleh, MD, PhD2; Dr. Hussam A. Shraideh, PhD; Fadi Nather Hawa; Tariq Asem Dalbah; Fadi Walid Abdallah.
Jordan

Objectives: To assess Jordanian universities students' knowledge about epilepsy and their attitudes toward patients with epilepsy (PWE).

Materials and Methods: The study design is a cross-sectional survey using a self-administered questionnaire. Data collection took place in the summer semester of the academic year 2012/2013 in three of the largest public Jordanian Universities from the three main geographical regions in Jordan. Stratified random sampling technique was used to select students.

Results: A total of 1,500 students, 500 from each university, completed the questionnaire. The three most common reported causes of epilepsy were head trauma (56.3%), followed by depression/anxiety (55.5%), and genetic cause (50.1%). Unfortunately, a high percentage of students thought that epilepsy can be caused by the evil spirit (31.4%), the evil eye (27.8%), or that it can be a punishment from God (26.1%). Epilepsy was also associated with madness (27.6%) and mental retardation. (15.4%). Nonetheless, 76.3% thought that it is a treatable disease and 27.6% thought it is curable. The most common treatment methods for epilepsy were the Holy Quran (71.1%) followed by drugs (71.0%) and herbs (29.6%). The most common negative attitudes against PWE were that the students refused to marry such a person (36.8%), and that they would prevent their children from playing with epileptic children (35.2%). Interestingly, about a quarter of students thought that epileptic patients should not have children or marries (27.8% and 26.6% respectively). The most common reported sources of students' information about epilepsy were the internet (56.5%) and TV/radio (52.8%). University teaching was reported by only 21.0% of students.

Conclusions: Our results showed that many students have misconceptions about the causes, treatment, and nature of epilepsy. Moreover, students have negative attitudes toward people with epilepsy. Universities should play a larger role in educating students about epilepsy.

(53)Political Asylum An “extreme situation”

Dr. Abdelnasser Al Saad Egbariah
Psychiatrist, Child and Adolescent Psychiatrist and Psychotherapist
Practice in St Joseph Hospital
Arlon, Belgique

My clinical work with asylum seekers within our association “Racines Aériennes” in Belgium and “Caravanes” in Luxembourg allows me to say that the process of applying for asylum is a traumatic and “extreme” situation.
A situation can be considered traumatic or "extreme" insofar as the individual is placed in circumstances of intense potential claiming of him an adaptive response as he lives beyond his means (Marty, 2001). "Extreme situations" may be voluntary (polar winter, spaceflight, scuba diving) or involuntary (natural disasters, imprisonment, aggressions, social precariousness and alienation) and they always induce a state of acute and chronic stress, which results in rupture of the adjustment or depletion of adaptive capacity (Audet and Katz, 1999).

Isolation with emotional and social frustrations, danger with a state of extreme vigilance until exhaustion as abandonment of struggle, the feeling of strangeness, helplessness, as well as lack of personal, social and cultural landmarks, are a daily reality in which survive many asylum seekers and social excluded people. All these life conditions provide fertile ground for the production and reproduction of trauma and the emergence of bio-psycho- social disorders.

However, " the good enough hospitality", relationship of trust and respect for the person and their right to live in dignity are the ground on which we can always achieve everywhere, the integration of the other, the foreigner, the migrant and the excluded.

What hospitality policy should be adopted? One of reproduction of an identical and choking in the infinite love of self, or the integration of the other and the enrichment of one another in a constructive alterity? It is in our mirror that we have to look for the answer to this question.

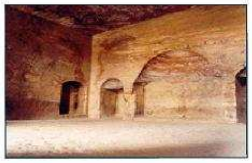
Amman City Tour

Amman is the modern and ancient capital of Jordan, formerly the Ammonite capital city of Rabbath Ammon, and later the Graeco-Roman city called Philadelphia. Originally spread over seven hills like Rome, Amman now covers at least nineteen hills. It is a city of contrasts, a mixture of ancient and modern. The city is crowned by citadel, a hill with the ruins of the Temple of Hercules and a museum with artifact dating back to the earliest settlement in the region some 7000 years ago.

Jerash

Graeco-Roman city, Gerasa in ancient times, known as the Pompeii of the east for its extraordinary state of preservation.It is considered the best preserved and most complete city of the Decapolis, aconfederation of ten Roman cities dating from the 1st Century B.C. within the city's wall have been found the remains of settlements indicating human occupation of this location for more than 2.500 years

Madaba & Mount Nebo



Madaba of the bible is today the city of Madaba. It is known for its Byzantine and Umayyad Mosaics. Visitors may view the earliest surviving original map of the Holy Land, which was made around B.C 560. Ten Kilometers west of Madaba is the hilly district of Mount Nebo. It is believed to be the tomb of Moses. It has the ruins of a 4th and 6th Century church whose floor is still covered with marvelous mosaics.

Petra

The most famous attraction in Jordan is the Nabataean city of Petra, some 262 Kilometers south of Amman.
More than 2.000 Years ago, the Nabataeans Carved a city out of the Rose-red rock.
To reach the city, the visitor travels through the awesome "Siq" an immense crack in the Nubian sandstone. It is a wading, one Kilometer-Long fissure between overhanging lefts that seem to meet more than 300 feet overhead within Petra you'll see hundreds of curved and built structures, soaring temples, elaborate royal tombs, Roman theatre, water channels, arched gates and others.

Wadi Rum

A journey to Wadi Rum is a journey to another world. A vast, silent place, timeless and starkly beautiful.. Wadi Rum is one of Jordan's main tourist attractions being the most stunning desertscape in the World, lying 320 km southwest of Amman, 120 km south of Petra, and only 68 km north of Aqaba.

Dead Sea

The sunset touching distant hills with ribbons of fire across the waters of the Dead Sea brings a sense of unreality to culminate a day's visit to the lowest point on earth, some 400 meters below the sea level.

As the name suggests, the sea is devoid of life due to an extremely high content of salts and minerals. But it is these natural elements which give the waters their curative powers, recognized since the days of Herod the Great, more than 2.000 years ago.