

Manifest for evidence-based child psychiatry in France

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Since decades, there exists a controversy about the place of evidence-based practice in French child psychiatry, in the context of a large influence of psychoanalysis in this country. Although an increasing group of professionals is oriented at an international standard of care based on methodologically sound empirical evidence, recent events may reinforce the misleading generalization that French professionals involved in child mental health do not implement modern clinical practices based on empirical scientific knowledge. As recent examples we briefly mention the following two, both related to the management of individuals with autism and other pervasive developmental disorders (PDDs):

1. An international group of experts in PDDs published in the February 2011 issue of the *Journal of the American Academy of Child Psychiatry*, a consensus statement considering as “unethical” and “against evidence-based practice parameters” an “alleged form of therapy” labeled as “le packing”, implemented by some French practitioners for severe behavioral problems in children and adolescents with PDDs [1];
2. In September 2011, a movie (“The Wall”), focusing on the management of individuals with autism in France, was diffused on the internet. According to this movie, psychoanalysts treat individuals with PDDs using anachronistic, non-evidence-based and unethical methods [2].

These events have led us to further reflect on the implementation of evidence-based practice in child psychiatry and allied disciplines in France. Beyond any polemics, we wish to clarify that in France many professionals in child mental health do not include controversial

On behalf of the French Group for Good Clinical Practice in Child Psychiatry and Allied Disciplines.
The members of the French Group for Good Clinical Practice in Child Psychiatry and Allied Disciplines are listed in the [Appendix](#).

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practices. Moreover, they do adhere, where available, to current guidelines based on best empirical evidence or on consensus of large groups of experts reflected in practice parameters of international scientific societies. It is understood that the guidelines are critically implemented and tailored taking into account the specificity of each patient.

More particularly, we, professionals with practical experience with patients and their families, assert that:

- Our practice aims at providing the best services to our patients, by relieving suffering, compensating handicap and improving quality of life with respect to individual differences;
- Our practice tries to be well argued: while considering individual needs and specificities of each patient, it is based on good medical practice guidelines, taking into account the most rigorous available scientific knowledge; we reject practices incompatible with ethics or scientific state-of-knowledge;
- Our clinical practice is a partnership with the patients and their family; we wish to provide them with the most complete information on available diagnostic and therapeutic strategies and we discuss with them the diagnosis, the choice of therapeutic procedures, as well as their evaluation;
- Our medical practice is coordinated with other professionals to help the patient fully take his/her place in his/her social, familial, school or professional environment.

Regarding, in particular, autism and other PDDs, we fully subscribe to the principles of the Declaration elaborated and signed by IACAPAP (International Association of Child and Adolescent Psychiatry and Associated Professions), Autism-Europe and ESCAP (European Society for Child and Adolescent Psychiatry) [3, 4]. This declaration endorses: the need of early diagnosis, as well as early and lifelong treatment if required; the use of safe and validated procedures; the principle of a collaboration among professionals, persons with PDDs and their families; scientific research as the way of developing knowledge; and the need for professionals' training and standards for clinical care. Within this framework, governments are prompted to establish policies in favor of people with developmental disorders. We believe that the guidelines recently published by the French High Health Authority [5] are in line with these principles.

We do hope that our statement helps favor the development and large-scale implementation of evidence-based recommendations in child psychiatry in France, with the ultimate goal of reducing the sufferance of patients and their families.

Appendix: Members of the French Group for Good Clinical Practice in Child Psychiatry and Allied Disciplines

Name	Specialty
François Bange	Psychiatrist
Deborah Cohen	Psychiatrist
Samuele Cortese	Child neuropsychiatrist
Claudie Duhamel	Clinical psychologist
Baudouin Forgeot d'Arc	Psychiatrist
Veronique Gaillac	Psychiatrist
Linnea Hjalmarsson	Psychiatrist
S��verine Leduc	Clinical psychologist
Olivier Pallanca	Psychiatrist
Fran��ois Pinabel	Psychiatrist
Diane Purper-Ouakil	Psychiatrist
Florence Pupier	Psychiatrist
Fabien Richard	Clinical psychologist
Marie-Claude Sa��gag	Pediatrician-child psychiatrist
Mario Speranza	Child neuropsychiatrist
Louis Vera	Psychiatrist
Murielle Lavaur	Psychologist
Lucia Gomes	Psychologist
Vincent Rouyer	Psychiatrist
Val��rie Vantalon	Psychiatrist

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