



American Society for Adolescent Psychiatry

Adolescent & Young Adult Psychiatry

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ASAP 2019 Poster Session Winner: Reflection

Elizabeth W. Ollen, PhD



My participation in the ASAP resident poster session provided a great opportunity to discuss my research with ASAP attendees who are also passionate and interested in LGBTQ topics, as well as connect with other students doing similar work. The poster session fostered thought provoking conversations and questions to consider for continuing my future research endeavors!

The research poster presented pre and post data on a portable "resilience class" that aims to teach LGBTQ youth CBT skills to bolster resilience and combat symptoms of anxiety and stress. We just finished collecting our last data set—the final 6-month post data on the last group. Next steps include disseminating the group into community settings to increase accessibility. Additionally, we are currently developing a parent resilience class, to run simultaneously with the youth group, to increase resilience across the family system and increase parental support of their LGBTQ teens.

EDITOR'S NEWS REVIEW

Whisky Juul



The Glenlivet distillery has introduced whisky "capsules," a shot in a bag, something resembling the soap capsule you put in your dishwasher.

Glenlivet says it's "A first of its kind for a spirit brand, the edible capsules are 23 ml in size, fully biodegradable and provide the perfect flavour-explosion experience," and "Enjoying them is simple, the capsules are popped

in the mouth for an instant burst of flavour, and the capsule is simply swallowed."

Crazy novelty or serious market niche?

It seems to me it's a shot at secret drinking, much like the electronic cigarette---easy to carry, easy to conceal and there when you want it. I suspect it's aimed for the teen and youth market.

Glenlivet whisky is not cheap. And, as you can tell from the spelling of “flavor,” it’s a product of the United Kingdom, subject to new US tariffs imposed following the recent WTO ruling, which will surely put the price beyond reach of most teen budgets.

But when there’s a market, expensive novelties soon become mass-produced necessities. Stay tuned for variations on capsule drinking at your high school, college and workplace.

Safe Injection Site Safe, For Now



A federal district court has ruled that a Philadelphia non-profit’s Safehouse project to oversee--and to improve safety and promote treatment--for drug users is not illegal under federal law. Until now, the threat of federal prosecution has chilled local efforts to establish safe injection sites---and discouraged physician participation.

Safe injection is a “harm reduction” strategy shown to be successful in Canada, Europe and elsewhere. In the United States, public opinion and the Department of Justice have been, well, uptight—for decades--regarding any appearance of enabling drug use. Our obsession with the perfect abstinence has been the enemy of the good harm reduction.

About 1,000 people have died of overdose each of the past two years in Philadelphia, not to mention spreading HIV, HCV and other infections, so it sounds like a good place to open a Safehouse.

The District Court judge ruled that the government’s claim that a provision of the Controlled Substances Act aimed at closing crack houses does not apply to the nonprofit’s plan for its safe injection site.

The judge wrote: “I cannot conclude that Safehouse has, as a significant purpose, the objective of facilitating drug use. Safehouse plans to make a place available for the purposes of reducing the harm of drug use, administering medical care, encouraging drug treatment and connecting participants with social services.”

The judge concluded: “No credible argument can be made that facilities such as safe injection sites were within the contemplation of Congress” when the Controlled Substances Act was passed in 1986 or later amended in 2003.

Credible or not, the Department of Justice will appeal, adding—perhaps incredibly---that: “because federal law clearly prohibits injection sites, cities and counties should expect the Department of Justice to meet the opening of any injection site with swift and aggressive action.”

A Culture of Diversity

ASAP Diversity Committee

Shady Shebak, MD, Chair

In our increasingly diverse country, psychiatrists have an important role in providing culturally appropriate, sensitive, and competent care to patients in need. This is especially true with adolescent patients, who according to [NPR](#) make up the most culturally diverse generation in our nation's history. Apart from ethnic and cultural diversity, it is equally important to consider changing norms, different family structures, ideological diversity, and sexual diversity, which are becoming more publicly acknowledged. With increasing discussions on these topics, psychiatrists must also practice in ways that are not alienating, knowingly or unknowingly, to our patients' worldviews. Care must be undertaken to not only understand our patients' psychopathology, neurobiology, and treatment adherence, but also their culture, worldview, and any generational gaps that may impede treatment between psychiatrist and patient.

With regards to racial and ethnic diversity, almost half of generation z (centennials) are racial or ethnic minorities¹. And within the group of ethnic and racial minorities, individuals may acculturate differently². Some may integrate, or take on aspects of their heritage culture and the host or dominant culture. Others may assimilate, by dismissing their heritage culture and adopting fully the host or dominant culture. Some may separate from the host or dominant culture in favor of their heritage culture, and yet others may become marginalized, accepting neither host nor heritage culture. It is important for us, as psychiatrists, working with adolescents who may be undergoing this acculturation process, to identify where our patient may be in this process, and how to help our patients through this potentially difficult transition from one culture to another.

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2. Sam DL, Berry JW. Acculturation: when individuals and groups of different cultural backgrounds meet. *Perspectives on Psychological Science*. 2010; 5(4). 472-481.

Communication Deficit

ASAP Neurodevelopmental Committee Report

Yuli Fradkin, MD, Chair

The ASAP Neurodevelopmental Committee has elected to focus on the issues of communication deficits in adolescents and young adults. Psychiatric disorders in this population are often associated with a variety of communication problems. Such deficits can be present from early in childhood and persist or be identified late in adolescence. Psychiatric illness has been found to highly correlate with the type and severity of speech or language problem than with any other factor considered, such as socioeconomic status or gender (Cantwell & Baker, 1980).

Prior to the addition to the DSM-5 of the newly defined Social (Pragmatic) Communication Disorder (SCD), impairment in receptive language seemed to carry the highest risk for development of psychiatric disorders (Baker & Cantwell, 1987). With advances in the field, SCP has begun to play a potentially even more critical role in psychopathological development of adolescents and young adults as social interactions become equally or more critical to older teens in young adults in their day-to-day functioning and interactions peers and older adults. These early

pioneers noted that the prevalence of psychiatric illnesses among children with specific language impairment (SLI) increased during the 5 years of a follow up period.

Thus, greater attention to communication deficits should be paid in adolescents and young adults seeking care. Over 1 in 5 children in 2008-2009 were reported by the National Health Interview Survey to have communication problems that were considered by parents to be the most debilitating of all chronic pediatric medical conditions (Slomski, 2012). Parent survey reports document the frequent occurrence of speech and language disorders in the most common psychiatric disorders that demand psychiatric care (Bitsko, 2014). When youth in typical outpatient settings are systematically assessed for CD; their presence is found in more than half of the patients (Cohen et al, 1998). Regrettably, youth in these or other more restrictive psychiatric settings are rarely screened for CDs; their presence is infrequently included in related research, diagnoses or case formulations (Cohen et al, 2013, Petti, 2017).

Study of this problem is complicated by the fact that mental health professionals are often unfamiliar with the nature of communication disorders, and at the same time communication disorder specialists are often unaware of the nature and symptomatology of psychiatric illnesses. We suggest that research to span the fields of childhood communication and psychiatric disorders is of high importance. One challenge comes from a considerable diversity of genetic and environmental factors contributing to phenotypic heterogeneity of both language and behavior disorders. This makes them difficult to study in the general population of unrelated individuals because of the widely acknowledged sample and symptom heterogeneity. Another challenge stems from methodological issues, including a referral bias, that further complicate the interpretation of the reported findings. As a result, the mechanisms explaining the observed link are not well understood (Beitchman, 1985; Howlin & Rutter, 1987).

The immediate goals for this committee are to assist mental health professionals to become more aware of the presence and importance of CDs in their care of adolescents and young adults, for professionals serving adolescents and young adults to be more aware of genetic and environmental factors contributing to phenotypic heterogeneity of the overlap between CDs and other psychiatric disorders, and to encourage increased attention to these issues in clinical practice. We hope other ASAP members interested in this area will join us in working towards this purpose.

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Moral Development Committee

ASAP Moral Development Committee Report

Matt Galvin, MD, Chair

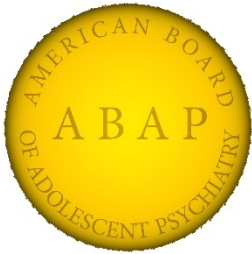
The Call to Form the Committee

The call to form the Moral Development Committee came from the American Society of Adolescent Psychiatry (ASAP) 2018-2019 President Ted Petti, MD, MPH.

Charge to the Committee. Matt Galvin, MD was appointed chairperson of said committee and charged with improving guidelines for making moral inquiry in youth aged 15 to 24 as well as advocating for educational initiatives in moral psychological development and applications to ethics and professionalism in medical school and psychiatric residencies. Dr. Galvin was authorized to establish collaborative relations with the Indiana University Conscience Project, with other work groups in the field of psychiatry and in allied mental health professional societies concerned to address moral developmental needs of adolescents and emerging adults as well as educational initiatives in moral psychological development and applications to ethics and professionalism in medical schools, psychiatric residencies and continuing medical education to recruit members from ASAP for the committee and to provide a framework for mentoring Members in Training.

2018-2019. The first task, proposed by Drs Flaherty and Petti, and accepted by the committee was to prepare a relevant paper based upon a relevant presentation given at the ASAP Annual Meeting of 2018. The paper was to be submitted for peer review to Adolescent Psychiatry, the official journal of ASAP. It would review needs assessment, identify practice gaps in meeting those needs and provide a conceptual framework suitable as a point of departure for the committee's considerations and plans for action. Co-authors were Drs. Galvin, Hulvershorn and Gaffney. The review, entitled *Conscience relevance and sensitivity in psychiatric evaluations in the youth-span* was completed with support from the IU Conscience Project, mentoring and critical review from Dr. Flaherty and ASAP reviewers and final submission was made in March 2019. It has been accepted for publication. Currently available is an ahead of print on-line abstract accessible via the ASAP website, section: ASAP Journal (use the hyperlink to Bentham Scientific Publishers). The review supports Dr. Petti's original call to form this committee; underscores the current state of affairs that while practice parameters recommend assessment of conscience and values, few resources are available to guide clinicians; supports hypotheses that youth who experience adverse childhood experiences show evidence of fragmentation, unevenness and delay in their conscience

stage-attainment; demonstrates proof of concept for conscience sensitive psychiatric assessment in the youth-span in particular by showing how conscience sensitive inquiries improve upon merely conscience relevant interpretations in affording better appreciation of moral wounding, and setting the stage for moral-imaginative efforts that elicit and make the latent values of the youth more explicit. The review concludes with what might be considered a mission statement for this committee: “A conscience sensitive approach should be part of both psychiatric and general medical education, supported explicitly by clinical guidelines recommending conscience sensitive interview techniques that aim to acquire information aligned with current neurobiological terminology.”



News from the American Board of Adolescent Psychiatry

By Gregory P. Barclay, M.D., DFAPA, FASAP
Chair, American Board of Adolescent Psychiatry

Enhanced ASAP Member Benefits

Did you know that last year the ASAP Governing Board approved a variety of member benefits specifically designed for ABAP Diplomates? Specifically, by joining and/or remaining a member of ASAP in 2019, you will be eligible for:

- **Waiver of your annual \$50 maintenance of certification (MOC) fees** if an active member of ASAP at the time fees are due each year starting in 2019
- **A 25% discount on recertification fees** if an active member continuously from 2019 or joining ASAP if after 2019.
- **Enhanced placement** as a Board-certified specialist in Adolescent Psychiatry in our forthcoming online and printed membership directories
- **10% discount** on your annual ASAP membership dues
- **A significant member discount** on the annual scientific conference registration fee (which provides many of CME credits to fulfill annual MOC requirement for ABAP recertification).

With the changes in psychiatric practice evolving rapidly in front of our eyes, including collaborative and telepsychiatric practices, having specialty certification in Adolescent Psychiatry is even more relevant than ever. **For information on certification or recertification**, please go to <https://www.adolescent-psychiatry.org/certification>

The **2020 Certification Examination** will be held in conjunction with the ASAP Annual Meeting in Philadelphia, PA, in late-April, 2020. When specific dates are confirmed, information will be posted on the ASAP website and in the newsletter. We hope to see you then.
Application Deadline: February 1, 2020 **Exam Date: April 25, 2020**

ASAP BUSINESS

2020 Dues Billing Cycle

ASAP began working on the 2020 dues cycle. Member invoices will be sent via USPS. Payments can be made via PayPal or check (made payable to ASAP).

NOT A MEMBER? Join Us at [ASAP!](#)

ASAP seeks to inform its members of teens, adolescents, and young adult issues; patient care; research; and serve as a professional network/specialized community dedicated to education development and advocacy of adolescents and the adolescent psychiatric field as well as provide a forum for discussion and exchange of ideas between your peers. The strength of the ASAP is in our collaborations, fellowship, and advocacy efforts that have a positive impact on our profession.

Membership Benefits:

- Mentoring & national fellowship opportunities
- Opportunity for board certification in Adolescent Psychiatry
- Referrals network • Clinical skills increase
- Discounted subscription to our quarterly journal, Adolescent Psychiatry
- Discounted member dues for residents/fellows & early career psychiatrists
- Annual CME meetings
- Networking opportunities
- Opportunity to have a voice in advocating for the mental health needs of adolescents and young adults
- Opportunities for residents/fellows to compete for the Best Resident Paper Award (\$1,000) and Best Resident Poster Session (\$500) that includes waived fees for our annual meeting if selected
- Reduced dues for members over age 65 or members of an affiliated professional discipline
- To learn more about the many member benefits, please visit our [Membership](#) page and/or download our [membership brochure](#).

Interested in becoming board certified in Adolescent Psychiatry?

The American Society for Adolescent Psychiatry provides board certification in Adolescent Psychiatry by the American Board of Adolescent Psychiatry. To learn more, please visit our [Certification in Adolescent Psychiatry](#) page. Here are the benefits to being an ASAP member and an ABAP Diplomate:

- 25% discount on any ABAP certification and recertification fees if current
- ASAP member or joining ASAP at the time of application for certification/ recertification (For recertification discount, Diplomates must have continuous ASAP membership since 2019 or since joining ASAP if after 2019.)
- Waiver of Annual \$50 Maintenance of Certification (MOC) fee each year from 2019 forward that you are an ASAP member in good standing
- Priority Placement (Your ABAP Diplomate status emphasized) in membership directories that ASAP prepares and distributes to its members and the general public
- 10% Discount applied to annual ASAP Regular membership dues for any ABAP Diplomate joining or renewing as a regular member of ASAP

- All ASAP members receive deep discounts on the subscription to our quarterly peer-reviewed journal, Adolescent Psychiatry, as well as at our annual scientific conference.

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