

2022 ANNUAL MEETING



Helping Adolescents and Young Adults Thrive

April 2, 2022 12:00 - 5:15 p.m. ET



SPEAKERS' PORTFOLIO

LINDA CHOKKROVERTY, MD, FAAP

Presentation Title

How to Help Young People Survive Trauma, Loss and Build Resilience



Biography

Linda Chokroerty, MD received her MD from the Mount Sinai School of Medicine (now the Icahn School of Medicine) and completed the Triple Board Residency (pediatrics, psychiatry and child psychiatry) at the Montefiore/Einstein School of Medicine, and a fellowship in Public Psychiatry with the Columbia College of Physicians and Surgeons (now the Vagelos College of Physicians and Surgeons).

Dr. Chokroerty is the Co-Chair of the Disaster and Trauma Issues Committee with the American Academy of Child and Adolescent Psychiatry (AACAP). Her committee earned the AACAP Assembly Catchers in Rye Award to a Component for outstanding advocacy for children. From 2001-2015, she served as a volunteer psychiatrist and the Child Mental Health Director for the non-profit organization, Disaster Psychiatry Outreach (DPO). After 9/11, Dr. Chokroerty organized the "Kids' Corner" with DPO for child mental health assistance working with other organizations providing care at the Family Assistance Center to survivors of the World Trade Center attacks. Her volunteer work with other disasters has included the 2004 Great Asian Tsunamis, the 3/11-Fukushima Disaster, and Hurricane Sandy. As a result of her disaster experiences, she has been a presenter or organizer of numerous trainings on disaster response. Just before the COVID-19 pandemic, she was selected by her hospital to be on a team deployed to provide mental health counseling in Puerto Rico after the earthquakes in late 2019/early 2020. Throughout the current pandemic, she has been a member of the Montefiore Emotional Support Ally program to provide peer support to other health professionals experiencing COVID-related stress. She is an active psychiatric volunteer with Vibrant Emotional Health in New York City and has served with them in a variety of capacities, including assessing mental health needs of Afghan refugees. She is an active volunteer with the New York City Medical Reserve Corps. She currently serves as a consultant to the New York City Department of Health and Mental Hygiene in their Children's Mental Health COVID-19 Response. Having treated children and adolescents as a clinician for over 25 years, she maintains a private practice and also serves as an attending psychiatrist in the emergency room at Montefiore Health Systems in the Bronx to provide psychiatric care to patients of all ages. Finally, she is involved in teaching trainees in psychiatry and psychology as a Clinical Assistant Professor of Psychiatry and Behavioral Sciences and Pediatrics at the Albert Einstein College of Medicine, and is a Fellow of the American Academy of Pediatrics.

Abstract

During this session, the audience will learn about traumas, traumatic stress and losses. There are several levels at which these occur. These includes the community, family and individual levels. Common reactions to these kinds of stressors will be discussed, including adaptive as well as maladaptive coping. Then, mitigation and treatment of traumas experienced by youth, families, and communities will be reviewed. Guidance will be provided in helping youth maintain lifestyle and health promoting behaviors at various stages before, during and after traumatic events, as well enable normal bereavement. Additionally, treatment considerations with vulnerable groups will be discussed. These groups include developmentally disabled youth, racial and ethnic minority youth and youth who are homeless, in foster-care and/or juvenile justice. Ways to build resiliency through partnerships, youth engagement and preparedness activities will be presented. Finally, clinicians' roles in promoting recovery and resilience to future adversities in youth will be incorporated into the session.

Educational Objectives

1. To learn about the variety of traumas experienced by contemporary youth, especially among those from more vulnerable groups.
2. To learn about best practices to facilitate recovery from traumatic events and make meaning of losses sustained by adolescents and transitional age youth and their families.
3. To understand the importance of preparedness and how to fortify young people and their communities in being able weather traumatic stress.
4. To explore the roles that physicians and clinicians working with youth can have in promoting recovery and resilience to future adverse events.

MARK MCCONVILLE, PHD**Presentation Title**

Failure to Launch: What Practitioners can do to Promote the Developmental Transition from Adolescent to Emerging Adulthood

**Biography**

Mark McConville Ph.D. is a Clinical Psychologist in private practice in Beachwood, Ohio, specializing in adult, adolescent, emerging adult, and family psychology. Dr. McConville is a senior faculty member at the Gestalt Institute of Cleveland, and has published and taught widely on the subjects of adolescent and emerging adult development, parenting, and counseling methodology.

His book *Adolescence: Psychotherapy and the Emergent Self* (Jossey-Bass, 1995) was awarded the 1995 Nevis Prize for Outstanding Contribution to Gestalt Therapy theory. Additionally, he is co-editor of *The Heart of Development: Gestalt Approaches to Childhood and Adolescence*, vols. I & II, (The Analytic Press, 2001).

His book *Failure to Launch: Why Your Twentysomething Hasn't Grown Up... and What to Do About It* (Putnam/Random House, 2020) is currently available wherever books are sold. Dr. McConville has also been published in the *New York Times* and *The Wall Street Journal* in recent years.

Dr. McConville has published a dozen articles in peer review journals, and has taught internationally on the subjects of development and psychotherapy, and the contribution of existential-phenomenology to the practice of psychotherapy.

In addition to his private clinical practice, Dr. McConville serves as Consulting Psychologist to Hathaway Brown School and University School, both in the Cleveland area. He lives in Shaker Heights, Ohio, with his wife, and within visiting distance of his two adult children and seven grandchildren.

Abstract

Will address the challenges of working with emerging adults who present as “22 going on 16.” How do we most effectively engage these clients? How do we distinguish between the failure-to-launch syndrome (which is mostly a matter of immaturity generated symptomatology) and genuine clinical pathology? And, how do we enlist parents as co-therapists?

Educational Objectives

1. To know when and how to involve parents in treatment or post-adolescent
2. To identify the specific development tasks of transitioning
3. To identify intervention objective for coaching parents

JESSICA PIERCE, MD, MSC**Presentation Title**

Eating Disorders in Adolescents: Providing Effective Psychoeducation and Concrete “How-Tos” for Caregivers



Jessica M. Pierce, MD, MSc, is a graduate of the Johns Hopkins University (BA in writing seminars), the University of Colorado School of Medicine (MD), and University College London (MSc in the field of Medical Anthropology). She completed an internship in general pediatrics at The Floating Hospital for Children at Tufts Medical Center in Boston before changing specialties. Dr. Pierce then pursued a residency in general psychiatry at the University of Washington in Seattle and a fellowship in child/adolescent psychiatry at Children's National Medical Center in Washington, DC.

She is board-certified in general psychiatry and in child and adolescent psychiatry. After completing her training, Dr. Pierce served as an outpatient faculty child psychiatrist at Lurie Children's Hospital in Chicago, where she was also highly involved in medical education in the Northwestern Feinberg School of Medicine. Subsequently, Dr. Pierce worked as an inpatient child psychiatrist at Hampstead Hospital, a freestanding private psychiatric facility in a rural area of New Hampshire. She has been clinical faculty at the University of Michigan since 2018, serving as a core attending physician on the Pediatric Psychiatry Consultation-Liaison Service at C.S. Mott Children's Hospital.

Abstract

Eating disorders are important contributors to morbidity and mortality in young people, with most cases first presenting during adolescence. During the first year of the COVID-19 pandemic, the number of children and adolescents requiring medical hospital admission for the treatment of severe malnutrition in the context of an eating disorder more than doubled¹. Increasingly, providers without specific expertise in eating disorders are assessing for, diagnosing, and managing eating disorders in youth. The aim of this talk is to improve the attendee's confidence level in screening for and treating eating disorders in adolescents and in providing psychoeducation to patients and families about these conditions. The talk will present psychological conceptualizations of eating disorders and relay specific means of communicating these formulations to caregivers. Current patient-facing educational materials being used at the speaker's home institution will be shared, including helpful scripts for what caregivers can say and do to help their child during mealtimes and other stressful periods of the recovery process.

¹Otto, A. K., Jary, J. M., Sturza, J., Miller, C. A., Prohaska, N., Bravender, T., & Van Huysse, J. (2021). Medical Admissions Among Adolescents With Eating Disorders During the COVID-19 Pandemic. *Pediatrics*, 148(4), e2021052201.

Educational Objectives

1. Understand how to assess for and diagnose eating disorders in adolescents
2. Explain the conceptual model of externalizing the eating disorder, recognizing both the benefits and the caveats to this approach
3. Articulate effective means of conveying the psychological frameworks around eating disorders to patients and families using metaphor and imagery
4. Impart helpful suggestions to parents and caregivers regarding what to say and do to help their child in the treatment and recovery process

NICHOLAS ALLEN, PHD

Presentation Title

Using Mobile Sensing to Assess Mental Health and Functioning in Adolescents: The Case of Suicide Prediction and Prevention



Biography

Nick Allen, PhD is the Ann Swindells Professor of Clinical Psychology at the University of Oregon, where he is Director of Clinical Training. He is a leading researcher in the area of adolescent mental health, known especially for his work on adolescent onset depression. His work aims to understand the interactions between multiple risk factors for adolescent emergent mental health disorders, including stress, family processes, brain development, autonomic physiology, genetic risk, immunology, and sleep. More recently, his work has focused on translating risk factors identified in his prospective longitudinal studies into innovative preventative approaches to adolescent mental health. For example, he has completed randomized controlled trials of a sleep improvement intervention that aims to prevent the onset of mental disorders during adolescence. He is the Director of the Center for Digital Mental Health, where his work focuses on the use of mobile and wearable technology to monitor risk for poor mental health, and his group has developed software tools that combine active and passive sensing methods to provide intensive longitudinal assessment of behavior with minimal participant burden. The ultimate aim of developing these technologies is to facilitate the development of a new generation of “just-in-time” behavioral interventions for early intervention and prevention of adolescent health problems.

Abstract

Despite the fact that assessing client progress is fundamental to evidence-based treatment, many clinicians only use unstructured clinical assessment methods to assess progress. Mobile and wearable computing now allows new assessment methods that are ecological, continuous, and objective. For example, studies have shown that symptoms often vary markedly within individuals across time, and understanding this pattern of variation is critical to assessment of client status and treatment planning. Also, most current methods of assessment used in mental health treatment rely primarily in self-report methods, and research has found that objective and self-report methods often show low correlation, suggesting the self-report data can only provide part of the clinical picture. Self-report methods are also burdensome for clients to complete (especially if they are required to do so regularly), so objective measures that can be captured without participant burden (e.g., by monitoring sensors that detect the client’s naturalistic patterns of use of the personal smart phones) may be a particularly compelling approach. In sum, an effective technology-assisted approach to routine clinical assessment that increases client compliance and provides dynamic assessment of both subjective and objective indices of mental health should improve both clinical processes and client outcomes. Moreover, such methods can be used to design just-in time interventions. In this presentation I will describe the potential and pitfalls associated with these mobile and ubiquitous assessment methods, including issues of reliability, validity and ethical concerns, using the detection of suicide risk as a salient use case to demonstrate these issues.

Educational Objectives

1. Assessment is critical to evidence-based practice
2. Mobile computing provides new approach to mental health assessment that are objective, ecological, temporally sensitive, and can increase compliance
3. Suicide prevention remains an ongoing clinical challenge
4. Current research efforts are underway to evaluate the role of new digital forms of assessment in suicide prevention

SHADY SHEBAK, MD

Presentation Title

Acculturation: The Accelerated Process in Middle Eastern Refugees



Biography

Shady Shebak, MD graduated from the University of Michigan-Dearborn in 2008 with a degree in Psychology and a minor in Biology. He went to medical school at the American University of the Caribbean and received his Doctor of Medicine (MD) degree in 2013. He trained in general psychiatry at Virginia Tech Carilion School of Medicine and Michigan State University. He is board certified in general and adolescent psychiatry, as well as addiction medicine. He has extensive inpatient and outpatient clinical psychiatric training and experience. His career interests include treating adolescents and young adults, mood disorders, and personality disorders. He is also interested in culturally appropriate mental health care and advocacy, and is involved in several grassroots and academic advocacy efforts. He has presented at several regional and national academic conferences on topics including, but not limited to cultural competency, narrative learning theory, and medical education. Dr. Shebak has published several peer reviewed papers, ranging from research, review articles, and case reports. He actively teaches medical students, and has a faculty appointment with Michigan State University, College of Human Medicine, and serves as psychiatry site director for the Authority Health Psychiatry Residency Program at Garden City Hospital, where he is also medical director of the mental health unit. He is currently the CEO/Medical Director of Core Psych, PLLC in Dearborn, MI and Chairman/Founder of MOVE - Movement for Outreach-Volunteerism-Education. Dr. Shebak is also ASAP President.

Abstract

Presentation of 3 cases of recent refugees from Yemen, Syria, and Iraq ranging from childhood to early adulthood, and the problems they face as they acculturate into American society. Further, will discuss resiliency factors, cultural competency in their assessment and treatment, and outline the differences between honor/sham cultures vs dignity/guilt cultures. Most importantly, will discuss barriers to treatment and solutions to help patient thrive in a new country.

Educational Objectives

1. Summarize the difference between honor/shame cultures and dignity/guilt cultures
2. Discuss the difficulties of acculturation in the high stress scenario of being a refugee
3. Contemplate cultural competence as it relates to creating a safe and nurturing clinical environment and social support network