

# The New Landscape of Adolescent Psychiatry Post COVID: Emerging Treatments and Dilemmas



**2021 ANNUAL MEETING**

*April 17-18, 2021*

## **SPEAKERS' PORTFOLIO**

### **CHRISTOPHER "KIP" THOMPSON, MD**

#### **Presentation Title**

*Informed Consent and Care to Minors/Mature Minors*



#### **Biography**

Dr. Thompson is the Director of the Forensic Psychiatry Division of the Los Angeles County Department of Mental Health. In that role, he provides leadership, oversight, and direction for all LACDMH programs designed to address the needs of justice-involved populations across the lifespan. He manages a diverse team responsible for collaborating closely with other agencies, organizations, academic institutions, groups, and individuals in their work to eliminate unnecessary incarceration of those with serious mental illnesses.

He is Board Certified in General Psychiatry, Child & Adolescent Psychiatry, Forensic Psychiatry, and Addiction Medicine. He is also a Certified Correctional Health Professional of the National Commission on Correctional Health Care. He is a Distinguished Fellow of the American Psychiatric Association (APA) and the American Academy of Child and Adolescent Psychiatry (AACAP).

Dr. Thompson completed his General and Child & Adolescent Psychiatry Residencies at UCLA and his Forensic Psychiatry Residency at UC Davis. He is actively involved in organized psychiatry and is a Past President of the American Academy of Psychiatry and the Law (AAPL), the current President of the California Academy of Child & Adolescent Psychiatry (CALACAP), current Secretary of the American Academy of Forensic Sciences (AAFS), and a prior member of the Board of Directors of this organization. In the past, he served as Co-Chair of the California Academy of Child & Adolescent Psychiatry's (CALACAP's) Government Affairs and Advocacy Committee.

Additionally, Dr. Thompson is an Associate Clinical Professor of Psychiatry at the David Geffen School of Medicine at UCLA. He teaches both the forensic and child & adolescent psychiatry fellows. He also gives lectures on child forensic psychiatric topics to second-year child & adolescent psychiatry fellows and forensic psychiatry fellows at the University of Southern California Keck School of Medicine.

#### **Abstract**

Society has long recognized that when compared with adults, youth are more impulsive, have worse judgment, and value short-term rewards over long-term consequences. Therefore, certain privileges not granted until certain ages (e.g., driving at age 16, ability to enter into contracts at age 18, etc.). Historically, proxies (e.g., parents, guardians, judicial officers) are needed to make most decisions for youth until they turn age 18 ("age of majority" in 46 states).

Although the presumption today generally remains that parental consent is required for general medical care of youth (based on federal const. law, state common law (contract and torts)), over past 30 years, there has been the advancement of the concept that minors age 12-14 or older can provide informed consent for some medical/mental health/substance use disorders treatment. This began with abortion, then moved to contraception. More recent exceptions include substance use disorders (SUDs) treatment, mental health treatment (psychotherapy, not psychotropic medication), and STI treatment.

In approximately 20% of jurisdictions in the United States, a general “mature minor” exception exists. However, there is significant variability from state to state as to what is required for a youth to demonstrate that they are a “mature minor” and also what care/procedures may be covered under this exception. Generally, capacity for informed consent is always required in order for a youth to be deemed a “mature minor.” In addition, an “evaluation of maturity” may also be required. Courts and caregivers usually take the risks and benefits of the proposed care/procedures into consideration in their analysis.

A case example will be discussed and, if time permits, the speaker will discuss potential future areas where legislation may be introduced or regulations modified to allow youth age 14-17 to consent to other types of care that are generally perceived to have significant personal and public health benefits and limited risks (e.g., vaccinations).

### **Educational Objectives**

1. Understand the difference between “mature minor” and “emancipated minor”
2. Recognize that and understand the reason why most medical and psychiatric care, parental or legal guardian consent is required
3. Learn that in approximately 20% of jurisdictions in the United States, a general “mature minor” exception exists, though there is significant variability from state to state as to what constitutes a “mature minor”

## **PRAVEEN KAMBAM, MD**

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### **Presentation Title**

*Disinformation, Conspiracy Theories, Extremism, and Radicalization of Youth*



### **Biography**

Dr. Kambam is a Supervising Mental Psychiatrist and Medical Director of Court-Based Mental Health Programs in the Division of Forensic Psychiatry of the Los Angeles County Department of Mental Health, and he is in private practice in Los Angeles, California. Dr. Kambam is an Assistant Clinical Professor in Psychiatry and Biobehavioral Sciences at the David Geffen School of Medicine at UCLA. He is a co-founder of Broadcast Thought, a media and mental health consultancy group. He is board certified in the following specialties: forensic psychiatry, general psychiatry, child and adolescent psychiatry, and addiction medicine. Dr. Kambam has been involved in projects aimed at reducing stigma of, raising awareness about, and improving access to mental health care through media and technology. He has given numerous presentations at regional and national medical and popular culture conferences, and he has authored several articles and book chapters.

### **Abstract**

During the COVID-19 pandemic with increasing use of media technologies and the backdrop of the U.S. political climate, some youth have displayed radicalization and adopted disinformation, conspiracy theories, and extremist beliefs. While these effects are not unique to youth, certain factors in adolescents may make them more prone to these effects. Traditionally, mental health clinicians have had inadequate awareness of these effects and have not routinely incorporated considerations about these effects into

clinical applications. This presentation will provide an overview of these concepts, describe clinical applications of these effects, give strategies to mitigate them, and pose questions and considerations as media technologies and society continues to evolve.

### **Educational Objectives**

1. Understand ways in which media and technology changes potentially contribute to radicalization of youth and their adoption of disinformation, propaganda, conspiracy theories, and extremist beliefs.
2. Describe factors of adolescents that make them potentially more vulnerable to these effects.
3. Recognize warning signs that youth are on pathways to extremism and radicalization.
4. Identify basic preventative strategies and resources to assist youth and families in mitigating these potential effects.

## **CHARLES SCOTT, MD**

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### **Presentation Title**

*Juvenile Psychopaths: Can bad boys become good men?*



### **Biography**

Dr. Scott is Chief, Division of Psychiatry and the Law, Forensic Psychiatry Fellowship Training Director, and Professor of Clinical Psychiatry at the University of California, Davis Medical Center in Sacramento, California. He is Board Certified in Forensic Psychiatry, General Psychiatry, Child and Adolescent Psychiatry, and Addiction Psychiatry. Dr. Scott is a Past President of the American Academy of Psychiatry and the Law (AAPL) and is also Past President of the Association of Directors of Forensic Psychiatry Fellowships. He has served as a member of the AAPL national task force to develop guidelines for the evaluation of criminal responsibility and competency to stand trial. Dr. Scott is one of four national AAPL Forensic Psychiatry Review Course Faculty instructors and in 2008 received the AAPL award as the most outstanding forensic psychiatry fellowship program instructor in the United States.

Dr. Scott has served as a forensic psychiatric consultant to jails, prisons, maximum security forensic inpatient units, California Department of State Hospitals, and as a consultant to the National Football League (NFL) providing training on violence risk assessment for NFL counselors. He has performed suitability evaluations for NASA's Astronaut Selection Board. His academic subspecialty is child and adolescent forensic psychiatry. Dr. Scott has authored book chapters on juvenile violence, mental health law, and co-authored chapters on child psychiatry and the assessment of dangerousness. He has served as editor or co-editor for numerous books and is co-editor of the Third Edition of Principles and Practice of Forensic Psychiatry.

His research interests include the relationship of substance use to aggression among criminal defendants, on the quality of forensic evaluations of criminal responsibility, child witness testimony, malingering, and assessment of posttraumatic stress disorder. He lectures nationally on the topics of malingering, violence risk assessment, juvenile violence, substance use and violence, the assessment of sex offenders, correctional psychiatry, DSM-5 and the law, and malpractice issues in mental health.

### **Abstract**

This presentation reviews DSM-5 criteria for Conduct Disorder and how this diagnosis is distinguished from the concept of juvenile psychopathy. The role of callous-unemotional traits in persistence of conduct disorder into adulthood as antisocial personality disorder is emphasized. Specific assessment techniques to highlight the evaluation of callous-unemotional traits are reviewed. Emerging early interventions to recognize and treat youth at risk for callous-unemotional traits and juvenile psychopathy are described.

## Educational Objectives

1. The audience participant will distinguish juvenile psychopathy from conduct disorder.
2. The audience participant will describe the relationship of callous-unemotional traits to juvenile violence.
3. The audience participant will identify key early interventions developed for early onset conduct disorder.

## RYAN DARBY, MD

### Presentation Title

*Modulating Social / Moral Behavior Using Medications and Noninvasive Brain Stimulation*



### Biography

I am an academic behavioral neurologist with expertise in behavioral neurology, neuroimaging, cognitive-affective neuroscience, and bioethics. I direct a subspecialty clinic in frontotemporal dementia (FTD). The goal of my research is to understand the neurobiological mechanisms leading to abnormal behaviors in dementia patients using a combination of experimental decision-making tasks and neuroimaging. My overarching hypothesis is that complex human behaviors result from the coordinated activity of several different brain regions (networks) rather than activity in any single region alone.

I have developed novel neuroimaging methods to test this hypothesis by showing that damage to different locations within a network can result in the same neurological symptoms. I first used a new technique called *lesion network mapping* to show that focal brain lesions causing delusions, criminal behavior, and disordered free will perception (i.e., alien limb syndrome and akinetic mutism) occur in different parts of the same symptom-specific brain network. Next, I developed a neuroimaging meta-analysis method called *coordinate-based network mapping* to show that neuroimaging findings that seemingly fail to replicate across studies are reporting abnormalities in different parts of the same brain network. Most recently, I developed a novel method called *atrophy network mapping* to show that heterogeneous locations of atrophy in dementia patients with the same symptoms are functionally connected to the same brain network. In recognition of my research accomplishments, I have received the *New Investigator Award in Neuropsychiatry* from the Alzheimer's Association, the *Young Investigator Award* from the American Neuropsychiatric Association, and both the *S. Weir Mitchell Award* for best early career investigator and the *Norman Geschwind Prize in Behavioral Neurology* from the American Academy of Neurology. My use of network localization to study controversial behavioral symptoms like criminal behavior and free will perception has attracted significant media attention, including coverage in *Scientific American*, *Science Magazine*, *Newsweek*, *US News & World Report*, *Discovery Magazine*, *Telegraph*, *CBS News*, and *NBC News*.

### Abstract

Research is beginning to reveal the “moral brain” and how differences in the structure and function of these brain regions may lead to antisocial behavior. However, the biological / medical approach to treating social problems has been fraught with misuse. Here, we will provide an overview of moral decision-making, it's relation to clinical populations with antisocial behavior, and the potential to modulate moral and social decision-making using medications and noninvasive brain stimulation. We will end with a discussion of important ethical issues when considering modulating social and moral behavior.

## Educational Objectives

1. Describe aspects of moral and social decision-making
2. Describe how medications may modulate moral and social decision-making
3. Describe how noninvasive brain stimulation can modulate moral and social decision-making



**KATRINA DEBONIS, MD****Presentation Title***Treating Generation Z – The College Mental Health Crisis and COVID-19***Biography**

Katrina DeBonis is the Director of Residency Education for the Department of Psychiatry and Biobehavioral Sciences at the David Geffen School of Medicine at ULCA. Originally from New York City, she graduated from M.I.T. where she studied Brain and Cognitive Science, after which she went on to receive her medical degree from NYU School of Medicine. She matched at UCLA for psychiatry residency training and completed her intern year at Harbor-UCLA. She joined the faculty at UCLA in 2011 and has held leadership roles in medical and resident education. Her clinical interests include college mental health and she has been the medical director of the UCLA Student Behavioral

Health Services since 2012. She has published articles on equity and diversity in residency recruitment, physician wellness, and innovations in undergraduate and graduate medical education.

**Abstract**

- Who is Generation Z and how do they differ from prior generations?
  - Diversity, Gender/Sexual Identity, Behaviors
- Overview of College Mental Health Care Utilization trends
- Overview of suicide rate trends
- Explanatory models of why this generation is experiencing worsened mental health
  - Pre COVID-19
    - Smartphone use
    - Social Media
    - Sleep
    - Digital Divide
  - Effects of COVID-19
    - overview of data on mental health trends
    - impact of school closures
- What can we do?

**Educational Objectives**

1. Attendees will be able to describe the concerning trends of mental illness in Generation Z
2. Attendees will be able to describe the evidence connecting social media and smartphone use with mental health outcomes in Generation Z
3. Attendees will be able to describe what is known of the mental health impacts of the COVID-19 pandemic on the mental health in this age group.

**TIMOTHY FONG, MD****Presentation Title*****Emerging Addictive Disorders During the Time of COVID*****Biography**

Dr. Fong is a Professor of Psychiatry at the Semel Institute for Neuroscience and Human Behavior at UCLA and he is board certified in adult and addiction psychiatry.

He is the director of the UCLA Addiction Psychiatry Fellowship, a one-year program that provides clinical training in the management of addictive disorders.

He is also the co-director of the UCLA Gambling Studies Program. The purpose of this program is to examine the underlying causes and clinical characteristics of gambling disorder in order to develop effective, evidence-based treatment strategies.

Dr. Fong is part of the Steering Committee of the UCLA Cannabis Research Initiative whose mission is to address the most pressing questions related to the impact of cannabis legalization through rigorous scientific study and discourse across disciplines.

**Abstract**

This presentation will examine how 12 months of COVID has impacted the clinical course of Internet Gaming Disorder, Gambling Disorder and Cannabis Use Disorder. Specifically, COVID has created a novel environment for addictions to emerge and express themselves, namely because of lockdowns, isolation, boredom along with increased availability and unprecedented access to potentially addictive behaviors. A review of best practices for screening, early identification and assessment of these addictive disorder will be conducted. After discussing trends, this presentation will focus on describing and reviewing current best practices to address these emerging conditions, especially in a telehealth setting

**Educational Objectives**

1. Identify how the clinical course and presentation of addictive disorders has changed since the onset of COVID
2. Name three methods of screening for internet gaming disorder, gambling disorder and cannabis use disorder
3. Implement principles of recovery and addiction treatment into clinical practice

**CHARLES GROB, MD****Presentation Title*****From Adolescence To Senescence: Hallucinogens Across The Life Span*****Biography**

Charles S. Grob, M.D. is Professor of Psychiatry and Pediatrics at the UCLA School of Medicine and the Director of the Division of Child and Adolescent Psychiatry at the Harbor-UCLA Medical Center. He previously held faculty positions at the Johns Hopkins School of Medicine and the University of California at Irvine. He has conducted approved clinical research with psychedelics since the early 1990s. From 2004-2008 he was the Principal Investigator of the first study in several decades to examine the use of a psychedelic treatment model for patients with advanced-cancer anxiety. He has also conducted research into the range of effects of MDMA, in both normal volunteers and in a selected subject population of adult autistics with severe social anxiety. And, he has conducted a series of ayahuasca research studies in Brazil. Over the last thirty years Dr. Grob has published numerous articles on

psychedelics in the medical and psychiatric literatures and he is the editor of *Hallucinogens: A Reader* (Putnam/Tarcher, 2002), co-editor (with Roger Walsh) of *Higher Wisdom: Eminent Elders Explore the Continuing Impact of Psychedelics* (SUNY Press, 2005) and co-editor (with James Grigsby) of the forthcoming *Handbook of Medical Hallucinogens* (Guilford Press, 2020). He is a founding board member of the Heffter Research Institute.

### Abstract

My talk will focus on the range of effects of hallucinogens in various contexts. Topics to be examined will include nomenclature, pharmacology, ethnobotany, indigenous ritual use, epidemiology, potential adverse effects, potential therapeutic applications and recent advances and challenges for the future.

### Educational Objectives

1. To understand the unique psychopharmacology of psychedelic drugs, with particular emphasis on psilocybin.
2. To be aware of the range of adverse effects that may be associated with hallucinogen use, particularly in young people, and how to mitigate those risks.
3. To examine the range of therapeutic applications the psychedelic treatment model may possess and how in that context clinical investigators may optimize the risk to benefit ratio.

## PAMELA HOFFMAN, MD

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### Presentation Title

*Telepsychiatry for Young Adults: Opportunities and Challenges during the Pandemic and Beyond*



### Biography

Dr. Hoffman joined Yale's Child Study Center and the School of Public Health in January 2020 to become the medical director of Telehealth Services at Yale New Haven Health Services and Yale Medicine. She works with a multidisciplinary team across ambulatory and inpatient settings to advance telehealth for the organization. She has clinical responsibilities in the pediatric emergency department, evaluating children in behavioral health crises. She also works at the Yale Center for Medical Informatics where she is the co-training director for the Master's program in Health Informatics. Dr.

Hoffman received her medical training at Rutgers New Jersey Medical School, her psychiatry residency and child/adolescent psychiatry fellowship at Hofstra Northwell Health in NY and completed an additional fellowship in Clinical Informatics at Yale/VA Connecticut Healthcare System.

### Abstract

- Background – evidence base
- Recent Changes – Pandemic changes
  - Regulatory/legislative
- Overview of Telepsychiatry
  - Review of basics/Advanced topics
  - Clinical opportunities and challenges
  - Resources
- Future
  - Outcomes

### Educational Objectives

1. Appreciate the evidence base for telehealth in young adults.
2. Identify 2 specific challenges in the use of telepsychiatry in adolescent and young adults.
3. Describe special considerations when using telehealth on young adults.