



American
Society for
Adolescent
Psychiatry

Adolescent & Young Adult Psychiatry

Newsletter of the

American Society for Adolescent Psychiatry

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www.adolescent-psychiatry.org



ASAP's 2020 Annual Meeting: Overview

Shots Fired:

Gun Violence and Youth Mental Health



This year, ASAP's 2020 Annual Meeting had to be restructured due to COVID-19. Many organizations cancelled or restructured meetings to a virtual platform. ASAP leadership worked diligently to reorganize our meeting that would best meet the needs our membership. The meeting was held on Saturday, July 18 and Sunday, July 19 for four hours each day and had approximately 50 attendees.

ASAP developed this very timely conference in response to the national crisis of gun violence. Our excellent lineup of speakers discussed the most effective and relevant strategies to address gun violence in adolescents and young adults and presented evidence-based solutions to strengthen gun safety and to protect youth.

The learning objectives that earned participants up to 8.0 CME credits includes:

1. The participants will be able to describe the direct and indirect burden of gun violence to youth, families & communities.
2. The participants will be able to provide an overview of the prevalence and patterns of gun-carrying and use among high-risk adolescents.
3. The participants will be able to provide an overview of the epidemiology and risk/protective factors associated with the public health problem of interpersonal firearm violence among urban youth populations.
4. The participants will be able to describe the importance of collaboration and multi-stakeholder involvement in handling the challenge of gun violence in the urban setting.
5. The participants will be able to describe evidence-based gun violence reduction efforts for high-risk youth and young adults who have a history of involvement in street groups and gangs.
6. The participants will be able to describe the impact of increased firearm access and the right to carry laws on college campuses on liability concerns for students with a history of mental illness.
7. The participants will be able to describe an evidence-based intervention for suicide prevention in adolescents and young adults related to firearm safety promotion.
8. The participants will be able to explain novel programs, strategies, and collaborations that better assess and mitigate the risk of targeted school violence.

All members can access the [Speaker Portfolio](#). Here are the highlights of our speaker presentations:

Edward Mulvey, PhD



Presentation Title: Risks of Gun-Carrying Among Adolescents

Abstract:

This session will provide an overview of the existing, retrospective research on how many adolescents report carrying a gun at any one time. A psychosocial model of the types of factors related to gun carrying and use will be presented along with the research supporting these models. Results from analyses of two large, longitudinal data sets will also be presented, providing support for certain aspects of the models presented and presenting the patterns of gun carrying and use that occur at different ages. In addition, information will be provided about the types of symptoms and experiences, particularly victimization experiences, that precede gun carrying and use. Implications regarding the consideration of developmental state and intervention focus will be presented, based on the results.

Objectives:

1. Provide an overview of the prevalence and patterns of gun carrying and use among high risk adolescents
2. Demonstrate that the behaviors of gun-carrying and gun use occur in “spells” rather than as a stable characteristic of these youths
3. Present information regarding the importance of particular symptom fluctuations and victimization experiences in the initiation of gun carrying

Marla Davis Bellamy, JD, MGA



Presentation Title: 356 Homicides in Philadelphia in 2019: Where do we go from here?

Abstract:

There is an uptick in violent gun crimes involving young people in Philadelphia and other cities across the nation. Tackling murder reduction and youth violence takes the coordinated effort of mental health professionals, government, business leaders, non-profit organizations, law enforcement, parents & family, coaches, teachers, schools and community leaders. Marla Davis Bellamy will discuss how the CureViolence or disease-control approach has been implemented and tailored to Philadelphia. She will discuss some of the preliminary results of the program and will discuss how this approach seeks to enhance safe neighborhoods, encourage the involvement of caring adults, increase youth activities and engagement, and help engender a “change of heart” or change in attitudes about how to respond to disrespect and disagreements among youth instead of utilizing guns to solve community conflict.

Objectives:

1. Gain insight into the importance of collaboration and multi-stakeholder involvement to handling the challenge of gun violence in the urban setting
2. Describe the uptick in youth violent crime in Philadelphia
3. Discuss the experiences of Ceasefire that have led to developing successful partnerships
4. Enhance the ability to communicate frankly about gun violence
5. Engage and educate others about the challenges and gaps in the juvenile justice system

Patrick Carter, MD



Presentation Title: A Pathway Forward on Addressing the Public Health Problem of Youth Firearm Violence

Abstract:

Dr. Carter will discuss why adolescent psychiatrists should develop a greater awareness of the gun violence as a public health issue, as well as how mental health issues are associated with interpersonal firearm violence among adolescents. The presentation will review the epidemiology of youth interpersonal firearm violence, risk and protective factors, and disparities in health and mental health outcomes. Dr. Carter will argue that this awareness will aid in providers in their clinical approach to this patient population. Further, the discussion will provide an overview of current knowledge about interventions to address this youth gun violence that may be incorporated within a provider's everyday clinical practice to prevent negative gun violence and mental health outcomes.

Objectives:

1. Provide an overview of the epidemiology and risk/protective factors associated with the public health problem of interpersonal firearm violence among urban youth populations.
2. Characterize the relationship between mental health factors (e.g., anxiety, depression, PTSD) and interpersonal firearm violence.
3. Provide a high-level overview of current state-of-the science on firearm injury prevention among high-risk youth populations.

Caterina G. Roman, PhD



Presentation Title: Leveraging the Pushes and Pulls of Gang Disengagement to Advance Gun Violence Reduction

Abstract:

The presentation will situate knowledge on the pushes and pulls of disengagement from gangs within the inventory of gun violence and gang intervention programs. Using the findings from three major, multi-site studies on gang disengagement, Dr. Roman will discuss how the self-reported reasons for leaving a gang can be leveraged for jurisdictions to develop appropriate and responsive gun violence reduction strategies. The presentation will highlight the theories of change for the relevant gun violence reduction strategies, including focused deterrence strategies, hospital-based interventions, and relationship-based interventions that have street-outreach, therapeutic, family, and fatherhood areas of focus. Programs that address individuals disillusioned with their gang and offer sustained opportunities to develop and engage in prosocial networks and supportive relationships are most likely to enjoy success.

Objectives:

1. Describe how knowledge of the key reasons youth disengage from street groups/gangs might be used to create appropriate gun violence reduction strategies.
2. Explain how the trauma of victimization or vicarious victimization might create the leverage to disengage youth from gangs and violence.
3. Compare and contrast evidence-based gun violence reduction efforts for high risk youth and young adults who have been involved in street groups and gangs.
4. Categorize gun violence reduction strategies based on their likelihood of (a) including trauma-informed care practices and solutions and (b) building trust and legitimacy in the criminal justice system.

Therese Richmond, PhD, FAAN, CRNP



Presentation Title: The Burden of Gun Violence on Adolescents and Young Adults

Abstract:

Seeing gun violence as more than a complex social problem is useful. Therese Richmond will explain why it is both a medical and public health problem. This session will make the case as to why gun violence is a significant health threat to youth and why providers need to move upstream to prevent gun violence. It will address the burdens of gun violence to youth, families, and communities. Dr. Richmond will discuss the direct exposures (e.g., youth is shot) and indirect exposures (e.g., environmental, death/injury of friends or family members, school shootings) and their subsequent impacts on mental health for interpersonal, self-directed, and unintentional. She will examine strategies for mitigating the mental health consequences and recommendations for trauma-informed care infused throughout the health care system.

Objectives:

1. Describe the direct and indirect burden of gun violence to youth, families & communities.
2. Analyze the relationships between gun violence and mental health among youth.
3. Explain the important role of health care providers and health care systems in reducing gun violence and mitigating its impact on youth.

William Connor Darby, MD



Presentation Title: New Duties for Universities to Prevent Student Suicide and Protect Against Violence

Abstract:

This presentation will review the recent California Supreme Court Case: Regents of University of California v. Katherine Rosen and its implications for universities. The California Supreme Court ruled in this decision that universities have a special relationship with their students and a duty to protect them from “foreseeable violence during curricular activities.” The “foreseeability” standard has parallels to the Tarasoff II decision’s “should have known” standard that created unreasonable liability for psychotherapists in expecting them to predict violence that may seem preventable after-the-fact related to the hindsight bias phenomenon. This Tarasoff II decision subsequently required California legislation to fix and clarify (with other jurisdictions following suit) that the Tarasoff duty to protect is only triggered when a serious threat of violence is communicated to an identifiable victim. The effect of this recent Regents v. Rosen decision is likely to create similar problems for universities as the Tarasoff II decision created for psychotherapists; additionally, the effect is compounded by policies that allow the carrying of firearms on college and university campuses. During the past 30 years, a growing number of states have passed laws that make it easier for civilians to legally carry loaded firearms in public places including some colleges. Research related to suicide rates and greater access to firearms will be reviewed with an emphasis on how this relates to current college campus policies. Drs. Darby and Weinstock will discuss the effect of increased firearm access among college students and the liability concerns of universities for students who may present a danger to themselves or others. They will describe how universities may react to these liability concerns with policies for dismissal of students seeking treatment for mental illness or non-admission based on a history of mental illness despite the Americans with Disabilities Act (ADA) protections.

Objectives:

1. Describe the parallel between the two California Supreme Court decisions: *Regents v. Rosen* and *Tarasoff v. Regents*.
2. Describe the impact of increased firearm access and right to carry laws on college campuses on liability concerns for students with a history of mental illness.
3. Describe how the *Dzung Duy Nguyen v. MIT*, 96 NE 3d 128 (Mass 2018) Supreme Judicial Court of Massachusetts ruling impacts universities and college students in Massachusetts

Rinad Beidas, PhD



Presentation Title: The Role of Physicians in Firearm Safety Promotion as a Universal Suicide Prevention Strategy

Abstract:

Promoting safe firearm practices is a promising but infrequently used suicide prevention strategy. Safety Check is an evidence-based practice for improving parental firearm safety behavior in pediatric primary care. This study, *Adolescent Suicide Prevention In Routine clinical Encounters (ASPIRE)*, aims to engender a better understanding of how to implement components of Safety Check as a suicide prevention strategy in pediatric primary care. Beidas and others collaboratively developed implementation strategies in partnership with stakeholders from two sites in the NIMH-funded Mental Health Research Network. She surveyed providers and leadership of 82 pediatric primary care practices to understand acceptability and use of the three firearm components of Safety Check (i.e., screening, brief counseling on firearm safety, provision of firearm locks); she then conducted qualitative interviews with stakeholders (including parents, clinicians, health system leadership, and firearm safety instructors) to understand barriers and facilitators to implementation. The result of this mixed-methods contextual inquiry was to develop a multi-level menu of implementation strategies for promoting firearm safety as a suicide prevention strategy in pediatric primary care. Physicians (n = 100) endorsed that two components of the Safety Check (screening and counseling) were acceptable and commonly (but not routinely) used. They endorsed neutral acceptability of the third component (giving out firearm locks) and rare usage. Qualitative interviews (n = 70) identified themes suggesting that firearm safety promotion is a health system priority and that those employed by health systems reported favorable perceptions of the Firearm Safety Check approach for suicide prevention. The importance of leveraging existing infrastructures, such as electronic health record systems, and brevity, were frequently noted. This study provides valuable insights into acceptability and current use of evidence-based practices for safe firearm practices in pediatric primary care for suicide prevention as well as a menu of implementation strategies that we will test in a future study. She will discuss applications of what was learned in primary care to specialty settings.

Objectives:

1. The participants will be able to describe an evidence-based intervention for suicide prevention related to firearm safety promotion.
2. The participants will be able to explain factors related to implementation of firearm safety promotion in health system settings.
3. The participants will be able to apply principles of what they learned to daily practice.

Christopher “Kip” Thompson, MD



Presentation Title: School Shootings and Mass Violence: A Dark History and Brighter Future?

Abstract:

This presentation will allow attendees to better identify resources (including mental health resources) available in their community or nationally that can assist with school violence risk assessment and mitigation. There is fairly compelling data to suggest a link between certain types of mental illness and criminal offending, even violent offending, such as targeted school violence. Some of link appears related to substance use, though this is more pronounced in adults. The link between mental illness and mass murder is not clear, based in part on low numbers, only anecdotal reports, etc. There do appear to be distinct typologies of adolescent school shooters/those who engage in targeted school violence. In the wake of multiple school shootings in 2018 and 2019, many jurisdictions have seen an uptick in youth's being detained because of concerns of their committing a violent act in a school setting. Multiple jurisdictions have developed novel programs to more quickly and accurately assess and then mitigate youth's risk of committing an act of targeted school violence (e.g., Los Angeles County DMH's School Threat Assessment Response Team (START)).

Objectives:

1. Examine link between adolescent mental illness and firearm violence
2. Discuss typologies of adolescent school shooters/mass murderers
3. Present novel programs, strategies, and collaborations that better assess and mitigate risk of targeted school violence

Acceptance at the Dinner Table

Chad Lennon, MD

Member, ASAP Diversity Committee



The dinner table is seen as a very important place – a place to share ideas, talk about worries, and to celebrate victories. Unfortunately, because of the numerous activities that adolescents can be involved in, families see it as difficult to find the time to all be together at the dinner table. More importantly, in order to have healthy adolescents, it is important to create the space for sharing, releasing fears, and celebrating.

As adolescents struggled to find themselves, families need to create those spaces. Adolescents struggled to find themselves academically, culturally, racially, and in sexual orientation. Schools, not only were a growing opportunity for learning, but also a petri dish of social experiences. As the adolescent took on the successes and failures of the experiment of life, the family group allowed a crucial opportunity for the youth to recover. Adolescents assumed that their family members accepted them.

Sexual orientation can be a difficult part of one's identity for family members to accept. LGBT young adults who reported high levels of rejection from family during adolescence were (1) 8.4 times more like to report having attempted suicide, (2) 5.9 times more likely

to report high levels of depression, (3) 3.4 times more likely to use illegal drugs, and (4) 3.4 times more likely to report having engaged in unprotected sexual intercourse. On the other hand, young adults who reported high levels of acceptance have higher levels of self-esteem, social support, and general health.

A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children asked clinicians who work with families with members of differing levels of acceptance to use several approaches to help families support their LGBT children:

1. Engage, approach, and connect with families and caregivers by meeting them “where they are,” and view each family as an ally.
2. Let parents and caregivers tell their story.
3. Give families respectful language to talk about sexual orientation and gender identity.
4. Educate families on how family rejecting behaviors affect their LGBT child.
5. Educate families on how supportive and accepting behaviors affect their LGBT child.

In order for children and adolescents to grow as full and complete adults, each adolescent must feel free to be a scientist in the experiment of life. All scientists require a safe space to understand themselves. The family dinner table, whether metaphorically or literally, is that safe space. If adolescents have that safe space, imagine how safe each will feel to explore in their world.

References:

1. American Academy of Child and Adolescent Psychiatry, *AACAP Statement Responding to Efforts to Ban Evidence-Based Care for Transgender and Gender Diverse Youth*. AACAP News, 50(6), 8 November 2019.
2. San Francisco State University. *Family Acceptance Project*, 7 March 2010: <https://familyproject.sfsu.edu/overview>.
3. Ryan, Caitlin, et. Al. *Family Acceptance in Adolescence and the Health of LGBT Young Adults*. Journal of Child and Adolescent Psychiatric Nursing, 2010, 23 (4), 205-213.
4. Substance Abuse and Mental Health Services Administration. *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

Thank you!

ASAP would like to thank our 2020 sponsors for their commitment to adolescent and young adult mental health and support of ASAP:

Sunovion, Newport Academy, and PRMS.

Transitional Age Youth and College Mental Health Committee: The Bridge Between Adolescence and Adulthood

Hun Millard, MD, Susan Parke, MD, Cynthia Wilson, MD, Zheala Qayyum, MD, Hyun Jung Kim, MD, Timothy Van Deusen, MD (Chair)



The Transitional Age Youth (TAY) and College Mental Health Committee was created by six child and adolescent psychiatrists in response to the growing recognition of the unique experiences and treatment needs of this population of youth. In recent years, there has been a growing consensus among mental health professionals acknowledging the special care and unique developmental context of TAY (ages 16-25). TAY encounter specific challenges as they transition from adolescence into adulthood. This is a sensitive biologic period which coincides with distinct brain changes or delays in maturation and often marks the emergence of first episodes of serious mental illness. More broadly, the tasks of individuation and separation of young adulthood encompass numerous psychosocial difficulties such as ongoing identity formation, peer intimacy, employment, college, and independent living. The formation of this new American Society of Adolescent Psychiatry (ASAP) committee is intended to unite child and non-child trained psychiatrists alike to cultivate a forum within which to discuss and consider pertinent clinical issues, provide psychoeducation, develop guidelines and practice parameters as well as promote advocacy for TAY.

The committee's charges are outlined as follows:

- Increase awareness and education to providers on the needs of TAY who are enrolled in college and/or other postsecondary programs
- Offer counseling and resources for TAY patients and their families
- Offer guidance for parents and clinicians of younger adolescents to best prepare them for the TAY period
- Offer clinical guidelines and standards of care for TAY
- Collaborate with other ASAP committees in areas of overlapping interests
- Develop policy statements for governing bodies related to advocacy, both internal to ASAP and external policy development nationally
- Participate in annual meeting presentations, review courses, workshops and special events related to TAY

TAY are undergoing a sensitive period of growth, replete with new freedoms, at times drug experimentation, new independence and separation from parents, academic success or challenges and, often, first onset or exacerbation of mental health symptoms. Strategies to compassionately engage and support TAY and their families should be considered within a biopsychosocial lens that appreciates the unique developmental needs of this subpopulation. Further, knowledge of the collegiate academic landscape and educational laws which impact patients allows psychiatrists to more effectively advocate for TAY. Moreover, familiarity of existing and accessibility to local programs, national treatment options, and social supports for TAY is essential so that clinicians may connect patients to

the best available resources. Additionally, understanding family dynamics and the legal matters pertaining to healthcare, such as consent or guardianship/conservatorship, is necessary in order to offer assistance to patients and their families. Perhaps, most importantly for providers, is to value and facilitate greater self-agency, and to promote strengths during this developmental period. Clinical issues and treatment modalities can be complicated for the reasons discussed, but engaging TAY can also be incredibly rewarding to empathetic psychiatrists who can significantly impact the trajectory of their patient's lives.

Although membership to the ASAP TAY and College Mental Health Committee is currently a limited number, we look forward to hearing others' ideas, thoughts, contributions, experiences, and working together to bring attention to the needs of TAY, and to the obstacles and fulfillment in caring for this group.

References:

1. Martel, A., & Fuchs, C. (2017). Transitional Age Youth Mental Illness – Influences on Young Adult Outcomes. *Child and Adolescent Psychiatric Clinics of North America*, 26(2), 13-17.
2. Van Deusen, T., Wilson, C., Kim, H., Qayyum, Z., Millard, H., & Parke, S. (2018). Transitional Age Youth with Serious Mental Illness: High Acuity Patients Requiring Developmentally Informed care in the Inpatient Hospital Setting. *Adolescent Psychiatry*, 8(3), 231-240.

Why There Hasn't Been a Better Time than Now to Become Board Certified in Adolescent & Young Adult Psychiatry!

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



It has been over 25 years since the American Board of Adolescent Psychiatry (ABAP) was established and sponsored by ASAP. The Board's goal was to create a process by which general psychiatrists working with adolescents and young adults would obtain recognition as experts in the subspecialty of Adolescent & Young Adult Psychiatry through fulfillment of application criteria, passage of an initial certification exam, and then demonstration of continuing education and practice requirements to maintain

certification. Our goal was successful too . . . as of mid-2020, ABAP has certified over 700 Diplomates in Adolescent and Young Adult Psychiatry!

So, why is now, during a time of a global pandemic, a good time to become certified in this critical sub-specialty? Let us count just a few reasons....

- **We are seeing escalating mental health needs among the US population affected directly or indirectly by the COVID 19 pandemic.** The increases in service needs appear greatest among the adolescent and young adult population who developmentally and socially are the least prepared to deal with the isolation, anxiety, and lack of control wrought by the pandemic. Accordingly, the need for psychiatrists with demonstrated skills in addressing this population's needs could never be greater.
- **The integrated care and telemedicine movements are here to stay.** These programs will increase access to mental health services to adolescents and young adults through integration of behavioral health with physical health services, using telemedicine and telephone consultation between primary care providers and psychiatrists increasingly in the months ahead. **Now is the time to position yourself as an expert in Adolescent and Young Adult Psychiatry** to assist your primary care colleagues through special payment and reimbursement methods in assuring optimal care to these teens and young adults.
- **The entire process is now online and on demand.** Because of the COVID-19 Pandemic, The American Board of Adolescent Psychiatry (ABAP) had to cancel its scheduled 2020 on-site examination in Philadelphia and swiftly develop an online alternative examination. We are pleased to inform you that as of this printing, we have offered the online and on-demand exam to a dozen applicants, all of whom have reported a high degree of satisfaction with this option. No longer will you need to travel and take time off of work to sit for your examination! Instead, you are now able to take the certification examination in the comfort of your own home or office, whenever you wish to do so, and in separate sections if you desire. The online examination, coupled with the ease of our totally digital online application process has made it so that obtaining your Board Certification in Adolescent and Young Adult Psychiatry couldn't possibly be easier!
- **If you are an ASAP member, you receive a 25% discount on your examination fees, are exempt from MOC fees, and if you are an ABAP Diplomate, you receive a 10% discount on your ASAP annual dues.** It couldn't get much better!

So, with these reasons, as well as the added prestige among your colleagues and patients as well as increase confidence in your abilities in this critical subspecialty, ***now is the time*** to take the next step and become Board Certified in Adolescent and Young Adult Psychiatry! For more information, please visit our [ABAP FAQ page](#) or view our [application and educational requirements info](#).



ASAP BUSINESS

2021 Membership Dues

ASAP will begin its 2021 dues billing cycle in October. Payments can be made via PayPal (or check (made payable to ASAP). IF you do not receive your invoice by November 1, please contact Earl Magee (ASAPadolpsych@gmail.com).

2021 Annual Meeting: **MARK YOUR CALENDAR!**

The Effects of COVID-19 Pandemic on Adolescent Mental Health and Treatment
Friday, April 30, 2021

ASAP's Program Committee set our 2021 Annual Meeting for April 30. The meeting will be one day followed by a reception (tentative). With the pandemic, there is a chance we may need to hold the meeting virtually. We hope to decide whether the meeting will be held in-person or virtually by late-January. The committee is working diligently on the program entitled, *The Effects of COVID-19 Pandemic on Adolescent Mental Health and Treatment*. Mark your calendar for April. Hope you will plan to attend!

NOT A MEMBER? JOIN NOW!

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.



JOIN ASAP

Membership Benefits:

- Mentoring & national fellowship opportunities
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- 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](#).

ASAP PROCESS FOR STATEMENTS AND WHITE PAPERS

(approved by the ASAP Governing Board, September 3, 2020)

POLICY: The ASAP Governing Board is interested in promulgating advances in improving the life and functioning of adolescents and young adults through education, research, and advocacy and in sharing the expertise and experience of our members. The procedure for policy statements, position papers, and discussion statements is outlined below.

PROCEDURES: Proposals for consideration for approval of a formal ASAP policy must adhere to the following:

1. Define the position of an issue important for the development and care of adolescents and young adults
2. Be limited to one page, clear, concise, and jargon free as possible
3. Provide background that summarizes the issue that needs to be addressed and its significance
4. Present scientific and clinical evidence to support rationale for recommendations detailed in the policy statement
5. Be submitted at least 2 weeks before the Governing Board meeting
6. Review and updated at least every four years

DEFINITIONS: From the American Academy of Family Physicians, statement terms are defined as follows:

Policy Statement - used to designate a straightforward statement or declaration of society policy on a particular topic or topics. Typically, short and concise, they do not include background information or discussion relative to the policy and do not quote facts and figures developed by outside sources or include a bibliography.

Position Paper - far more comprehensive than a simple declaration of ASAP policy on a particular topic or topics and does not contain a policy on one or more topics. It comprises background information and discussion to provide a more complete understanding of the issues involved and the rationale behind the position(s) considered and may cite outside sources and include a bibliography.

Discussion Paper - attempts to explain specific issues. These documents are called discussion papers and are meant to fully explain specific issues and present balanced information on a particular topic without advocating a particular position. It may be used to formulate a position paper or policy statement.

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Comments/feedback are most welcome and should be sent to ASAPadolpsych@gmail.com.

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