



American  
Society for  
Adolescent  
Psychiatry

# Adolescent & Young Adult Psychiatry

Newsletter of the

**American Society for Adolescent Psychiatry**

[www.adolescentpsychiatry.org](http://www.adolescentpsychiatry.org)

May-June 2021

## A MESSAGE FROM THE PRESIDENT ...



### Greetings ASAP Members!

I am excited to serve as the American Society for Adolescent Psychiatry (ASAP) President for the 2021-2022 term. This comes with a great deal of responsibility, as we move the organization forward, grow its membership, and provide quality membership benefits. To accomplish the goals I have set forward, I will need all the help I can get from our executive team and general membership.

The future of ASAP will be focused on adolescent AND emerging adulthood, and to accomplish this, I will work with the American Board for Adolescent Psychiatry (ABAP) to ensure our board examination topics are relevant to the issues facing patients within those age groups. I will also work closely with the Executive Committee and interested members to outline, define, and produce a virtual CME program that will aid our members in attaining relevant knowledge about adolescent and emerging adulthood psychiatry.

Additionally, I will work on strengthening our online presence, including providing a hybrid annual meeting. If COVID-19 has taught us anything, it is that we can accomplish many things virtually, while also valuing in-person meetings and programming. Therefore, the future of ASAP and many other organizations will utilize traditional in-person and virtual methods to reach our members, attract new members, and promote our mission:

*The American Society for Adolescent Psychiatry has served the psychiatric profession since 1967. Focusing on teen, adolescent, and young adult issues, ASAP acts both as a professional network for its members and a specialized community dedicated to education development and advocacy of adolescents and the adolescent psychiatric field.*

I hope to work with all of you this year to accomplish the goals I have set forward. It is with great pleasure to serve as the President of this organization. If you wish to be involved in ASAP and would like some guidance as to where to begin, feel free to contact me at [sshebak@outlook.com](mailto:sshebak@outlook.com).

Shady Shebak, M.D.  
President

## Dr. Patrice Harris Receives the Robert Weinstock MD Courage and Ethical Leadership Award



On April 17 and 18, ASAP held its 54<sup>th</sup> Annual Meeting entitled, *The New Landscape of Adolescent Psychiatry Post COVID: Emerging Treatments and Dilemmas*. We shared information about the meeting in the last issue and will be sharing more exciting news in this and future issues. Please visit our online [Program Schedule](#) for specifics.

For the first time, ASAP presented the Robert Weinstock MD Courage and Ethical Leadership Award to **Patrice A. Harris MD, MA**, Immediate Past President of the American Medical Association (AMA). This award is presented to an outstanding member of the medical community who has demonstrated exceptional courage and ethical leadership through his/her career. Dr. Harris, the first African-American woman to be elected president of the AMA, has spent her professional career improving medicine, such as serving on the AMA Opioid Task Force to identify best practices to combat the opioid epidemic and advocating for treatment options. She has served on medical boards, received many awards, and continues to leverage her expertise for public service and advocacy. Her award reads, *“In recognition of her outstanding contributions to the field of adolescent psychiatry including her courage and leadership and dedication to the ethical practice of adolescent psychiatry throughout the course of her career.”*

### 54<sup>th</sup> Annual Meeting page:

<https://www.adolescentpsychiatry.org/2021-annual-meeting>.

**2020-2021 Program Committee:** Drs. W. Connor Darby (Chair), Shady Shebak, Stephan Carlson, Tzvi, Furer, David Nover, Ellen Platt, Richard Ratner, and Robert Weinstock.



## Highlights of Speaker Presentations

### CHRISTOPHER “KIP” THOMPSON, MD

#### Presentation Title

*Informed Consent and Care to Minors/Mature Minors*



#### 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***



### **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?*



### **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**

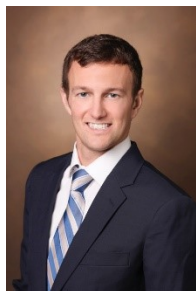
1. The audience participant will distinguish juvenile psychopathy from conduct disorder.
2. The audience participant will describe the relationship of callous-unemotional traits to juvenile violence.
3. The audience participant will identify key early interventions developed for early onset conduct disorder.

## **RYAN DARBY, MD**

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### **Presentation Title**

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



### **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, its 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

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### Presentation Title

#### *Treating Generation Z – The College Mental Health Crisis and COVID-19*



### 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

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### Presentation Title

#### *Emerging Addictive Disorders During the Time of COVID*



### 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

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### Presentation Title

#### *From Adolescence To Senescence: Hallucinogens Across The Life Span*



### 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

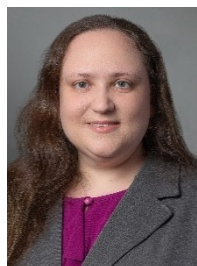
1. To understand the unique psychopharmacology of psychedelic drugs, with particular emphasis on psilocybin.
2. To be aware of the range of adverse effects that may be associated with hallucinogen use, particularly in young people, and how to mitigate those risks.
3. To examine the range of therapeutic 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*



### 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.

# Sleep Disturbances Autism Spectrum Disorder: A commentary on The American Academy of Neurology Practice Guidelines 2020

*Mayank Gupta, MD and Theodore Petti, MD*



Sleep disturbances (SDs) in autism spectrum disorder (ASD) frequently presents as a problem to the adolescent psychiatrists and often considerably more (almost double) than in typically developing youth. Although SDs are not required as a symptom to meet the criterion for DSM V diagnosis, but there is credible evidence suggestive of its impacts on overall core symptoms, especially when ASD is comorbid with intellectual disability (Robinson & Richdale, 2004).



An American Academy of Neurology Practice Guideline, 2020 (Williams Buckley et al., 2020) focuses upon the treatment options for these conditions. They applied “robust analytical strategies”, and about 2000 US and EU based peer reviewed abstracts were reviewed. Eight studies were selected to develop the guideline which employed standardized scales, i.e., Children’s Sleep Habits Questionnaire (CSHQ), the Developmental Behavior Checklist (DBC), and the Aberrant Behavior Checklist (ABC).

Four recommendations were made. The first was to consider reviewing Coexisting Medical Conditions and Concomitant Medications. The second was to use Behavioral Strategies, and third to consider prescribing Melatonin when the problem persists after trials of the first two. Complementary and

Alternative Medicine (CAM) Approaches are listed on acknowledging family interest in them.

The evidence was sub grouped as a) bedtime resistance, b) Sleep onset Latency (SOL), c) Sleep Efficiency and lastly d) night awakenings. Daytime behavior is also listed but its relevance is undefined and unclear.

Based on the limited evidence, behavioral strategies were recommended as a first-line treatment approach for sleep disturbance either alone or in combination with pharmacologic treatment. Behavioral strategies recommendations seem to be based upon the few cited studies investigating extinction, fading, and maintaining routines. A key intervention is the family cognitive behavior therapy (CBT), conducted weekly for 4 weeks initially and then homework sessions for twice a month for 12 weeks. It was adapted from adult approaches and when combined with prolonged release melatonin was effective in all four areas.

The effectiveness of CBT as monotherapy was not clear from the selected studies. Parents’ specific sleep behavioral training, Sound-to-Sleep (STS) mattress, and weighted blankets were not found as effective.

The purified form of melatonin (up to 10mg) is recommended rather than over the counter (OTC) formulas, but concerning side effects are ignored (Gringras et al., 2017). Since melatonin’s half-life is about 40 minutes, it must be administered 30-60 minutes before bedtime.

The Guideline advises to consider a possibility of underlying primary sleep disorder and refers to coexisting conditions including gastroesophageal reflux disease (GERD) first. However, it does not elaborate on other specific gastrointestinal disorders, e.g., celiac disease highly associated with ASD (Wasilewska & Klukowski, 2015). It also refers to psychotropic medications but again no details about how more commonly prescribed medications, e.g., Selective serotonin reuptake inhibitors (SSRIs) (Caporino et al., 2017), Atypical second-generation antipsychotics (SGAs) or alpha agonists could alter or disrupt sleep.

Thus, these Guidelines raise many questions. Their major limitation is development from just 8 Class II and Class III studies (i.e., level of evidence was weak). The authors did not elaborate about the neurobiology and possible etiology of sleep disturbances specific to ASD. There is insufficient attention given to the many patients with ASD treated with psychotropics to address other specific symptoms; guideline did not address or commented on patients already on anti-epileptics or psychotropics. The strengths include a robust analytical model to address an overlooked problem that included studies with standardized measurement scales.

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## Plans Develop for Review/Update Course in Adolescent/Young Adult Psychiatry

*Gregory P. Barclay, M.D., DFAPA*



The ASAP Review Course Task Force continues to meet to develop an additional CME opportunity for psychiatrists interested in improving their knowledge of issues in Adolescent and Young Adult Psychiatry. Our aim is to develop a program mixing review and current updates offered in a webinar format on a regular basis. This series is likely to be a more interactive, case-based learning approach than the format generally offered through our in-person or virtual annual meeting. We believe this series, once developed, would then be available as well to psychiatrists who are preparing for our Board Certification in Adolescent and Young Adult Psychiatry examinations and as an option for currently Diplomates to complete their annual

Maintenance of Certification requirements. We are currently exploring partnership opportunities to assure this series is available to as many interested psychiatrists as possible. Interested in helping us make this happen? We need volunteers with ideas and course topic instructors. If so, please contact the task force chair, Greg Barclay ([gregory.p.barclay@gmail.com](mailto:gregory.p.barclay@gmail.com)).

## 2021 MEMBERSHIP DUES CYCLE

ASAP sent initial, second, and third invoice notices to all members. To date, only half have paid their dues. A major source of ASAP's income is from membership dues. With those funds, we can help:

- Our members navigate these tumultuous times;
- Address multiple challenges including access, fellowship recruitment, the emotional consequences of COVID for patients and families;
- The response to racism and longstanding disparities in the quality of care
- Continue to offer member programs, discounts, incentives, publications, and more.

We need your participation to focus on these and other issues as leaders in adolescent psychiatry.

**DON'T RISK BEING SUSPENDED. If you haven't received an invoice, please contact Earl Magee ([ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com)) immediately!**

Dues payments can be made directly from the link in the invoice that will take you to PayPal, send a check (made payable to ASAP) to the address on the invoice, or contact Earl.

We hope members will renew their dues so ASAP can continue to offer programs and services that benefit our membership.

## ASAP and ABAP's NEW WEBSITES!

[AdolescentPsychiatry.org](https://AdolescentPsychiatry.org)

[AdolPsychiatryCertification.org](https://AdolPsychiatryCertification.org)

Our new website has received many compliments and is working well. While some members have logged on, most members have not. If you haven't logged in yet, we invite you to do so and give us your feedback. You will be asked to set your password the first time only and, if you're returning and forget your password, you CAN reset it.

Navigation is easier than ever. Each page has a box at the bottom of each page so you can go anywhere on any page. Convenient! Our new database had a few glitches that have been resolved. The current year's invoices for membership dues have been sent out via the new database. Invoices, sent on December 17, have links to pay via our website.

To Diplomates of the American Board of Adolescent Psychiatry (ABAP), established to offer a route to certification for psychiatrists with competence in treating adolescents and young adults. Here Diplomates have two options to access ABAP's site: Link from ASAP's new website or directly connect to ABAP's new website, [AdolPsychiatryCertification.org](https://AdolPsychiatryCertification.org). All certification information is available on ABAP.



## 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 (ABAP)*



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](#).

# JOIN 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](#).

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## AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY (ASAP)

### Executive Committee/Governing Board:

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**Vice President:** Praveen Kambam, MD

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**Chair, ABAP Council on Certification in Adolescent Psychiatry** (ex-officio): Greg Barclay, MD

**Newsletter Editor** (ex-officio): Shady Shebak, MD

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*Comments/feedback are most welcome and should be sent to [ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com).*

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*To publish in ASAP’s newsletter, please submit the piece with the author’s name and email address by the 20<sup>th</sup> of the month for inclusion in the next issue. Submissions should be less than 800 words (special exceptions) and submitted to [ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com).*

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Twitter: [https://twitter.com/ASAP\\_ABAP](https://twitter.com/ASAP_ABAP)

LinkedIn: <https://www.linkedin.com/groups/2011444/>



# EMERGING RISKS REQUIRE **ENHANCED COVERAGE**

AS THE PRACTICE OF PSYCHIATRY EVOLVES,  
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## **MEDICAL LICENSE PROCEEDINGS**

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## **HIPAA VIOLATIONS**

HIPAA enforcement continues to increase at the federal and state levels.  
Separate limits up to \$50,000

## **DATA BREACH**

The use of electronic media in psychiatric practice has increased.  
Separate limits up to \$30,000

## **ASSAULT BY A PATIENT**

Violence by patients against psychiatrists is more common than against other physicians.  
Separate limits up to \$30,000



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