



American  
Society for  
Adolescent  
Psychiatry

# *Adolescent & Young Adult Psychiatry*

*Newsletter of the*

**American Society for Adolescent Psychiatry**

September 2019

[www.adolescent-psychiatry.org](http://www.adolescent-psychiatry.org)



## *Eventful, Stressful but Personally and Professionally Rewarding*



My year as ASAP President was eventful, stressful but personally and professionally rewarding. Thanks to an energetic and highly productive Executive Committee (EC) and supportive Governing Board (GB), we were able to accomplish a great deal in our efforts to revitalize and energize ASAP. Among our many tasks viewed as most critical were updating the Bylaws and providing greater structure and expectations for ASAP leadership as well as increasing our Membership and bringing back into ASAP the number of members who have been inactive/unresponsive. Greg Barclay, MD, a past president, agreed to chair several key initiatives including Membership Committee (MC), Administration and Organization Committee (AOC) under which the Bylaws update was lodged, and the Council on Certification in

Adolescent Psychiatry. In May, the Bylaws were approved by our membership and truly reflect where ASAP is structurally as an organization and where it is expected to be to meet the ongoing evolution of our health care system. Formal documentation of expectations for GB members, including EC members, has also been developed to provide smoother, more efficient effective ASAP functioning, another major advance. The AOC also worked to make our relationship with Adept, the agency contracted to provide administrative support, work. This was necessary given the large number of complaints lodged at the 2018 Business Meeting and experiences of EC and GB past and current members. Regrettably we were unsuccessful; fortunately, beginning in October 2018 we contracted with Mr. Earl Magee to serve as our Executive Director.

Mr. Magee has fit into our system incredibly well. Members who attended the Annual Meeting witnessed the superb job he did in making all the parts fit together, work and network with our members. Holding our Annual Meeting in conjunction with the APA is another major change this year. The GB after significant deliberation for the 2019 Annual Meeting voted to move the date and place to San Francisco even though by recent tradition it would normally have been in New York City, the location of the then President-Elect, Stephan Carlson, MD. Dr. Carlson organized a really fine meeting. As detailed in our July newsletter, he and Mr. Magee deserve multiple kudos for their work in making the Annual Meeting a success. The Annual Meeting also included posters and an award supported by a grant from the Professional Risk Management Services, Inc. (PRMS).

Matthew Galvin, MD along with other EC members helped cover the registration desk when Mr. Magee was needed elsewhere. Dr. Galvin had been elected as an At-Large GB member, but with resignation from the Secretary early in his term of office; Dr. Galvin agreed to serve as Secretary-Treasurer. Vacancies of GB positions were filled by Lois Flaherty, MD and Dr. Barclay who did



so with high energy and commitment. Thus, the EC and GB managed to sufficiently compensate for these unexpected voids and to be highly effective in getting the requisite tasks completed. This included engaging the services of a legal firm to successfully secure the ASAP archives and financial records from The Adept Group. We continue to attain ownership of our domain name and financial records from Adept. Mr. Magee has reorganized the ASAP website so that it is now more informative and functional.

To broaden learning, teaching, and advocacy, efforts have included the development of committees that are expected to provide opportunities for our members to become more engaged and involved with ASAP. We appreciate that our members are all busy and have limited time to more fully participate in ASAP activities. Many have interests in specific areas and wish to have an opportunity to learn more through discussion, research, or to be mentored; some may also have significant experience and/or expertise that they wish to share or employ in advocacy efforts, policy direction or to mentor junior members. Committees established to date include with their chairs: Diversity (Shady Shebak, MD); Forensics (Tarun Kumar, MD); Moral Development (Matt Galvin, MD); Neurodevelopmental Disorders (Yuli Fradkin, MD); and Transitional Age Youth (Tim VanDeusen, MD). We would like to develop committees on Advocacy and Psychotherapy. Anyone interested in joining any of the committees, please contact Mr. Magee or me. Each committee is expected to have quarterly meetings, to report to the GB, and suggest educational activities and policy recommendations for the GB to consider.

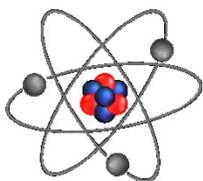
Finally, we have an energetic, enthusiastic newsletter editor, Ron Thurston, MD, and dynamic EC and EC/GB. We can expect the next few years to result in an expansion in our activities and membership. The EC will continue to meet monthly and the GB quarterly. *(continued page 3)*

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## EDITOR'S NEWS REVIEW

### Lithium: Older Than Dirt and Still Working

#### *An Inspiration for Us All*



A recent study in the Journal of the American Academy of Child and Adolescent Psychiatry finds lithium superior to other mood stabilizers in youth with bipolar disorder, a welcome expansion of our confidence for using lithium in the adult bipolar population.

Lithium is the original mood stabilizer and still holds its own against impudent latecomers the likes of valproate, carbamazepine, lamotrigine and second-generation antipsychotics.

One distinctive, stand-out benefit is lithium's anti-suicide effect. The [JAACAP](#) study finds this benefit applies to youth as well.

Overall, the study finds: half as many suicide attempts, fewer depressive symptoms, less psychosocial impairment, and less aggression than those taking other mood-stabilizing medications.

## The Real Problem is Not Enough Bulletproof Backpacks



Some argue that mass shootings are due to easy access to mass-shooting weapons. Others argue that it is due to restricted access to mental health services. Meanwhile, why not bulletproof backpacks?

The Washington Post business section reports that bulletproof backpacks are part of a [\\$2.7 billion-a-year](#) school security boom.

Although some bulletproof products are warranted for small arms fire, none are certified effective for high velocity assault weapons. And the thought of drilling kids on the proper way to hold up flimsy shields in the face of 10 rounds a second from a mentally healthy, let alone mentally ill, mass shooter boggles the mind, and saddens the heart.

One parent, obviously recognizing the need for hope in the face of futility, is quoted as saying: “We know it’s not a magical device, but he’s starting first grade and we want to feel a little better about putting him on a school bus each day.”

Feeling better may be good for business--- but it’s not a viable alternative for solving the actual problem.

One viable solution is “sensible” gun legislation as, for example, suggested in the gun policy adopted by the California Psychiatric Association this August. Full disclosure, I helped write it. See Section VIII of CPA policy at [Gun Violence Policy](#).

Also, I modestly offer [Romancing the Gun](#), an article I wrote a few years ago as President of that organization.

## Snake Oil and Bleach



There’s an old saying in medicine: The more the remedies, the fewer the cures. In other words, if something worked, there would be no market for anything else.

Unfortunately, we have many ailments, conditions and diseases for which little works very well. And therefore, a big market for alternatives your doctor won’t tell you about.

For example, the Food and Drug Administration is again [warning consumers](#) not to drink bleach. Since 2010, the FDA has warned about the dangers of Miracle or Master Mineral Solution, Miracle Mineral Supplement, MMS, Chlorine Dioxide (CD) Protocol, Water Purification Solution (WPS) and other similar products. Miracle Mineral Solution has not been approved by the FDA for any use, but these products continue to be promoted on social media as a remedy for treating autism, cancer, HIV/AIDS, hepatitis and flu, among other conditions. The solution, when mixed, develops into a dangerous bleach which has caused serious and potentially life-threatening side effects.

In this age of do-it-your knowledge, patients may alter, or replace, your expert recommendations based on their consultation with Dr Google. Recently, one of my patients pulled out his

smartphone, in real time, to check out my best offer. Fortunately, we agreed, his smartphone and I, but that's not always the case.

I've learned to ask about supplements and to survey patient's and parents' attitudes, preferences and expectations regarding treatment, and to take a little time to explain how medical decisions are made. Useless alternatives to, and supplements for, sound medical advice are not only useless, often expensive and sometimes dangerous but can prolong suffering and disability by delaying effective treatment.

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## Communication Deficit

ASAP Neurodevelopmental Committee Report

*Yuli Fradkin, Chair*

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

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

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

Study of this problem is complicated by the fact that mental health professionals are often unfamiliar with the nature of communication disorders, and at the same time communication disorder specialists are often unaware of the nature and symptomatology of psychiatric illnesses. We suggest that research to span the fields of childhood communication and psychiatric disorders is of high importance. One challenge comes from a considerable diversity of genetic and environmental factors contributing to phenotypic heterogeneity of both language and behavior disorders. This makes them difficult to study in the general population of unrelated individuals because of the widely acknowledged sample and symptom heterogeneity. Another challenge stems

from methodological issues, including a referral bias, that further complicate the interpretation of the reported findings. As a result, the mechanisms explaining the observed link are not well understood (Beitchman, 1985; Howlin & Rutter, 1987).

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

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## Moral Development Committee

ASAP Moral Development Committee Report

*Matt Galvin, MD, Chair*

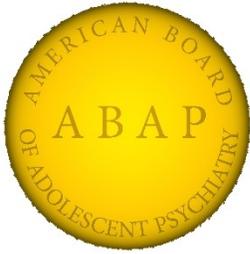
### The Call to Form the Committee

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

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

**2018-2019.** The first task, proposed by Drs Flaherty and Petti, and accepted by the committee was to prepare a relevant paper based upon a relevant presentation given at the ASAP Annual Meeting of 2018. The paper was to be submitted for peer review to Adolescent Psychiatry, the official journal of ASAP. It would review needs assessment, identify practice gaps in meeting those needs and provide a conceptual framework suitable as a point of departure for the committee's considerations and plans for action. Co-authors were Drs. Galvin, Hulvershorn and Gaffney. The review, entitled *Conscience relevance and sensitivity in psychiatric evaluations in the youth-span* was completed with support from the IU Conscience Project, mentoring and critical review from Dr. Flaherty and ASAP reviewers and final submission was made in March 2019. It has been accepted for publication. Currently available is an ahead of print on-line abstract accessible via the ASAP website, section: ASAP Journal (use the hyperlink to Bentham Scientific Publishers). The review supports Dr. Petti's original call to form this committee; underscores the current state of affairs that while practice parameters recommend assessment of conscience and values, few resources are available to guide clinicians; supports hypotheses that youth who experience adverse childhood experiences show evidence of fragmentation, unevenness and delay in their conscience stage-attainment; demonstrates proof of concept for conscience sensitive psychiatric assessment in the youth-span in particular by showing how conscience sensitive inquiries improve upon merely conscience relevant interpretations in affording better appreciation of moral wounding, and setting the stage for moral-imaginative efforts that elicit and make the latent values of the youth more explicit. The review concludes with what might be considered a mission statement for this committee: "A conscience sensitive approach should be part of both psychiatric and general medical education, supported explicitly by clinical guidelines recommending conscience sensitive interview techniques that aim to acquire information aligned with current neurobiological terminology."

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## News from the American Board of Adolescent Psychiatry

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

### Enhanced ASAP Member Benefits

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

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

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

### New ABAP Diplomates

We are pleased to announce that two ASAP members successfully passed the 2019 ABAP certification examination on May 18, 2019. They are now ABAP Diplomates with full 10-year certification status:



**Stephan Carlson, MD**  
*ASAP President*



**Shady Shebak, MD**  
*ASAP At-Large Director/  
Governing Board Member*

Congratulations Drs. Carlson and Shebak!

Finally, the **2020 Certification Examination** will be held in conjunction with the ASAP annual meeting in Philadelphia, PA, in late April, 2020. When a more specific date is known, it will be

posted on the ASAP website and in the newsletter. We hope to see you then. As a reminder, the *Application Deadline is February 1, 2020.*

## ASAP BUSINESS

### 2020 Dues Billing Cycle

In September, ASAP will begin its 2020 dues cycle. Member invoices will be sent via USPS. Payments can be made via PayPal or check (made payable to ASAP).

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

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

### Membership Benefits:

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

### Interested in becoming board certified in Adolescent Psychiatry?

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

- 25% discount on any ABAP certification and recertification fees if current
- ASAP member or joining ASAP at the time of application for certification/ recertification (For recertification discount, Diplomates must have continuous ASAP membership since 2019 or since joining ASAP if after 2019.)
- Waiver of Annual \$50 Maintenance of Certification (MOC) fee each year from 2019 forward that you are an ASAP member in good standing

- Priority Placement (Your ABAP Diplomate status emphasized) in membership directories that ASAP prepares and distributes to its members and the general public
- 10% Discount applied to annual ASAP Regular membership dues for any ABAP Diplomate joining or renewing as a regular member of ASAP
- All ASAP members receive deep discounts on the subscription to our quarterly peer-reviewed journal, *Adolescent Psychiatry*, as well as at our annual scientific conference.

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## AMERICAN SOCIETY FOR ADOLESCENT PSYCHIATRY (ASAP)

### Executive Committee/Governing Board:

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Editor-in-Chief, *Adolescent Psychiatry* (ex-officio): *Lois Flaherty, MD*

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

Newsletter Editor (ex-officio): *Ronald Thurston, MD*

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*Comments/feedback are most welcome and should be sent to the Newsletter Editor, Ronald Thurston, MD, at [thurstonrc@gmail.com](mailto:thurstonrc@gmail.com).*

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*To publish in ASAP’s monthly 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 following month’s issue. Submissions should be less than 800 words (special exceptions) and submitted to [ASAPadolpsych@gmail.com](mailto:ASAPadolpsych@gmail.com).*

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In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.