learn brief intervention using principles of motivational interviewing; and 3) examine strategies to engage the precontemplative adolescent.
Methods: We will present evidence-based screening instruments for children and adolescents, discuss the interpretation of screening results, and examine how to provide individual feedback in the form of a brief intervention. Case vignettes will be used to facilitate group practice of brief intervention, including how to engage the precontemplative adolescent.
Results: Cannabis is the most commonly used illicit substance and the most prevalent substance used daily among adolescents. Although an estimated 14.4% of youth meet the criteria for a substance use disorder (SUD), only 4% receive treatment. Universal substance use screening within the SBIRT model is recommended as part of routine adolescent physical and mental health care. Validated screening tools in adolescents include the Screening to Brief Intervention (S2BI) and Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD). Brief intervention is a 5- to 15-minute conversation designed to deliver timely feedback regarding substance use screening results. It is founded in principles of motivational interviewing and should be tailored to the individual. Brief interventions range from praising and providing positive feedback for the adolescent who reports no substance use, to engaging the adolescent with regular substance use in a conversation about one's use, empowering the adolescent to be responsible for change, and providing treatment options and support. Adolescents who are precontemplative about change may be effectively engaged further through motivational interviewing and providing objective feedback on the risks of continued use. An adolescent who reports at least weekly substance use is likely to meet the criteria for an SUD and should be referred to SUD treatment. Local treatment resources may be found using the SAMHSA online treatment service locator.
Conclusions: SBIRT is an effective strategy to detect adolescents with problematic use of cannabis and other substances, engage them in an individualized conversation about their use, and facilitate the beginning steps of the change process and referral to treatment.

ADOL, SUD, TREAT

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3.6 TREATMENT OF ADOLESCENTS WITH CO-OCCURRING MENTAL HEALTH AND CANNABIS USE DISORDERS

Paula Riggs, MD, University of Colorado, paula.riggs@ucdenver.edu

Objectives: This presentation aims to understand the relationship between cannabis use and mental health disorders in adolescents and research-based principles for integrating the treatment of adolescents with co-occurring mental health disorder, cannabis use disorder (CUD), and other substance use disorders (SUDs).
Methods: Paula Riggs, MD, will review current research addressing the relationship between cannabis use and co-occurring mental health disorders, including: 1) the association between cannabis use and psychosis, mood, and anxiety disorders; and 2) the risks associated with the increasing widespread use of high tetrahydrocannabinol (THC) potency, commercially available cannabis products in postlegalized environments. Evidence-based interventions for adolescent SUD will also be comparatively reviewed as well as results from 4 randomized controlled medication trials targeting ADHD or depression in nonabstinent adolescents with co-occurring CUD/SUD. Research-based principles will be derived from these studies for integrating the treatment of co-occurring disorders.
Results: Ample research shows that childhood-onset ADHD, depression, and anxiety disorders increase risk of developing adolescent-onset CUD/SUD. There is also considerable evidence that adolescent-onset cannabis use increases the risk of psychosis in a dose-related manner and may precipitate an earlier onset of schizophrenia in those with genetic/other risk factors for schizophrenia. Longitudinal studies indicate that regular cannabis use during adolescence is associated with a 2- to 3-fold increased risk of depression and anxiety disorders by 21 years of age. Taken together, the results of 4 randomized controlled medication trials (targeting ADHD or MDD) in adolescents receiving motivational enhancement therapy (MET)/CBT for co-occurring CUD/SUD indicate that some medications (those tested) can be safely used to concurrently treat co-occurring ADHD and depression, even in youth who have not yet achieved abstinence during substance treatment.
Conclusions: Research-based principles can be derived from current research that inform clinically sound approaches to integrated (concurrent) treatment for adolescents with CUD/SUD and other co-occurring mental health disorders.

ADOL, SUD, TREAT

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3.7 NUTS AND BOLTS: WISDOM FOR THE BUSY CLINICIAN ADDRESSING YOUTH CANNABIS USE

David L. Atkinson, MD, The University of Texas Southwestern Medical Center, David.Atkinson@utsouthwestern.edu

Objectives: This presentation aims to describe to clinicians practical aspects of delivering evidence-guided care to adolescents in outpatient psychiatry practices.
Methods: A literature review of screening and treatment, a review of federal laws and regulations, and clinical experience will be presented.
Results: Federal confidentiality rules surrounding substance treatment apply to specialty substance use treatment services and do not necessarily apply to the outpatient provider. State laws vary and can affect the application of federal law. Adolescents may require motivational interviewing techniques. The absence of a desire to quit cannabis use is not a contraindication to treatment of the cannabis use. Contingency management (CM) may increase motivation and decrease adversity by providing an incentive to stop. CM requires creative funding, and it works best in concert with a psychosocial treatment. Drug screens may be performed at outside labs or in the office using specially approved screens. Quantitative cannabinoid levels are crucial to monitoring the cessation and decrease in use, and urine creatinine is necessary for normalizing the quantitative results. Urine testing for alcohol and other drugs should continue, appreciating that detection windows are shorter. It is recommended that parents do not permit alcohol use during cessation of cannabis cessation, as the patient is likely at elevated risk for all substance use disorders. Similarly, caution is needed even in abstinent cannabis users who are prescribed opioids. Multigenerational use in the home should be addressed with empathy, and parents may need motivational interviewing techniques. Patients making adequate progress can be kept in treatment despite relapses and refusals. Parents may need to graduate from positive reinforcers for abstinence to the removal of positively reinforcing things in order to motivate abstinence. Patients who are unable to stop and have daily use with school and legal problems, eating disorders, or comorbid psychosis, may need residential treatment to provide a period of abstinence. Planning for discharge should begin early during residential or inpatient treatment.
Conclusions: Application of evidence-guided treatments for cannabis use are crucial for success, and effective treatment is possible in a variety of settings.

ADOL, SUD, TREAT

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3.8 HOW TO COMMUNICATE CANNABIS AND CANNABINOID SCIENCE, MYTHS, RISKS, BENEFITS, AND MARKETING TO PATIENTS, FAMILIES, AND ALLIED PROFESSIONALS: AN AACAP TRAINING AND EDUCATION COMMITTEE PERSPECTIVE

A. Lee Lewis, MD, Medical University of South Carolina, lewisal@musc.edu

Objectives: In recent years, cannabis in its many forms (tetrahydrocannabinolic acid [THCA], tetrahydrocannabinol [THC], and cannabidiol [CBD], to name a few) has been decriminalized and legalized in many states across the United States. As these compounds have become increasingly more available to the public, medical and recreational manufacturers have been marketing variations of these substances as everything from a recreational toy to a pharmacological panacea. In a climate of rapidly changing

attitudes and ideas about cannabis use and risk, it is important to understand the psychiatrist's role in helping to form and shape important conversations with our patients, families, and peers on the role of marijuana in recreation, science, and treatment moving forward. This discussion will utilize both a short presentation and an open forum for discussing more effective ways to talk to patients, parents, clinicians, and the community about the past, present, and future of cannabis' role in mental health care for adolescents and families.
Methods: This discussion will consist of a 5-minute opening case presentation on a family who has presented to care with variable thoughts and beliefs about the use of cannabis in the care of their adolescent child. This case will be followed by a 25-minute discussion moving from specifics about this particular case to a more generalized conversation on how to efficiently and effectively communicate the complex information surrounding cannabis to our patients, families, colleagues, and communities.
Results: This presentation will educate and help guide clinicians in having effective and informative conversations with their patients, families, and colleagues about cannabis.
Conclusions: Educating and informing our clinical population and interprofessional team members on cannabis seems to many to be a daunting task, but understanding how to effectively and efficiently communicate the science, risks, and potential benefits of these compounds is crucial for the child and adolescent psychiatrist to be comfortable with moving into the future.

ADOL, SUD, EDUC

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INSTITUTE 4

LIFELONG LEARNING INSTITUTE: MODULE 17: RELEVANT CLINICAL UPDATES FOR CHILD AND ADOLESCENT PSYCHIATRISTS

Jeffrey Hunt, MD, Brown University, Jeffrey_hunt@brown.edu; Sandra B. Sexson, MD, Georgia Regents University, ssexson@augusta.edu

Objectives: AACAP's Lifelong Learning Committee has developed a series of modules to assist members in staying up to date on current issues within the field of child and adolescent psychiatry and in fulfilling lifelong learning and self-assessment requirements of maintenance of certification (MOC). This Institute reviews Lifelong Learning Module 17. The articles selected for this year's module address several timely topics, and they are relevant to every practicing child and adolescent psychiatrist.
Methods: Leading experts will review and present the articles. The presenters are encouraged to provide context to the articles and include their clinical experience.
Results: Child and adolescent psychiatrists will enhance their clinical practice through presentations that combine the latest research with the expertise of leading physicians within the field.
Conclusions: This Institute is designed to assist members with their lifelong learning goals, including satisfying some components of MOC.

R, PPC, TREAT

Sponsored by AACAP's Lifelong Learning Committee

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4.1 WHAT'S NEW IN ADHD AND SUBSTANCE USE DISORDERS?

Timothy E. Wilens, MD, Massachusetts General Hospital, twilens@partners.org

Objectives: Substance use disorders (SUDs) and ADHD are among the most prevalent disorders that child and adolescent psychiatrists treat. This talk provides a timely update on contemporary data related to the care of youth with these disorders.
Methods: A selected review of the literature focused on ADHD and SUDs was undertaken. Studies and editorials focused on relevant issues related to the prevention and care of young people with these disorders were reviewed.
Results: This talk will focus on the use of new formulations of stimulants and selected components of the guidelines from AAP on the treatment of ADHD. Work related to caffeine use, nonmedical use of prescription medications, and the clinical utility of toxicology testing in young people will be presented.
Conclusions: Emerging findings related to ADHD and to SUDs will be presented.

ADHD, SUD

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4.2 LIFELONG LEARNING ON TRAUMA, RESILIENCY, AND APPROACHES FOR SERVING DIVERSE POPULATIONS OF CHILDREN AND FAMILIES

Lisa R. Fortuna, MD, MPH, University of California, San Francisco/Zuckerberg San Francisco General Hospital and Trauma Center, dr.lisa.fortuna@gmail.com

Objectives: This presentation aims to present on recently published journal articles that feature information on topics that child and adolescent psychiatrists should know regarding trauma and its impact on diverse children and families.
Methods: This presentation will provide a critical analysis and opportunity for discussion of 7 recently published articles in order to: 1) promote understanding of the featured topics; and 2) consider the relevance for child and adolescent psychiatry practice and delivery of care within child-serving systems. Articles focus on undocumented and immigrant families, LGBTQ youth, youth of color impacted by racial violence in the media, and families experiencing severe mental illness within the child welfare system. Articles reporting on mindfulness, recovery from trauma, and inclusion of chaplaincy/spirituality are also discussed.
Results: Evidence-based research has increased regarding effective diagnostic and treatment approaches for vulnerable children and families, but these recommendations have been inadequately disseminated and implemented in practice, leading to ongoing and persistent suboptimal outcomes for many children and youth. Thoughtful efforts should be made to thread together the evidence base in order to create effective system-of-care and clinical approaches that address the unmet mental health needs of children and adolescents. Latinx, immigrant refugee and youth of color, children of undocumented parents, and LGBT youth experience various forms of stigma, trauma, and adversity. Media depicting police killings, as well as viewing distressing news directed at members of one's own racial-ethnic group or those who share the same immigration status, are related to poor mental health outcomes in children. The mechanism of mindfulness-based interventions is through the impact on attentional processes and emotional regulation and may be effective for children experiencing adversity and trauma. Researchers and clinicians should explore what protective factors, interventions, and systems-of-care reforms may buffer diverse and vulnerable youth against the outcomes associated with racism, discrimination, trauma, and other adversity.
Conclusions: Child and adolescent psychiatrists who work with children and families from diverse populations must be aware of the risk factors faced by these communities as well as identify the evidence-based practices and systems-of-care opportunities for providing holistic, comprehensive, compassionate, equitable, and effective care.

FAM, IMM, OTH

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4.3 SMARTPHONES, MEDICINES FOR EXTREME MOOD STATES, SPIN IN SCIENCE, AND PARENTING

John T. Walkup, MD, Ann & Robert H. Lurie Children's Hospital of Chicago/Northwestern University, JWalkup@luriechildrens.org

Objectives: This presentation will review the use of technology in youth, pharmacotherapy of agitation and mania, how "spin" in science distorts the truth of research, and the critical elements of good parenting.