Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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the American Professional Society on the Abuse of Children (APSAC), and also in other professional guidelines. More recently, PA proponents were unsuccessful in getting PA terminology listed in the ICD-11. That said, PA has had wide appeal both to those accused of child maltreatment and domestic violence resulting in custody disputes and professionals who support those accused.

Conclusions: To date, PA faces challenges in its definition, quality of research, and acceptance in the mental health and scientific communities.

CAN, FCP, CUD
https://doi.org/10.1016/j.jaac.2021.07.093

13.2 PARENTAL ALIENATION RESEARCH: OLD PROBLEMS AND PROPOSED NEW DIRECTIONS
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Objectives: Existing research on parental alienation (PA) is at a low level of evidence and has failed to consider adverse treatment events but is commonly presented as valid and reliable. Problems of existing work and proposals for new research directions are presented.

Methods: Most phenomena of childhood and adolescence have been studied initially from a descriptive, “natural history” case perspective, and this has been followed by systematic comparisons of larger population samples with naturally occurring differences. This approach was fruitful in the case of attachment, for example. Examination of published work shows that the study of PA has not followed that route but began when Richard Gardner (1985) abstracted features from a number of cases he had worked with although he did not publish any thorough case studies. Later proponents of PA reported some studies with before-and-after comparisons and comparisons to roughly matched groups, but neither have provided complete case reports nor carried out high-level comparison studies. In addition, a number of studies misuse Likert-type scales, creating possible errors in results. Many studies rely on correlational methods that avoid the issue of causality. All research on the topic suffers from the absence of an established protocol for differentially identifying PA.

Results: It thus remains unknown how PA cases develop longitudinally and what outcomes are likely either with or without treatment. This point deserves stressing because of reports that children have been harmed by some treatments.

Conclusions: Work toward an understanding of PA phenomena would require some complete case studies, outlining how each case was identified and how causes of estrangement were ruled out, the type of treatment that was done (if any), and the progress over some years of individual development and of relationships with parents. Such information would be a rich source of testable hypotheses about PA, which are presently minimal due to theoretical weaknesses and a lack of empirical foundations. The development of such hypotheses would permit design and implementation of research at high levels of evidence.

CAN, CUD, FCP
https://doi.org/10.1016/j.jaac.2021.07.094

13.3 PARENTAL ALIENATION IN THE COURTS
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Objectives: The objective of this presentation is to describe the use of parental alienation (PA) in courts.

Methods: This presentation will: 1) examine appellate court decisions discussing PA; 2) analyze how attorneys employ PA terminology to gain strategic advantage in court; and 3) describe how attorneys can attack expert witnesses who employ PA terminology in testimony.

Results: A representative sample of appellate court decisions from courts around the country will be discussed to illustrate the impact of PA on child custody decision making. When expert witnesses—custody evaluators and therapists—testify regarding PA, it is the responsibility of the attorney whose client the testimony is offered to attempt to undermine the expert’s testimony. Techniques will be described to cross-examine and impeach expert witnesses to testimony regarding PA.

Conclusions: Is PA a useful or harmful hypothesis in court proceedings regarding children? In this talk, the position is defended that experts who rely on PA are vulnerable to attack on behalf of clients.

CAN, CUD, FCP
https://doi.org/10.1016/j.jaac.2021.07.095

13.4 FORENSIC APPROACH TO ASSESSMENT OF CONTACT RESISTANCE/REFUSAL
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Objectives: This presentation aims to improve forensic assessment of multiple possible causes of children’s resistance or refusal to have contact with their parents. The assessment of multiple possible causes is necessary in both child custody/parenting time cases and in child welfare cases. Three possible causes provide reasonable justifications for parent rejection. They are all related to child maltreatment: child sexual abuse, psychological maltreatment, and adverse parenting. One provides an unreasonable justification for rejecting a parent: alienation.

Methods: There will be: 1) a review of scientifically validated factors associated with each of the child maltreatment causes and proposed, but not scientifically validated, factors associated with alienation; 2) an analysis of the risk of misinterpreting children’s factors as evidence of alienation when the children’s behaviors could just as logically indicate defensiveness or a cry for help in response to untreated abuse, and 3) an analysis of misinterpreting parent behaviors as evidence of alienation when the behaviors could just as logically indicate protective parenting.

Results: A protocol will be presented, the Multidimensional Assessment of Contact Resistance/Refusal (Multidimensional Assessment Project [MAP]), for assessing the 4 possible causes. The MAP provides specific behavioral factors for each cause, discusses the need to organize multidimensional causal assessment into a sequence that puts safety first, explains the need to rule out child maltreatment before assessing alienation or identifying it as a primary cause, discusses how to relate the behavioral factors to the totality of the evidence in the case, and explains how to formulate expert opinions that represent the complexity of the case.

Conclusions: Forensic evaluators should resist oversimplified assessments of causes of contact resistance/refusal that lead to oversimplified identification of alienation cases and oversimplified remedies. Forensic evaluators should help decision-makers base their decisions on adequate evidence and reasoning rather than on their own version of Complexity Resistance and Refusal (CRR).

CAN, CUD, FCP
https://doi.org/10.1016/j.jaac.2021.07.096

CONCLUSIONS

PHYSICIAN BURNOUT AND MAINTAINING WELLNESS: THE OTHER PANDEMIC
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Objectives: This presentation will discuss the definition of physician burnout. We will discuss commonly cited causes of burnout as well as the impact that the COVID-19 pandemic has had on burnout. Longitudinal data from the University of Alabama at Birmingham (UAB) Psychiatry department will be presented. This can serve as a representation of burnout within an academic setting in the Southeast. The Well-Being Index (WBI) will be discussed in further depth as a measure of burnout. Technology use in assessing wellness will be presented in an engaging way. We will take a closer look at wellness within residency and fellowship, and a personal story of burnout during training will be presented.

Methods: A review of nationwide data will be presented to give an overview of the problem of physician burnout. We will take a closer look at the
longitudinal UAB data on the WBI and the impact of the COVID-19 pandemic on physician well-being. Polls, breakout sessions, real-life cases, word clouds, and art will be used during the presentation to engage the audience. Finally, a personal story of burnout will be presented in an interview format.

**Results:** Nationwide, 41% of psychiatrists are reporting burnout in a recent study. At UAB, this was somewhat lower at 27.27%. However, the COVID-19 pandemic has increased the level of burnout. At UAB, the burnout level among psychiatry residents and child and adolescent psychiatry fellows was 44.44%. This level also has increased over the past year, presumably in part related to COVID-19 stressors.

**Conclusions:** Physician burnout is a growing problem among physicians nationwide. Self-care and wellness are ethical issues and part of professionalism. It is a physician’s responsibility to take care of themselves so that one can care well for patients. It is an incredible loss for the community when a physician gets burned out and leaves medicine or retires early. Additionally, some psychiatrists report making more frequent errors, feeling more exasperated with patients, and being careless with note taking. Therefore, less burnout leads to better patient care.

**ETH, REST, STRESS**

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https://doi.org/10.1016/j.jaac.2021.07.098

**14.1 PHYSICIAN BURNOUT OVERVIEW: WHAT IS BURNOUT, AND WHAT ARE THE CONTRIBUTORS AND EFFECTS OF COVID-19?**

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**Objectives:** This presentation will outline the definition of physician burnout as well as the most common contributors to burnout. The rates of burnout in psychiatry compared to other medical specialties will be explored. Additionally, the effects of the pandemic on physician burnout will be discussed.

**Methods:** A review of data will be conducted. The audience will be engaged by utilizing polls throughout the presentation.

**Results:** Forty-one percent of psychiatrists rated themselves as being burnout according to a recent (2021) Medscape study. This is an increase from 2018’s high level of care to patients when they are experiencing burnout. Healthcare organizations need to try to implement wellness strategies, and these also need to be part of the training curricula.

**WL, AC, RF**

https://doi.org/10.1016/j.jaac.2021.07.100

**14.2 UTILIZATION OF TECHNOLOGY AND COMMUNICATION TO PROMOTE A CULTURE OF WELLNESS AT AN INSTITUTIONAL LEVEL**

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**Objectives:** The utilization of technology and communication in approaching and addressing well-being at a system level, while valuable, must be managed delicately. Although useful, both technology and communication can have negative impacts on employee wellness. Technology can be applied to benchmark the current levels of wellness and monitor levels over time, especially pre-post intervention. Communication can be used to cultivate a culture of well-being across an organization.

**Methods:** At University of Alabama at Birmingham (UAB) Medicine, we partnered with MedEd Solutions to implement the Well-Being Index (WBI) for over 20,000 individuals. The WBI is an online, 7-to-9 question self-assessment, based on validated research by the Mayo Clinic. The tool provides immediate, individualized feedback to the user and aggregated data to the organization to guide wellness efforts. In conjunction to this, the UAB Medicine Office of Wellness developed a weekly newsletter to push local, regional, and national resources within 5 dimensions of wellness: emotional, intellectual, spiritual, occupational, and health. Open rates and click rates were measured and monitored to gather feedback regarding positive impact vs the potential effect of overuse of email communication.

**Results:** Utilization of the WBI averaged 37% during launch and continues to hover around 15%. Readership of the newsletter is impressive at 22%, with viewership growing steadily through a subscription model. Results supported the need for an additional tool, which would combine both communication and technology: social media.

**Conclusions:** Our experience indicates that multiple technology tools and communication forums must exist to appropriately approach the well-being of unique individuals across a large enterprise. Information from this presentation can be used to improve the well-being of administrators, trainees, and providers who care for children and adolescents. By sharing real-life cases and engaging the audience throughout the presentation using polls, word-clouds, and art, individuals will learn how to implement the WBI and develop a communication campaign to create a culture of wellness at their institution.

**WL, AC, RI**

https://doi.org/10.1016/j.jaac.2021.07.101

**14.3 WELL-BEING AND DISTRESS AMONG PSYCHIATRY FACULTY AND TRAINEES AND THE IMPACT OF COVID-19**

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**Objectives:** Burnout is a well-established problem among faculty and trainees, and the COVID-19 pandemic added additional stressors to physicians. Faculty and trainee well-being impacts professionalism, job satisfaction, and the quality of care delivered to patients. This study aimed to use the established Well-Being Index (WBI) to longitudinally measure distress among residents and faculty and to assess the impact of the COVID-19 pandemic on well-being.

**Methods:** The WBI, a 9-item validated tool, was used as part of a university-wide longitudinal survey of physicians during the year prior to the COVID-19 pandemic (March 2019 to February 2020) and during the pandemic (March 2020 to January 2021). Higher scores indicate higher distress. A cutoff of >3 was used to quantify “high distress” in physicians, because this cutoff score has been demonstrated to correlate to increased chances of burnout, medical error, poor quality of life, and suicidal ideation.

**Results:** There were 742 faculty responders, 22 of whom were psychiatry faculty. Overall, 66.6% of psychiatry faculty were found to be in high distress, compared with 36.8% for faculty as a whole and 40.9% for physicians nationally. The faculty distress mean score increased by 1 point during the COVID-19 pandemic (from 2.1 to 3.1). There were 388 trainee responders, 34 of whom were psychiatry trainees. Overall, 35.3% of psychiatry residents were found to be in high distress, compared with 19% of residents as a whole.

**Conclusions:** Burnout and distress is a problem across medicine, and it particularly worsened during the COVID-19 pandemic. WBI is an effective tool to measure physician well-being and distress. The unique doctor-patient relationship in psychiatry may increase the risk of physician burnout. Although high distress among University of Alabama at Birmingham (UAB) Psychiatry was lower than the national average, the study was limited by a small response rate. Other methods to reach out to individuals with high distress are considered. The WBI can be implemented to monitor faculty and trainee well-being as well as measure the effectiveness of organizational wellness programs and efforts.

**WL, AC, RF**

https://doi.org/10.1016/j.jaac.2021.07.101