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.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
Conclusions: The presentation will highlight how prevalent TikTok has become among the child and adolescent populations around the world. Mental health providers can offer psychoeducation through social media platforms, which is an opportunity to reach child and adolescent populations on a global scale.

MED, ADOL, DS
https://doi.org/10.1016/j.jaac.2021.07.028

3.3 CENSORSHIP OF SOCIAL AND ENTERTAINMENT MEDIA FOR YOUTH
Jane Harness, DO, University of Michigan, janeehar@med.umich.edu

Objectives: The goal of this session is to highlight the ethical dilemmas involved in the censorship of media content known to negatively affect mental health and to offer potential solutions.

Methods: Jane Harness, DO, will discuss the history of media censorship to date and discuss what is currently being done to promote healthy media exposures for youth target audiences. Dr. Harness will expand upon the ways that child and adolescent psychiatrists could become involved in consultation for producers of media with youth audiences.

Results: Participants will learn about what is currently being done to combat suicide/self-harm contagion in media as well as have a chance to discuss the ethics behind censorship.

Conclusions: Engagement of child and adolescent psychiatrists as consultants for media producers could help to mitigate any suicide/self-harm contagion that would be related to certain exposures.

MED, S, PUP
https://doi.org/10.1016/j.jaac.2021.07.029

3.4 EFFECTS OF EXPOSURE TO TRAUMATIC EVENTS IN ADOLESCENTS OF COLOR
Alexandra Lynch, MD, University of Maryland/Sheppard Pratt, alexandralynch@gwu.edu

Objectives: The goal of this session is to discuss the effects of exposure to traumatic events online in Black youth.

Methods: Alexandra Lynch, MD, will review the current literature on the effects of exposure to traumatic events via social media in Black youth. Anticipated and developing effects of increased media exposure to police brutality and racial injustice coinciding with the COVID-19 pandemic will be discussed. Finally, Dr. Lynch will offer clinical suggestions in navigating these conversations with youth and their families.

Results: Participants will better understand the effects of exposure to traumatic events online in Black youth, particularly during the COVID-19 pandemic, as well as how to broach this subject with youth and their families.

Conclusions: Exposure to traumatic events online has clinical implications, including development of posttraumatic stress and depressive symptoms, for Black youth. It is vital that clinicians be equipped to navigate these conversations with youth and their families.

TRA, MED, CUL
https://doi.org/10.1016/j.jaac.2021.07.030

CLINICAL PERSPECTIVES

3.1 THE AFFORDANCE FRAMEWORK MODEL OF ADOLESCENT SOCIAL MEDIA USE
Kunmi Sobowale, MD, University of California, Los Angeles, osobowale@mednet.ucla.edu

Objectives: The goal of this session is to review the affordances model of adolescent social media use.

Methods: Kunmi Sobowale, MD, will discuss aspects of the affordance model of social media use in the context of adolescent development. He will highlight specific examples of how adolescents, public health officials, and social media platforms leveraged the affordances of social media to promote healthy practices and support mental health during the COVID-19 pandemic. Content from social media (eg, videos, images) and an online audience response system will be used to foster interaction.

Results: Participants will learn to evaluate design aspects of social media platforms that underlie how users use them and how to leverage these design aspects for interventions.

Conclusions: The affordances model of adolescent social media use provides a practical way to conceptualize and use social media to promote mental health in a rapidly changing media landscape.

ADOL, MED, DS
https://doi.org/10.1016/j.jaac.2021.07.027

3.2 TIKTOK: A NEW PLAYGROUND FOR THE CHILD PSYCHIATRIST?
Ashvin Sood, MD, New York-Presbyterian Hospital/Columbia University Irving Medical Center/Weill Cornell Medical Center, Ashvinsood1@gmail.com

Objectives: This presentation aims to detail how mental health practitioners are utilizing TikTok to provide psychoeducation and how their participation has grown during the COVID-19 pandemic.

Methods: Ashvin Sood, MD, will present on data (age, daily use of SMP, interests, and gender) collected from January 1, 2018 to February 1, 2021 from App Ape and Hootsuite/We Are Social to examine adolescent TikTok use. He will examine trends among other social media platforms compared to TikTok. Afterwards, he will present 4 therapist TikTok profiles to illustrate their growth in following narrative messages they portray during the COVID-19 pandemic to children and teens.

Results: TikTok has over 1 billion users worldwide, with 69% of users between the ages of 10 and 19 years. Twenty-nine percent of US teens have marketed TikTok as their favorite social media platform. The 4 therapists that will be examined have between 134,700 and 932,000 followers, with increased subscription to a therapist’s TikTok occurring during the pandemic. Video content from therapists include coping techniques, understanding anxiety and depression, and how to seek mental health treatment.

Conclusions: After attending the Clinical Perspectives session, participants will be able to apply the knowledge gained to promote healthy media use and influence media content.

Conclusions: After attending the Clinical Perspectives session, participants will be able to apply the knowledge gained to promote healthy media use and influence media content through information dissemination and consultation.

MED, ADOL, DS
Sponsored by AACAP’s Disaster and Trauma Issues Committee and Media Committee
https://doi.org/10.1016/j.jaac.2021.07.026

3.1—4.0
Objectives: Exacerbated by the COVID-19 pandemic, there is increasing severity of emotional dysregulation and agitation among youth presenting across hospital systems. Proactive identification and timely implementation of evidence-based, nonpharmacologic, and etiologically based pharmacologic interventions are essential to address these challenges. In this Symposium, we review how different hospitals are approaching the development and implementation of standardized approaches to the evaluation and management of pediatric agitation.

Methods: Ruth Gerson, MD, will review national consensus practice guidelines (Baby BETA guidelines), supported by the American Association for Emergency Psychiatry, for the evaluation and treatment of youth at risk for or exhibiting agitation/aggression in the emergency setting. Nasuh Malas, MD, MPH, will discuss the system’s issues with the application of agitation/aggression interventions across the health system at C.S. Mott Children’s Hospital. Alba Pergjika, MD, will present data on the implementation of agitation pathways at Lurie Children’s Hospital of Chicago. Ema Sarto, MD, will review evidence-based as-needed (PRN) use to manage agitation in the pediatric population and will present data on PRN use in an acute-care adolescent inpatient unit at the Zucker Hillside Hospital in New York. Vera Feuer, MD, will discuss agitation management in special populations and pandemic-related care delivery modifications.

Results: We will describe the only existing national consensus guidelines for pediatric agitation management in emergency settings and the diverse applications of the guidelines principles in clear models across different hospital settings. Dr. Malas will present systems data relevant to the development of systematic work in the management of agitation in the hospital setting. Dr. Pergjika will present data on the impact of a standardized pharmacological response to agitation in the emergency department (ED). Dr. Sarto will present data on PRN inpatient psychiatry medication use.

Conclusions: Pediatric agitation is common and highly problematic, and it results in significant distress for patients, families, and providers. Feasible and sustainable expert consensus guidelines for the management of agitation in the ED can be beneficial for hospital systems, and they require a multimodal approach for implementation.

TREAT, AGG, ADOL

Sponsored by AACAP’s Presidential Initiative Task Force on Emotion Dysregulation in Children and Adolescents, Emergency Child Psychiatry Committee, Inpatient, Residential and Partial Hospitalization Committee, and Physically Ill Child Committee

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4.1 STANDARDIZED ACUTE AGITATION MANAGEMENT ACROSS HOSPITAL SETTINGS

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Objectives: Increasingly more children are presenting with worsening acuity of emotional dysregulation, aggression, and agitation in the emergency department (ED) and across other hospital systems. Timely implementation of consistent behavioral health strategies and standardized pharmacological interventions are essential in successfully responding to acute and severe agitation across the continuum of care. We describe the development of an acute agitation algorithm to standardize management of agitation and aggression in the ED and the general pediatric floor.

Methods: Multidisciplinary workgroups in 2 separate hospital settings at Lurie Children’s Hospital were created to develop an acute agitation algorithm with the aim of standardizing the early identification of signs and symptoms of agitation, implementing a consistent nonpharmacological and pharmacological treatment plan, and utilizing consistent de-escalation strategies.

Results: We developed resources to screen high-risk special populations, build electronic health record identifiers to recognize at-risk patients, create documentation that drives clinical intervention, and develop systematic workflows and staff education to ensure consistency of implementation through the continuum of care. Stratification of the severity of agitation was used in the algorithm to match behavioral and pharmacological interventions. We will present outcome measures related to pre- and postimplementation of the ED and pediatric acute agitation algorithm, patient acuity, consistency and timeliness of protocol implementation, psychopharmacological interventions, and documentation.

Conclusions: Aggression is a serious problem in child and adolescent psychiatry. Pandemic-related factors have contributed to a significant rise in acuteness of behavioral dysregulation across hospital settings. Uniform staff training around mental health, implementation of consistent behavioral health de-escalation strategies, and standardized pharmacological approaches to challenging behaviors improve patient care and staff satisfaction.

ADOL, AGG, TREAT

https://doi.org/10.1016/j.jaac.2021.07.039

4.2 SYSTEMS-BASED IMPLEMENTATION OF STANDARDIZED CARE APPROACHES FOR YOUTH AT RISK FOR AGITATION/AGGRESSION

Nasuh Malas, MD, MPH, University of Michigan, nmalas@med.umich.edu

Objectives: We describe national and institutional perceptions and practices regarding hospital-based care of youth with agitation and aggression, as well as ways they informed the process and content of our institutional resources and guidelines for the prevention, identification, and management of agitation.

Methods: A national survey was emailed to pediatric hospitalists and consultation-liaison psychiatrists through their respective professional listservs. A broad-based multidisciplinary workgroup was developed to identify problem areas in the evaluation and management of pediatric agitation. Lean methodology was used to identify problem areas and develop solutions to those problem areas at our institution.

Results: We present responses from a survey of 38 North American academic children’s hospitals and their practices related to pediatric agitation in the pediatric hospital setting. We developed resources and a clinical practice guideline to address pediatric agitation across the hospital system. This included the development of universal screening, universal training of bedside staff in trauma-informed and psychologically informed de-escalation strategies, use of identifiers to indicate patients at-risk for agitation with associated behavioral planning and increased family engagement, as well as standardized nonpharmacologic and pharmacologic interventions. We also hired a behavioral health nurse to support nursing and staff in de-escalation strategies, enhanced documentation, and increased education in pediatric agitation. We will present data on our screening tool and over 2000 patients who screened positive over a 2-year period; the predictive value of this screener, as well as associated process and outcome measures of the implemented resources as described above.

Conclusions: There is a need to consolidate existing knowledge while developing enhanced collaboration, training, and resources in the care of youth at risk for or exhibiting agitation in the pediatric hospital setting. We describe our experience as a potential model to systematically address pediatric agitation.

CON, AGG, QA

https://doi.org/10.1016/j.jaac.2021.07.040

4.3 PEDIATRIC BEST-PRACTICE CONSENSUS GUIDELINES FOR MANAGEMENT OF AGITATION IN THE EMERGENCY DEPARTMENT

Ruth Gerson, MD, New York University Langone Health, ruthgerson@gmail.com

Objectives: Agitation and aggressive outbursts are common among pediatric patients seeking mental health evaluation in the emergency department (ED). Such actions can increase morbidity among patients, slow down care, and raise the risk of injury among staff. Yet there is little to guide ED clinicians in identifying those at risk for agitation and dysregulation, identifying etiology of agitation, or choosing nonpharmacologic and pharmacologic strategies for prevention and de-escalation of agitation and dysregulation.

Methods: The 2019 Pediatric BETA (Best Practices in the Evaluation and Treatment of Agitation) guidelines were created utilizing Delphi methodology to obtain a consensus among a national group of emergency child and adolescent psychiatry experts. Ruth Gerson, MD, will review these guidelines as well as subsequent research on the management of agitation in pediatric patients in the ED.