Editors’ Best of 2020

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There is, in the content of the Journal, an embarrassment of riches, and picking a “best” seems to demand a certain qualification: is the “best” the most interesting, most surprising, most educational, most important, most provocative, most enjoyable? How to choose? We are hardly unbiased and can admit to a special affection for the ones that we and the authors worked hardest on, hammering version after version into shape. Acknowledging these biases, here are the 2020 articles that we think deserve your attention, or at least a second read. ADDRESSING MENTAL HEALTH DISPARITIES IN CLINICAL PRACTICE AND SERVICE DELIVERY, EPIDEMIOLOGY, AND ADVOCACY The Detention of Migrant Families, Sidhu and Vasireddy Disclosure in Undocumented Families and School Mental Health Clinics, Alleyne. Five Profiles of Adolescents at Elevated Risk for Suicide Attempts: Differences in Mental Health Service Use, King et al. Focusing on Undocumented Families. Although we continue to have powerful, informative clinical publications in the Journal, any of which would be good candidates for a “Best of 2020,” we are selecting a letter and a Clinical Perspectives from the June 2020 issue. It has never been more apparent that we practice child and adolescent psychiatry with youths and families who live in a political world that affects every aspect of their lives, including their mental health. Although our models of practice have always been interdisciplinary, we are now confronting our need to acknowledge historical and current political forces more deeply, and to shed any vestiges of naïvete about how politics impact our work, by impacting us as well as the children and families we serve. These 2 pieces confronted this head on. Sidhu and Vasireddy’s 1 letter is about the impact of detention of migrant children and families on mental health, detailing psychiatric suffering and morbidity, and highlighting the significant toll that traumatic experiences take on these developing children and their families, ending with sound policy recommendations. Alleyne’s Clinical Perspective2 initially presents a case of an undocumented child, and used his story to examine the complex issues of trauma and disclosure when working with undocumented immigrant families in a school mental health setting. Our jobs require us not only to obtain sensitive information about inner lives, private experiences, and family history, but also sensitive political information. Together, these 2 pieces combine advocacy, evidence, and clinical guidance at the intersection of pediatric mental health and politics, underscoring the multiple roles that our field must navigate in ensuring equitable care for all of our patients. Disparities in Mental Health Service Use Among Adolescents at High Risk of Suicide. One of the many challenges that we face in our clinical work is the remarkable heterogeneity of symptoms and biopsychosocial contexts among the children and adolescents whom we serve. But even as we use reductive strategies, such as our diagnostic rubrics, to structure our conceptualizations of mental illness and its treatment, we all know that this heterogeneity remains important for clinical care and research. And King et al.’s 3 study of adolescents at high-risk for suicide is particularly instructive in this regard. Using 8 previously established indicators of suicide risk (suicidal ideation, depression, aggression, prior suicide attempts, alcohol use, cannabis use, physical abuse, sexual abuse), the authors identified 5 latent-class profiles of suicide risk among adolescents presenting to 13 pediatric emergency departments for both psychiatric and nonpsychiatric complaints and subsequently followed for 6 months. This study is worthy of a careful read, given the number of important insights that it provides regarding adolescents visiting emergency departments who are at risk for suicidal behavior, including the key factors that underly this heterogeneity and how they predict future risk. But T Journal of the American Academy of Child & Adolescent Psychiatry www.jaacap.org 9 Volume 60 / Number 1 / January 2021 some of the key findings, while captured by these risk profiles, also transcend them. For example, 60% of adolescents who were identified as high risk did not present to the ED with a psychiatric chief complaint, underscoring the importance of universal screening for suicide risk in pediatric EDs. But the issue that was particularly striking to us as we prepared this editorial was the substantial racial and ethnic disparities in the rates of mental health service use among these high-risk youth, with Black and Latinx youth less likely to have been prescribed psychiatric medication or to have received outpatient therapy than White and nonLatinx youth, respectively. This variation in service use by race and ethnicity was above and beyond the differences in service use observed in the 5 risk profiles, underscoring the substantial work that we face in reducing disparities in access to mental health services for Black and Latinx adolescents. King et al. list several potential recommendations to improve mental health service utilization, including better understanding the stressors that families face—a similar suggestion found in the articles pertaining to undocumented youth. In sum, these 3 articles highlight the “Best of 2020”— thoughtful, nuanced, providing both pertinent data to the practice of child psychiatry as well as suggestions to improve our practice to ensure equitable and inclusive care for all children. Douglas K. Novins, MD Wanjiku Njoroge, MD Schuyler W. Henderson, MD, MPH INTERVENTIONS IN CHILD AND ADOLESCENT PSYCHIATRY: GOING “BEYOND THE USUAL” Novel Approach to Tackling Bullying in Schools: Personality-Targeted Intervention for Adolescent Victims and Bullies in Australia, Kelly et al. Attention-Deficit/Hyperactivity Disorder Medication and Unintentional Injuries in Children and Adolescents, Ghirardi et al. The year 2020 forced us to face our fragility as human beings confronted with a global pandemic and as care providers confronted with political, social, and health care inequalities that we can no longer ignore. Although a large body of high-quality clinical trial studies provide evidence on the efficacy/effectiveness and tolerability/safety of pharmacological and nonpharmacological interventions for mental health conditions in children and adolescents, their applicability to real-world, daily clinical practice is often hampered by a number of factors, including restricted selection of outcomes and participants. The field is increasingly aware of this, with a growing number of studies emerging that go “beyond the usual” in terms of selection of outcomes or targeted samples, and shifting the focus from intervention to prevention. Two studies published in the Journal in 2020 are excellent examples of this trend. As one example of a psychosocial intervention trial that goes “beyond the usual,” we call attention to the work of Kelly et al., 4 who examined the secondary effects of a personality-targeted bullying intervention delivered in the schools. As the investigators document, bullying, although not a mental health problem per se, represents a significant public health problem—it is widespread and increases risk of poor school performance as well as depression, anxiety, substance use, and suicidality in both its victims and perpetrators. Given the scope of the problem, schools around the world have implemented anti-bullying programs; however, there is a growing need to better determine what works, how, and for whom. To address this gap, Kelly et al. evaluated the effectiveness of a brief, personality-targeted, cognitivebehavioral therapy (CBT) intervention, Preventure, in reducing bullying, as well as traditional mental health intervention targets of externalizing and internalizing behaviors including suicidality. Preventure was administered in the context of a school-based, universal substance use prevention program, and all youths were evaluated for history of bullying behaviors as the victim, bully, or both. Preventure was designed to address personality factors such as anxious temperament and negative or hostile attributional style, known to increase risk for internalizing and externalizing problems, especially in response to stress. Youth defined as “high risk” (scoring 1 SD above the school mean on any personality risk subscale: hopelessness, anxiety sensitivity, impulsivity, and sensation seeking) participated in a group-based intervention targeting their specific “risky profile.” Behavioral changes tracked over 3 years revealed that Preventure participants compared to “high-risk” youths in the control condition reported significant reductions in victimization as well as suicidal ideation and emotional problems. Significant reductions in conduct problems and suicidality were also found among the “high-risk” bullies. The highly innovative work of these investigators is reflected in their targets—bullying as a “marker for emotional and behavioral problems”—in their sample, as reflected in their method for selecting “highrisk” youths, and in their attention to both victims and bullies. Although this work has clear public health 10 www.jaacap.org Journal of the American Academy of Child & Adolescent Psychiatry Volume 60 / Number 1 / January 2021 NOVINS et al. applications, further research is needed to determine whether gender, racial/ethnic, socioeconomic, or adversity differences shape responses, to allow for tailoring prevention and intervention work to enhance sustained positive outcomes. Another example is provided by a study on the pharmacologic treatment of attention-deficit/hyperactivity disorder (ADHD).5 Many readers will be familiar with the large body of evidence from randomized controlled trials (RCTs) showing the high efficacy of medications—in particular, stimulants—at least in the short term.6 The majority of available RCTs for ADHD medications have focused, in terms of outcomes, on what are referred to as “core symptoms” of ADHD, namely, inattention, hyperactivity, and impulsivity. However, practitioners who treat individuals with ADHD know very well that the main concern that drives the referral of these individuals for assessment is often represented by problems that go beyond the ADHD core symptoms, such as emotional dysregulation, oppositional behavioral, or risk to self or others. Furthermore, although RCTs have been used to rigorously test the effects of interventions on common outcomes, they are not well suited to assess less frequent but relevant outcomes, which would require large sample sizes, often not feasible in RCTs. By contrast, observational studies, despite the methodological issues due to the lack of randomization, are able to inform on a broad range of outcomes, including the less frequent ones. A particular observational design, referred to as “within-individual “or “self-controlled methodology,” allows investigators to control for some of the bias issues of conventional observation studies by comparing the frequency of an outcome during periods on and off medication within the same individual. A number of large selfcontrolled studies have shown that medications for ADHD, in particular, stimulants, are associated with a decreased risk of outcomes not usually assessed in RCTs, such as motor vehicle accidents (at least among male patients), substance use disorder, criminal acts, and unintentional physical injuries.6 The study by Ghirardi et al.5 published in 2020 in JAACAP, based on a sample size of 1,968,146 individuals, extends meta-analytic evidence7 from previous self-controlled studies on the benefits of stimulants in reducing the risk of unintentional physical injuries, by providing compelling evidence of protective effects both in male (OR ¼ 0.72; 95% CI ¼ 0.700.74) and female (OR ¼ 0.72; 95% CI ¼ 0.690.75) children, and in male (OR ¼ 0.64; 95% CI ¼ 0.600.67) and female (OR ¼ 0.65; 95% CI ¼ 0.600.71) adolescents. Furthermore, the study showed a protective effect of medication not only for general physical injuries, but also for traumatic brain injuries. The public health relevance of these findings is self-evident. The study by Ghiradi et al.3 goes “beyond the usual” not only because it focuses on an outcome other than the common ADHD core symptoms, but also because it switches the focus from treatment to prevention. It is hoped that future intervention studies in the field of ADHD will continue going “beyond the usual” by addressing highly relevant but so far quite overlooked outcomes such as quality of life, for which more evidence is needed,5 and focusing on preventive strategies. These studies provide outstanding examples of how we can build on carefully crafted randomized controlled trials or observational studies, used to establish the efficacy/ effectiveness of our intervention strategies, to begin to address the pressing behavioral public health challenges that affect so many of the children, adolescents, and families that we strive to support. Samuele Cortese, MD, PhD Elizabeth McCauley, PhD, ABPP GUIDEPOSTS FOR NEUROIMAGING RESEARCH IN THE JOURNAL Brain Volume Abnormalities in Youth at High Risk for Depression: Adolescent Brain and Cognitive Development Study, Pagliaccio et al. Cannabis-Associated Psychotic-like Experiences Are Mediated by Developmental Changes in the Parahippocampal Gyrus, Yu et al. We have recently written an Editors’ Note that is titled “What the Journal of the American Academy of Child and Adolescent Psychiatry is Looking for in Neuroimaging Submissions,” 8 in which we provide a list of key features that we believe are important for neuroimaging submissions. Thus, for the Best of 2020, we have decided to consider publications that best mesh with these guidelines. Although, fortunately, many of the papers mesh with these guidelines, we have selected 2 submissions that capture specific elements of these guidelines. These 2 papers are entitled “Brain Volume Abnormalities in Youth at High Risk for Depression: Adolescent Brain and Cognitive Development Study,” by Pagliaccio et al., 9 and “Cannabis-Associated Psychotic-like Experiences Are Mediated by Developmental Changes in the Parahippocampal Gyrus,” by Yu et al.10 Pagliaccio et al.9 studied the structural morphology, specifically focusing on subcortical regions, in 9- to 10-yearold children with a higher risk of depression based on parental depressive episodes. They used a data-driven approach, thus not focusing on one specific subcortical structure, and using the first (n ¼ 3,788) release (version 1.1) of the ABCD Study as a discovery sample, and second Journal of the American Academy of Child & Adolescent Psychiatry www.jaacap.org 11 Volume 60 / Number 1 / January 2021 EDITORS’ NOTE (n ¼ 5,930) release (version 2.0.1) of the ABCD Study as a replication sample. The children were categorized into either low or high risk, based on family history, and the authors found that the high-risk children had a smaller right putamen and right nucleus accumbens using the discovery sample. However, only the right putamen “replicated” in the replication sample. The word “replication” is perhaps a stretch, as the relationship with the right putamen in release 1.1 was found with a maternal history of depression, whereas in release 2.0.1 it was related to a paternal history of depression. Thus, albeit not a replication in the true sense of the word, the application of discovery and replication datasets is an approach that should be implemented more often, especially when using large datasets such those of as the ABCD Study and with determinants that have relatively high frequencies in the population. Another point, not specific to neuroimaging papers but important for submissions to the JAACAP, is providing enough background information to understand the selection of the sample. One theme that frequently arises during our bi-monthly JAACAP senior editorial meetings is the question as to whether the manuscript contains (what we refer to as) a “Table 1.” By “Table 1,” we mean a table with a thorough description of the demographics and other characteristics (ie, clinical) of the sample. A Table 1 is crucial to understanding the generalizability and potential biases in the sample. Pagliaccio et al.6 present a very thorough Table 1 that includes age, sex, race, ethnicity, income, marital status, parental education, and a wide array of clinical characteristics. Yu et al.10 used the IMAGEN consortium data set (N ¼ 706, from the general population) to study the longitudinal developmental brain processes associated with cannabis-related psychotic-like experiences (PLEs). Using structural magnetic resonance imaging, the investigators used deformation-based morphometry to assess voxel-based brain changes in participants between ages 14 and 19 years. They found an effect from lifetime cannabis consumption to PLEs. They also found that the association between cannabis use and PLEs was significantly mediated by the development of the right uncus, suggesting that this structure is implicated in cannabis-related psychotic symptoms and might help to identify individuals at risk for firstepisode psychotic disorders. Highlighting how this study took an approach that meshed well with the best practices for design and reporting of neuroimaging findings, the investigators used the IMAGEN data set, which involved paired longitudinal images in a large sample size. The article contains that important Table 1 to give a sense of the demographics and characteristics of the sample. They also used drug-induced psychotic phenomena in healthy adolescents as a way to potentially discover a neural marker that might be promising to investigate in adolescents who are at risk for developing psychotic disorders. Jean A. Frazier, MD Tonya J.H. White, MD, PhD GENES AND ENVIRONMENT: OF COURSE, IT IS BOTH Out of Control: Examining the Association Between Family Conflict and Self-Control in Adolescence in a Genetically Sensitive Design, Willems et al. Longitudinal Links Between Callous-Unemotional Behaviors and Parenting in Early Childhood: A Genetically Informed Design, Flom et al . . Borderline Symptoms at Age 12 Signal Risk for Poor Outcomes During the Transition to Adulthood: Findings From a Genetically Sensitive Longitudinal Cohort Study, Wertz et al. 2020 has officially been a year. During this year it has often been difficult to think of“the best of”anything, and more often our thoughts focused on the “least distressing” event as a high point. But, despite the challenges of 2020, which thankfully is coming to a close, it was incredible to look back and to reflect on the quality and importance of the Journal’s 2020 collection. Among these papers, we selected 3 that addressed one of our least-favorite questions: “Is it genetics or environment?” Why is this our least favorite question? Because the answer is“yes,”and because, almost exclusively in child and adolescent psychiatry, “it” is both. However, within families, genetics and environment are not observed in isolation. One affects the other through geneenvironment interactions, geneenvironment correlations, epigenetic effects, and shared behavioral pathways tied to shared genetics. This year there were 3 articles that sought to address this issue across different outcomes. Through a series of model-fitting exercises, Willems et al.11 demonstrated a direction of causation from family conflict to youth self-control. Albeit consistent with our clinical experience and the management of self-control through family-based assessment and intervention, their analytic approach controlled for the shared genetic effects. Through age 9 years, the authors reported that family conflict, a factor modifiable through evidence-based interventions, unidirectionally contributed to lower child selfcontrol. Based on these data, even after accounting for the shared genetic factors influencing both parent and child selfcontrol, interventions decreasing family conflict are expected to be protective for later adolescent child self-control and to bolster the work that we do in the clinic using family-based approaches to improve child self-control. 12 www.jaacap.org Journal of the American Academy of Child & Adolescent Psychiatry Volume 60 / Number 1 / January 2021 NOVINS et al. In contrast, another twin study from Flom et al., 12 published in the March issue, examined the bi-directional relation between parenting and callousunemotional (CU) traits in a community sample of preschoolers using a cross-lagged twin design to isolate genetic factors from environmental factors. Unexpectedly, genetically driven CU traits exhibited by the child at age 2 years affected negative parenting at age 3, yet the inverse relation was not present. This is an example of evocative geneenvironment correlation, whereby the genetic factors tied to the child’s CU traits evoke alterations in the environment that perpetuate the behavior. This suggests that, in contrast to findings in older youths at high risk for CU traits and antisocial personality disorder, efforts to decrease negative parenting in families with toddlers and preschoolaged children can mitigate the genetic risk linking early CU traits to later conduct problems. More data are clearly needed, as these unidirectional effects differ from findings in older youths. Enhancing the understanding of the developmental pathways underlying CU and conduct disorder is critically needed, given the challenges that we face in treating conduct disorder in youths with high CU traits. Finally, a third twin study from Wertz et al.13 examined another clinically challenging phenotype, borderline traits, in older twins. Again, using a longitudinal twin design, they showed that the persistence of borderline symptoms across adolescence, and the ties between these symptoms and poorer mental health and overall functioning, were associated with a significant genetic component. However, in this case, although genetic risk predominated, the impact of exposure to maltreatment, family violence, and peer victimization on persistence of borderline symptoms and poor mental health outcomes was significant. Although this study did not specifically assess parenting, a factor typically linked to borderline personality disorder, it highlighted the importance of genetic factors and the increased risk tied to victimization and violence. In this case, the results suggest that there are common risk factors between borderline symptoms and other poor outcomes, but that decreasing exposures to violence and victimization may be equally as important as parenting, although studies specifically evaluating this hypothesis are needed. The field of psychiatric genetics has searched out, and continues to search out, specific genetic factors associated with developmental psychopathology. However, these studies demonstrate the utility of genetically informative designs to parse out the role of the environment. This approach permits insight into the effectiveness of interventions targeting modifiable factors in the environment, such as family conflict, negative parenting, and peer victimization, as cornerstones of the prevention of child psychopathology, and provide the backdrop for new lines of research in the development and treatment of severe psychopathology in youths. Although each of these studies offers important insight, we highlight that, as with far too many genetic studies in both the adult and the child mental health literature, they are based on racially and ethnically homogenous populations, a critical factor limiting generalizability to the diverse populations that we work with clinically. As we advance the field of child mental health through research, it is clear that we have to do more to ensure that the studies that we conduct that underlie our clinical practice are more reflective of the populations with whom we partner, to enhance the well-being of all children. Robert R. Althoff, MD, PhD Stacy S. Drury, MD, PhD 0890-8567/$36.00/Crown Copyright ª2020 Published by Elsevier Inc. on behalf of the American Academy of Child and Adolescent Psychiatry. All rights reserved. https://doi.org/10.1016/j.jaac.2020.11.005 REFERENCES 1. Sidhu SS, Vasireddy R. The detention of migrant families. J Am Acad Child Adolesc Psychiatry. 2020;59:681-683. 2. Alleyne S. Disclosure in undocumented families and school mental health clinics. J Am Acad Child Adolesc Psychiatry. 2020;59:691-693. 3. King CA, Brent D, Grupp-Phelan J, et al. Five profiles of adolescents at elevated risk for suicide attempts: differences in mental health service use. J Am Acad Child Adolesc Psychiatry. 2020;59:1058-1068. 4. Kelly EV, Newton NC, Stapinski LA, et al. A novel approach to tackling bullying in schools: personality-targeted intervention for adolescent victims and bullies in Australia. J Am Acad Child Adolesc Psychiatry. 2020;59: 508-518. 5. Ghirardi L, Larsson H, Chang Z, et al. 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