

resident physicians will encounter youth at risk of being trafficked or active victims of human trafficking. Nevertheless, in the field of psychiatry, we lack formal education on the subject or a standardized assessment for identifying youth at risk or those who may be involved in human trafficking. The objectives of this presentation are to: 1) highlight the need to increase education regarding human trafficking in psychiatry residency training; and 2) identify risk factors and red flags for human trafficking when assessing children in the emergency department. The author will highlight opportunities to build rapport with victims and work collaboratively with other health workers and sectors to build an adequate course of action.

Methods: A retrospective review of a clinical case, which was conducted before receiving education about human trafficking identification and assessment, will be revisited through a human trafficking-informed lens.

Results: Education about human trafficking during residency training can increase awareness of this phenomenon's high prevalence and the need to move beyond simple notation of risky behaviors in favor of a more in-depth assessment when assessing vulnerable children.

Conclusions: Resident physicians' education about the issue of human trafficking can make a difference in patient care via increased identification and treatment of both at-risk and involved youth.

REST, PRE, OTH

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65.3 A SOCIO-CULTURAL FORMULATION FOR VULNERABLE CHILDREN



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Objectives: Social determinants of health that increase vulnerability toward childhood exploitation have been identified. During our work in assessing, understanding, and treating trafficked or commercial sexually exploited youth, it is important to appreciate the social and cultural factors involved in their development and presentation for treatment. This presentation aims to: 1) review some screening measures for risk and systematic formulations; and 2) explore practical approaches to incorporate a sociocultural approach when assessing vulnerable pediatric populations.

Methods: We will utilize a clinical case and an audience response system to engage the audience. The participants will become comfortable with the use of screening measures, the bio-psycho-socio-cultural formulation, and the DSM-5 Outline for Cultural Formulation.

Results: A sociocultural approach may increase the practitioner's ability to recognize increased risk for trafficking. The Cultural Formulation interview can be utilized as a means to gather this necessary clinical information from children at risk of being trafficked.

Conclusions: By systematically incorporating a sociocultural approach, child and adolescent psychiatrists can identify social determinants of health that are important to address the complex needs of vulnerable children. This context would help with communicating with the multiple disciplines needed to assist in the recovery of the victims.

RF, REST, DEMF

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65.4 THE OPIOID EPIDEMIC AND CHILD TRAFFICKING: VIEWPOINTS FROM A COMMUNITY PSYCHIATRIST



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Objectives: The media has reported that the opiate crisis has been "fueling" human trafficking. Child trafficking is another public health problem affecting children locally. In the state of New Hampshire in 2019, experts agreed that the opiate crisis was "exacerbating" human trafficking. Despite the detrimental effects that both opiate use disorder and child trafficking have on childhood development, and the finding that more than 80% of human trafficking victims will be evaluated by a health care worker while being exploited, the discussion about the education of mental health practitioners working with children and families remains limited. This

presentation aims to raise awareness among mental health practitioners and social services providers on the increased vulnerability of children and adolescents to child trafficking in the context of parental opioid abuse in a rural northeast state.

Methods: Case summaries encountered in multiple mental health settings were modified (location, gender, age), and various descriptions were merged to respect anonymity.

Results: High-risk demographics for child trafficking have been identified. Adverse childhood experiences, such as having a parent using substances, can increase the risk of exposure to trafficking situations. Criminalization of trafficked-involved youth can have long-term adverse repercussions on their recovery.

Conclusions: Children and adolescents have become the invisible victims of the opiate epidemic, with unintended consequences such as child trafficking. There is an urgent need to create awareness of child trafficking and its interplay with the opiate epidemic. Interdisciplinary and collaborative approaches are needed to tackle these synergistic epidemics.

RP, CC, RF

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CLINICAL PERSPECTIVES 66

CARING FOR THE FORGOTTEN CHILDREN: REBUILDING PUERTO RICO AFTER HURRICANE MARIA, EARTHQUAKES, AND COVID-19



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Objectives: The objectives of this session are as follows: 1) to appreciate the experience and vulnerabilities of communities experiencing recurrent disaster events; 2) to understand the circumstances faced by already-disenfranchised communities when impacted by multiple natural disasters and to learn about disparities in the ability to recover among different sectors of the population; 3) to learn about actions and strategies taken by child and adolescent psychiatrists and other child mental health professionals to mitigate the ill effects of a disaster on communities in Puerto Rico (PR) and to facilitate recovery and resilience; and 4) to learn about engagement of community stakeholders to promote acute and long-term recovery peridiasaster, and how to provide mental health support and clinical expertise to these groups.

Methods: Throughout the session, multimedia (audio/music, video, photos, and newer technologies as appropriate) will be used to help the audience engage in the presentations. Also, audience members will have the opportunity to share their own disaster-related stories/cases/experiences and contribute to discussions in response to the faculty presentations and live stream session. Linda Chokroverty, MD, will present the audience with her experience as a deployed mental health clinician/child and adolescent psychiatrist after recent earthquakes and more recent follow-ups during the pandemic, in advocating for the needs of children/adolescents, an often-neglected group in the peridiasaster period. Karen G. Martinez, MD, MSc, will describe efforts by the local academic and clinical community in PR to provide multilevel peridiasaster mental health care to the most impacted residents of PR over the last several years. Rosaura Orengo-Aguayo, PhD, and Regan Stewart, PhD, will describe collaborations between the Medical University of South Carolina and island-based partners in providing a multitiered approach (including telehealth) to support the mental health of children, teachers, parents, therapists, and general community members in PR at different stages following Hurricane Maria, earthquakes, and now COVID-19. Laura Gonzalez-Conty, MD, will present her experience in establishing a telepsychiatry service in the disaster-affected earthquake zone and the subsequent disruptions and challenges in implementing the provision of clinical consultation during the pandemic. New innovations in telepsychiatric applications during the pandemic-related lockdown in PR will then be described, especially with regard to at-risk children/families and caregivers. Finally, Melissa Brymer, PhD, PsyD, an expert in disasters and traumatic stress, will provide a synthesis and

important observations noted in the presentations/discussions, and make further recommendations on how best to help repeatedly affected youth and the community in PR.

Results: The audience will become informed of evidence-based and trauma-informed interventions in PR that clinicians and program developers have implemented to help children and caregivers cope psychologically in the face of recent disasters, and have the opportunity to make their own contributions to the dialogue of postdisaster care in this region.

Conclusions: Following recurrent disasters in PR, efforts by child and adolescent psychiatrists and mental health experts must include a variety of approaches to engage stakeholders and facilitate the best mental health outcomes for youth and families.

PTSD, DS, CON

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66.1 THE ROLE OF THE CHILD AND ADOLESCENT PSYCHIATRIST IN POSTDISASTER RESPONSES: THE PUERTO RICO EXPERIENCE



Karen G. Martinez, MD, MSc, University of Puerto Rico, karen.martinez4@upr.edu

Objectives: The Commonwealth of Puerto Rico was hit with 2 life-threatening hurricanes in September 2017, followed by an active sequence of earthquakes since December 2019. We will present how the child and adolescent psychiatrists from the University of Puerto Rico and the Puerto Rico AACAP chapter have mobilized to meet the needs of children on the island.

Methods: We will use the following educational strategies to discuss trauma-related interventions established in Puerto Rico: 1) descriptions and outcomes of specific interventions used with children who experienced the hurricanes and/or earthquakes; 2) description of the response from the child and adolescent psychiatrists on the island; and 3) description of solutions to address the mental health needs of children in Puerto Rico through collaborations with government, nonprofit organizations, and the use of both local and national resources.

Results: We developed several collaborations to develop tiered-level responses for disaster-related care. Initial responses include providing support to psychological first-aid providers as well as establishing contact with providers to ensure that regular mental health services are accessible. In addition, the University of Puerto Rico Department of Psychiatry was included in the expert team of the Puerto Rico Department of Health Disaster Preparedness Program, which provides guidance on how to develop and implement the mental health disaster response. In addition, we collaborated with Carlos Albizu University and the Medical University of South Carolina to provide telepsychiatry consultations to schools and psychologists providing trauma-focused interventions. In addition, the Puerto Rico AACAP chapter has worked with AACAP's Disaster and Trauma Issues Committee to provide psychoeducation and support on the island.

Conclusions: Understanding the effect of these natural disasters on the mental health of children and adolescents from Puerto Rico will provide attendees the opportunity to prepare for future disaster responses in their communities. There are several lessons learned by the Puerto Rican child and adolescent psychiatrists that can inform disaster-related responses across the United States.

DS, CC

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66.2 CREATING TRAUMA-INFORMED SCHOOLS IN THE WAKE OF MULTIPLE NATURAL DISASTERS



Rosaura Orengo-Aguayo, PhD, Medical University of South Carolina, orengoaa@muscc.edu; Regan Stewart, PhD

Objectives: Puerto Rico has undergone a series of destructive natural disasters including 2 major hurricanes and earthquakes over the past 2 years. We will present on collaborations developed with island-based universities and schools to create trauma-informed schools in the west coast of Puerto Rico.

Methods: We will: 1) describe our multitiered, trauma-focused intervention model designed for a postdisaster context; 2) describe our academic and community partnerships; and 3) describe the implementation outcomes to date, with special attention to the barriers encountered (eg, recent earthquakes resulting in school closures and additional trauma exposure of children and families in the aftermath of Hurricanes Maria and Irma) and how we have overcome such barriers.

Results: Our multitiered, trauma-focused approach began 2 weeks after Hurricane Maria, when we trained over 500 Department of Education teachers and school staff in Psychological First Aid. Six months later, we established a collaboration with the University of Puerto Rico Department of Psychiatry and jointly delivered a Skills for Psychological Recovery and Suicide/Crisis Management workshop to Department of Education social workers and psychologists. One year later, we provided trauma-focused CBT training to island-based psychologists, and we began a collaboration with the University Carlos Albizu to implement a Mental Health Awareness Training program by which graduate students and faculty receive specialized training in trauma-focused, tiered-level interventions, and implemented them with school staff and students. This program has resulted in over 15 schools becoming "trauma-informed" and over 500 mental health professionals in training, teachers, social workers, parents, and community members benefiting from trauma-informed workshops and services.

Conclusions: Understanding how to create trauma-informed schools and systems to promote psychological recovery after natural disasters is crucial. This presentation will provide listeners with a step-by-step guide to do so and highlight the importance of collaboration, partnership, context, cultural sensitivity, and humility.

TVM, SAC, DS

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66.3 ESTABLISHING MENTAL HEALTH SERVICES THROUGH TELEPSYCHIATRY AFTER A NATURAL DISASTER



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Objectives: Over the last 2 years, Puerto Rico has suffered a series of catastrophic natural disasters, including 2 major hurricanes (Categories 4 and 5) and a 6.4-magnitude earthquake. In the wake of the most recent earthquake, there has been a significant sequela in the mental health of the people affected by these events and limited access to mental health care by these families in the community. Our objective is to establish mental health services through telepsychiatry at the refugee campsites, with the aim of reaching the families heavily affected by these devastating events.

Methods: This presentation will describe the following: 1) the setup of telehealth equipment at the refugee campsite; and 2) the work of volunteers in the field of mental health (psychiatrists, psychologists, and social workers) from NewYork-Presbyterian Hospital (NYPH) who will serve as consultants to the primary care physicians (PCPs) providing medical services at the campsites.

Results: The NYPH team partnered with local physicians and psychiatrists at the site of Peñuelas. Volunteers at NYPH will provide mental health assessment and treatment recommendations to PCPs, and therapy and counseling services to patients for 2-4 hours per week for a minimum of 6 months. We will obtain multiple measures of the family system before and after intervention.

Conclusions: Understanding how to increase access to mental health services in areas that have been impacted by natural disasters is important in an effort to reach the underserved communities around the world. In particular, those that continue to get struck by natural disasters in the face of climate change must be accessed. Our project will provide a step-by-step guide in setting up telepsychiatry services at sites where hopelessness and devastation are present.

DS, TVM, PTSD

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