

24.3—25.0

posttrial (ERSSQ-P; $p < 0.001$; SSQ-P; $p < 0.001$). On a teacher-report measure of emotion regulation and social skills (ERSSQ-T), the 2 groups made equivalent gains ($p = 0.60$). However, on an independent teacher-report social skills measure (SSQ-T), SAS participants showed a trend toward improving significantly more than CIA participants ($p = 0.04$). SAS participants also showed a significantly greater improvement in their knowledge of appropriate anxiety management strategies than CIA participants ($p < 0.002$), although both groups showed equivalent improvements in their knowledge of appropriate anger management strategies.

Conclusions: Results suggest that the intervention holds promise for children with ASD. Future research will explore the impact that standardizing and prerecording the parent-coaching component has on program outcomes.

ASD, SAC, TVM

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24.3 INTERNET-BASED PREVENTION FOR ALCOHOL AND OTHER DRUGS: AN OVERVIEW OF THE UNIVERSAL CLIMATE SCHOOLS PREVENTION PROGRAMS

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Objectives: Substance use is one of the leading causes of burden of disease among young people, and effective prevention is critical. The Climate Schools courses are online, universal school-based programs designed to prevent alcohol and other drug use and related harms among adolescents. Developed in consultation with students, teachers, and health professionals, the courses use cartoon storylines, quizzes, and group activities, within an online delivery framework, to engage students. The aim of this presentation is to provide an overview of the effectiveness of the Climate Schools courses and to discuss future directions for dissemination and ongoing development.

Methods: To date, 4 Climate Schools modules have been developed and evaluated as follows: 1) alcohol module; 2) alcohol and cannabis module; 3) cannabis and psychostimulants module; and 4) ecstasy and emerging drugs module. Approximately 14,000 students from 157 schools in Australia have participated in 6 RCTs of these Climate Schools courses. In each RCT, schools were randomly allocated to an intervention (Climate Schools) or control group (health education as usual). Students completed self-report surveys across multiple time points assessing alcohol and other drug use, harms, and knowledge. Multilevel models were conducted to analyze group differences over time, taking into account the clustered nature of the data.

Results: Results from the RCTs have shown the Climate Schools courses to be effective in increasing knowledge about alcohol and other drugs (Cohen's $d = 0.56$ to 0.77), decreasing alcohol use ($d =$ up to 0.42), binge drinking ($d =$ up to 0.56), cannabis use ($d = 0.19$), and reducing alcohol-related harms ($d = 0.20$). Moreover, all Climate Schools modules were well received by students and teachers, with teachers rating the programs as having high educational quality and being more favorable than other drug and alcohol education programs.

Conclusions: Climate Schools provides schools with evidence-based prevention resources that can be readily accessed online. Future directions include the development and evaluation of "Health4Life," an online initiative targeting the "Big 6" lifestyle risk behaviors (physical inactivity, poor diet, smoking, risky alcohol use, recreational screen time, and poor sleep) for chronic disease.

ALC, TVM

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24.4 VIRTUAL TREATMENT FOR INTERMITTENT EXPLOSIVE DISORDER

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Objectives: This presentation will describe the Brake Shop (www.leakybrakes.ca) virtual self-management at the Child and Parent Resource Institute (www.cpri.ca)

and present preliminary outcome data for our online and facility-based programs.

Methods: The Brake Shop, created by Duncan McKinlay, PhD, in 2004, offers evidence-based, manualized treatment, consultation, and education to youth (aged 6–18 years) diagnosed with Tourette's disorder, tics, and associated disorders. Many youths have episodes of rage (intermittent explosive disorder). The development of the Brake Shop and our virtual model will be presented. Therapy materials and delivery strategies will be provided. Data on website usage and the results ($N > 50$) of preliminary outcomes comparing pretreatment and posttreatment measures in virtual versus facility group therapy will be presented.

Results: Using a car analogy for the behavioral neuroscience of disinhibition, youth with "leaky brakes" (problems inhibiting movements, sounds, attention, impulses, and thoughts) are assessed by the interdisciplinary team. Treatment is offered beginning with the symptoms causing the most dysfunction. Comprehensive behavioral intervention for tics (CBIT), CBT, parent behavioral training, and medication are provided for tics, explosive behavior, ADHD, OCD, and anxiety disorders. Youth and families learn problem-solving strategies to help them improve coping, skills, and motivation. Self-management, offered virtually or as facility group treatment, assists youth and their families to decrease the frequency and intensity of explosive outbursts through self-monitoring and self-regulation. "Virtual self-management" uses website videos, online readings, home worksheets, and weekly phone support (15 minutes) to review progress, answer questions, set assignments, and clarify tools or strategies. Psychotropic medication use is integrated into the psychosocial treatments as an adjunct or alternative treatment.

Conclusions: Virtual self-management is a practical component of a menu of services for youth with tics and intermittent explosive disorder.

TD, CBT, DBD

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CLINICAL PERSPECTIVES 25

UPDATE ON INNOVATIVE AND EVIDENCE-BASED THERAPEUTIC INTERVENTIONS FOR INFANTS AND PRESCHOOLERS

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Objectives: Although there has been a growth in the emergence of evidence-based practices for preschoolers, the need for effective treatments geared toward infants, very young children, and their caregivers, as well as providers who are skilled in these interventions, far exceeds the availability. The goal of this Clinical Perspectives presentation is to provide an overview of a variety of emerging evidence-based and promising practices targeted toward infants, very young children, and their caregivers.

Methods: The presentations are listed as follows: 1) Deborah Gross, PhD, will present "Reducing Preschool Behavior Problems in an Urban Mental Health Clinic: Comparing the Effectiveness and Cost of Two Evidence-Based Parenting Programs for Low-Income Families"; 2) Nathaniel Donson, MD, will present "Models of Community Preschool Consultation for Child Psychiatrists"; 3) Daniel Schechter, MD, will present "Focusing on Parental Misreading of Child Emotional Communication Linked to Parental PTSD in a Clinician-Assisted Video Feedback Exposure-Based Intervention"; 4) Suneeta Monga, MD, will present "Taming Sneaky Fears: Evidence-Based Treatment for Four- to Seven-Year-Old Children with Anxiety Disorders"; and 5) Karen Frankel, PhD, will review and integrate the presentations and discuss clinical and research implications.

Results: Participants will learn about a variety of infant and early childhood interventions, including a parenting intervention that was successful in a low-income urban clinic, a community-based model of consultation and education, a video feedback exposure intervention for traumatized parents and infants, and a CBT intervention for preschoolers, with and without their caregivers.