

Editors' Best of 2025

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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, modifying version after version into shape. Acknowledging these biases, here are the 2025 articles that we think most deserve your attention or at least a second read.

EPIDEMIOLOGY

School Ethnic Density and Mental Health Problems in Black, Latine, and White Pre-adolescent Children, Urbina-Johanson *et al.*

Beyond the Window of Risk? The Dutch Bipolar Offspring Study: 22-Year Follow-up, Helmink *et al.*

For epidemiological research, there were 2 articles this year that we would like to highlight. In the first article, Urbina-Johanson *et al.*¹ assessed associations between school ethnic density and internalizing, externalizing, and thought problems in Black, Latine, and White children in elementary school using data from the Adolescent Brain Cognitive DevelopmentSM (ABCD) Study. In this study, ethnic density was defined as the proportion of individuals from the same racial or ethnic background in the school attended by a given ABCD Study[®] participant. The authors found an association between schools with increased ethnic density of Black and Latine students, having less internalizing in Black students, and less thought problems in both Black and Latine students, respectively.

Importantly, the latter association was only among children from immigrant families. Although previous studies of adolescents have reported similar findings, this study adds to the literature by focusing on preadolescents (mean age of 9.9 years) and correcting for both neighborhood and family socioeconomic status. Another important advance is that Urbina-Johnson *et al.* further took into account family generational status, which, as noted above, turned out to be of importance among Latine students. Overall, this paper shows the complex relationships

between school environment, minoritization, and mental health problems, above and beyond our standard focus on poverty and neighborhood deprivation. It provides important leads for further research, as well as acknowledging the importance of supporting children attending schools in which they have fewer classmates from their racial/ethnic background.

In the second article, Helmink *et al.* reported the results of the 22-year follow-up assessment of the Dutch Bipolar Offspring Study.² From the 140 children of parents with a bipolar disorder recruited into the original study in 1997, 100 participated in this follow-up, with a mean age at follow-up of 38 years. Previous follow-ups at 1, 5, 12, and 22 years had already shown that these children had high rates of mental disorders, including bipolar disorder. In the 22-year follow-up, none of the participants received a new diagnosis of bipolar disorder, which kept the lifetime prevalence at 11%. However, the prevalence of major depressive disorder doubled, with the lifetime prevalence reaching 36%. The lifetime prevalence for any disorder was 80% (an increase from 72% at the 12-year follow-up). These results show that children of parents with bipolar disorder are vulnerable to experiencing mental disorders, but mainly disorders other than bipolar disorder. Importantly, the risk of developing bipolar disorder declines after age 28 years. Helmink *et al.* emphasize that this group of children may benefit from targeted prevention, especially given the challenges we face in implementing universal preventive interventions.³

CLINICAL PRACTICE

What About Life Skills? Tailoring Interventions for Autism and Beyond, Clarke *et al.* Choir as a Metaphor for Neurodiversity, Petit and Jurek

Two sections of *JAACAP* that distinguish it from other journals are Clinical Perspectives and Translations. Clinical Perspectives shed new and focused light on the clinical and preventive practice of child and adolescent mental health, whereas Translations focus on bridging gaps between child and adolescent mental health and other scientific and professional disciplines. Of the outstanding 8 Clinical Perspectives and 5 Translations that we published in 2025, the following 2 articles stand out as exemplars of what makes these sections of the Journal so compelling.

In their Clinical Perspective, Clarke *et al.* confront the difficulties we face supporting our patients in improving their daily life skills, a common challenge for our autistic patients as well as our patients with other conditions such as attention-deficit/hyperactivity disorder (ADHD) and psychotic disorders.⁴ Drawing on the extant evidence base, Clarke *et al.* provide a 3-step approach to incorporating a life skills emphasis into our clinical practices: (1) developing a written contract to identify life skill goals, (2) supporting patients in learning and practicing skills in real-world settings, and (3) prioritizing skills that can be incorporated into their everyday lives (eg, cooking skills). Clarke *et al.*'s Clinical Perspective exemplifies this section of *JAACAP* with its focus on a common clinical challenge and for providing actionable recommendations that can have a direct, practical effect on practice.

In their Translations, Petit and Jurek describe their experience with a neurodiverse choir, which included 8 neurodivergent children, some of their therapists, and adult amateur singers.⁵ They then leverage their experience—both the challenges and successes—to help us think about what neurodiversity brings to society more broadly. As Cathy Lord shares in her Editorial accompanying this Translations, “The choir can be a model for identifying how to support autism- or neurodiversity-affirming communities in environments with like-minded, accepting peers one at a time or participation in recreational groups, clubs, or affinity spaces in schools, in vocational settings, or in the community.”⁶ In bridging choir and clinical practice, Petit and Jurek “translate” expertise, knowledge, and perspectives from outside day-to-day practice, enriching our appreciation of what neurodiversity means to our autistic patients and their families.

HEALTH SERVICES AND CHILDREN'S MENTAL HEALTH POLICY

A National Evaluation of the Impact of Child Access Prevention Laws on Rates of Youth Suicide and Other Youth Firearm Deaths, Athey *et al.*

JAACAP consistently highlights scholarship that shapes the future of child and adolescent mental health. Among the 2025 articles, this national evaluation of child access prevention (CAP) laws and their impact on youth firearm suicide and other firearm deaths stands out as an exemplary contribution that warrants recognition as one of the “Best of 2025.” The article directly addresses one of the most urgent public health crises affecting youth today: the sharp rise in firearm-related injury and death. Suicide accounts for nearly one-third of youth firearm deaths, and firearm suicides among adolescents have increased dramatically in the past decade. Responding to the US Surgeon General's call to treat firearm violence as a public health emergency, Athey *et al.* used 3 decades of nationally representative data to evaluate whether state-level CAP firearm storage laws reduce youth suicide and other firearm-related deaths.⁷ Their findings demonstrate that such policies are associated with meaningful reductions in youth firearm suicide, unintentional firearm deaths, and, to a lesser extent, homicide mortality.

The study is distinguished by its methodological rigor and scope. Using growth curve modeling across 30 years of mortality data, the authors treat each state as its own control to disentangle the impact of CAP laws from broader demographic and political factors. This design allows them to go beyond simply showing associations to parsing which aspects of CAP laws matter most. The results highlight that firearm storage policies are effective, especially when they require firearms to be stored unloaded and secured with locking devices and when they extend protections through mid-adolescence. These findings provide rare and practical insight into how policy design can directly influence youth safety. At the same time, the study shows that reckless provision laws—which penalize adults who knowingly give firearms to minors—have limited preventive impact, likely because they are enforceable only after harm has occurred. Such nuance offers invaluable guidance for policymakers, clinicians, and advocates seeking evidence-based strategies.

This article also makes important contributions to the scientific debate. The authors directly test the longstanding concern that preventing access to one lethal method will simply shift suicides to another method. Consistent with prior work in lethal means safety, the

study found no evidence that restricting firearm access increases non-firearm suicide,⁸ strengthening the case that firearm storage laws truly save lives rather than displace methods. The authors also address concerns about misclassification of youth suicides, particularly among youth of color and girls, by comparing firearm suicides with unintentional and homicide deaths, showing that the reductions cannot be attributed to changes in death rulings. By addressing these critiques head-on, the article advances the credibility and policy relevance of firearm prevention research.

The findings build upon a growing body of scholarship linking firearm availability to adolescent suicidal ideation, attempts, and death, as well as prior work documenting the protective effects of CAP laws. This article extends that work by leveraging a longer time horizon, examining multiple categories of firearm mortality, and identifying the specific law features most strongly associated with reductions in youth suicide. In this way, it provides the most definitive evidence to date that CAP firearm storage laws, particularly those mandating unloaded storage with locking devices, are effective tools to reduce suicide and accidental death among youth.

The public health implications are considerable. Firearm ownership has increased among households with children, particularly during the COVID-19 pandemic, heightening the urgency of effective policy solutions.⁹ By clarifying that specific CAP firearm storage policies save young lives, this article equips policymakers with actionable evidence to design legislation that works. It also underscores the need for complementary efforts—such as lethal means counseling, public education, and culturally responsive interventions—to enhance compliance with these policies. For clinicians, the findings reinforce the importance of counseling families about firearm access, offering science-based recommendations that extend beyond individual households to support broader advocacy for safe storage. This work exemplifies the mission of JAACAP: advancing rigorous science, informing practice, and shaping public policy to improve youth well-being. Its relevance is immediate, its implications life saving, and its contribution enduring. For these reasons, this article represents one of the most impactful and well-executed contributions to the journal in 2025 and is eminently deserving of recognition as a “Best of” selection.

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GENETICS/MOLECULAR

Post-COVID-19 Mental Health Distress in 13 Million Youth: A Retrospective Cohort Study of Electronic Health Records, Zhang-James *et al.*
Understanding the Etiology of Externalizing Problems in Young Children: The Roles of Callous-Unemotional Traits and Irritability, Hung *et al.*
The Impact of Early Life Adversity on Peripubertal Accelerated Epigenetic Aging and Psychopathology, Hogan *et al.*

Increasingly larger genome-wide association studies and more comprehensive sequencing efforts are beginning to reveal previously unrecognized genetic variants that confer risk for neuropsychiatric conditions. Within child and adolescent psychiatry, we expect these findings to help elucidate the biological bases of psychopathology and, in turn, to improve risk stratification and expand targets for intervention.

Despite the excitement around this emerging knowledge, understanding the mechanisms underlying psychiatric conditions will require moving beyond gene identification and genomic profiling. The genes that one inherits, after all, only specify the manner in which an organism responds to their environment. Consequently, a comprehensive understanding of developmental processes requires consideration of environmental influences and contexts. This year, we highlight 3 articles that leverage compelling strategies to clarify the role of the environment on youth mental health.

The first article, by Yang-James *et al.*,¹⁰ capitalizes on “big data” from electronic health records to examine the impact of SARS-CoV-2 infections on child and adolescent psychopathology. Analyses examined the emergence of new psychiatric and neurodevelopmental diagnoses up to 2 years after the pandemic onset in more than 7 million children and 5 million adolescents with no psychiatric history. Results showed that children who experienced SARS-CoV-2 were 6.0 times more likely and adolescents were 4.2 more likely to develop a neuropsychiatric condition compared to those not infected. Increased rates occurred for the full range of diagnostic codes examined, including attention-deficit/hyperactivity disorder (ADHD), conduct disorder, and pervasive and specific neurodevelopmental disorders. The size of the data set allowed for well-powered analyses to confirm that findings varied by infection severity, sex, developmental period, and COVID variant. Notably, although respiratory illness increased neuropsychiatric conditions in adolescence generally, SARS-CoV-2 had an even stronger impact on neuropsychiatric outcomes in children. These data underscore the burden of the COVID-19 pandemic on youth

mental health and encourage vigilance regarding the well-being of youth post infection. Yet, as the authors acknowledge, findings represent only the beginning of the story and require follow-up to determine the biological and psychosocial mechanisms associated with infection that, in turn, influence outcomes.

Although dissecting such mechanisms was not a goal of the above study, 2 *JAACAP* articles from the past year used genetically informed study designs to clarify the mechanisms by which environmental exposures influence youth psychopathology. Hung *et al.*¹¹ used a twin paradigm to partition environmental and genetic influences on components of externalizing behaviors in 3-year-olds. Externalizing symptoms are heritable, with a polygenic component,¹² and offer an opportunity to move beyond conventional diagnostic categories to address problematic symptoms that commonly co-occur. Yet, the covariance of some components (eg, callous unemotional [CU] behaviors and irritability) in monozygotic and dizygotic twins provides caution against treating externalizing symptoms as a unitary construct. Indeed, analyses indicate that there are not only genetic influences that are distinct across CU behaviors, irritability, and the remaining components of externalizing behaviors, there are also environmental influences on these constructs that do and do not overlap. The current study further clarifies that it is environmental factors not shared by the twins that are implicated in these processes, and provides a rationale for investigating what those are.

The final study, by Hogan *et al.*,¹³ also illustrates the role of the environment by examining whether early childhood adversity links to accelerated epigenetic aging later in youth. Epigenetic aging involves DNA modifications that occur with time and disrupt gene expression. Analyses indicated that experiencing threat at home (eg, physical/emotional abuse) or in the community (measured by community-wide data) was associated with accelerated epigenetic aging at age 15 years. Threat at home was additionally associated with accelerated aging at age 9, and deprivation (lack of stimulation or neglect) did not associate with this biomarker. A complex relationship also emerged whereby the age acceleration due to home threat at age 9 years predicted externalizing symptoms at age 15, but community threat also directly influenced externalizing symptoms. Although such results require further investigation, this paper further demonstrates how genetic designs can shed light on the impact of processes with a non-genetic origin. Here, the authors identify a possible mechanism by which environmental adversity perturbs gene expression, and suggest that different types of adversity may lead to externalizing symptoms via different pathways.

Taken together, these studies demonstrate the power of big data and genetically informative designs to identify new associations among environmental influences and child emotional-behavioral health. By helping to disentangle complex influences on the development of psychiatric conditions, they bring us closer to discerning the array of genetic and non-genetic factors that can help guide clinicians in prevention, health promotion, and treatment efforts.

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Changes in Rest-Activity Rhythms in Adolescents as They Age: Associations With Brain and Behavioral Changes in the ABCD Study, Zhang *et al.*

Neural and Behavioral Correlates of Binge Eating in 9- to 10-Year-Old Children, Smith *et al.*

Exposure to Ambient Temperature and Functional Connectivity of Brain Resting-State Networks in Preadolescents, Granés *et al.*

In 2025, we highlight 3 neuroimaging studies from the *Journal* that were facilitated by large, interdisciplinary, collaborative efforts. Critically, the 3 studies that we highlight address divergent topics, including the influence of sleep and wake activities (Zhang-James *et al.*¹⁴), binge eating disorder (Smith *et al.*¹⁵), and ambient temperature (Granés *et al.*¹⁶) as related to neural activation and connectivity. These are 3 understudied topics that would otherwise be difficult to assess at one research location; the broad and diverse impact of these studies underscores the importance of continued support of longitudinal, multisite efforts around the globe. All of the studies analyzed data derived from large datasets. The Generation R Study is a multisite, longitudinal, population-based prospective cohort study following the development of youth in the Netherlands. In the United States, the ABCD Study that was initiated a decade ago, is the largest long-term study of brain development over childhood.

In their article, Zhang *et al.* investigated the evolution of sleep duration, sleep timing, and physical activity in adolescence, identifying factors influencing these changes, as well as how these “rest-activity rhythms” affect brain and behavior. Using longitudinal data from 11,868 participants of the ABCD Study, the authors find that adolescents exhibit shorter sleep duration, delayed sleep timing, and decreased physical activity over time. Environmental factors such as school involvement and day length, along with race, significantly influence these changes. The study also highlights brain correlates, with reduced sleep duration linked to changes in resting-state functional connectivity, particularly in sensorimotor networks, and delayed sleep

timing associated with subcortical gray matter volume changes. These alterations in rest–activity rhythms correlate more strongly with impairments such as decreased academic performance and increased impulsivity. The findings underscore the need for targeted interventions at the individual and societal levels to improve sleep and physical activity in adolescents, potentially using rest–activity rhythms as biomarkers for mental health monitoring and intervention development in future studies.

In Smith *et al.*'s paper, "Neural and Behavioral Correlates of Binge Eating in 9- to 10-Year-Old Children," the authors examine a profoundly impairing yet understudied disorder in youth. Binge eating disorder is the most common eating disorder, associated with numerous adverse psychological, physical, and psychosocial difficulties. Like the Zhang *et al.* study, again, here, leveraging the large number of participants in the ABCD Study, the authors were able to identify $N = 316$ youth with binge eating across sites. Critically, a suite of parent-report and neuroimaging tasks assessing inhibitory control, reward processing, and memory were administered to examine differences in neural activation. Those youth with compared to those without binge eating demonstrated robust blunting in multiple regions of interest-based metrics during task performance. The findings suggest decreased salience engagement as a potential mechanism in the development and maintenance of binge eating disorder in peri-adolescence.

Finally, in their article "Exposure to Ambient Temperature and Functional Connectivity of Brain Resting-State Networks in Preadolescents" Granés *et al.* investigated the short-term effects of ambient temperature on functional connectivity of brain resting-state networks in preadolescents. This is a novel analysis from the Rotterdam-based Generation R Study, in which daily mean residential temperature estimates were obtained from a high-resolution urban climate model (UrbClim) and combined with resting-state functional connectivity in 2,229 children aged 9 to 12 years. Distributed lag nonlinear models were fitted to assess the cumulative effects of temperature a week before brain scans were obtained analyzing 15 resting-state networks. Researchers found that higher ambient temperature during the week preceding imaging was associated with lower functional connectivity in medial parietal, salience, and hippocampus networks in preadolescents, with peak effects observed the day before the brain scan. The notion that heat may have an impact on brain function raises novel research questions about the impact of heat on brain function, and, more broadly, the unfolding impact of climate change on the developing brain.

Together, these diverse studies examining the neurodevelopmental effects of sleep and physical activity, binge eating, and ambient temperature pose novel questions about neural correlates, and further underscore the importance of collaborative efforts and team science as facilitating discovery.

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Systematic Review and Meta-Analysis of Individual Participant Data: Randomized, Placebo-Controlled Trials of Selective Serotonin Reuptake Inhibitors for Pediatric Obsessive-Compulsive Disorder, Cohen *et al.*

Adaptive Intervention for School-Age, Minimally Verbal Children With Autism Spectrum Disorder in the Community: Primary Aim Results, Kasari *et al.*

Three-Year Effects of Motivational Interviewing–Enhanced Behavior Therapy for Adolescents With Attention-Deficit/Hyperactivity Disorder: A Randomized Community-Based Trial, Sibley *et al.*

Systematic Review and Meta-Analysis: Multisystemic Therapy and Functional Family Therapy Targeting Antisocial Behavior in Adolescence, Hunkin *et al.*

Our Best of 2025 selections emphasize refinement rather than revolution. Together, they illustrate how carefully conducted and methodologically rigorous studies—even when the interventions already have established efficacy—can build the foundation for improvements in individualized patient-centered treatments.

A STEP TOWARD PERSONALIZED TREATMENT

In pediatric psychopharmacology, an important question remains: which children will benefit from which medication? Cohen *et al.*¹⁷ conducted the first individual participant data meta-analysis of selective serotonin reuptake inhibitors (SSRIs) for pediatric obsessive-compulsive disorder (OCD). Analyzing data from more than 600 children across multiple randomized, placebo-controlled trials, they found modest but meaningful benefits. Notably, higher baseline severity predicted weaker outcomes. Although these findings highlight the need for additional treatment strategies, they also move the field closer to more individualized pharmacologic care.

TAILORING PSYCHOSOCIAL INTERVENTIONS

Beyond medication, interventions to improve spoken language hold promise for optimizing patient outcomes. Kasari *et al.*¹⁸ conducted a 2-stage, sequential, multiple-assignment randomized trial (SMART) design for

minimally verbal young children with autism. Initially, participants were assigned to a highly structured intervention or a blended naturalistic behavioral approach. In the second stage, early responders were re-randomized to continue the same intervention or to add parent training, whereas slower responders were re-randomized either to continue the same intervention or to receive combined treatment (structured and blended behavioral intervention). Although no initial group showed superior improvement in spoken language, important differences emerged in the second stage. Among children who began with the more structured intervention, early responders benefited most when parent training was added, and slower responders did better when the blended behavioral approach was introduced. Although overall improvements were modest, this trial highlights the innovation and potential of dynamically tailoring intervention strategies.

SUSTAINING OUTCOMES IN COMMUNITY SETTINGS

For families, the most pressing question is often not what works in the short-term, but whether the benefits last. Sibley *et al.*¹⁹ conducted a 3-year follow-up of the Supporting Teens' Autonomy Daily (STAND) program, a collaborative ADHD intervention enhanced with Motivational Interviewing. Although overall outcomes were similar to usual care, meaningful long-term benefits emerged when STAND was delivered by licensed therapists. These included improved executive functioning and reduced family conflict. This study reinforces that workforce training and implementation fidelity in real-world settings are just as essential to sustain impact as treatment content itself.

REASSESSING SYSTEM-LEVEL PRACTICES

At the system level, interventions must be evaluated not only for efficacy but also for scalability and sustained

impact. Hunkin *et al.*²⁰ conducted a systematic review and meta-analysis of multisystemic therapy (MST) and functional family therapy (FFT), both widely regarded as effective approaches for youth with antisocial behavior. Synthesizing data from more than 50 studies, they found limited and inconsistent benefits for MST and FFT as compared to usual care or other comparison interventions. However, MST showed a clinically important effect on reducing time in out-of-home placements. FFT demonstrated possible clinically important effects on reducing the number of new offenses or convictions, time in out-of-home care, and substance use, but strength of evidence was low. These findings highlight the importance of reassessing even well-established interventions and tailoring practices to specific, measurable outcomes.

Collectively, these 2025 Best of selections represent the next step in child and adolescent psychiatry intervention research: a shift from demonstrating efficacy to optimizing effectiveness, scalability, and personalization. They underscore the importance of methodological rigor, the integration of adaptive designs, and the pursuit of ecologically valid, sustainable models of care. Moreover, they illustrate how modest yet statistically and clinically meaningful improvements, grounded in robust study designs and nuanced analysis, can yield actionable insights for enhancing outcomes. The 2025 Best of selections remind us that advances may be incremental, but each step strengthens the foundation on which future breakthroughs will be built.

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