



Children's National Medical Center
Department of Psychiatry and Behavioral Sciences

Training Manual

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OVERVIEW

The Department of Psychiatry and Behavioral Sciences at the Children's National Medical Center provides comprehensive clinical child and adolescent psychiatry training that furnishes abundant opportunities to pursue academic and administrative psychiatry, research, and service to public and/or private populations. The program provides frequent opportunities to meet with leaders in the field who are creating health policy and research that is shaping current practice. Few programs offer such scope, balance, and depth. The program offers a blend of superior faculty, diverse cultural and socioeconomic populations, a broad spectrum of clinical problems, and the opportunity to work in a superb pediatric facility and participate in a broad range of research opportunities. These clinical and academic strengths, coupled with the chance to live in one of the nation's most attractive and exciting urban centers, make the program at Children's National Medical Center highly desirable.

THE INSTITUTION

Children's National Medical Center, centrally located in the heart of Washington, DC, is a leading pediatric training hospital, consistently ranked among the nation's top ten pediatric hospitals by US News and World Report. General pediatric residency and fellowship training in virtually every pediatric subspecialty is available at Children's, which serves as the pediatric teaching hospital for The George Washington University (GWU) School of Medicine. Children's is nationally recognized for its high quality training, clinical practice, and research in the treatment of disorders affecting infants, children, adolescents, and their families. Children's National Medical Center is nationally recognized for its trauma and burn center and programs in infectious disease, radiology, hematology-oncology, pediatric neurology, pediatric surgery and surgical sub-specialties. The hospital attracts patients and their families from the District of Columbia, Virginia, and Maryland, as well as from around the nation and the world. This referral network provides residents with a rich clinical experience treating patients from a broad range of socioeconomic groups, cultures, and ethnic backgrounds over the entire range of child development from infancy through young adulthood.

CHILDREN'S NATIONAL MEDICAL CENTER MISSION STATEMENT

Our mission is to improve health outcomes for children regionally, nationally and internationally. To be a leader in creating innovative solutions to pediatric healthcare problems. To excel in Care, Advocacy, Research and Education to meet the unique needs of children, adolescents and their families.

THE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

The Department of Psychiatry at Children's National Medical Center was founded by the late Dr. Reginald Lourie and is one of the oldest in the nation. Its history of providing care to children with emotional and behavioral disturbances and advancing the understanding and treatment of these disorders is well established.

The fellowship program is especially strong in its treatment of severely disturbed children and adolescents, pediatric consultation liaison, infant and toddler psychiatry, and broad-based outpatient services. From its inception, the Child and Adolescent Psychiatry training program reflects comprehensive clinical service and advocacy for child and adolescent mental health. Many graduates

from the CNMC fellowship program continue to devote their time in clinical and/or academic work to promote better care for children and youth. Psychiatry faculty members are active in child and adolescent mental health affairs nationally as well as regional and local efforts.

The faculty places a high priority on teaching, with several faculty members trained in the George Washington University Graduate School of Education and Human Development Master Teachers Program. All CNMC faculty members are also faculty at The George Washington University School of Medicine. Children's trains general psychiatry residents and medical students from George Washington University, psychiatry residents from St Elizabeth's Hospital, child and adolescent fellows from Walter Reed, pediatric and neurology residents from Children's National Medical Center, and senior medical students from regional and national medical schools.

GOALS AND OBJECTIVES OF CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP

General Goals:

1. To provide a broad-based training experience, which prepares individuals to competently diagnose, treat, and manage the full spectrum of child, adolescent, and family psychiatric disorders.
2. To prepare individuals to competently pursue the multi-faceted leadership roles of a child and adolescent psychiatrist; i.e. clinician, educator, consultant, scholar, and administrator.
3. To instill the role of being an advocate for children into the core identity of child and adolescent psychiatrists.
4. To prepare individuals for effective and efficient collaboration with systems including medical, legal, educational, and social service agencies.
5. To prepare individuals for effective and efficient collaboration with other health care providers such as non-psychiatric physicians, nurses, aides, psychologists, social workers, and speech/occupational/physical therapists.
6. To train individuals to successfully fulfill the requirements for certification of the American Board of Psychiatry and Neurology Committee on Certification in Child and Adolescent Psychiatry.
7. To provide training consistent with the General and Special Requirements of the ACGME for accredited residency training in child and adolescent psychiatry.

Learning Objectives:

1. Knowledge of the standard nosology, descriptive nomenclature and diagnostic criteria of DSM-IV TR for disorders of childhood and adolescence.

2. Knowledge of development as an ongoing process across the life-span and its phases which begin prenatally and include cognitive, emotional, moral, motor, language, social, and sexual development
3. Knowledge of normal development and behavior, as well as of the range of childhood and adolescent developmental psychopathology, including biological, sociocultural, dynamic, and familial factors.
4. Conceptual understanding of appropriate indications for a variety of therapeutic interventions including psychodynamic, cognitive-behavioral, pharmacologic, group, systemic, and family therapies.
5. Conceptual understanding of the continuum of care available to children including acute inpatient, residential, day treatment, outpatient and school and community-based services.
6. Conceptual understanding of the multidisciplinary team and the roles of the allied health and mental health disciplines in the collaborative management of psychiatrically ill children and adolescents. Conceptual understanding of the indications for and limitations of psychometric assessment instruments commonly utilized with children and adolescents.
7. Conceptual understanding of systems (e.g. medical, legal, social service, educational), and of the role of the child and adolescent psychiatrist as a consultant.
8. Conceptual understanding of basic research principles necessary to define appropriate research questions and to critically review current child and adolescent psychiatric literature.

Clinical Objectives:

1. Ability to perform a comprehensive, developmentally sensitive clinical assessment of infants, preschoolers, school-age children, adolescents, and their families including history taking, data gathering, and detailed mental status examination.
2. Ability to synthesize and organize clinical data into a multi-axial differential diagnosis, and to determine and obtain ancillary data necessary to refine and establish the diagnosis.
3. Ability to adequately synthesize a biopsychosocial formulation around predisposing, precipitating, protective, and perpetuating factors to help understand the psychopathology in children and adolescents.
4. Ability to prescribe and direct a comprehensive, multimodal treatment plan consistent with diagnosis and adequate for the biologic, psychologic, and sociocultural needs of the child and family.
5. Ability to implement as clinically indicated a variety of therapeutic modalities with children and adolescents including psychodynamic, planned short-term treatments, cognitive-behavioral, group, family, systemic, pharmacologic, and milieu/inpatient therapies.
6. Ability to determine medically necessary, and least restrictive, level of care adequate for the needs of the child and family. Ability to facilitate/manage the treatment of the child and family at all levels of the

continuum of psychiatric services for children and adolescents. Ability to perform a comprehensive risk assessment of the patient.

7. Ability to provide effective consultation to individuals, systems, and agencies such as schools, courts, social services, and non-psychiatric medical services.
8. Ability to work collaboratively with allied health and mental health disciplines in the team management of psychiatrically ill children and adolescents.
9. Ability to teach/supervise other practitioners engaged in delivery of mental health services to children and adolescents, and to provide administrative leadership to systems, programs and agencies engaged in the same.
10. Ability to define appropriate and answerable questions for scientific inquiry, and to critically appraise the current, clinically relevant literature.

ELIGIBILITY AND SELECTION CRITERIA

CNMC's recruitment and selection of fellows is based on and is in compliance with both the institutional and specific program requirements of the Accreditation Council for Graduate Medical Education (ACGME). The process of application, eligibility, selection and appointment of fellows to a training program is the responsibility of the Chair, the Program Director, and/or divisional faculty with oversight by the Office of Medical Education and the Graduate Medical Education Committee (GMEC). Training programs must not discriminate with regard to sex, sexual orientation, race, age, religion, color, national origin, disability, or any other applicable legally protected status. A training program may choose to establish and implement its own policies, but they must adhere to this institutional policy. If individual program policy is established, it must be submitted to the GMEC for approval prior to implementation.

Fellow Eligibility: Applicants with one of the following qualifications are eligible for appointment to ACGME-accredited programs:

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
2. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).
3. Graduates of medical schools outside the United States and Canada who meet one of the following criteria:
 - a. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or
 - b. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction in which they are training.
4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

Definitions:

A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who meet the following conditions: (1) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) have attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) have passed either the Foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

Minimum Suggested Criteria for Review of Applicants:

- A. A letter from the Training Director of your general psychiatry residency training program. The letter must include descriptions of (a) your overall performance during general psychiatry residency, (b) your strengths and weaknesses, (c) rotations and requirements, and (d) a statement verifying that you are in good standing currently or, as applicable, that you previously completed all requirements of general psychiatry training in a satisfactory manner.
- B. An official transcript from your medical school.
- C. Successful completion of USMLE Step 3**
- D. Two passport-sized current photographs.
- E. Concise biographical statement which describes your interest in child and adolescent psychiatry, what you are seeking in child and adolescent psychiatry fellowship, your career goals, and what interests you about the program at CNMC.
- F. Two (2) letters of recommendation.
- G. Copies of state medical license(s), Federal and state DEA certificates, when applicable.
- H. Documentation of ECFMG certification, when applicable.
- I. Documentation of VISA status for international applicants.
- J. Curriculum Vitae.
- K. Invited personal interviews with program faculty.

REQUIREMENTS FOR GRADUATION

1. Satisfactory documentation of prior General Psychiatry training as stipulated in the Special Requirements for Programs in Child and Adolescent Psychiatry of the ACGME.
2. Satisfactory completion of the program length requirement as stipulated in the Special Requirements for Programs in Child and Adolescent Psychiatry of the ACGME.
3. Satisfactory completion of all clinical training assignments in established protocol as evidenced by supervisory reports.
4. Satisfactory utilization of all elective times as individually negotiated with the Director of Training.
5. Satisfactory completion of all curricular activities as evidenced by acceptable levels of attendance and participation.
6. Completion of the PRITE examination and Mock Boards annually.

7. Satisfactory clinical and scholarly presentations to Child and Adolescent Psychiatry Grand Rounds.
8. Satisfactory professional and ethical behavior throughout the course of training.
9. Satisfactory demonstration of general clinical competence.

CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP PROGRAM

Child and adolescent psychiatry fellowship requires a twenty-four month training experience. The foundation of the program is its major teaching services: Inpatient, Outpatient (OPD), and Pediatric Consultation Liaison. The inpatient psychiatry services have separate units for children and adolescents. In addition to these teaching services, there are specific training experiences in emergency psychiatry, community psychiatry, abuse and neglect interventions, school consultation, preschool observation and forensic psychiatry. The program provides experience in several subspecialty clinics: Affective Disorders, Neurobehavioral, ADHD, Autism Spectrum Disorders, Sleep Disorders, Infant and Toddler Clinic, and the Feeding Team.

The program is committed to providing opportunities for research and/or electives during the second year of fellowship. Children's offers a generous menu of second year electives, with second year schedules designed for each fellow based on their interests. Faculty who are actively involved in research supervise research training. To pursue their research interests, trainees can select a research supervisor.

First Year Child and Adolescent Psychiatry Fellowship

The first year of fellowship includes inpatient, outpatient, day treatment, and consultation liaison experiences. Each fellow rotates for three months on both the Child and the Adolescent Psychiatry Inpatient Services. In addition, first year fellows evaluate and treat patients on the Outpatient and Pediatric Consultation-Liaison Services (PCLS). Fellows also spend a three month outpatient specialty clinic block which is composed of the CNMC Freddie Mac Child and Adolescent Protection Center (CAPC), a pediatric clinic evaluating and treating abused and neglected youth; the Gender Development Program, a nationally-recognized program serving gender non-conforming youth; and the Craniofacial Clinic, a multidisciplinary clinic where fellows work closely with Neuropsychology, Craniofacial Surgery, ENT, and other services in a collaborative fashion to assist youth with craniofacial anomalies. Each fellow also co-leads a group with an experienced group therapist during this clinic block, either in the OPD, or the private Pediatric Psychology Center. At the CAPC, fellows work closely with Adolescent Medicine, Pediatrics, and Psychology, and are supervised by each discipline.

A significant advantage of the first-year fellowship program is the opportunity to follow inpatients on an outpatient basis. There are ample opportunities to gain experience in acute and longer-term treatment of outpatients. Outpatient activities during the first year provide both broad and in-depth experiences with the course of disorders arising in infancy, childhood, and adolescence.

TABLE I**Year I [approximate template]**

Child Inpatient 90% 3 months	Adolescent Inpatient 90% 3 months	PCLS/ER 90% 3 months	CAPC/Clinics 90% 3 months
Long term Outpatient Treatment 10%			

KEY: CAPC = Child and Adolescent Protection Center

Clinics = Feeding; Group Therapy; Gender Development; and Craniofacial

Second Year Child and Adolescent Psychiatry Fellowship

The second year of fellowship enhances the structured and didactic foci of the first year by providing deeper clinical experience in community and school consultation, forensics, infant psychiatry, and outpatient specialty clinics. The three specialty clinics are: Center for Autism Spectrum Disorders, Sleep Disorders Clinic, and the Feeding Disorders Clinic. Clinical research and electives are an additional major focus.

Second year fellows are encouraged to design a broad elective experience. Options include working at the esteemed Adele Lebowitz Center for Youth and Families (Washington School of Psychiatry) offering intensive psychodynamic treatment with on-site expert supervision provided by the center director; expanded Forensic training; and Group Therapy electives in the OPD or at the Pediatric Psychology Center. Fellows can also elect to pursue training at regional Psychoanalytic institutes, or work with our hospital Expressive Therapist (New Horizons). Fellows are able to rotate at regional centers, such as the Kennedy Krieger Center (specializing in developmental disorders) of Johns Hopkins, or join in affiliated research projects, for example, examining ADHD or Autism at Georgetown. Additional options include our Anxiety Disorders Program, Center for Autism Spectrum Disorders (CASD), Neurobehavioral Clinic, or expanding any specialty clinic or neurology rotation to offer greater exposure and depth. Fellows can also join ongoing research projects at CNMC or at the National Institute of Mental Health (NIMH). Fellows are thus encouraged to develop areas of expertise, and work with mentors in the field in a graduated learning experience, building on skills consolidated in the first year of training, and developing research projects. Fellows are also encouraged to present their findings at professional meetings and publish them in academic journals.

TABLE II**Year II [approximate template]**

12 months Outpatient: (60%) [includes 6 months ADHD 10%] Michigan Avenue		
12 months Electives 10% - 20% (community, autism, head injury, sleep disorders, therapeutic school, infant-toddler, substance abuse, psychodynamics, group therapy, development clinic, neuropsychology, anxiety disorders, etc.)		
Long Term Psychotherapy Cases 10% (individual, family, group)		
6 months Specialty Clinics 10% (2 months each) *see KEY	2 months Forensics/Court Consultation 10% 10%	3 months School Consultation
3 months Infant/Toddler Clinic 10%	9 months Research 10% year long	2 months Neurology 10%

***KEY: Specialty Clinics:**

- Autism Spectrum Disorders Clinic
- Sleep Disorders Clinic
- Feeding Disorders Clinic

CNMC/NIMH COMBINED TRACK ELECTIVE

We also offer a combined track to qualified applicants, with time shared between CNMC and the National Institute of Mental Health (NIMH) over a three-year period. Both these institutions firmly believe that the best possible mental health care of children and adolescents can only be developed by combining a strong educational program with medical care and research. This expanded program offers substantial advantages. By combining the complementary resources and expertise of these two institutions, the quality of fellowship training is augmented beyond that possible at either institution alone. The goals and objectives are to recruit and train outstanding psychiatrists in the diagnosis, treatment and clinical management of children and adolescents with psychiatric disorders, and to provide trainees with a focused research experience that encourages the pursuit of a career in academic child and adolescent psychiatry.

A summary of the combined program application and training experience follows:

1. Applications for the one to two positions for the Combined Program are reviewed by faculty at both CNMC and NIMH. Candidates are selected for interviews by consensus. Interviews are conducted by all potential mentors and key faculty at both institutions. A maximum of two fellows will be enrolled each year. The final decision is made between the CNMC Chairman and Training Director of the Division of Psychiatry and the NIMH/IRP Training Director.
2. CNMC and NIMH will provide a total of three years training with the intent to meet the Accreditation Council for Graduate Medical Education requirements and qualify residents/fellows for Board eligibility in Child and Adolescent Psychiatry. During the first year, fellows will spend 100% time in clinical training at Children's. During year 2, clinical training will be comprised of 60% time at NIMH and 40% time at Children's. Clinical work at both Children's and the NIMH will be supervised by Board eligible/certified Child and Adolescent Psychiatrists. The fellows will have completed their

training requirements to be board eligible in Child and Adolescent Psychiatry by the end of their second year of training. During year 3, research training will be conducted entirely at the NIMH with designated mentor(s) and /or with research collaborators at Children's. The teaching and formal evaluation of the fellows will be supervised by the Fellowship Training Directors at CNMC and NIMH.

3. Participants in the Combined Program are employed by the National Institutes of Health (NIH), are considered Federal Employees and are appointed as NIMH Clinical Fellows for the duration of their Fellowships. Salaries will be determined by the NIMH and will be consistent with guidelines provided in the DIRP Table of Salaries for Clinical Fellows.
4. During each fellow's training period at CNMC, in addition to the CNMC faculty, the NIMH Residency Training Director and Director of Fellowship Training will be available to resolve any problems that may arise.
5. CNMC shall maintain all personnel records and reports necessary for the documentation of the fellow's learning experience during the two years of clinical training.

First Year
100% at CNMC

Jul 03	Aug	Sept	Oct	Nov	Dec	Jan 04	Feb	Mar	Apr	May	Jun
Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	Inpatient	Clinics	Clinics	Clinics	PCLS	PCLS	PCLS

10% - Long-term outpatients (see Year I table)

Second Year
CNMC at 40% FTE. Remaining 60% at NIMH

Monday	Tuesday	Wednesday	Thursday	Friday
NIMH	NIMH	Grand Rounds	Forensics/SC*/School	NIMH
NIMH	NIMH	Didactics	Psych Tx	NIMH
NIMH	NIMH	Psych Tx/Supv	Psych Tx	NIMH

Third Year
Clinical research training: 100% at NIMH

SUPERVISION

Supervision is an integral component of the child and adolescent psychiatric training program. Members of the full-time faculty, including child and adolescent psychiatrists, psychologists and social workers, and a large, diversified, and dedicated voluntary clinical faculty, provide an extensive supervisory and teaching resource for the Department. All training experiences are closely supervised. On each clinical service, trainees are supervised on the various types of patients and clinical situations that they may encounter on that particular service.

During both years of training, each fellow is assigned two to three individual supervisors. In addition, family therapists provide supervision for fellows both on the inpatient units and in the family therapy rotation, and a group therapist both co-leads and supervises group therapy with the fellows. For all outpatient work, a direct clinical supervisor provides on-site supervision. The Director of Training reviews all of the fellow's outpatients via patient logs to ensure that each fellow has a diverse patient mix that reflects American College of Graduate Medicine Education (ACGME) requirements for training in child and adolescent psychiatry. Additional supervision for group, or family therapy, or cases that are very difficult or highly specialized are arranged as needed or at a fellow's request.

In general, supervision is focused on understanding and implementing integrated biopsychosocial treatments including short-term and long-term insight-oriented psychodynamic, cognitive behavioral, family and group therapies, and pharmacological therapies.

Family Therapy Training

Working with families is a fundamental aspect of working with children. The two-year training program includes an intensive seminar taught by members of the GWU family therapy team in family didactics and a practicum experience including live supervision of families. First and second year fellows receive closely supervised family training with a variety of families and treatment approaches. Fellows are supervised by inpatient family therapists and the voluntary faculty primarily of the family therapy team of the George Washington University (GWU) Department of Psychiatry. Faculty and supervisors represent a diverse background of mental health professionals, including social workers, psychologists, and psychiatrists, all of whom practice family therapy as their primary modality of treatment.

ROTATIONS

Psychiatric Inpatient Services for Children and Adolescents

The clinical rotations on the Child and Adolescent Psychiatric Inpatient Services are devoted to training fellows to diagnose, plan, implement, and manage the treatment of children and adolescents with combinations of profound biological, emotional, and social impairments. In addition to diagnostic evaluation and pharmacotherapy, family therapy and parent guidance are among the most important interventions. The majority of patients offer complex diagnostic pictures or have been unresponsive to standard outpatient treatments. The vast diversity of Washington, D.C.'s social and cultural community is reflected in the inpatient populations, including patients with serious medical illnesses. The training objectives on these services for child and adolescent psychiatry fellows are to: (1) become proficient in the comprehensive evaluation, formulation, diagnosis, and treatment planning for patients, (2) participate as members of a multidisciplinary__team including psychiatric social workers, nurses, clinical psychologists, and educators, and (3) teach medical students. Continuity of care is emphasized to promote doctor, patient, and family relationships which are central components of all medical care.

Toward this end, fellows learn to conduct a comprehensive interview and mental status examination, especially as it relates to child and adolescent patients and their families. Diagnostic evaluation is further complemented by the use of standardized interview and rating instruments to assist in delineating and clarifying specific symptom constellations associated with clinical psychopathological syndromes. Under supervision of the inpatient service directors, a student-fellow team performs medical and neurological

evaluations with special attention to conditions that contribute to serious childhood psychiatric disorders. Each patient receives thorough psychoeducational and milieu assessments--additional pieces of data to be integrated by the fellow into a coherent picture of the child and his/her disorder. Fellows learn to take and organize a detailed psychiatric history, to discern the critical acute symptoms for which hospitalization is necessary, and to formulate a coherent, comprehensive treatment plan. This includes synthesizing and integrating the data to derive accurate multi-axial diagnoses in order to determine treatment goals and objectives. Fellows learn to generate a formulation of the patient's condition that includes genetic, biological, medical, psychological, familial, social, and community predisposing, precipitating and perpetuating factors. In each case the current level of impairment is understood to result from the balance of burden and/or protection that each of these factors bestow.

In association with social work staff, fellows also conduct comprehensive family assessments on each patient. This includes assessment of the family's developmental history and system organization, and the psychological, community, and cultural environments that support or disrupt the child's healthy emotional development. A critical learning experience is that fellows develop practical and effective methods of working with community resources (e.g., schools, social agencies, and the Child and Adolescent Protection Center (CAPC) in order to facilitate the child's return to his or her community.

Additionally, fellows learn to integrate different forms of psychotherapies and pharmacologic treatment into their treatment plans. Psychotherapeutic interventions include individual, psychodynamic and cognitive psychotherapies, family therapy, behavioral modification, and group therapy. Families become a crucial part of the treatment team.

The age range of children admitted to the Child Psychiatric Inpatient Unit is 3 to 12 years old, although occasionally children as young as 24 months are admitted. The Adolescent Unit includes patients from 13 to 17 years of age. Inpatient units have a capacity for 14 patients on the Adolescent Unit and 12 patients on the Child Unit. Fellows work closely with the Inpatient service directors and are expected to assume a significant role in the operation of the unit, management of patient care and teaching of medical students. The average caseload for fellows is four to six inpatients at a time. Each CNMC fellow is assigned to each inpatient unit for a three-month block. Patient care is shared with rotating child psychiatry fellows and general psychiatry residents. GWU general psychiatry residents rotate on both units; Walter Reed child fellows rotate on the Child Unit, and Walter Reed general psychiatry residents rotate on the Adolescent Unit.

The most prevalent disorders seen in the Child Psychiatric Inpatient Unit are Attention Deficit/Hyperactivity Disorder (ADHD); Oppositional Defiant Disorder (ODD); Depressive Disorders; Anxiety Disorders including PTSD, Separation Anxiety/School Phobia and OCD; Bipolar Disorder; Psychotic Disorders; Autism Spectrum Disorders; and other Developmental Disorders.

The Adolescent Inpatient Unit provides a resource to educate fellows in understanding the interaction between biological and psychological variables and physical and mental health. The unit serves adolescents with a broad spectrum of psychiatric disorders, including serious medical illnesses that interact closely with emotional conditions. Common medical illnesses include diabetes mellitus, cardiac

disorders, ulcerative colitis, rheumatoid diseases, asthma, cystic fibrosis, seizures, and other neurological disorders. Psychiatric illnesses include conversion disorders, somatization disorders, eating disorders (anorexia nervosa, bulimia, obesity), and the adjustment, anxiety and affective disorders that often accompany the medical disorders. In addition, adolescents with ADHD, depression, anxiety, PTSD, conduct disorders, and Psychotic Disorders and their families receive treatment on the Adolescent Inpatient Service.

Outpatient Psychiatric Services

Throughout *both* years of training there is a broad-based outpatient experience in the diagnosis and treatment of emotional, developmental, and behavioral disorders of infancy, childhood, and adolescence. The outpatient department receives referrals from within the hospital, private community psychiatric and non-psychiatric physicians, other mental health providers, the courts, social service agencies, schools, and parents themselves. The patient population at Children's National Medical Center is urban, suburban, and regional with broad cultural and socio-economical diversity. The diagnostic categories seen by fellows cover a full range of infant, child, and adolescent psychiatric disorders.

The outpatient experience is organized around several training components: crisis assessment and intervention; comprehensive diagnostic assessment; psychotherapeutic interventions; and psychopharmacological management. Each training component is closely supervised so that the fellow gains competency in various treatment modalities. These modalities include emergency crisis intervention, in the outpatient clinics; brief, intermediate, and long-term individual, group and family psychodynamic and cognitive psychotherapies; parental guidance; behavioral therapy; and psychopharmacological therapy.

First-year fellows' outpatient responsibilities occur exclusively at the Children's National Medical Center Outpatient Department (OPD). For continuity of care and learning, patients who have been discharged from the inpatient units of CNMC can be seen by first-year fellows on an outpatient basis. The first year fellows also treat patients who have been evaluated in the OPD. The schedule constructed for fellows allows them to follow between 2-3 long-term patients plus patients needing short-term psychotherapy or medication management (see Block Diagram for F-1). Direct supervision at the time of service is provided by a child and adolescent psychiatrist.

Second year fellows spend the majority of their time in outpatient services and are required to follow at least six children/families in long term psychotherapy. Fellows are supervised in the delivery of psychodynamic, supportive, group and family therapy, in addition to given specialized training in the delivery of Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy_(DBT). A major training goal is the achievement of competency in a wide array of psychotherapies.

Second year fellows' time is divided between the OPD and CNMC specialty clinics. Specialized clinics include the Infant and Toddler Program, Infant Feeding Team, Sleep Disorders Program, and the Center for Autism Spectrum Disorders (CASD). CNMC is a major referral center for infants and toddlers with behavioral/emotional difficulties, and for children with social and language disorders, including autism

and pervasive developmental disorders. These children are assessed and treated by the infant and toddler programs, and the CASD. Second year fellows are offered opportunities to work with these specialized teams in the evaluation of infants, young children and adolescents with complex diagnostic and treatment issues (See Year II Block Diagram).

Comprehensive outpatient and inpatient treatment often requires multidisciplinary collaboration with other physicians, psychologists, speech and language therapists, social workers, teachers, child protection staff, probation officers, and paraprofessionals, such as child care workers or group home counselors. Fellows learn the essentials of collaborative multimodal treatment and how to provide leadership in interdisciplinary treatment. Fellows become proficient in their professionalism and communication skills, and learn to fully incorporate their sensitivity to the systems-based care and to appreciate its value.

ADHD/Teaching Clinic

- A.** A 12-week required rotation in the 2nd year of training. Fellows are required to conduct one orientation session a month for medical students on the rotation in the ADHD clinic. ADHD is a ubiquitous condition in child and adolescent psychiatry, and this rotation will allow a focused experience in order to assure that fellows' evaluative skills are sharp regarding ADHD and its differential diagnoses and co-morbidities as presenting in an outpatient setting.
- B.** All clinical work is supervised by the two Attending Physicians staffing the ADHD clinic, who are board certified in child and adolescent psychiatry.
- C.** Fellows participating in this program receive presentation materials appropriate for giving ADHD didactics for medical students. New medical students rotate on the service every month, and the fellows will give an introductory lecture on ADHD. The lecture will be supervised by faculty physicians who will give feedback on teaching style and presentation skills.
- D.** CNMC ADHD/Teaching Clinic integrates Knowles' theory of andragogy, an adult learning model:
 1. Learners need to understand why specific things are being taught (e.g., clinical presentation, psychopathophysiology, diagnostic assessment, differential diagnoses, treatment options, etc.)
 2. Instruction should be task-oriented instead of memorization -- learning activities should be in the context of common tasks to be performed.
 3. Instruction should take into account the wide range of different backgrounds of learners; learning materials and activities should allow for different levels/types of previous clinical experience.
 4. Since adults are self-directed, instruction should allow learners to discover things for themselves, providing guidance and help when mistakes are made.
We train our fellows to be self-directed learners. They are expected to take responsibility for their decisions. Fellows also have the opportunity to participate in clinically relevant research projects on ADHD if they have interest.

Demographics are diverse, reflecting that of the general outpatient clinic program at CNMC and the

city of Washington DC.

Objectives:

Gain comprehensive expertise in diagnosing and evaluating ADHD including cases where ADHD is a key part of the differential diagnosis.

Gain supervisory experience—give lectures, precept and teach medical students about outpatient evaluation methods.

Structure:

Fellows will attend an orientation session on the first day of the rotation. A demonstration of the introductory lecture will be given at that time by one of the faculty.

Fellows will conduct new patient evaluations at 1pm, and end by 2:30pm. Full presentation of the case will be done for the attending physician and feedback will be given regarding history and presentation skills. Patients may be seen in follow-up by the fellows if they choose, i.e. a second session for evaluation from 3-4pm.

Course of treatment will be initiated and then cases will be followed by attending physicians

Medical students will be involved as observers and active participants if possible.

Educational Goals: To develop competencies in the evaluation of patients with ADHD and enhance fellows' supervisory skills.

Core Competencies	Addressed by
1 – Patient care	Direct service to child and family, direct and indirect supervision
2 – Medical knowledge	Develop expertise in ADHD, understanding of lecture materials and demonstration of clinical skills during the evaluation for the purpose of medical student education, review of basic literature pertinent to ADHD.
3 – Interpersonal and communication skills	Modeling by attending, direct supervision
4 – Professionalism	Modeling by attending, direct supervision
5 – Practice-based learning and improvement	Modeling by attending, direct supervision
6 – Systems-based practice	Interacting with referring sources, PCP, school materials, testing materials, etc.

Pediatric Consultation-Liaison Psychiatry Service (PCLS)/ Emergency Psychiatric Service

The PCLS is an active clinical service within the hospital, providing consultations and serving as a liaison to non-psychiatric health care teams. This includes direct consultations to pediatric attendings, and other hospital and community professionals and social agencies. Consultation and therapeutic services are available for a wide variety of acute and chronic illnesses, such as gastrointestinal disorders, asthma, cystic fibrosis, hematological/oncological disorders, renal disorders, toxic ingestion, burns, and trauma. Trainees include the psychiatry fellows, as well as psychology interns.

The training objectives of the PCLS are to provide experience both in diagnostic and consultative roles. Training consists of didactic education, clinical rounds, and direct clinical experience. Residents identify psychopathology accompanying a variety of medical diagnoses. Fellows work collaboratively with other members of the multidisciplinary team. Additionally, fellows assist patients, families, and caregivers with

coping and adjustment issues related to hospitalization, diagnoses, developmental issues, and caregiving. Greatest emphasis is placed on understanding the interplay of development, family, culture, hospital milieu, and physical illness.

The Emergency Psychiatric Service is committed to providing timely, high quality, acute crisis evaluation to children, adolescents, and their families and to providing training opportunities for professionals in psychiatry, psychology, and social work. Fellows provide consultation services to the Emergency Room pediatrician 24 hours, 7 days a week. Fellows treat a variety of urban patients, as well as providing tertiary referral care for patients from MD, D.C., and VA. There is daytime supervision by the in-house attending. Social workers and on-call psychiatric attendings also provide afternoon and evening support.

Infant and Toddler Psychiatry

In the first and second year of training, fellows also participate in the assessment and management of a full range of outpatient children ages 0 through 3 years old and their families within the Infant and Toddler Program and CNMC's internationally-recognized multidisciplinary Feeding Team which assesses and treats infants and young children with a variety of feeding and growth problems. Major emphasis is placed on practical, working knowledge of normal growth and development and management of genetic, biological, emotional, behavioral, and relational deviations from the norm.

The Infant and Toddler Program, servicing children at birth through 3 years and their families, provides comprehensive assessment and ongoing intervention for young children who present with medical, developmental, emotional, behavioral, and relational difficulties associated with self-regulation disturbances, feeding disorders, sleep disorders, affective and anxiety disorders, attachment disorders, traumatic stress disorders, and adjustment disorders. Families are always central to the assessment and treatment team. The therapeutic emphasis centers on helping families understand why the child with externalizing behaviors is having difficulties and how to facilitate his or her healthy development.

School and Consultation Services

There is an increasing demand for child and adolescent psychiatrists to be knowledgeable about educational techniques and to be responsive to the educational institutions that teach their patients. In addition, child and adolescent psychiatrists often must advocate for children and adolescents in school settings. For this reason, the Department requires consultation experiences with schools. Second year fellows spend 3-5 hours per week in their consultation placements for 3-4 months of the academic year. Most consultation services are provided to public schools in the District of Columbia with on-site supervision. Fellows do not have direct clinical responsibilities in this setting; rather they serve as consultants to teachers and administrators. Fellows can select working in a state-of-the-art specialized D.C. charter school serving children with developmental delays and autism, or in a public D.C. pre-K thru 8th grade school.

Preschool Observation

Our fellows need to develop competency in their developmental knowledge base of what to expect from preschool age children, especially regarding their motor, cognitive, social and emotional development. No textbook can match the experience of actually sitting amongst a group of toddlers and preschool

children, as they negotiate the myriad of social, cognitive, and motor tasks inherent in any classroom.

The School for Friends (SFF) preschool serving largely neurotypical youth, and the Jenny Waelder Hall Nursery School (JWHNS), serving youth with special needs in a psychodynamic setting, were selected due to their outstanding reputation in the DC metropolitan area. Second year fellows will rotate through each school, each for 6 weeks per school. On-site supervision will be provided by teachers, directors, and staff. Fellows can elect to spend more time at the Jenny Waelder Hall Nursery School.

At the SFF, fellows will divide their time amongst the available classes, each of which specializes in different age ranges from 2-5. The fellow will work with teachers to facilitate observation of the class without intruding on the class room climate, or disrupting the children's interactions. The JWHNS will expose fellows to the role of the therapeutic nursery in helping young children with emotional difficulties and developmental delays.

A key aspect of this rotation is to immerse fellows in a sophisticated, child-centered preschool world in order to observe normal developmental forces at play, and in the case of the therapeutic nursery, the impact of psychopathology on a child's capacity to interact with peers and adults. Fellows are to follow the leads of the teachers, therapists, and children, as they experience children interacting with each other, therapists, teachers, and with themselves. Fellows will pay special attention to examples of normal developmental milestones, for example noting a child's capacity to tolerate transitions, separations from home, and to negotiate a reciprocal play interaction with others. Younger children will provide wonderful examples of parallel play, and the emergence of representational and imaginative play styles. Play will also provide a medium for teaching fellows how children can play out normal issues such as the need for Autonomy, or anxiety related to separation from parents, or fears inherent in growing up. Fellows will also learn how school based interventions can help children gain developmental, educational, and psychosocial milestones.

Fellows are not on site to either diagnose or treat children. They are available to consult with staff at the school regarding developmental issues, and to help with referrals if parents request this.

Forensic Rotation

The forensic psychiatric consultation experience at Children's National Medical Center provides second year fellows with a broad multidisciplinary child and adolescent forensic experience one half-day per week over two months. This rotation takes place at the DC Department of Mental Health Youth Forensic Services (YFS), located at the DC Superior Court, under the supervision of staff child and adolescent psychiatrists, psychologists, and social workers.

Fellows learn skills in consulting to non-medical child legal specialists and staff of the Courts and Child and Family Services, and in working in a non-medical multidisciplinary environment. In the course of their rotation, fellows learn how to conduct forensic interviews of children who are involved in custody disputes, have been charged with crimes, witnessed violent crimes or have been neglected and/or abused. Fellows may have the opportunity to testify in court. A special focus includes determining

whether a youth is competent to stand trial. Fellows also learn about the judicial system and the interplay of the legal system, personal history, culture, and the community in the lives of children.

Fellows learn, under close supervision, how to develop and write detailed forensic court reports for the DC Superior Family Court judges and staff, and how to provide expert mental health consultation to the courts.

Center for Autism Spectrum Disorders

This eight-week outpatient rotation occurs in the second year at the CNMC at the Montgomery County Regional Outpatient Center and requires 20% of the fellow's time. Fellows can elect to extend their time at the Center.

Faculty consists of full-time Board-Certified child and adolescent psychiatrist, Peter Daniolos, MD who is the direct supervisor, and 5 child developmental psychologists/neuropsychologists. Additionally, there is a speech and language therapist.

Fellows participate in all aspects of the team in the diagnostic evaluation of children suspected of having autism spectrum conditions. The treatment model is truly multidisciplinary. Fellows have a minimum of one hour of supervision with team leaders after evaluating a child. Fellows observe speech and language assessments, and psychological testing, and participate in observing and scoring the ADOS. They also observe the administration of the ADI, and join the team for the parent conference when findings are presented to the family. They are expected to write two detailed evaluations, with close supervision, in order to gain skills in report writing.

Fellows participate in the ongoing lecture series at the center, and also the ongoing journal club to deepen their medical knowledge base.

Clinical Description:

The Multidisciplinary Center staff specializes in evaluation, treatment, and advocacy of high functioning children with autism spectrum disorders (ASD), including Asperger Syndrome and other disorders of social development. The Spring Valley Developmental Team specializes in younger, more impaired children, and is an elective option for second year residents. The center is an ideal training site for fellows, working to instill knowledge, skills and attitudes needed in the care of this complex population of children. Goals and objectives include being exposed to the array of tools that can help in the diagnosing of children with autism, such as the ADI and the ADOS. Fellows have the opportunity to participate in the use and scoring of these instruments. Fellows are also exposed to the work of expert psychologists at the center and sit in on neuropsychological testing. Likewise, they join our speech and language therapist in the evaluation of the child. Fellows learn about the phenomenology of the diagnosis, comorbid issues, and treatment options including all biopsychosocioeducational interventions. The role of advocacy is also stressed. All core competency areas are taught here, as this is a truly interdisciplinary, complex systems-based team approach to the evaluation and treatment of the child.

Services provided:

Neuropsychological Evaluation: High functioning children ages 4-18 years are comprehensively evaluated in terms of their cognitive, social and adaptive abilities. We assess intellectual functioning, language, visual-spatial skills, attention, executive function, memory, social problem solving and fine motor abilities. Based on the resulting profile of the child's strengths and weaknesses, detailed recommendations are made for academic and therapeutic interventions. A written report of the evaluation findings and recommendations is provided. School consultation, including attending school meetings and assisting with the development and implementation of educational plans, is available. This service is available as a part of the Multidisciplinary Evaluations or as a stand-alone evaluation.

Developmental Evaluation (Spring Valley Center): Children younger than 4 years of age with normal cognitive development or children of all ages (up to 18 years) suspected of having significant cognitive impairments are comprehensively evaluated in terms of their cognitive, social and adaptive abilities. We assess intellectual functioning, language, visual-spatial skills, fine motor abilities, and general development. Based on the resulting profile of the child's strengths and weaknesses, detailed recommendations are made for academic and therapeutic interventions. A written report of the evaluation findings and recommendations is provided. School consultation, including attending school meetings and assisting with the development and implementation of educational plans, is available. This service is available as a part of the Multidisciplinary Evaluations or as a stand-alone evaluation.

Speech Language Evaluation: Children ages birth to 18 are evaluated in terms of their speech and language abilities. We assess the development of the mechanics of speech (e.g., articulation), the perception of language (e.g., phonological processing), language comprehension, and higher order language functioning, and the social use of language (e.g., pragmatics). Based on the resulting profile of language development, detailed recommendations are made for therapeutic and environmental interventions. A written report of the evaluation findings and recommendations is provided. School consultation, including assistance in developing appropriate speech and language goals and the implementation of appropriate recommendations, is available. This service is available as a part of the Multidisciplinary Evaluations or as a stand-alone evaluation.

Center for Autism Spectrum Disorders Social Skills Training Group

Supervisor: Laura Anthony, PhD

As an elective, second year fellows will co-lead a social skills group for children with high-functioning autism at CASD under the supervision of psychologist, Dr. Laura Anthony. During July and August, fellows will choose a target patient population and recruit members for the group. The group will meet for an hour on the first and third Tuesdays of each month from September until June. Supervision will take place for an hour with Dr. Anthony on the days of the group sessions.

Goals and Objectives:

During this elective, fellows will learn...

- A. How to conduct group sessions for children who need social skills training.
- B. How to include enhancement of communication skills, conversational skills and manners, cooperative play skills, friendship management skills, leadership skills, self-regulation, problem-solving skills, conflict management skills.

- C. How to encourage perspective taking (appreciate another person's point of view), empathy, and respect for others' space and boundaries.
- D. How to provide a safe environment for learning, practicing and enhancing social skills among peers within the group setting.
- E. How to assess the strengths and needs of the individual members, the stated needs from parents and school input if available, as well as the needs of the group as a whole.
- F. How different disorders impact the child's ability to learn and follow the basic rules of social interactions.
- G. How to use their individual strengths to enhance their learning of various social skills.
- H. How to implement strategies for targeting the individual and group needs including the use of activities, role play and modeling, while maintaining a positive focus on identifying and using the strengths of the individual group members.
- I. How to use group feedback to modify and enhance the teaching of social skills in the child population.
- J. How to provide feedback to the parents/caretakers of the children and to encourage practice and positive reinforcement outside the group setting to generalize to their social settings.

Feeding Consultation Rotation

The Feeding Team evaluates infants, toddlers and preschoolers who have dysfunctional patterns of eating. The maladaptive feeding behaviors would have compromised growth development and have stressed the family environment.

New patient evaluations are conducted in a multidisciplinary team setting, consisting of a gastroenterology nurse (who has obtained a history), nutritionist (who has evaluated a three day food record), speech and language pathologist/occupational therapist (to assess for any oral-motor dysfunction) and a child and adolescent psychiatrist (to assess the biopsychosocial/developmental perspective).

This is a required rotation in the first year, and takes place during the Child and Adolescent Protection Center (CAPC)/Clinics three-month rotation. It is also a second year elective option. The first and second year fellows have the opportunity to observe and participate in a new patient evaluation, and follow-up treatment sessions with the psychiatrist. The rotation provides opportunities to understand how children with early childhood feeding disorders are assessed, diagnosed and managed.

Sleep Disorders Program

An 8-week required second year rotation and elective in the 2nd year of training. Fellows are required to attend four half-day clinics a month. The Pediatric Sleep Disorders Program consists of an outpatient clinic, a four-bed state-of-the-art sleep laboratory, and a research program. Sleep disorders affect children and their families at all stages of development and are increasingly recognized as important causes of affective, behavioral and attentional dysregulation.

The service is headed by a psychologist, Daniel Lewin PhD, who is also certified in Sleep Medicine. It is a multidisciplinary field with psychologists, pulmonologists and neurologists as the key faculty. Diagnosing and treating sleep is complex and requires a broad assessment of the patient.

Fellows participating in this program receive didactic training in the normal development of sleep, neurophysiological mechanisms regulating sleep and wake states and diagnosis and management of sleep disorders. Didactic training includes one to two hours a week of lectures and/or guided readings in pediatric sleep medicine. Part of the didactic experience involves participation in the scoring and interpretation of polysomnographic records. Fellows also have the opportunity to participate for 1 hour a week in a clinically relevant research project.

Demographics of the patients is very diverse, reflecting that of the Washington, DC metropolitan area.

After demonstrating some expertise in the diagnosis and treatment of sleep disorders fellows will manage their own case load. On average, a fellow conducts comprehensive evaluations of 2 patients a week and provide follow up consultations both in person and via the phone.

All clinical work is supervised by the Director of the Pediatric Sleep Disorders Program, and a Post Doctoral Fellow.

Neurology (Movement Disorders)

- A. Second year fellows attend a half day clinic once a week over 2-months. Fellows are supervised by pediatric neurologist, Bennett Lavenstein MD, a specialist in pediatric movement disorders.
- B. In this rotation, child and adolescent psychiatry fellows participate in clinical neurological evaluations of patients with movement disorders by observing Dr. Lavenstein, performing neurologically focused histories and neurologic exams of children and adolescents and presenting findings, and participating in assessments and treatment plans.
- C. Fellows will be exposed to various different types of movement disorders, including Tic disorder, Tourette's syndrome, dystonias, tremors, and many other types of childhood movement disorders.
- D. Fellows will gain an understanding of the interface between psychiatry and neurology as they evaluate patients with movement disorders who often have comorbid psychiatric conditions.
- E. Fellows will be asked to share their knowledge of clinical psychiatry and participate in patient diagnosis and management under the supervision of Dr. Lavenstein.

RESEARCH TRAINING AND ELECTIVE EXPERIENCES

The Department of Psychiatry at Children's National Medical Center is committed to research and has had a longstanding relationship with the National Institute of Mental Health (NIMH). Members of the Department of Psychiatry have several large federal NIMH grants and research grants from both federal and non-federal agencies.

A primary objective of research training is to develop critical modes of thinking. The NIMH/CNMC Journal Club provides methodological and statistical tools to facilitate fellows' critical reading of the

literature, and guides research experience beginning in year one and intensifying in year two.

For second year fellows, an average of eight hours per week is available for in depth research experiences.

Each fellow is encouraged to identify a research project towards the end of their first year, continuing into the second year of training. First-year fellows are encouraged to choose a department faculty member who is actively involved in research as their research mentor. A wide variety of research interests in child psychiatry and normal development are represented by the faculty. Examples include (1) disordered feeding behavior and treatment in infancy; (2) violence and trauma in adolescents; (3) disruptive behaviors, diagnoses and relational risks in children ages 0-4; (4) Autism Spectrum Disorders; (5) Bipolar and Mood Disorders, (6) Industry-sponsored pharmacological trials, (7) Sleep Disorders, and (8) Anxiety Disorders. Each second year fellow is expected to present a summary of their research at Grand Rounds. Fellows are strongly encouraged to produce research worthy of a co-authored publication by the end of their two years of training, but this is not a requirement of the program. Scholarly projects and presentations at national meetings are encouraged.

Second year fellows also have on average one full day per week for electives. Further experiences in advocacy, forensics, substance abuse, community psychiatry, international psychiatry, intensive individual therapy, family therapy, group therapy, expressive therapy, specialty clinics, and other fellow-specific electives are also available by arrangement.

Academic Services Assistance Program (ASAP)

CNMC has a sophisticated Academic Services Assistance Program (ASAP) open to all residents and fellows, designed as a comprehensive didactic series covering all aspects of conducting research. 2nd year fellows are encouraged to sign up and attend these sessions that occur year long.

The objective of the **Academic Services Assistance Program (ASAP)** is twofold:

- Firstly, it provides services and support to fellows and their academic associates to expedite progress in academic endeavors through assistance, guidance and referrals when appropriate and quality assurance and compliance oversight for projects which are part of a fellow's development and achievement track.
- Secondly, it is the training and education portal for the Children's Research Institute (CRI) by networking the CRI departments to provide curriculum based training which helps fellows to navigate compliance and departmental requirements necessary for academic success.

Goal: The goal of ASAP is to develop an initial core of services and training opportunities which nurtures fellow development and allows them to proceed with research and clinical endeavors through proper assistance and tutorial support. In subsequent years, the program will expand based on need and the changing academic landscape.

Research/Elective Rotation Policy

1. The primary goal of research/electives is to support research, research training, clinical experiences and scholarly activities. The research/elective is also designed to encourage exploration of individual professional interests.
2. All research/elective experiences include a designated supervisor and a written description of the elective including educational goals, how those goals will be implemented, and how the effectiveness of the elective will be monitored and evaluated.
3. Written evaluations of the fellow will be submitted by the supervisor of the elective or the research mentor. This enables the faculty to evaluate whether a research/elective experience is working satisfactorily for both the fellow and the training site, and if not, an alternative elective experience may be arranged for the fellow.
4. The Director of Training in consultation with the Department Chair must approve all research and elective experiences, including the research site if other than an affiliated training site.
5. All electives must be supervised by a child and adolescent psychiatrist, psychologist, or social worker who is a faculty member of the medical staff or a member of the voluntary faculty. If this is not possible, an onsite clinical staff member who is the preceptor of the elective must agree to supervise the experience, and take responsibility for all aspects of the elective.
6. CNMC, GME, and Centers for Medicaid and Medicare Services (CMS, formerly HCFA) guidelines must be followed at all training sites with regard to training and billing practices for services rendered by the fellow.
7. A Memorandum of Understanding (MOU) is created for off-site electives.

FELLOWSHIP COURSE WORK

The fellowship provides didactic seminars and discussion groups that span both years. The foundation of the two-year didactic curriculum includes core topics covering child and adolescent development and psychopathology, the impact of chronic medical illness and pain, and psychological testing. In depth seminars cover a broad range of evaluation and treatment modalities representing psychodynamic, cognitive behavioral (CBT), dialectical behavioral therapy (DBT), and family systems theory amongst others. Didactics also include courses covering multicultural psychiatry, research methods, and child and adolescent forensics. Psychiatry grand rounds, an acute crisis intervention (ER) conference, psychopharmacology, and normal development seminars are also a focus in the first year. Current literature is highlighted in the departmental journal club, which is required of all fellows and moderated by the NIMH and CNMC_faculty.

SEMINARS AND INSTRUCTORS

CBT (Cognitive Behavioral Therapy)

Michele Dadson, PhD; Kim Burgess PhD

Course Objective: Through a detailed review of the research literature, treatment manuals, and presented case material, fellows learn to use CBT techniques to treat children and adolescents with anxiety and depressive disorders.

Developing Scholarly Research Topics

Edgardo Menvielle, MD

Course Objective: Through group discussions and readings, the participant trainees will develop a

presentation for Grand Rounds in the Department of Psychiatry.

DBT (Dialectical Behavioral Therapy)

Julia Kulp, LICSW

Course Objective: This seminar teaches the theory and interventions of Dialectical Behavior Therapy. Participants will learn the Biopsychosocial Theory of Borderline Personality along with interventions to treat their patients. The goal is to provide clients with skills to cope with stress and to avoid suffering. Participants will learn the skill modules of DBT and be able to practice during the seminars. They will receive handouts of these skills developed by Marsha Linehan and modified for adolescents. They will be able to utilize these skills with their patients and share their experiences in the seminar sessions. Through this seminar participants will gain an understanding that those with Borderline Personality are doing the best they can with their life situations and that they can be doing better.

Difficult Situations in Child and Adolescent Psychotherapy

Judith Chused, MD

Course Objective: to examine clinical material with a focus on the therapist-patient interaction with the objective of learning techniques that can be useful in difficult situations.

Family Psychotherapy

Daniel Griffin, PhD; Denise Unterman, LICSW

Course Objective: to broaden the participants' knowledge of theory about family organization and family functions, and support the development of basic assessment and treatment skills in working with families.

Journal Club [CNMC/NIMH]

Maryland Pao, MD; Edgardo Menvielle, MD

Course Objective: to review findings from current research on treatment and developmental psychopathology; develop awareness of the distinct areas of research targeted in various psychiatric journals; and gain exposure to critical reading of scientific literature in developmental psychopathology.

Development Seminar

Karin Walsh, PhD

Course Objective: to provide an overview of normal development; to become familiar with important theories of child development; to review basic developmental tasks during infancy, toddlerhood, preschool, grade school and adolescence; and to focus on the centrality of a developmental perspective based on the transactions between biology and contextual environment.

Psychodynamic Psychotherapy with Children and Adolescents

Barry Landau, MD

Course Objective: to explore the basic principles underlying the practice of psychodynamic psychotherapy with children and adolescents. The goal is to facilitate the development of participants' technique by clarifying the basic principles and how and when they are most useful.

The Use of Play in Child Psychiatric Practice

Rachel Ritvo, MD

Course Objective: to explore play as a tool for assessment and therapeutic intervention in child psychiatric practice.

Cultural Issues in Child and Adolescent Psychiatry

Edgardo Menvielle, MD

Course Objective: To review the powerful force of ethnicity, race, and socioeconomic factors in the evaluation, diagnosis, and treatment of the child and family.

Psychiatric Ethics

Tomas Silber, MD

Course Objective: To review the fundamentals of psychiatric ethics, and instill needed knowledge and attitudes leading to enhanced professional ethical behavior.

Psychopharmacology

Adelaide Robb, MD

Course Objective: To review all major classes of medications used in child and adolescent psychiatry.

Departmental Grand Rounds

Staff and Fellows

A weekly lecture open to all hospital staff covering an array of Child and Adolescent Psychiatry topics.

Core Course

Staff and visiting lecturers

A survey course covering psychopathology, major diagnostic categories, etiology, and treatment interventions.

FELLOWSHIP ADMINISTRATIVE EXPERIENCES

Each first year fellow serves as the class representative for three months. Second year fellows provide leadership with two serving as chief fellows. All fellows are actively involved in ongoing program evaluation and development and participate in weekly fellow meetings with the training director, including a monthly Fellowship Training Committee (FTC) Meeting which includes representative faculty members, chief fellows, and the first year fellowship class representative.

MOONLIGHTING

The following describes the Departmental policy on moonlighting.

- I. **Scope:** This policy applies to all residents in training programs at Children's National Medical Center (CNMC). This policy is designed to outline the procedures that a resident must follow to engage in patient care activities outside of CNMC.

II. Definitions:

- Moonlighting is defined as professional and patient care activities that are external to the educational program.
- The term “resident” refers to all graduate medical trainees, including interns, residents, and fellows

III. Responsibility:

- Resident is not required to engage in moonlighting.
- Resident with J-1 or H-1B Visa is not permitted to engage in moonlighting activities.
- Resident is required and responsible for obtaining a written statement of approval from Program Director that is made part of the resident's file.
- Moonlighting without formal approval will result in adverse disciplinary action
- While engaging in moonlighting activities, resident does not serve as an employee, or agent for CNMC.
- Resident engaging in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs.
- CNMC does not provide professional liability for moonlighting activities
- The Program Director is responsible for monitoring resident performance to ensure that the moonlighting workload is not interfering with resident’s ability to achieve the goals and objectives of the program. Adverse effects may lead to withdrawal of permission.
- The Program Director is responsible for tracking and documenting resident moonlighting work-hours that is counted toward the 80 hours limit.
- The sponsoring institution must ensure that the Program Director acknowledges in writing that he/she is aware that the resident is moonlighting.

LEAVE POLICY AND BENEFITS

Fellows receive a full package of benefits including vacation, sick leave, educational leave, and health insurance coverage. Details of specific health, vision, and dental insurance options are available from Human Resources and are covered extensively during the mandatory CNMC New Employee Orientation.

Stipends for fellows are reviewed and adjusted if necessary on an annual basis to remain competitive with other programs in the region.

Fellows in the combined CNMC-NIMH program come under the Federal remuneration/benefits package provided by the NIH.

Holidays

The following holidays are recognized by CNMC: New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Independence Day (July 4th), Labor Day, Veteran's Day, Thanksgiving Day, and Christmas Day.

Vacation and Leave Policy

Fellows receive twenty work days vacation. It is understood that granting of time off for holidays and vacations shall be subject to the patient care responsibilities and the schedule demands of the Department of Psychiatry; however, every effort shall be made to schedule vacations in accordance with the preference of the individual Fellow. All leave requests must receive prior written approval by the Director of Training, at least one month in advance of the leave. Before taking leave, the fellow must be up to date on ALL patient records in ALL clinical services. Fellows need to arrange for patient coverage by services/peers in advance, leaving coverage information on voice/e-mail. Leave requested at the last minute may not be approved if coverage problems exist. Therefore, fellows are encouraged to schedule leave as early as possible.

No leave is allowed during either the last week of June or the first two weeks of July. No leave is allowed during the last week of rotations. Terminal leave must be pre-approved by the Director of Training. Graduating fellows remain clinically responsible for all obligations until the end of June. Otherwise, fellows may not receive their final clearance signature from the Chair of the Department.

Educational Leave

Each fellow shall be entitled to five (5) days of paid leave per Training Program Year in order to attend medical conferences or meetings. Any request for such leave shall be submitted thirty (30) days in advance and in writing to the Director of Training for approval. Such leave shall be granted as is consistent with the staffing requirements of the Department and the objectives of the Training Program. A stipend is provided to support a portion of educational costs.

Parental Leave

CNMC will provide each Fellow with the benefits of the Family and Medical Leave Act, and any additional such leave benefits to which the Fellow may be entitled pursuant to CNMC Policies and Procedures, as may be revised from time to time.

The fellow is responsible for notifying all supervisors, clinical services, service chiefs, course instructors and Human Resources, prior to the initiation of parental leave.

Sick Leave

Each fellow shall be entitled to twelve (12) days of sick leave per Training Year. Such leave shall be for illness or physical disability of the Fellow.

The Fellow shall notify the Director of Training or the Chief Resident immediately of any illness and shall provide physician records to document illness lasting more than three (3) days. Extended leave necessitated by personal illness must be individually negotiated with the Director of Training.

Malpractice Insurance

Children's National Medical Center provides medical professional liability insurance for Psychiatry Residents. The insurance protection available to the Fellow is as follows: \$1,000,000 per occurrence; \$3,000,000 per aggregate. This insurance applies to the Fellow as long as he/she is performing within the scope of his/her duties for Children's National Medical Center.

Each Fellow is required to submit to the Risk Management Office and to the Director of Training a report in writing relative to any potential medical-legal problem arising as a result of Fellow involvement in patient care, whether at CNMC or elsewhere. Malpractice coverage does NOT include "moonlighting" whether or not specifically approved in writing by the Director of Training and/or the Chair.

CHILDREN'S NATIONAL MEDICAL CENTER PSYCHIATRY FACULTY

Paramjit T. Joshi, M.D., Chief, Division of Behavioral Medicine and Endowed Professor and Chair, Department of Psychiatry and Behavioral Sciences.

Dr. Joshi completed her residency at The Johns Hopkins Medical Institutions. Her areas of interest are mood disorders, violence in children and adolescents, psychopharmacology, and administrative issues in Psychiatry.

Irene Chatoor, M.D., Department Vice Chair; Director of the Infant and Toddler Mental Health Center.

Dr. Chatoor completed her residency at the Children's National Medical Center. Her areas of interest include infant feeding disorders, attachment disorders, and general infant psychiatry.

Bhavin Dave, M.D.

Dr. Dave is a medical graduate of the Medical College of Wisconsin. He completed his general psychiatry at Georgetown University and his child & adolescent psychiatry fellowship at Johns Hopkins. He is interested in infant and toddler psychiatry.

Angelica Kloos, D.O., completed her residency at the Children's National Medical Center. Her areas of interest include mood and anxiety disorders as well as child and adolescent psychotherapy.

Miguel Macaoay, M.D., Director, Adolescent Psychiatric Inpatient Unit, and Director, Medical Student Clerkship.

Dr. Macaoay completed his residency from the North Shore-Long Island Jewish Medical Center, Schneider Children's Hospital in New York. His special interests are in infantile feeding disorders and obesity. He is enrolled in the Master/Teacher program offered by GWU.

Edgardo Menvielle, M.D., Director, Gender Clinic.

Dr. Menvielle completed his residency at the Children's National Medical Center. His areas of interest include Post-Traumatic Stress Disorder, violence, gender variance issues, and delivery of mental health services to the Hispanic and Latino communities.

Nasima Nusrat, M.D., Director, Child Psychiatric Inpatient Unit.

Dr. Nusrat completed her residency at Children's National Medical Center. She supervises fellows on the child and adolescent inpatient psychiatry units. Her areas of interest are psychopharmacology and Bipolar Disorders.

Adair Parr, M.D., J.D.

Dr. Parr is our new Training Director. Dr. Parr's professional interests include child advocacy and anxiety disorders. Dr. Parr obtained a Juris Doctorate from Georgetown University and is a medical graduate of Tulane University. She completed her general psychiatry training at Georgetown University and a child & adolescent psychiatry fellowship at Johns Hopkins University, where she remained as a faculty member until joining CNMC.

Sandra Rackley, M.D., Director of the Pediatric Consultation Liaison and ER Services

Dr. Rackley completed her residency in general and child & adolescent psychiatry at the Mayo School of Graduate Medical Education. Further, she completed a fellowship in Consultation Liaison Psychiatry at the NIMH. Her interests include psychosomatic medicine and medical education.

Haniya Raza, D.O., completed her residency at the Children's National Medical Center. Her clinical and research interests are in the areas of autism spectrum disorders and medical education.

Adelaide Robb, M.D., Director, Inpatient Services

Dr. Robb completed her residency at the Children's National Medical Center. Her areas of interest include bipolar disorders and eating disorders in children and adolescents. Dr. Robb also conducts several pharmacological trials.

Jay Salpekar, M.D., Director, Outpatient Services.

Dr. Salpekar completed his residency at the Yale University Child Study Center. His areas of interest include epilepsy, movement disorders, and clinical administration.

Jorge Strabstein, M.D., Supervisor of fellows in outpatient work at Fairfax Regional Outpatient Center, and additional supervision of fellows in outpatient treatment.

Dr. Strabstein completed his residency at the Walter Reed Hospital. His areas of interest are school mental health needs and school dysfunction, bullying, utilization and availability of psychiatric resources.

Wendell Wu, M.D., completed his residency at the Children's National Medical Center. His areas of interest include autism spectrum disorders and medical student education.

CHILDREN'S NATIONAL MEDICAL CENTER PSYCHOLOGY FACULTY

Candice Alfano, Ph.D., 2005, University of Maryland at College Park; Assistant Professor, Director of Anxiety Disorders Program

Laura Anthony, Ph.D., 1997, University of Illinois at Chicago; Assistant Professor, Clinical and Developmental Psychologist, Center for Autism Spectrum Disorders

Darlene M. Atkins, Ph.D., 1983, University of Maryland; Associate Professor, Director, Eating Disorders Program, Staff Psychologist, Department of Adolescent Medicine

Kathleen Atmore, Psy.D., 1992, Minnesota School of Professional Psychology; Assistant Professor, Neuropsychologist and Developmental Psychologist, Center for Autism Spectrum Disorders

Angela Bollich, Ph.D., CCC/SLP, 2001, University of Florida; Assistant Professor, Pediatric Neuropsychologist, Center for Autism Spectrum Disorders

Kim Burgess, Ph.D., 1996, University of Ottawa; Associate Professor, Staff Psychologist, Regional Outpatient Center, Rockville

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Lisa Efron, Ph.D., 1995, Duke University; Assistant Professor, Director of Training in Professional Psychology, Director, Hyperactivity and Learning Problems (HALP) Clinic

Gerry Gioia, Ph.D., 1984, University of North Carolina at Chapel Hill; Associate Professor, Director, Pediatric Neuropsychology Program, Director, Safe Concussion Outcome Recovery and Education (SCORE) Program

Penny Glass, Ph.D., 1985, George Washington University; Associate Professor, Director, Child Development Clinic

Joette James, Ph.D., 2003, Northwestern University; Assistant Professor, Pediatric Neuropsychologist, Center for Autism Spectrum Disorders

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Lauren Kenworthy, Ph.D., 1993, University of Maryland; Assistant Professor, Director, Center for Autism Spectrum Disorders

Daniel Lewin, Ph.D., 1998, Rutgers University; Assistant Professor, Director, Sleep Disorders Clinic

Donna Marschall, Ph.D., 2002, George Mason University, Assistant Professor, Director, HIV Services Mental Health Program

Nicole Monteiro, Ph.D., 2003, Howard University, Staff Psychologist

Randi Streisand, Ph.D., 1998, University of Florida; Associate Professor, Diabetes Team Director, Psychology Research and Service

Wanda Thompson, Ph.D., 1984, Temple University; Assistant Professor, Coordinator, Emergency Response & Inpatient Services, Freddie Mac Child and Adolescent Protection Center

Herman Tolbert, Ph.D., 1979, The American University; Assistant Professor, Assistant Director,

Clinical and Administrative Services, Freddie Mac Child and Adolescent Protection Center

Karin Walsh, Psy.D., 2004, Loyola College/Baltimore; Assistant Professor, Pediatric Neuropsychologist

OTHER CHILDREN'S NATIONAL MEDICAL CENTER FACULTY

Kathleen Ennis-Durstun, Senior Chaplain, Family Services Department

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Tanya Hinds, M.D., Pediatrician, Freddie Mac Foundation Child and Adolescent Protection Center

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Philip Pearl, M.D., Director, Neurology Fellowship Training Program, Neurology Department

Adeline Vanderver, M.D., Neurogenetics, Neurology Department

INTERNATIONAL CENTER TO HEAL OUR CHILDREN

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SPEECH AND LANGUAGE PATHOLOGY

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Tori Bateman, CCC-SLP, Speech and Language Pathologist

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