CHILD AND ADOLESCENT PSYCHIATRY PROGRAM
DEPARTMENT OF PSYCHIATRY
UNIVERSITY OF PUERTO RICO
SCHOOL OF MEDICINE

INTRODUCTION

The Child and Adolescent Psychiatry Training Program of the University of Puerto Rico is the only one existing in Puerto Rico. It is fully accredited by the Accreditation Council on Graduate Medical Education (ACGME). It consists of two years of a broad and diverse exposure to the field of Child and Adolescent Psychiatry, which can be started at any point after an accredited internship.

At the present time, there is a great shortage in the United States of child and adolescent psychiatrists, especially among minority populations. Epidemiological studies in the United States indicate that there are 20 % of U.S. children and adolescents, ages 9 to 17 that have diagnosable psychiatric disorders (MECA, 1996, The Surgeon General, 1999). This research also indicates that there are currently about 6,300 fully trained child and adolescent psychiatrists in the U.S. Puerto Rico is no exception to these findings, with mental health being the number one public issue. With this scenario in mind, the Division of Child and Adolescent Psychiatry at the University of Puerto Rico is committed to train competent, caring child psychiatrists to serve the Puerto Rican community according to the highest prevalent standards of care.

GOALS AND OBJECTIVES
CHILD AND ADOLESCENT PSYCHIATRY PROGRAM

I. EDUCATIONAL GOALS

The goal of the University of Puerto Rico, Child and Adolescent Psychiatry Residency Program is to produce competent, independent and highly ethical psychiatrists, who will deliver skilled, comprehensive psychiatric care to children and adolescents. Our Program has been designed to provide a wide and thorough exposure to normal and abnormal children, adolescents and their families for prevention, diagnostic assessment and treatment of psychopathology. At the completion of their training, residents will be expected to be competent in all six general competencies core components as established by the Accreditation Council of Graduate Medical Education - Outcome Project, including clinical science, patient care, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

During the two-year training program, the resident will acquire:

- Comprehensive knowledge of normal and abnormal development in children and adolescents.
- Differentiate and recognize normal behavior from psychopathology in children and adolescents.
- Mastery of the concepts related to the full spectrum of psychopathology, including neurological and other organic conditions, covered in the DSM IV-TR.
- Thorough understanding of the biological, psychological, social, economic, ethnic, cultural and environmental factors that significantly influence normal and pathological development in infants, children, adolescents and their families.
- Essential skills in evaluation, including interviewing, history taking, psychiatric examination, integration of findings from physical and psychological examinations, case formulation, diagnoses and short-term, as well as long-term treatment planning.
- Finely developed interpersonal and communication skills with patients, families, other professionals and other members of the interdisciplinary treatment teams.
- Through knowledge of the various treatment modalities to be employed, as well as, experience and skill in designing and implementing high quality, cost-effective treatments.
- Skills in consultation in various professional and community settings, including pediatric settings, schools, courts, health centers and private in addition to public agencies.
- Basic knowledge of research methods and experience in appraising and using scientific evidence in the evaluation and improvement of patient care.
- Leadership and patient advocacy skills.
- Commitment to ethical principles of psychiatric practice.

- ❖ Appreciation of the social context of care including understanding systems of care, social, legal aspects and governmental policies affecting patient care and psychiatric practice.

II. SPECIFIC OBJECTIVES

A. KNOWLEDGE

The resident will:

1. Identify basic principles of infant, child and adolescent development, including normal biological, psychological, cognitive, behavioral and social developmental processes.

2. Acquire in depth understanding of child and adolescent psychopathology including neurobiology, epidemiology, diagnostic criteria, differential diagnosis, course, prognosis and prevention.

3. Master concepts related to assessment procedures including history taking and clinical examination.

4. Integrate cultural, spiritual, psychological and sociological aspects into a case formulation and treatment planning.

5. Understand basic concepts of psychological and neuropsychological testing including appropriate indication, interpretation of results, and application to case formulation.

6. Acquire comprehensive knowledge of the multiple psychotherapeutic approaches available for treatment including psychopharmacology, psychodynamic psychotherapy, cognitive-behavioral, group, family, brief, supportive therapies and crisis intervention.

7. Appraise and apply knowledge of the study designs and statistical methods to the appraisal of clinical studies and evaluation of scientific evidence.

8. Apply knowledge of the components of systems of care and of resources in the community to coordinate patient care.

9. Be cognizant of social and legal aspects, as well as governmental policies affecting patient care.

10. Attain full knowledge of the ethical principles pertaining to our field.

B. SKILLS

The resident will:

1. Develop respect and empathic listening and approach to patients.

2. Become highly competent in psychiatric interviewing and evaluation of children, adolescents and their families.

3. Elicit signs and symptoms during the course of evaluation leading to an appropriate diagnosis.

4. Request appropriate psychological, pediatric, neurological and other necessary diagnostic evaluations, as well as competently interpret and integrate findings into patient care.

5. Develop and implement comprehensive treatment plans in collaboration with disciplines.

6. Conduct specific therapeutic interventions tailored to the individual patient and family needs.

7. Develop the ability to work together with other professionals in an interdisciplinary team.

8. Develop leadership and advocacy skills.

9. Develop skills in the ethical analysis of dilemmas in the practice of our discipline.

10. Demonstrate initiative and interest in appraising and assimilating new scientific evidence to provide optimal care.

11. Develop methods for self-evaluation and improvement of their patient care practices.

C. **ATTITUDES**

The resident will consistently demonstrate:

1. Responsibility by being prompt and well prepared to scheduled clinical and didactic activities and complying with administrative rules.

2. Initiative in seeking new learning experiences, and keeping current with innovative literature and research.

3. Availability and commitment to patient care.

4. Professional demeanor, maintaining a neat appearance and composure under circumstances of stress.

5. Constructive responses to criticism by being reflective and introspective about recommendations.

6. Recognition of limitations, identification of weaknesses and strengths and capacity to seek help when appropriate.

7. Flexibility and ability to change points of view or behavioral patterns when needed.

8. Creativity and innovation to testing new ideas, hypothesis and/or techniques.

9. Commitment to the highest ethical principles of practice

EDUCATIONAL GOALS AND OBJECTIVES PER ACADEMIC YEAR

FIRST YEAR

I. GENERAL GOALS

The general goal of the first year residency program is to provide the resident with the basic tools of clinical practice. The program focuses on providing a thorough understanding of normal development and childhood psychopathology, major therapeutic modalities, knowledge of neurology and neurodevelopment and its application to patient care. It provides the learning experience necessary to recognize and manage acute psychopathology in the more severely ill adolescent population, hospitalized in an inpatient unit. It also provides ambulatory care experiences, with a population presenting a wide range of levels of severity, so as to permit the development and refinement of skills in developmentally appropriate interviewing, differential diagnosis, treatment planning, and implementation. In addition, residents must demonstrate fundamental knowledge, skills, and attitudes in the six general competencies, including patient care, clinical science, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

II. SPECIFIC OBJECTIVES

A. KNOWLEDGE

The resident will:

1. Describe physical, emotional, cognitive, social and moral development from infancy through adolescence.

2. Understand major theoretical approaches to development and full spectrum of psychopathology, including all DSM IV-TR conditions.

3. Be familiar with methods of performing evaluations and assessment of patients including interview techniques, ancillary laboratory, medical, and psychological tests used in data gathering.

4. Be familiar with the full spectrum of treatment modalities including individual psychotherapy, brief psychotherapy, supportive psychotherapy, psychodynamic psychotherapy, cognitive-behavior therapy, pharmacotherapy, crisis intervention, group therapy, family therapy and a combination of above.

5. Acquire basic knowledge of pediatric neurology and developmental pediatrics.

6. Acquire specific knowledge of the role and functions of a child and adolescent psychiatrists at the outpatient and inpatient settings, as well as an emergency consultant.

7. Acquire basic knowledge on aspects related to administrative psychiatry and the practice of manage care and health care delivery.

8. Be familiar with the concepts of diversity; cultural and social differences among patients and families.

9. Be familiar with concepts related to evidence-based medicine.

10. Be familiar with the principles of medical ethics in care of children, adolescents and their families in multiple settings.

11. Be familiar with the system of health care as it pertains to children, adolescents and families, including the role and function of community and state agencies.

B. SKILLS

The resident will:

1. Apply knowledge of normal and abnormal development to the clinical evaluation of children and adolescents.

2. Apply knowledge of most important psychopathological theories (including dynamic, behavioral, cognitive, attachment and family theories) to the evaluation and treatment of children and adolescents.

3. Conduct comprehensive, developmentally appropriate psychiatric interviews of children and their families at different settings including outpatient, and inpatient.

4. Elicit signs and symptoms during the course of a psychiatric interview in order to attain a comprehensive diagnosis.

5. Request, interpret, and integrate appropriately diagnostic evaluations including psychological, pediatric, neurological evaluations.

6. Develop a comprehensive differential diagnosis and treatment plan.

7. Be able to apply and conduct the wide range of psychotherapy modalities.

8. Develop adequate documentation skills.

9. Develop skills in crisis intervention.

10. Be able to evaluate and make adequate recommendations as consultants to the emergency room services.

11. Develop skills in communication and collaboration with other disciplines.

12. Develop skills in working within managed care including skills in patient advocacy.

13. Develop skills in communicating with the community at large, including other institutions and the general community.

C. ATTITUDES

The resident will demonstrate receptiveness to application of general competencies, including:

1. Responsibility by being prompt and well prepared to scheduled clinical and didactic activities and complying with administrative rules.

2. Initiative in seeking new learning experiences, and keeping current with innovative literature and research.

3. Availability and commitment to patient care.

4. Professional demeanor, maintaining a neat appearance and composure under circumstances of stress.

5. Constructive responses to criticism by being reflective and introspective about recommendations.

6. Recognition of limitations, identification of weaknesses and strengths and capacity to seek help when appropriate.

7. Flexibility and ability to change points of view or behavioral patterns when needed.

8. Creativity and innovation to testing new ideas, hypothesis and/or techniques.

9. Commitment to ethical principles of practice.

SECOND YEAR

I. GENERAL GOALS

The second year aims to refine and further develop skills in assessment, and interventions, expanding and deepening knowledge and skills in therapeutic modalities. It focuses on the development of consultation skills in the school, community, medical and forensic settings. Residents offer long term care to children and adolescents with complicated disorders or in need of long-term therapy in a continuum care scenario. In addition, residents must demonstrate increasing knowledge, skills, and attitudes in the six general competencies including patient care, clinical science, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

II. SPECIFIC OBJECTIVES

1. KNOWLEDGE

The resident will**:**

1. Further refine and develop knowledge of development and psychopathology in children, adolescents and their families.

2. Further refine knowledge about differential diagnosis in special and challenging situations.

3. Continue to gain expertise in major treatment modalities and gain knowledge of additional therapeutic modalities.

4. Learn about the indications of intensive ambulatory care/ partial hospitalization and the role of the psychiatrist within the interdisciplinary team.

5. Understand basic principles in the consultation process, as well as the role and function of a child and adolescent psychiatrist as a consultant.

6. Understand the presentation, evaluation, and management of mental health problems and psychiatric disorders in non- mental health settings, including the school, community, courts and general medical settings.

7. Gain knowledge of the school setting as a natural setting for children.

8. Learn about specific mental health needs and psychiatric disorders in children with special needs.

9. Gain knowledge on aspects of administrative psychiatry and its application, including managed care and health care delivery.

10. Learn about social and governmental systems, their peculiarities in Puerto Rico and their impact on children and adolescents.

11. Continue to integrate knowledge about cultural, spiritual/ religious and sociological influences in the evaluation, treatment and consultation interventions with children.

12. Fully integrate concepts related to evidence-based medicine.

13. Expand their knowledge on quantitative methods and a range of research methodology.

2. SKILLS

The resident will:

1. Modify assessment techniques to fit the needs of children with particular needs or in particular settings, such as in school, court, general medical wards.

2. Further refine therapeutic skills in all different modalities of psychotherapeutic intervention, including expertise in psychopharmacologic management, particularly in children with severe conditions and comorbidity, both psychiatric and general medical.

3. Enhance ability to develop and implement a comprehensive assessment and treatment plan for children and adolescents in different care settings.

4. Develop skills in consultation, including communication, and its particularities in different settings and with different consultees.

5. Further develop skills in interdisciplinary work.

6. Further develop skills to intervene and integrate different systems involved in the care of children and adolescents.

7. Refine the ability to teach medical students, residents, allied professionals, patients, their families and community members about the applicable principles of our field.

3. ATTITUDES

The resident will consistently demonstrate:

1. Responsibility by being prompt and well prepared to scheduled clinical and didactic activities and complying with administrative rules.

2. Initiative in seeking new learning experiences, and keeping current with innovative literature and research.

3. Availability and commitment to patient care.

4. Professional demeanor, maintaining a neat appearance and composure under circumstances of stress.

5. Constructive responses to criticism by being reflective and introspective about recommendations.

6. Recognition of limitations, identification of weaknesses and strengths and capacity to seek help when appropriate.

7. Flexibility and ability to change points of view or behavioral patterns when needed.

8. Creativity and innovation to testing new ideas, hypothesis and/or techniques.

9. Commitment to the highest ethical principles of practice.

CHILD AND ADOLESCENT PSYCHIATRY PROGRAM
CLINICAL ROTATIONS DIAGRAM

YEAR I

<table>
<tr><td>4 months</td><td>2 months</td><td>2 months</td><td>4 months</td></tr>
<tr><td rowspan="2">Inpatient Unit
First Hospital
Panamericano
90 %</td><td rowspan="2">Pediatric Neurology
Clinic
San Juan City
Hospital
30 %</td><td rowspan="2">Pediatric
Neurodevelopment
Clinic/ Pediatric
Genetics
University Pediatric
Hospital
30%</td><td>Community
15%</td></tr>
<tr><td>Research
15%</td></tr>
<tr><td colspan="3">Outpatient Clinic
Pediatric University Hospital
65%</td></tr>
<tr><td>Outpatient
Clinic
Pediatric University
Hospital
10%</td><td colspan="3">Crisis Intervention
Pediatric University Hospital
5%</td></tr>
</table>

YEAR II

<table>
<tr><td>3 months</td><td>3 months</td><td>6 months</td></tr>
<tr><td rowspan="2">Children’s Intensive
Ambulatory Program
20%</td><td rowspan="2">Adolescents’ Intensive
Ambulatory Program
20 %</td><td>Forensics/ Research
10%</td></tr>
<tr><td>Community
5 %</td></tr>
<tr><td colspan="2">School Consultation
10%</td><td rowspan="3">Consultation & Liaison/ Pediatric HIV
University Pediatric Hospital
40%</td></tr>
<tr><td colspan="2">Forensics/ Research
10%</td></tr>
<tr><td colspan="2">Community
5 %</td></tr>
<tr><td colspan="2">Outpatient Clinic
Pediatric University Hospital
50%</td><td>Outpatient Clinic
Pediatric University Hospital
40%</td></tr>
<tr><td colspan="2">Crisis Intervention
Pediatric University Hospital
5%</td><td>Crisis Intervention
Pediatric University Hospital
5%</td></tr>
</table>

LIST OF OPD SUPERVISORS
2005 - 2006

1. Ingrid Casas, MD

    a. Elizabeth Noriega, MD
    b. María Teresa Gándara, MD
    c. Mayra Olavarría, PhD – Continuous Case

2. Damaris Prieto, MD

    a. Elizabeth Noriega, MD
    b. Gloria Suau, MD
    c. Mayra Olavarría, PhD – Continuous Case

3. Rossely Roldán, MD

    a. Elizabeth Noriega, MD
    b. María Teresa Gándara, MD
    c. Mayra Olavarría, PhD – Continuous Case

4. Glory Ann Franco, MD

    a. Elizabeth Noriega, MD
    b. Gloria Suau, MD

5. Olga Mora, MD

    a. Elizabeth Noriega, MD
    b. Maralexis Rivera, MD

** Every resident is supervised on an ongoing basis and as needed by the Training Director for clinical and/or administrative matters. The Training Director or a representative is present and available at all times.

LIST OF SUPERVISORS PER CLINICAL ROTATION

1. Intensive Ambulatory Programs

    a. Angela del Muro , MD
    b. Gloria M. Suau, MD

2. Inpatient Adolescent Unit, First Hospital

    a. Beatriz Ramírez, MD
    b. Ramón Gutiérrez, MD

3. Pediatric Neurology

    a. Marisel Vázquez, MD

4. Neurodevelopmental Pediatrics

    a. Noelia González , MD

5. School Consultation

    a. María Teresa Gándara, MD

6. Consultation & Liaison

    a. Annette Pagán, MD
    b. Lelis L. Nazario, MD

7. Community Rotation

    a. Sarah Huertas, MD
    b. Iris Jackson, PhD
    c. Luz N. Colón de Martí
    d. Lelis L. Nazario, MD

8. Forensics

    a. Cynthia Casanova, MD

9. Pediatric Genetics

    a. Maricarmen González, MD

10. Pediatric HIV

    a. Ileana Blasini, MD

FACULTY MEMBERS

Psychiatrists	
Lelis L. Nazario, MD	Program Director Associate Professor of Psychiatry
Sarah Huertas Goldman, MD, MPh	Professor of Psychiatry
María T. Gándara, MD	Assistant Professor of Psychiatry
Annette Pagán, MD	Director Consultation-Liaison Svces. Assistant Professor of Psychiatry
Angela Del Muro, MD	Director Children's Intensive Ambulatory Program Assistant Professor of Psychiatry
Gloria M. Suau, MD	Director Adolescents' Intensive Ambulatory Program Assistant Professor of Psychiatry
Gloria Gónzalez Tejera, MD	Director Research Program Associate Professor of Psychiatry
Luz N. Colón de Martí, MD	Training Director General Psychiatry Program Professor of Psychiatry
Elizabeth Noriega, MD	Assistant Professor of Psychiatry
Marelys Colón, MD	Assistant Professor of Psychiatry
Maralexis Rivera, MD	Assistant Professor of Psychiatry
Aida Collazo, MD	Associate Professor of Psychiatry
Isabel Rodríguez, MD	Assistant Professor of Psychiatry
Michel A. Woodbury, MD	Associate Professor of Psychiatry
Cynthia Casanova, MD	Assistant Professor of Psychiatry
Ramón Parrilla, MD	Medical Director First Hospital Associate Professor of Psychiatry
Ramón Gutiérrez, MD	Inpatient Adolescent Psych. Unit Assistant Professor of Psychiatry
Luz Minerva Guevara, MD	Professor of Psychiatry

Psychologists	
Mayra Olavarría, PhD	Psychologist II
Mayra Nevares, PhD	Assistant Professor of Psychiatry
Pedro Albizu, PhD	Assistant Professor of Psychiatry
María de Lourdes Rivera, PhD	Staff
Fernando Vázquez, PhD	Assistant Professor of Psychiatry
María E. Paredes, PhD	Psychologist I
Carmen Santiago, PhD	Staff
Sandra Ralat, PhD	Staff
Jessica Serrano, PhD	Staff
Social Work	
Iris Jackson, PhD	Associate Professor
Moraima Ortíz, MA	Social Work I
Pediatrician	
Rafael Martínez, MD	Assistant Professor
Pediatric Neurologist	
Marisel Vázquez, MD	Associate Professor
Developmental Pediatrician	
Noelia González, MD	Associate Professor
Luis F. Martí, MD	Associate Professor
Ileana Blasini, MD	Associate Professor
Occupational Therapist	
Aixa Román, TO	

Special Needs Teacher	
Marta Ruíz, PhD	
Pediatric Geneticist	
Maricarmen González, MD	Associate Professor

VISITING PROFESSORS	
María Oquendo, MD	Visiting Professor of Psychiatry, Columbia University
Harold Kolansky, MD	Visiting Professor of Psychiatry, University of Pennsylvania
Ricardo Vela, MD	Visiting Professor of Psychiatry University of Boston
María de los Angeles Gómez, PhD	University of Puerto Rico Río Piedras Campus
Edna Nazario, PhD	University of Puerto Rico Río Piedras Campus

SEMINARS

1. Normal Development and Psychopathology
2. Psychosocial Interventions Seminar
3. Special Topics Seminar
4. Clinical Psychopharmacology Seminar
5. Continuous Board Preparation Seminar
6. Theoretical Fundaments of Psychoanalytical Psychotherapy Seminar
7. Forensic Seminar
8. Family Therapy Seminar
9. Group Therapy Seminar
10. Clinical Case Presentations
11. Journal Club/ Research Basics for the Clinician
12. Grand Rounds

NORMAL DEVELOPMENT AND PSYCHOPATHOLOGY SEMINAR

I. DESCRIPTION

This seminar is offered every other week for an hour and a half throughout the two years of training. It begins with an introduction to normal child and adolescent development, followed by a review of psychopathology in childhood and adolescence. It includes in depth discussion of the latest scientific and research findings related to our field.

Format consists of lectures by local and invited faculty, guided discussions of assigned readings, and discussion of relevant research findings and/or clinical vignettes presented by participants. Evaluation is based on the discussion of assigned readings and integration and application of knowledge to cases discussed during the seminar.

II. GENERAL OBJECTIVES

Upon completion of the seminar, the resident will:

A. KNOWLEDGE

1. Describe the most important historical and current theoretical approaches to child development.

2. Recognize and differentiate among normal and abnormal development and/or behavior.

3. Discuss developmental psychopathology as an approach to understanding psychopathology in childhood.

4. Understand risks and major etiological factors in the development of psychopathology.

5. Understand basic principles and issues in the classification of child and adolescent psychiatric disorders.

6. Describe major psychopathological conditions in childhood and adolescence, including epidemiology and clinical presentation.

7. Discuss prognosis and possibilities for prevention in the major conditions in childhood and adolescence.

8. Describe effects of environmental stressors on child development and psychopathology.

B. SKILLS

1. Apply knowledge of normal development to the understanding of psychopathologic symptoms in childhood and adolescence.

2. Apply knowledge of psychopathology to the child diagnostic interview and to the analysis of clinical cases.

3. Associate presenting signs and symptoms to the clinical diagnosis of patients according to the current DSM IV-TR.

4. Identify risk and potential for prevention in clinical cases.

5. Engage in self directed learning.

6. Be able to communicate effectively ideas or studied concepts.

C. ATTITUDES

1. Demonstrate curiosity and inquisitiveness about developmental and psychopathological conditions of childhood and adolescence.

2. Demonstrate interest and commitment to continued systematic acquisition of knowledge.

3. Demonstrate a reflective, questioning attitude in evaluating scientific literature in these areas.

4. Demonstrate flexibility and capacity to explore diverse theories and viewpoints.

5. Demonstrates excellent professional manners.

NORMAL DEVELOPMENT AND PSYCHOPATHOLOGY
REFERENCE READINGS

Awad, George A. (!995). An outpatient treatment program for young children with pervasive developmental disorder. *American Journal of Psychotherapy*. Vol. 49 Issue 1, p28, 19p

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Casey PH, (1986). Developmental intervention: a pediatric clinical review. *Pediatr Clin North Am*, Aug; Vol. 33 (4), pp. 899-923.

Forster, Janice L. (1987). Normal development and its clinical application. In: Cohen, Richard L. (Ed); Dulcan, Mina K. (Ed). *Basic handbook of training in child and adolescent psychiatry*. pp. 37-66.

Hackett, Latha. (1993). Normal development and specific developmental delays. In: Black, Dora (Ed); Cottrell, David (Ed). *Seminars in child and adolescent psychiatry*. pp. 6-27.

Hofer, Myron (2002) Developmental psychobiology of early attachment. In: Carey BJ (Ed). *Developmental Psychobiology. Review of Psychiatry: vol 23.*

Hughes, Daniel A. (1999). Adopting Children with Attachment Problems. *Child Welfare*, v78 n5 p541-60.

Johnson, James H.; Goldman, Jacquelin. Developmental assessment: An introduction and overview. In: Johnson, James H. (Ed); Goldman,Jacquelin (Ed). *Developmental assessment in clinical child psychology: A handbook*. pp. 1-14.

Krol N, Morton J, DeBruyn E (2004). Theories of conduct disorder: a causal modeling analysis. *Journal of Child Psychology and Psychiatry.* Vol 45 (4), pp.727-742.

Pachter LM . (1997). Maternal expectations about normal child development in 4 cultural groups. *Arch Pediatr Adolesc Med*. Nov; Vol. 151 (11), pp. 1144-50.

Perry D, Perry LC, Boldizar JP (1994). Learning of Aggression. In: Handbook of Developmental Psychopathology.

Radke-Yarrow, Marian; Zahn-Waxler, Carolyn. (1990). Research on children of affectively ill parents: Some considerations for theory and research on normal development. *Development & Psychopathology*, Vol 2(4), 1990. pp. 349-366.

Robinson, Nancy M.; Zigler, Edward; Gallagher, James J. (2000). Two tails of the normal curve: Similarities and differences in the study of mental retardation and giftedness. *American Psychologist*, Vol 55(12), Dec. pp. 1413-1424.

Streeck-Fischer, Annette; Kolk, Bessel A. van der. (2000). Down will come baby, cradle and all: diagnostic and therapeutic implications of chronic trauma on child development. *New Zealand Journal of Psychiatry*. Dec. Vol. 34 Issue 6, p903, 16p.

Woolston, Joseph L. (1991). Eating and growth disorders in infants and children. xv, 95 pp.

PSYCHOSOCIAL INTERVENTIONS SEMINAR

I. DESCRIPTION:

This biweekly, one hour and a half seminar will look into traditional psychotherapeutic schools such as cognitive behavioral and interpersonal psychotherapy. It will also be aimed to enrich the resident's experience with other types of interventions which are very necessary in today's society. Many parents come to the Child and Adolescence Psychiatrist in search of guidance for the behavior management of any child. This is challenging both for the parent and the psychiatrist in a society full of internet, video games, violence and sex-filled media and an attitude of getting things resolved right away. These factors also take their toll on our children's psyches and often they will need help in dealing with situations that produce anger and frustration. This seminar will fill the need for learning diverse and very useful strategies in helping their patients cope with anger, aggression and crisis situations.

The seminar also includes the discussion of how to work and involve other mental health professionals for the benefit of the patient.

The seminar spans over two years. It will mainly involve discussion of assigned topics. Professionals with an expertise on a specific issue may be invited to give conferences.

Evaluation will be based on the residents' initiative, participation and discussions of their own patients that may benefit from a particular intervention or strategy.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE:

1. Demonstrate understanding of theoretical models and clinical concepts of crisis intervention with children and adolescents.

2. Demonstrate understanding of basic principles in parenting skills such as:

    a) Dealing with feelings
    b) Engaging cooperation
    c) Alternatives to punishment
    d) Encouraging autonomy

3. Discuss basic principles of parenting skills with toddlers and pre-school children.

4. Discuss basic principles of behavioral therapy with children.

5. Demonstrate understanding of basic principles of cognitive behavioral therapy of children and adolescents.

6. Discuss applications of CBT principles in affective, anxiety and disruptive disorders in children and adolescents.

7. Demonstrate understanding of basic skills and applications of hypnosis in children and adolescents.

8. Discuss theoretical aspects of anger management with children and adolescent.

9. Discuss basic principles of problem solving skills therapy in children and adolescents.

10. Demonstrate understanding of basic concepts of supportive therapy with children and adolescents.

11. Demonstrate understanding of basic principles of brief therapy with children and adolescents.

12. Discuss theoretical aspects and clinical applications of interpersonal therapy in children and adolescents.

13. Discuss basic principles of story telling techniques and its clinical applications.

14. Discuss aspects of multisystemic therapy as applied to Substance use Disorders, Disruptive Disorders and Eating Disorders.

15. Discuss the latest evidence based psychotherapies for children and adolescents.

B. SKILLS:

The resident will be able to:

1. Select suitable patients for the particular psychotherapeutic intervention that is being discussed.

2. Educate the parents and patient about the goals, objectives and time frame for the particular mode of psychotherapeutic intervention chosen.

3. Apply particular strategies or techniques of a particular psychotherapeutic model given a real patient, written vignette or video.

4. Educate and coach parents of a given patient about strategies to deal with everyday situations with their children or adolescents.

C. ATTITUDES:

The resident will be able to:

1. Be punctual and assist to all sessions.

2. Be respectful of other's opinions during discussion.

3. Comply with homework and hand it in on time.

4. Be empathic, respectful, curious and nonjudgmental of patients and their situations.

5. Be sensitive to sociocultural, socioeconomic and educational issues that arise in the therapeutic relationship.

6. Be open to review audio or videotapes, written vignettes or direct observations of treatment sessions.

SPECIAL TOPICS SEMINAR

I. DESCRIPTION

This seminar covers topics related to the practice of child and adolescent psychiatry in relation to other fields, with a strong emphasis on the larger social context of practice. It is incorporated to the last portion of the Normal and Psychopathology Seminar and supported throughout the academic year in grand rounds, film clubs and book clubs. It starts with a workshop in research. It includes sessions on psychological testing, systems of care, child and mental health policy, administrative psychiatry and social issues such as violence, divorce, and adoption. In addition, it addresses basic principles of working in and with the community, including advocacy issues, and administrative issues, such as opening a practice in the community. The seminar also includes discussion on ethics integrating readings and situation vignettes, and integration with community activities. Residents are evaluated on the basis of their participation in workshops, discussions and their performance in community activities.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Recognize the steps for searching and interpreting the literature.

2. Know the basics on writing a proposal and submitting a grant.

3. Learn how to conduct a clinical research in child psychiatry

4. Understand basic ethical principles in the practice of child and adolescent psychiatry.

5. Understand the distribution and social determinants of child psychiatric disorders, nationally, internationally and in Puerto Rico.

6. Be familiar with relevant national and Puerto Rican policies affecting children and their rights.

7. Describe the elements of systems of care and understand their interrelationships.

8. Be cognizant of major health care system models including managed care and its impact on child and adolescent mental health care.

9. Describe basic principles and strategies for advocacy and work with communities.

10. Gain basic knowledge of principles of quality assessment, performance improvement and outcome measurement.

11. Describe basic principles of office management and initiating a community practice.

B. SKILLS

1. Develop skill in analyzing ethical dilemmas in practice.

2. Gain skills in designing and carrying out a community intervention.

3. Is able to evaluate and develop a comprehensive intervention plan contemplating social stressors, such as divorce, violence and adoption.

4. Develop skills in advocating for patients within systems of care and in the general community.

5. Integrates child mental health policies into patient care practice.

6. Develop administrative and leadership skills to be used in different settings related to health care.

7. Apply knowledge of quality assessment, performance improvement to clinical practice.

C. ATTITUDES

1. Actively considers the social context of clinical and other professional interventions.

2. Demonstrates compassion and awareness to the needs of the community.

3. Demonstrates commitment to advocacy for patients, children's rights.

4. Demonstrates commitment to continuing professional and practice improvement.

5. Demonstrates a thoughtful approach to the ethical aspects of clinical practice and all professional interventions.

SPECIAL TOPICS SEMINAR
REFERENCE READINGS

1. St. James D. *Writing and Speaking for Excellence: A Brief Guide for the Medical Professional*. Jones and Barlett Publishers, Inc. 1998.

2. Huth E. *How to write and Publish Papers in the Medical Sciences*. William & Wilkins, Second Ed. 1990.

3. Gehlbach S. *Interpreting the Medical Literature*. Mac Graw-Hill, Inc. Third Edition. 1993.

4. *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*. International Committee of Medical Journal Editors. PRHSJ Vol. 19, No. 4, Dec. 2000.

CLINICAL PSYCHOPHARMACOLOGY SEMINAR

I. DESCRIPTION

Psychopharmacological treatments in child and adolescent psychiatry play a useful role, although rarely the only one, in the management of psychiatric disorders. This is a growing field in which constantly innovative research and clinical experience continue to increase our sophistication in treatment planning and selection of the most therapeutic and cost effective alternatives.

This seminar aims to develop and enhance residents' skills in the selection and implementation of treatment strategies involving the use of psychotropic medications. It seeks to improve residents' skills in case management, problem analysis and decision making with difficult treatment situations encountered in the practice.

Residents meet with the proctor an hour weekly throughout their two years of training. They present problem cases with specific psychopharmacology questions and issues to the consulting child and adolescent psychiatrist. They are also encouraged to ask any pertinent difficult question regarding dosing, therapeutic monitoring, augmentation/use of multiple agents, drug interactions, untoward effects, and pharmacotherapeutic strategies. Issues related to treatment refractoriness and diagnostic accuracy are emphasized. In addition, articles concerning the latest psychopharmacological research findings and potential clinical applications are discussed.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Develop knowledge of the guidelines and standards of practice for the use of psychotropics indicated in the different psychiatric conditions.

2. Name general principles and issues involved in psychopharmacology therapy including:
    a. Maturational/Developmental issues.
    b. The role of caretakers.
    c. Rational for treatment selection and justification of treatment.
    d. Factors affecting treatment response.
    e. Therapeutic alliance

f. Approaches to enhance compliance.
g. Informed consent.

3. Discuss clinical indications of specific types of medications in children and adolescents such as: psychostimulants, antidepressants including MAOI, serotonergic agents, tricyclics, lithium, anticonvulsants, neuroleptics, antianxiety agents, clonidine, and other agents.

4. Know about their therapeutic efficacy, mechanism of action, neuroregulatory mechanisms, neurotransmitter systems, pharmacokinetics, pharmacodynamics, metabolism, dosage, blood levels, side effects and toxicity, drug interactions and current research.

5. Identify second and third line of treatment agents for refractory cases.

6. Learn appropriate methods to evaluate drug efficacy.

B. SKILLS

1. Evaluate patients, make accurate diagnosis (DSM IV-TR) and formulation and design an appropriate treatment plan.

2. Formulate a baseline assessment and identify target symptoms prior to initiation of therapy.

3. Examine the possibility of comorbid diagnosis on refractory cases.

4. Be able to utilize different drug augmentation strategies.

5. Manage drug abusing clients and the prescription of scheduled drugs.

6. Integrate psychopharmacology interventions skills within the context of an ongoing psychotherapy and other psychosocial interventions

7. Be able to integrate current trends and new research options that may benefit patients.

C. ATTITUDES

1. Be prompt and punctual.

2. Be motivated to review pediatric psychopharmacology literature and appropriately apply new research findings to medication management of child and adolescent psychiatry disorders.

3. Demonstrate openness to observing and inquiring about target symptom reduction, changes in impairment, compliance, impact of medication on family functioning, side effects and potential medication interaction.

4. Recognize that psychodynamic and family influences may impact medication treatment processes.

CLINICAL PSYCHOPHARMACOLOGY
REFERENCE READINGS

Antidepressant efficacy and safety for children and adolescents. BJM, 2004. Apr 10;328 (7444):879.

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Charney D (2003). *Review of Psychiatry (Vol 22): Molecular neurobiology for the clinician.* APPI.

Cozza K, Armstong S and Oesterheld J (2003). *Concise guide to Drug Interaction Principles for Medical Practice*. APPI.

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Pies R. Anticonvulsant Treatment Strategies. *CMEducator*.

Pliszka S (2003). *Neuroscience for the mental health clinician*. Guilford.

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Popper, C., Ed. Psychiataric Pharmacosciences of Children and Adolescents, 1987, Am. Psychiatric Press.

Richters JE, Arnold LE, Jensen PS, et al (1995). NIMH Collaborative multisite multimodal treatment study of children with ADHD*. J Am Acad Child Adolesc Psychiatry.* 1995 Aug; 34 (8):987-1000.

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Rogeness, G., Javors M., Pliszka, S., Neurochemistry and Child and Adolescent Psychiatry, 31:5, September 1992, 765-781.

RUPP Autism Network. (2002). Risperidone in children with autism and serious behavioral problems. *N Engl J Med.* Aug 1;347(5):314-321.

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Vitiello B. (1998 Aug)Pediatric psychopharmacology and the interaction between drugs and the Developing brain. *Can J Psychiatry*; 43(6):582-4.

CONTINUOUS BOARD PREPARATION SEMINAR

I. DESCRIPTION

This seminar integrates practical knowledge, standards of practice, interviewing and clinical skills with the aim of developing a well-rounded child and adolescent psychiatrist. Residents meet 90 minute weekly with their proctor, a board certified child and adolescent psychiatrist, and guest faculty throughout their two years of training. Discussion of assigned readings including practice parameters and guidelines, diagnostic algorithms, literature reviews, and other relevant literature alternate (2:1) with practice live interviews simulating oral board conditions.

Live interviews are carried out in a one-way mirror room, with the remaining residents behind the mirror. The format is a 30-minute interview followed by a 30-minute presentation and 30 minute group discussion including peer evaluation and feedback of their interview. Patients are also asked to provide feedback to residents on their performance. This exercise further enhances basic clinical skills in interviewing, interpretation of data, diagnosis, and treatment planning.

The seminar culminates with the evaluation of residents in a yearly Mock Board.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Become acquainted with requirements of the Child and Adolescent Psychiatric Boards of the American Board of Psychiatry and Neurology.

2. Master the essential information that a competent child and adolescent psychiatrist must know regarding theories, principles, and practices of our field.

3. Develop a systematic approach to evaluation, assessment and treatment planning of their patients.

4. Know information covered in the practice parameters and guidelines, diagnostic algorithms, and literature reviews discussed.

5. Become acquainted with the six core competencies and the concepts relating to evidence-based medicine.

6. Know when to consult and interact effectively with other systems of care.

B. SKILLS

1. Perform a comprehensive psychiatric interview, evaluation, and complete oral presentation.

2. Refine basic clinical skills in interviewing, interpretation of data, diagnosis, and treatment planning.

3. Become skilled in psychodynamic formulation using a biopsychosocial approach.

4. Be able to proficiently respond to a session of questions in a precise and organized manner.

5. Be able to keep data and make presentation in an organized manner.

6. Be able to properly search, analyze and incorporate new scientific findings.

C. ATTITUDES

1. Attend regularly and participate actively.

2. Demonstrate assertiveness and self-assurance.

3. Demonstrate a commitment to high ethical standards and to continuing professional development.

4. Demonstrate a consistent interest in examining and improving performance.

5. Accept and integrate constructive criticism into clinical practice.

6. Be able to respectfully give constructive criticism and feedback to peers.

CONTINUOUS BOARD PREPARATION SEMINAR
REFERENCE READINGS

I. Practice Parameters

Practice Parameter for the Assessment and Treatment of Children and Adolescents With Substance Use Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 2005;*

Practice Parameter for the Use of Electroconvulsive Therapy with Adolescents — *Journal of the American Academy of Child & Adolescent Psychiatry 2004; 43:1521-1539*

Practice Parameter for the Assessment and Treatment of Children and Adolescents With Enuresis — *Journal of the American Academy of Child & Adolescent Psychiatry 2004; 43:1540-1550*

Practice Parameter for the Prevention and Management of Aggressive Behavior in Child and Adolescent Psychiatry Institutions — *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41:4S-25S*

Practice Parameter for the Use of Stimulant Medication in the Treatment of Children, Adolescents and Adults— *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41:26S-49S*

Practice Parameter for the Assessment and Treatment of Children and Adolescents With Suicidal Behavior — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40:24S-51S*

Practice Parameter for the Assessment and Treatment of Children and Adolescents With Schizophrenia — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40:4S-23S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents Who Are Sexually Abusive of Others — *Journal of the American Academy of Child & Adolescent Psychiatry 1999;38:55S-76S*

Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults With Autism and Other Pervasive Developmental Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 1999;38:32S-54S*

Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults With Mental Retardation and Comorbid Mental Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 1999;38:5S-31S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents With Depressive Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:63S-83S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents With Language and Learning Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:46S-62S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents With Obsessive-Compulsive Disorder — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:27S-45S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents With Posttraumatic Stress Disorder — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:4S-26S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents With Bipolar Disorder — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:157S-176S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents With Conduct Disorder — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:122S-139S*

Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults With Attention-Deficit/Hyperactivity Disorder — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:85S-121S*

Practice Parameters for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:69S-84S*

Practice Parameters for Child Custody Evaluation — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:57S-68S*

Practice Parameters for the Forensic Evaluation of Children and Adolescents Who May Have Been Physically or Sexually Abused — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:37S-56S*

Practice Parameters for the Psychiatric Assessment of Infants and Toddlers (0-36 Months) — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:21S-36S*

Practice Parameters for the Psychiatric Assessment of Children and Adolescents — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:4S-20S*

II. Reviews

Ten-Year Review of Rating Scales, VII: Scales Assessing Functional Impairment — *Journal of the American Academy of Child & Adolescent Psychiatry 2005; 44:309-338* — Nancy C. Winters, Brent R. Collett, Kathleen M. Myers

Is **the Party Over? Cannabis and Juvenile Psychiatric Disorder** — *Journal of the American Academy of Child & Adolescent Psychiatry 2004; 43: 1194-1205* — Joseph M. Rey, Andrés Martin, Peter Krabman

Cognitive-Behavioral Psychotherapy for Anxiety and Depressive Disorders in Children and Adolescents: An Evidence-Based Medicine Review — *Journal of the American Academy of Child & Adolescent Psychiatry 2004; 43: 930-959* — John S. March, David Brent, Anne Marie Albano, V. Robin Weersing, John Curry

Childhood Reaction to Terrorism Induced Trauma: A Review of the Past 10 years — *Journal of the American Academy of Child & Adolescent Psychiatry 2004; 43:381-392* — Wanda P. Fremont, M.D.

Psychiatric Aspects of Child and Adolescent Obesity: A Review of the Past 10 years — *Journal of the American Academy of Child & Adolescent Psychiatry 2003;*— Alan J. Zametkin, Christine K. Zoon, Hannah Klein, Suzanne Munson

Ten-Year Review of Rating Scales, VI: Scales Assessing Externalizing Behaviors — *Journal of the American Academy of Child & Adolescent Psychiatry 2003; 42: 1143-1170* — Brent R. Collett, Jeneva L. Ohan, Kathleen M. Myers

Ten-Year Review of Rating Scales, V: Scales Assessing Attention-Deficit Hyperactivity Disorder — *Journal of the American Academy of Child & Adolescent Psychiatry 2003; 42: 1015-1037* — Brent R. Collett, Jeneva L. Ohan, Kathleen M. Myers

Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 2003; 42:386-406* — Madelyn S. Gould, Ted Greenberg, Drew M. Velting

10-Year Research Update Review: Child Sexual Abuse — *Journal of the American Academy of Child & Adolescent Psychiatry 2003; 42: 269-*279 — Frank W. Putman

Ten-Year Review of Rating Scales, IV: Scales Assessing Trauma and its Effects — *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41: 1275-1293* — Kathleen Myers, Jenva Ohan, Brett R. Collett

Oppositional Defiant Disorder and Conduct Disorder: A Review of the Past 10 Years, Part II — *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41: 1150-1181* — Jeffrey D. Burke, Rolf Loeber, Boris Birmaher

Ten-Year Review of Rating Scales, III: Scales Assessing Suicidality, Cognitive Style and Self-Esteem — *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41: 1150-1181* — Nancy C. Winters, Kathleen Myers

Ten-Year Review of Rating Scales, II: Scales for Internalizing Disorders — *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41: 634-659* — Nancy C. Winters, Kathleen Myers

Ten-Year Review of Rating Scales, I: Overview of Scale Functioning, Psychometric Properties and Selection — *Journal of the American Academy of Child & Adolescent Psychiatry 2002; 41: 114-122* — Nancy C. Winters, Kathleen Myers

Enuresis and Encopresis: Ten Years of Progress — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40: 1146-1158* — EDWIN J. MIKKELSEN, M.D.

10-Year Research Review of Physical Injuries — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40: 1128-1145* — FREDERICK J. STODDARD, M.D., GLENN SAXE, M.D.

Memory: An Overview, With Special Emphasis on Developmental, Interpersonal and Neurobiological Aspects — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40: 997-1011* — DANIEL J. SIEGEL. M.D.

Behavioral Phenotypes of Genetic Syndromes: A Reference Guide for Psychiatrists — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40: 749-761* — MARIA MOLDAVSKY, M.D., DORIT LEV, M.D., TALLY LERMAN-SAGIE, M.D.

The Impact of the Media on Children and Adolescents: A Ten Year Review of the Research? — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40:392-401* — SUSAN VILLIANI, M.D.

School Refusal in Children and Adolescents: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 2001; 40:197-205* — NEVILLE J. KING, PH.D., GAIL A. BERNSTEIN, M.D.

Oppositional Defiant and Conduct Disorder: A Review of the Past 10 Years, Part I — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:1468-1484* — ROLF LOEBER, PH.D., JEFFREY D. BURKE, PH.D., BENJAMIN B. LAHEY, PH.D., ALAINA WINTERS, B.A., MARCIE ZERA, B.A.

Role of the Family in the Onset and Outcome of Childhood Disorders: Selected Research Findings — *Journal of the American Academy of Child & Adolescent Psychiatry 2000; 39:1212-1219* — MARIANNE Z. WAMBOLDT, M.D., FREDERICK S. WAMBOLDT, M.D.

Pervasive Developmental Disorders: A 10-Year Review — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:1079-1095* — PETER E. TANGUAY, M.D.

The Genetics of Childhood Psychiatric Disorders: A Decade of Progress — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:946-962* — MATTHEW W. STATE, M.D., PAUL J. LOMBROSO, M.D., DAVID L. PAULS, PH.D., JAMES F. LECKMAN, M.D.

Children's Adjustment in Conflicted Marriage and Divorce: A Decade Review of Research — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:963-973* — JOAN B. KELLY, PH.D.

Review of Neuroimaging Studies of Child and Adolescent Psychiatric Disorders From the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:815-828* — ROBERT L. HENDREN, D.O., IRIS De BACKER, M.D., GAHAN J. PANDINA, PH.D.

A Review of Tobacco Smoking in Adolescents: Treatment Implications — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:682-693* — ERIC T. MOOLCHAN, M.D., MONIQUE ERNST, M.D., PH.D., JACK E. HENNINGFIELD, PH.D.

School Consultation: A Review of Research on Issues Unique to the School Environment — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:402-413* — RICHARD E. MATTISON, M.D.

Language Disorders: A 10-Year Research Update Review — *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:143-152* — CLAUDIO O. TOPPELBERG, M.D., THEODORE SHAPIRO, M.D.

Child and Adolescent Abuse and Neglect Research: A Review of the Past 10 Years. Part I: Physical and Emotional Abuse and Neglect — *Journal of the American Academy of Child & Adolescent Psychiatry 1999;38:1214-1222* — SANDRA J. KAPLAN, M.D., DAVID PELCOVITZ, PH.D., VICTOR LABRUNA, PH.D.

Children of Affectively Ill Parents: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:1134-1141* — WILLIAM R. BEARDSLEE, M.D., EVE VERSAGE, M., M.A., TRACY GLADSTONE, R.G., PH.D.

Understanding Developmental Psychopathology How Useful Are Evolutionary Accounts? — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:1011-1021* — JAMES F. LECKMAN, M.D., LINDA C. MAYES, M.D.

Psychological Testing for Child and Adolescent Psychiatrists: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:575-584* — JEFFREY M. HALPERIN, PH.D., KATHLEEN E. McKAY, PH.D.

Laboratory and Diagnostic Testing in Child and Adolescent Psychiatry: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:464-472* — ALAN J. ZAMETKIN, M.D., MONIQUE ERNST, M.D., PH.D., ROMY SILVER, M.A.

Anorexia Nervosa and Bulimia Nervosa in Children and Adolescents: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:352-359* — HANS STEINER, M.D., JAMES LOCK, PH.D., M.D.

Adolescent Substance Abuse: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1998;37:252-261* — NAIMAH Z. WEINBERG, M.D., ELIZABETH RAHDERT, PH.D., JAMES D. COLLIVER, PH.D. MEYER D. GLANTZ, PH.D.

Consultation - Liaison in Child Psychiatry: A Review of the Past 10 Years, Part II: Research on Treatment Approaches and Outcomes — *Journal of the American Academy of Child & Adolescent Psychiatry 1998; 37:139-146* — PENELOPE KRENER KNAPP, M.D., EMILY S. HARRIS, M.D.

Consultation - Liaison in Child Psychiatry: A Review of the Past 10 Years, Part I: Clinical Findings — *Journal of the American Academy of Child & Adolescent Psychiatry 1998; 37:17-25* — PENELOPE KRENER KNAPP, M.D., EMILY S. HARRIS, M.D.

Mental Retardation: A Review of the Past 10 Years, Part II — *Journal of the American Academy of Child & Adolescent Psychiatry 1997; 36:1664-1671* — MATTHEW W. STATE, M.D., BRYAN H. KING, M.D., ELISABETH DYKENS, PH.D.

Mental Retardation: A Review of the Past 10 Years, Part I — *Journal of the American Academy of Child & Adolescent Psychiatry 1997; 36:1656-1663* — BRYAN H. KING, M.D., MATTHEW W. STATE, M.D., BHAVIK SHAH, M.D., PABLO DAVANZO, M.D., ELISABETH DYKENS, PH.D.

Posttraumatic Stress Disorder in Children: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:1503-1511* — BETTY PFEFFERBAUM, M.D., J.D.

Forensic Child and Adolescent Psychiatry: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:1493-1502* — PETER ASH, M.D., ANDRE P. DERDEYN, M.D.

Somatoform Disorders in Children and Adolescents: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:1329-1338* — GREGORY K. FRITZ, M.D., SANDRA FRITSCH, M.D., OWEN HAGINO, M.D.

Child and Adolescent Bipolar Disorder: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:1168-1176* — BARBARA GELLER, M.D., JOAN LUBY, M.D.

Learning Disorders With a Special Emphasis on Reading Disorders: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:1020-1032* — JOSEPH H. BEITCHMAN, M.D., ARLENE R. YOUNG, PH.D.

Gender Identity Disorder: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997; 36:872-880* — SUSAN J. BRADLEY, M.D., KENNETH J. ZUCKER, PH.D.

Pharmacology of the Selective Serotonin Reuptake Inhibitors in Children and Adolescents — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;*

36:725-736 — HENRIETTA L. LEONARD, M.D., JOHN MARCH, M.D., M.P.H., KENNETH C. RICKLER, M.D., ALBERT JOHN ALLEN, M.D., PH.D.

Infant Development and Developmental Risk: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:165-178* — CHARLES H. ZEANAH, M.D., NEIL W. BORIS, M.D., JULIE A. LARRIEU, PH.D.

Pediatric Sleep Disorders: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1997;36:9-20* — THOMAS F. ANDERS, M.D., LISA A. EIBEN, M.S.

Childhood and Adolescent Depression: A Review of the Past 10 Years. Part II — *Journal of the American Academy of Child & Adolescent Psychiatry 1996; 35 1575-1583* — BORIS BIRMAHER, M.D., NEAL D. RYAN, M.D., DOUGLAS E. WILLIAMSON, B.A., DAVID A. BRENT, M.D., JOAN KAUFMAN, PH.D.

Childhood and Adolescent Depression: A Review of the Past 10 Years. Part I — *Journal of the American Academy of Child & Adolescent Psychiatry 1996; 35:1427-1439* — BORIS BIRMAHER, M.D., NEAL D. RYAN, M.D., DOUGLAS E. WILLIAMSON, B.A., DAVID A. BRENT, M.D., JOAN KAUFMAN, PH.D., RONALD E. DAHL, M.D., JAMES PEREL, PH.D., BEVERLY NELSON, R.N.

Obsessive-Compulsive Disorder in Children and Adolescents: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1996;35:1265-1273* — JOHN S. MARCH, M.D., M.PH., HENRIETTA L. LEONARD, M.D.

Anxiety Disorders in Children and Adolescents: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1996;35:1110-1119* — GAIL A. BERNSTEIN, M.D., CARRIE M. BORCHARDT, M.D., AMY R. PERWIEN, B.A.

Attention Deficit Disorder: A Review of the Past 10 Years — *Journal of the American Academy of Child & Adolescent Psychiatry 1996;35:978-987* — DENNIS P. CANTWELL, M.D.

Childhood and Adolescent Psychosis: A Review of the Past 10 Years *Journal of the American Academy of Child & Adolescent Psychiatry 1996;35:843-851* — FRED R. VOLKMAR, M.D.

The Texas Children's Medication Algorithm Project: Major Depression Disorder-- *Journal of the American Academy of Child & Adolescent Psychiatry 1999;38:1442-1454* — CW Hughes, GJ Emslie, ML Crimson, et al.

The Texas Children's Medication Algorithm Project: ADHD Part I-- *Journal of the American Academy of Child & Adolescent Psychiatry 2000;39:908-919* — SR Pliszka, LL Greenhill, ML Crimson, et al.

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THEORETICAL FUNDAMENTS OF PSYCHOANALYTICAL PSYCHOTHERAPY SEMINAR

I. DESCRIPTION

In the field of psychotherapy, Freud's theoretical work is fundamental. The notion that a "talking cure" could have an effect on the symptoms, the mind and the life of a person has its roots on the extensive theoretical work of Sigmund Freud. Other psychotherapeutic models have followed, expanding or contradicting Freud's theories, but it is impossible for the psychotherapist to ignore them. Different interpretations of Freud's work and of psychoanalytical concepts can be confusing, so a rigorous study of the main concepts is of major importance for the ethical practice of psychotherapy.

This course is designed to introduce residents to the main theoretical concepts of psychoanalytical theory and their importance to clinical practice. It will help residents to become familiar with theories of child psychoanalysts including figures such as: Melanie Klein, D.W. Winnicott, Anna Freud, F.Dolto and Mannoni. The importance of play in the therapeutic work with children will be studied from a theoretical and pragmatic point of view. In addition, residents will be encouraged to bring experiences from their clinical practice to expand and to exemplify the discussion of theoretical concepts and to incorporate relevant issues from the child and adolescent clinic.

Residents will meet one hour weekly in a two year block. The first year, they will meet with the proctor weekly for an hour. They will select a long term case for supervision. Residents are expected to bring a written account of sessions and to discuss it in supervision. Pertinent readings are assigned to compliment the discussion of the clinical material. During the second year, the seminar format will include conferences, lecture discussions, clinical vignettes and presentation from guests with expertise in different psychodynamic models.

II. GENERAL OBJECTIVES

Upon completion of this seminar, residents will:

A. KNOWLEDGE

1. Be able to master the basic concepts and applications of psychodynamic psychotherapy.

2. Be able to identify and explain basic concepts of Freud's theory such as the unconscious, repression, transference, dream interpretation, drive, Oedipus complex, castration complex, identification, subjective position, id, ego and superego, etc.

3. Be able to identify and compare main concepts of several child psychoanalytical models such as Klein, Dolto, Winnicott, Mannoni, etc.

4. Be able to look critically at different psychodynamic models and be able to conceptualize their relation to Freudian concepts.

B. SKILLS

1. Be encouraged to bring their clinical experience to discussion to complement the discussion of technical aspects of the work with children and adolescents, such as play, use of fantasy, the intervention with the family and interviews.

2. Be able to relate main concepts with the discussion of their clinical practice. They will be able to use psychotherapeutic techniques in accordance to theories discussed.

3. Be encouraged to suggest issues that have been of importance to their practice. Important issues to the clinical practice related to children and adolescents such as learning problems, mourning, violence and stress factors, divorce, drug abuse, etc. , will be discussed taking into account the theories presented and clinical experience.

C. ATTITUDES

1. Be responsible for the reading material.

2. Demonstrate eagerness to contribute to the group discussion.

3. Show respect, professionalism and empathy towards the patient.

4. Follow the rules of confidentiality in the discussion of clinical material.

5. Show receptiveness to constructive criticism.

6. Demonstrate self initiative and independent study.

THEORETICAL FUNDAMENTS OF PSYCHOANALYTIC PSYCHOTHERAPY SEMINAR
REFERENCE READINGS

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Winnicott, D.W. (1993) *La Naturaleza Humana.* Buenos Aires, : Editorial Paidós.

FORENSIC SEMINAR

I. DESCRIPTION

This seminar attempts to provide residents with basic knowledge on forensic issues pertinent to the child psychiatric practice as a consultant to the courts and other community resources or institutions. It promotes the development of high ethical standards of practice. Also, it provides a forum for exchange of ideas on the interface of child psychiatry and the law. Residents meet two-hour weekly with the proctor for a period of three months.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Understand the role of expert witness in a Court.

2. Know how to conduct a Court evaluation of a child or adolescent.

3. Gain fundamental knowledge on the following topics:

    a. Child abuse and the battered child syndrome
    b. Child neglect
    c. Child custody
    d. Juvenile justice and the rights of children
    e. Treatment issues
    f. Ethical issues

4. Prepare a formulation of reasoning of the opinion given.

B. SKILLS

1. Dominate evaluation, preparation, and write up of a forensic case.

2. Develop basic skills required of an expert witness.

3. Distinguish between the roles of the expert witness and the law witness.

4. Become sensitive to the legal requirements as compared to the therapeutic obligations of psychiatrists in his/her role as expert and caregiver. Access ethical issues and conflicts between these two roles.

5. Engage in self directed learning.

6. Be able to communicate effectively ideas or studied concepts.

C. ATTITUDES

1. Become cognizant of the interaction issues between the expert witness and the legal profession.

2. Encourage curiosity, reading, and involvement in additional professional research in Forensics.

3. Encourage responsibility and punctuality regarding legal deadlines.

4. Become sensitive to the needs of persons confronting legal controversies.

5. Show compliance with ethical standards.

6. Show motivation and interest by regular attendance and active participation.

FORENSIC CHILD PSYCHIATRY
REFERENCE READING

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Schoettle UC. Termination of parental rights—ethical issues and role conflicts. *J Am Acad Child Psychiatry*; 23(5):629-32.

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FAMILY THERAPY SEMINAR

I. DESCRIPTION

This seminar stresses the importance of understanding family functioning. It integrates the concepts of the different models in family therapy and application to clinical work. Residents' clinical skills are enhanced and refined through group supervision of cases.

Residents meet for and hour and a half weekly with the proctors, who have an expertise in family therapy, throughout the second year of training alternating with the group therapy seminar. Selected topics in family therapy are assigned and discussed. Some sessions are viewed through the one-way mirror in order to facilitate the learning process of the residents. During the first year of training, residents will have individual supervision of cases with the proctors.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Understand System Theory, concepts of family life cycle and human development in a family context.

2. Distinguish the basic tenets of the two major schools of family therapy (strategic and structural model) representing the systemic approach.

3. Understand the characteristics and the dynamic of families related to roles, boundaries, subsystems, hierarchy and coalitions.

4. Identify child and adolescent developmental aspects in a family context.

5. Recognize when there is family dysfunction impinging upon family members.

6. Determine when is necessary to intervene using the family therapy modality.

B. SKILLS

1. Demonstrate expertise in obtaining and interpreting all relevant assessment information.

2. Conduct an assessment of the family situation or family problems through an ecosystem perspective and family system theory.

3. Use the biopsychosocial approach to identify risk factors in the normative crisis of the patient, including cognitive/behavioral aspects.

4. Identify appropriate strategies and therapeutic techniques using strategic and structural family therapy to help families to adopt and maintain new family structures.

5. Apply the knowledge of system theory to help the family to understand the interaction between their family system and the behavior or feelings of the family members.

C. ATTITUDES

1. Appreciate the importance of family, social networks and community systems in the treatment process.

2. Demonstrate empathy respect, compassion and non-judgmental attitudes to patients and their families.

3. Demonstrate capacity to seek supervision and expert consultation when needed for making appropriate family assessment and interventions.

4. Demonstrate receptiveness to constructive criticism and ability to consider and/or discuss proposed alternatives.

5. Recognize limitations and know when to refer promptly.

6. Conduct him/herself in a manner required by the ethical and legal standards of the medical profession.

FAMILY THERAPY
REFERENCE READINGS

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GROUP THERAPY SEMINAR

I. DESCRIPTION

This seminar teaches the various stages of group process and strategies to perform therapeutic interventions using group therapy modality. Residents learn to facilitate a behavioral change and the growth of group members with similar problems or conditions. Residents are familiarized with group approaches in both therapeutic and preventive contexts and enable group process to be therapeutic by encouraging curative factors such as instillation of hope, universality, cohesiveness and interpersonal learning.

Residents meet with their proctors an hour and a half monthly. They are required to participate as therapists of an ongoing group of children, adolescent or adults in different settings. Residents' clinical skills are enhanced and refined through group supervision of these sessions. Selected topics of group therapy are assigned and discussed.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Identify the therapeutic factors that are unique to the group method such as vicarious learning, a sense of safety and support.

2. Be able to differentiate the phases and stages of the development of group process.

3. Identify group norms to be discussed among the members of the group to help them to elicit more norms in order to structure the group organization.

4. Understand various group model e.g. cognitive behavior therapy group, a process oriented interpersonal group, psychoeducational groups, consultation groups, etc.

5. Learn when it is appropriate to use group therapy as a treatment option.

B. SKILLS

1. Demonstrate expertise in forming a new group and conducting group psychotherapy.

2. Demonstrate clinical skills in different group scenarios.

3. Develops a democratic style of leadership.

4. Discuss with the interdisciplinary team the evaluation of the performance of the patient in the group scenario.

5. Communicate specific information to the group deemed necessary to clarify concepts or misconceptions.

6. Develop socialization skills to help group members to interact with each other in a social context.

C. ATTITUDES

1. Recognize that group psychotherapy could be the appropriate treatment for some patients, due to its efficacy and clinical value.

2. Recognize the importance of implementing the modality of group therapy as part of a comprehensive mental heath service providing cost-sensitive treatment.

3. Demonstrate empathy, respect and compassion to the group members.

4. Promote security, better communication styles among members and acceptance of individual differences.

5. Demonstrate receptiveness to constructive criticism and ability to consider and/or discuss proposed alternatives.

6. Demonstrate capacity to seek supervision when needed for the making of appropriate medical decisions in the context of individual and group therapy.

7. Recognize the emotions of the group members and his/her own emotions, and can handle the transference and countertransference.

8. Conduct him/herself in a manner by the ethical and legal standards of the medical profession and group therapy.

GROUP THERAPY
REFERENCE READINGS

Favier P, Andre M. (1993). Development groups, a practice for the very young. *Soins Psychiatr*. Jun-Jul. (152-153):11-2.

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CLINICAL CASE PRESENTATIONS

I. DESCRIPTION

Residents and faculty meet for 90 minute case presentations and discussion 2 or 3 times a month during the didactic block, throughout the two years of training. Cases are presented by residents under the supervision of a faculty member, who serves also as moderator/discussant of the presentation. Other members of the interdisciplinary team contribute to the discussion.

The case presentation provides an opportunity for residents, other trainees, faculty, staff, and guests to share their thoughts on evaluation, diagnosis, and management of cases currently receiving our services. The residents are expected to write a formal presentation for evaluation at least twice a year. They are also expected to make a search of scientific evidence pertaining to the pertinent issue for presentation and discussion as a mean to enrich their learning experience and enforce independent, self directed study.

II. GENERAL OBJECTIVES

The resident will:

A. KNOWLEDGE

1. Differentiate normal development from psychopathological processes.

2. Identify biological, psychodynamic, and social issues.

3. Learn to apply relevant didactic and theoretical knowledge effectively in clinical situations.

4. Learn to provide comprehensive assessments and integrate various forms of therapy.

4. Gain knowledge on access to care and interaction with other systems of care.

5. Learn about utilization of system resources to provide optimal patient care.

6. Identify and manage appropriately ethical dilemmas that might bring conflictive situations.

B. SKILLS

1. Develop skills in synthesizing clinical information and formulation of cases.

2. Develop skills in presenting clinical data in a structured, clear and ethical manner.

3. Develop a systematic approach to an effective case presentation: chief complaint, history of present illness, past psychiatric history, medical history, family psychiatric history, developmental history, social history, mental status examination, case formulation, and treatment.

4. Develop skills in the appreciation and integration of different theoretical points of view and treatment techniques.

5. Develop skills in interdisciplinary collaboration.

6. Develop skills in patient advocacy.

7. Develop skills in professional oral and written communication.

8. Use scientific evidence to support their arguments.

9. Analyze practice experiences and apply acquired knowledge to improve their clinical care practices.

C. ATTITUDES

1. Demonstrate a consistent interest in learning by active participation, and integration of appropriate readings.

2. Be mindful and analytic of others' points of view.

3. Demonstrate openness to constructive criticism or suggestions.

4. Develop effective working relationship with others to provide quality care.

5. Seek continuous improvements in knowledge and therapeutic techniques.

6. Be respectful and professional.

JOURNAL CLUB/ RESEARCH BASICS FOR THE CLINICIAN

I. DESCRIPTION

The Journal Club brings together faculty and residents once a month for an hour and a half to discuss recent articles in several of the most important journals of the specialty. The resident is offered guidance in selecting and reviewing several articles that address the learning objectives of this activity. He/she is expected to present an in depth, critical review of one or two articles as well as report very briefly on other articles of interest. All participants receive copies of articles to be discussed prior to the presentation, providing for a lively exchange moderated by the faculty coordinator.

II. GENERAL OBJECTIVES

The resident will:

A. KNOWLEDGE

1. Be familiar with recent child psychiatric literature, its general themes and methodologies.

2. Acquire specific knowledge of recent advances.

3. Identify important, relevant sources of professional and scientific literature in the discipline.

4. Evaluate and critically analyze professional and scientific literature in the field.

5. Define terminology of common use in the child psychiatric literature.

6. Appraise study design, the use of statistics, and their appropriateness for the objectives of the studies presented.

7. Apply knowledge of research design, implementation and statistics to the appraisal of study validity.

8. Relate larger social and professional issues to the themes, methodologies and significance of studies in the field.

B. SKILLS

1. Summarize relevant study information.

2. Communicate main points of studies including background, methods, result and conclusion.

3. Communicate a critical comment in an organized manner.

4. Facilitate audience participation, particularly those of challenge end dissent.

5. Facilitate and engage in professional and scientific debate.

6. Communicate clearly, succinctly and engagingly around professional and scientific issues in the discipline.

C. ATTITUDES

1. Demonstrate interest, curiosity and appreciation of scientific literature in the practice of the discipline.

2. Demonstrate respect and tolerance for differences in ideas.

3. Demonstrate effective teaching and leadership skills.

4. Volunteer examples from clinical practice relevant to discussion.

5. Initiate further reading on issues discussed.

6. Share scientific questions, interests.

7. Propose further possible studies.

JOURNAL CLUB
REFERENCE READINGS

Journals:

- Journal American Psychiatry Association
- Journal of Psychopharmacology
-
- Journal of the American Academy of Child and Adolescent Psychiatry
- Journal of Child & Adolescent Psychopharmacology
- Archives of General Psychiatry
- The American Journal of Psychiatry
- Annals of Clinical Psychiatry : Official Journal of the American Academy of Clinical Psychiatrists
- The British Journal of Psychiatry
- Child Psychiatry and Human Development
- Cognitive Neuropsychiatry
- Current Psychiatry
- Harvard Review of Psychiatry
- International Review of Psychiatry
- Journal of Child Psychology and Psychiatry and Allied Disciplines
- Journal of Neurology, Neurosurgery and Psychiatry
- The Journal of Neuropsychiatry and Clinical Neurosciences
- Journal of Psychiatry and Neuroscience

GRAND ROUNDS

I. DESCRIPTION

Under the supervision of coordinating faculty, residents select a faculty member or guest speaker to make a special monthly presentation of a topic particularly relevant to the practice of child and adolescent psychiatry or a presentation of ongoing research. Topics chosen for presentation are related to the practice of child and adolescent psychiatry in relation to other fields, with a strong emphasis on the larger social context of the practice. It includes sessions on psychological testing, systems of care, child and mental health policy, administrative psychiatry and social issues such as violence, divorce and adoption. In addition, it addresses basic principles of working in and with the community, including advocacy issues and administrative issues, such as opening a practice in the community. Grand Rounds can also include discussion on ethics, integrating readings and situation vignettes and integration with community activities. In some instances, a discussion of a difficult case shared with other disciplines, such as pediatrics, is presented to provide an opportunity for attending physicians, consultants and trainees to share their thinking.

As part of the activity, residents are required to provide a short literature review of the topic to be discussed as introduction to the presentation.

II. GENERAL OBJECTIVES

Upon completion of this seminar, the resident will:

A. KNOWLEDGE

1. Identify and apply methods of professional/scientific presentation of clinical or research data.

2. Identify current critical issues in the discipline.

3. Acquire new information in the field.

4. Learn theoretical principles related to our field and how to apply them to clinical practice.

5. Learn how to work effectively, productively, and cooperatively with other seminar participants and the faculty.

B. SKILLS

1. Develop skills in analyzing presented data.

2. Develop skills in identifying parts of a presentation that might be particularly useful to patients' treatment and its application to our practice.

3. Develop skills in critically appraising other's work.

4. Acquire effective communication skills with other seminar participants and the faculty.

5. Utilize available resources (e.g. supervisors, other professionals, literature, reading, internet) as necessary for optimal performance and patient care.

6. Develop skills in interdisciplinary collaboration.

C. ATTITUDES

1. Show regular timely attendance.

2. Be able to show respect and maintain confidentiality when in the course of a presentation.

3. Demonstrate a consistent interest in learning by active participation, relevant questioning and commenting, and integration of readings.

4. Be able to respectfully receive constructive criticism and feedback from others.

5. Maintain a perspective that considers learning about and interacting with other systems of care involved with children, adolescents and families as an essential aspect of care.

6. Demonstrate a commitment to professionalism high ethical standards.

7. Demonstrate a commitment to increasing fund of knowledge to improve clinical practices.

CLINICAL ROTATIONS

1. **Outpatient Clinic**
2. **Adolescent Inpatient Unit**
3. **Pediatric Neurology**
4. **Neurodevelopmental Pediatric Clinic**
5. **Pediatric Genetics**
6. **Intensive Ambulatory Programs**
7. **Pediatric Consultation-Liaison Services**
8. **School Consultation**
9. **Forensic Consultation**
10. **Community Child Psychiatry**

OUTPATIENT CLINIC ROTATION

I. DESCRIPTION

The Child and Adolescent Mental Health Clinic is located at the University Pediatric Hospital in the Medical Sciences Campus. The Clinic is one of the largest and oldest mental health clinics in Puerto Rico. Residents are exposed to a population with a wide variety in psychopathology and socio-economic background throughout the two years of training.

During the rotation, residents are assigned to an interdisciplinary team and participate in their team meetings for case discussion and interdisciplinary treatment planning weekly. Caseloads are carefully monitored by the training director and the faculty team leader for breadth of clinical population and experience. An average weekly load for a resident consists of 10-18 cases including a minimum of 1-2 cases for evaluation, 2-4 psychopharmacology cases, a family, and 2-3 long-term psychotherapy case. In addition, residents are assigned an hour weekly for crisis intervention to assure continuity of care and experience in ambulatory crisis response. Residents are required to attend at least two hours of individual supervision weekly.

II. GENERAL OBJECTIVES

Upon the completion of this rotation, the resident will:

A. KNOWLEDGE

1. Recognize the clinical presentations of different psychiatric disorders manifested in children and adolescents.

2. Distinguish and integrate the biological, psychological, socioeconomic, developmental, ethnic and cultural factors that contribute to the different manifestations of psychiatric disorders in infants, children, adolescent and their families.

3. Recognize the etiologies, prevalence, diagnosis and different treatment options for the pediatric psychiatric conditions in accordance to the current standards in the field.

4. Be aware of the medical, ethical and legal aspects of the medical practice as applied to child psychiatry.

5. Determine when and how to refer patients to other health providers.

B. SKILLS

1. Conduct a complete diagnostic interview, including clear and accurate history taking and a competent evaluation on a variety of pediatric patients from all age groups.

2. Relate history and clinical findings to the relevant biological, developmental, psychological and social issues associated with the etiology and treatment of psychiatric disorders in children and adolescents of all ages and their families.

3. Implement and carry out specific treatments including long term psychotherapy, play (psychodynamic) therapy, brief and supportive therapies, psychopharmacology, cognitive therapy, behavior modification, family therapy, group therapy and other treatment modalities that may benefit the patient when appropriate.

4. Demonstrate adequate skills in documentation.

C. ATTITUDES

1. Demonstrate responsibility for patients.

2. Shows regular timely attendance to appointments and supervision.

3. Develop awareness of his/her strengths and limitations and of feelings towards self and others that might impact the treatment.

4. Be aware of countertransference reactions and seek supervision and/or psychotherapy to effectively deal with it for the benefit of the patient.

5. Develop a commitment to high ethical standards and to continuing professional growth and development.

6. Relate appropriately to members of the interdisciplinary team.

7. Develop expertise in the six areas of competencies.

OUTPATIENT CLINIC
REFERENCE READINGS

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ADOLESCENT INPATIENT ROTATION

I.DESCRIPTION

Residents are required to rotate in the Adolescent Unit at First Hospital Panamericano for four months during their first year of training. During the rotation, residents are required to perform a comprehensive evaluation and individual follow up of assigned patients throughout their hospital stay. Residents learn and apply different psychotherapeutic modalities, such as psychopharmacology, cognitive-behavioral therapy, individual psychotherapy, brief and supportive psychotherapy, crisis intervention, and family therapy. In addition, residents have the opportunity to participate in various therapy groups occurring in the unit. Residents may follow up patients who did not have a referring psychiatrist upon admission in our outpatient services after discharge.

An average caseload for a resident consists of 4-6 patients. At least an hour of supervision weekly with the attending in the unit is required. In addition, residents are required to participate in daily morning rounds for review of individual cases and treatment plans with the interdisciplinary team. The attending psychiatrist is always available in the unit for additional supervision, which may be needed.

II.GENERAL OBJECTIVES

Upon the completion of this rotation, the resident will:

A. KNOWLEDGE

1. Outline basic information and observation needed for complete psychiatric history, mental examination, case formulation, differential diagnosis and treatment plan of adolescent patients in the unit and their families.

2. Describe the basic concepts of interviewing techniques with adolescents.

3. Explain the basic psychopathological processes commonly found in a hospital setting.

4. Identify risk factors for management of legal aspects relating specifically to minors.

5. Learn about the basic concepts related to the different psychotherapeutic approaches used for intervention and when are those used in this setting appropriately.

6. Have a broad knowledge of psychopharmacology, especially managing refractory cases.

7. Learn to consult and interact effectively with other systems of care involved with psychiatrically ill patients and their families.

B. SKILLS

1. Perform a complete evaluation of inpatient adolescents and their families, including history taking, mental examination, case formulation, differential diagnosis and treatment planning.

2. Become proficient in applying different modalities of treatment options as individual cases may indicate.

3. Design and implement an interdisciplinary treatment plan, including psychiatric, psychological, social, educational, medical and legal aspects.

4. Assume a leadership role within the interdisciplinary team.

5. Help family and staff advocate for the patients and identify appropriate community resources to assure a comprehensive care.

B. ATTITUDES

1. Recognize resident's own strengths and limitations.

2. Treat adolescent patients and their families with respect and confidentiality.

3. Be respectful of the professional staff and establish a collegiate relationship with them.

4. Maintain a professional demeanor and follow the hospital rules and regulations.

5. Develop a commitment to high ethical standards and to continue professional development/growth.

INPATIENT CHILD PSYCHIATRY
REFERENCE READINGS

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PEDIATRIC NEUROLOGY

I. DESCRIPTION

For two months, first year residents rotate 16 hours weekly through the different pediatric neurology services at the San Juan City Hospital. During this rotation, residents learn about pediatric neurological conditions, its diagnosis and treatment, and to participate as a member of the interdisciplinary team that offers treatment to these patients.

Residents spend at least four hours weekly at the Pediatric Neurology Clinic, where most of the time is spent in evaluation and follow up of patients. They learn and perform neurological examinations, as well as diagnose and treat referred patients under close supervision of an attending neurologist. Another four hours are spent in the Epilepsy Monitoring Unit, where patients stay for 3-5 days for evaluation of intractable seizures, pseudoseizures, among other conditions. Residents participate in the interdisciplinary evaluation and discussion of cases. The last four hours are spent in seminar and consultation services to the pediatric ward. Residents are required to make an oral presentation at the end of the rotation.

II. GENERAL OBJECTIVES

Upon the completion of this rotation, the resident will:

A. KNOWLEDGE

1. Identify common pediatric neurological disorders, its manifestations and treatment issues.

2. Determine when to order specific diagnostic studies such as X-rays, EEG, MRI, CT, 24 hour EEG monitoring, anticonvulsant levels and other relevant ones.

3. Recognize neurological conditions that have special relevance to psychiatry, such as absence seizures, multiple sclerosis, head trauma, AIDS and others.

4. Be able to differentiate psychiatric conditions such as pseudoseizures from primarily organic conditions.

5. Determine when to refer the patient to a Pediatric Neurologist.

B. SKILLS

1. Demonstrate expertise in taking relevant medical history.

2. Conduct a complete pediatric neurological evaluation.

3. Coordinate and discuss with the pediatric neurologist treatment issues in patients with both psychiatric and neurological problems.

C. ATTITUDES

1. Demonstrate empathy, respect and compassion to the patients and their family.

2. Demonstrate capacity to seek supervision when needed to take appropriate medical decision.

3. Demonstrate receptiveness to constructive criticism and ability to consider and/or discuss proposed alternatives.

4. Work effectively as part of the interdisciplinary team.

5. Recognize limitations and know when to refer promptly.

6. Conduct him/herself in a manner such as required by the ethical, moral and legal standards of the medical profession.

PEDIATRIC NEUROLOGY
REFERENCE READINGS

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PEDIATRIC NEURODEVELOPMENT ROTATION

I. DESCRIPTION

This is a required two months rotation for first year residents occurring at the University Pediatric Hospital. Residents attend the Neurodevelopment Pediatric Clinic 8 hours/ week. Residents rotate with different staff members of the team participating in their evaluations and follow up visits as observers. Residents also participate in pediatric evaluations, interviewing and examining patients with direct supervision of attending developmental pediatricians. Residents participate in case discussions and formulation of treatment plans.

In addition, residents spend 1-2 hours weekly discussing relevant literature including developmental screening instruments, pharmacotherapy, the medical management of children with disabilities and other selected topics with the assigned faculty. Residents are required to make an oral presentation at the end of the rotation.

II. GENERAL OBJECTIVES

Upon the completion of this rotation, the residents will:

A. KNOWLEDGE

1. Describe the normal child's developmental process covering the areas of gross motor, fine motor, speech and language, visual and hearing, cognitive and socioemotional development and typical variations in those patterns.

2. Learn about the different theories of child and adolescent development.

3. Discuss the definition, classification, clinical presentation, etiologic factors, evaluation and management of mental retardation, motor disabilities, communication disorders, and visual and hearing impairments.

4. Learn about the roles of each professional in the team: developmental pediatrician, speech pathologist, audiologist, speech therapist, physical and/or occupational therapist, nutritionist, psychologist, social worker, and case manager.

5. Know about other community agencies or health care systems involved in the care of this specific population.

B. SKILLS

1. Demonstrate expertise in taking relevant medical history.

2. Conduct a complete developmental pediatric evaluation.

3. Coordinate and discuss with the developmental pediatrician treatment issues in patients with both psychiatric and neurodevelopmental problems.

4. Identify and make appropriate referrals to other members of the evaluating team.

5. Help family and staff identify when appropriate community resources.

B. ATTITUDES

1. Be prompt to each session.

2. Develop a positive attitude regarding treatment of disabled children and their families.

3. Be understanding and supportive towards disabled children and their families.

4. Consider the debate surrounding ethical issues regarding disabilities and assume a position on these issues.

5. Demonstrate ability to integrate information from other professionals to improve clinical practice.

NEURODEVELOPMENT PEDIATRICS
REFERENCE READINGS

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PEDIATRIC GENETICS ROTATION

I. DESCRIPTION

This is a required two-month rotation for first year residents occurring at the University Pediatric Hospital. Residents attend the Pediatric Genetic Clinics 8 hours/ week. Residents will participate in the genetic initial evaluation clinics as well as follow-up clinics as observers. Residents as well could participate in pediatric evaluations, interviewing and examining patients with direct supervision of attending genetics pediatrician. Residents will also have the responsibility of literature review, readings and discussions of topics assigned by the attending physician.

II. GENERAL OBJECTIVES

Upon the completion of this rotation, the residents will:

A. KNOWLEDGE

1. Learn how to perform a comprehensive genetic evaluation including history, family pedigree and physical exam.
2. Identify how to recognize patients in need of a genetic evaluation.
3. Describe the definition, classification, clinical presentation, etiologic factors, evaluation and management of genetic disorders with predominant psychiatric manifestations.
4. Knows about genetic testing procedures and when to order specific tests.
5. Knows about other community agencies or health care systems involved in the care of this specific population.

B. SKILLS

1. Demonstrate expertise in taking relevant medical history.
2. Coordinate and discuss with the geneticist treatment issues in patients with both psychiatric and genetic problems.
3. Demonstrates ability to work effectively as part of an interdisciplinary team.
4. Identify and make appropriate referrals to other members of the evaluating team.
5. Demonstrate ability to integrate information from other professionals to improve clinical practice.
6. Help family and staff identify appropriate community resources.

C. ATTITUDES

1. Be prompt to each session.
2. Develop a positive attitude regarding treatment of children and their families.
3. Be understanding and supportive towards children and their families.
4. Consider the debate surrounding ethical issues in genetics and assume a position on these issues.

PEDIATRIC GENETICS
REFERENCE READINGS

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INTENSIVE AMBULATORY PROGRAMS ROTATION

I. DESCRIPTION

Residents rotate in their second year in the two programs that offer intensive ambulatory care currently in the Mental Health Clinic at the University Pediatric Hospital. Both programs have been developed for patients needing a more intense daily level of care, but in no need of 24-hour observation. It provides a continuum of care to address the different needs of our child and adolescent population with a mental health condition. The Children's Intensive Ambulatory Program is specific for children ages 5-12 and the Adolescents' Intensive Ambulatory Program is for adolescents ages 13-17. Excellent care and supervision is provided by an interdisciplinary team composed of child and adolescent psychiatrist, psychologist, registered nurse, special needs teacher, occupational therapist, and assistant occupational therapist. Interaction with students in different areas of professional training provides an opportunity for residents to develop teaching skills, leadership and to learn the role of a child and adolescent psychiatrist in an interdisciplinary team.

Residents are responsible for in depth comprehensive evaluation and individual weekly follow up of their patients throughout the length of stay. An average caseload for a resident consists of 2-3 patients weekly. As part of the evaluation, residents meet with the family and arrange for family intervention as needed. In addition, residents participate in a therapy group and family psychoeducational/supportive group. Residents are required to attend Team meetings, where cases are discussed among team members and treatment plans are formulated and reviewed. Residents may follow up in our clinic patients who did not have a referring psychiatrist upon admission after discharge.

II. GENERAL OBJECTIVES

Upon the completion of this rotation, the resident will:

A. KNOWLEDGE

1. Become aware of the role of a child and adolescent psychiatrist in the interdisciplinary evaluation and treatment of children at such programs.

2. Develop a treatment plan appropriate to the patient's needs.

3. Apply different modalities of treatment as indicated, such as psychopharmacology, psychotherapy, group, family, and crisis intervention.

4. Learn about the coordination of medical and psychosocial services for patients and their families.

5. Identify community resources available for patients and their families, and advocate for their patients' needs.

6. Describe the indications/contraindications of the Intensive Ambulatory Program as a therapeutic modality.

B. SKILLS

1. Perform a complete evaluation of children/adolescents and their families, including history taking, mental examination, case formulation, differential diagnosis and treatment plan.

2. Design and implement an interdisciplinary treatment plan, including psychiatric, psychological, social, educational, medical and legal aspects.

3. Develop and/or improve communication process among members of the team and other community agencies (including schools).

4. Facilitate continuity of care for patients evaluated and treated at the program.

5. Be able to lead a therapy group with adolescents.

6. Develop skills aimed at family therapy interventions.

7. Be able to appropriately manage crisis interventions and emergencies.

C. ATTITUDES

1. Demonstrate responsibility and empathy for patient care.

2. Demonstrate leadership in an interdisciplinary team.

3. Be respectful to other professionals in the team.

4. Develop a commitment to high ethical standards and to continue professional development/growth.

5. Follow the program's norms and regulations.

INTENSIVE AMBULATORY PROGRAM
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PEDIATRIC CONSULTATION-LIAISON SERVICES

I. DESCRIPTION

This is a required six months, 14 hours a week rotation for second year residents occurring at the Pediatric University Hospital. Consultation is offered to the emergency room, pediatric wards and specialized units. Residents see on average 3-5 consults a week and provide follow up care during their hospital stay. Residents design activities for nursing staff, parents or pediatric staff as the need develops. Residents also participate in team meetings for case discussion and treatment planning.

As part of this rotation, residents also have a Pediatric HIV Clinics consultation-liaison experience. This component of the rotation consists of 2 hours/ week for 6 months case discussions of the psychiatric and psychological aspects of HIV patients. Residents as well could participate in psychiatric evaluations of patients, consultation of cases and liaison work with the clinic's staff. Residents will also have the responsibility of literature review, readings and discussions of topics assigned by the attending physician of the Pediatric HIV Clinics.

Residents have an hour of discussion and review of assigned topics and another hour of individual supervision weekly. In addition, all residents must attend an hour of morning rounds twice a week for discussion of cases evaluated by the service.

II. GENERAL OBJECTIVES

Upon completion of this rotation, the resident will:

A. KNOWLEDGE

1. Define the concepts of consultation and liaison at hospital settings.

2. Distinguish different types of hospital settings and be able to identify its characteristics.

3. Identify professional staff on a pediatric ward and their roles in patient care delivery and hospital management.

4. Be familiar with the different developmental response to hospitalization for infants, toddlers, school age children, adolescents and families.

5. Identify psychological factors affecting medical illnesses, including factors associated with HIV illness.

6. Define psychosomatics concepts related to medical illness, including HIV infection.

7. Be familiar with the management of psychiatric emergencies in children of different ages and developmental levels.

8. Recognize the process and psychological issues affecting the dying child and their family.

9. Be familiar with the different treatment modalities used for intervention in consultation.

B. SKILLS

1. Perform a comprehensive evaluation and write a complete consultation report.

2. Be able to formulate and help to implement treatment recommendations.

3. Participate actively in liaison activities, including patient rounds and interdisciplinary treatment plan meeting.

4. Intervene effectively with common consultation requests such as: noncompliance, chronic illnesses, the dying child, invasive medical procedures, and overdose.

5. Educate staff about common psychological reactions in emergency room/hospitalized children of all ages and ward management of the same.

6. Intervene therapeutically with hospitalized children utilizing the different existing psychotherapeutic modalities including crisis intervention, individual psychotherapy, cognitive-behavioral interventions, and family intervention as needed.

7. Make appropriate referrals to traditional psychiatric wards.

8. Recognize countertransference issues in him/herself and in staff and deal with them in an appropriate manner.

C. ATTITUDES

1. Answer consults in a promptly fashion.

2. Be respectful of the professional staff and establish a collegiate relationship with them.

3. Behave accordingly to the principles of bioethics, as they specifically apply to hospitalized and/or dying children.

4. Maintain confidentiality appropriately to role as a consultant.

5. Maintain a professional demeanor while being a guest at the consulting hospital and follow its rules and regulations.

CONSULTATION LIAISON ROTATION
REFERENCE READINGS

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SCHOOL CONSULTATION ROTATION

I. DESCRIPTION

The School Consultation Rotation is an educational activity that combines the theoretical aspects of psychiatric consultation with a supervised consultation experience in a school setting. Residents attend a school, Colegio Puertorriqueño de Niñas, four hours weekly for a period of six months.

Residents participate in school team meetings where they act as consultants to the school staff. Most consults include education of school staff on issues of detection and management of specific student problems or mental health related issues, the development of a plan of action, and analysis of problems that may be occurring between school staff, students, and/or parents. In addition, residents prepare informal talks for school staff, students, and/or parents on issues such as normal development, mental health, school violence, and prevention.

Residents attend a weekly supervision that integrates discussion of the pertinent current literature with the actual clinical experience. In addition, resident are required to prepare one formal presentation to members of the school for evaluation by the attending psychiatrist.

II. GENERAL OBJECTIVES

Upon completion of this rotation, the resident will:

A. Knowledge

1. Learn about the historical background of school consultation, and the related fundamental concepts, as a distinct and efficient means to help children.

2. Be familiar with the consultation process.

3. Know when and how to intervene clinically with an individual student and/or other members of the system.

4. Identify the chain of command within the educational system and value its role within the same.

5. Identify the various special classes and how to refer children accordingly.

6. Identify the various sub-systems within the larger educational system and know the difference between the public and private sectors of the School System in Puerto Rico.

B. SKILLS

1. Be able to identify the reason for a consultation.

2. Conduct complete consultation evaluation and report when requested and help implement recommendations.

3. Identify possible resources within the school system.

4. Serve as an intermediary between school staff and students, families, and other resources.

5. Demonstrate ability to organize and carry out effective mental health educational activities.

6. Demonstrate to be a competent consultant to educators relating to both clinical cases and community child mental health issues.

C. Attitudes

1. Demonstrate the capacity to relate to school personnel in a collaborative role.

2. Demonstrate the capacity to relate with empathy and genuineness and to accept and respect the consulate.

3. Demonstrate capacity to develop a team approach to work.

4. Conduct themselves in a manner consistent with the ethical, moral and legal standards of our profession.

5. Respects the authorities within the school system and abide by their rules at all times.

SCHOOL CONSULTATION
REFERENCE READINGS

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FORENSIC CONSULTATION

I. DESCRIPTION

This is a required rotation for second year residents. Residents participate in the evaluation of cases referred to attending psychiatrists in our program with particular interest in forensic issues. These staff members provide direct supervision throughout the process of evaluation, report writing and court appearances. Residents have the opportunity to attend family court hearings and juvenile court hearings accompanied by the attending in charge. Residents may also be summoned by court to testify in relation to their own cases. The supervising psychiatrist accompanies the resident at all times.

II. GENERAL OBJECTIVES

Upon completion of this rotation, the resident will:

A. Knowledge

7. Understand the role of expert witness in a Court.

8. Know how to conduct a Court evaluation of a child or adolescent.

9. Gain fundamental knowledge on the following topics:

    a. Child abuse and the battered child syndrome
    b. Child neglect
    c. Child custody
    d. Juvenile justice and the rights of children
    e. Treatment issues
    f. Ethical issues

10. Prepare a formulation of reasoning of the opinion given.

B. Skills

1. Dominate evaluation, preparation, and write up of a forensic case.

2. Develop basic skills required of an expert witness.

3. Distinguish between the roles of the expert witness and the law witness.

4. Become sensitive to the legal requirements as compared to the therapeutic obligations of psychiatrists in his/her role as expert and caregiver. Access ethical issues and conflicts between these two roles.

C. Attitudes

1. Become cognizant of the interaction issues between the expert witness and the legal profession.

2. Encourage curiosity, reading, and involvement in additional professional research in Forensics.

3. Encourage responsibility and punctuality regarding legal deadlines.

4. Become sensitive to the needs of persons confronting legal controversies.

5. Show compliance with ethical standards.

6. Show motivation and interest by regular attendance and active participation.

FORENSIC PSYCHIATRY
REFERENCE READINGS

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COMMUNITY CHILD PSYCHIATRY ROTATION

I. DESCRIPTION

The Community Child Psychiatry rotation occurs throughout the two years of training. Residents devote approximately four hours per month to community related activities. Its aim is to provide the resident with knowledge of larger social contexts and their impact on children and their mental health problems. It also provides an experience geared towards developing skills in communication with the community at large, advocacy and interaction with other community organizations. Residents participate in projects dealing with public health related issues. In addition, they participate in community education though the media, radio, and TV.

Residents meet with the faculty supervisor to discuss the specific interventions in which they participate before and after the activities. Theoretical aspects are discussed in the Special Topics Seminar.

II. GENERAL OBJECTIVES

Upon the completion of the rotation, the resident will:

A. **KNOWLEDGE**

1. Gain knowledge about community issues and their effect on child development, psychopathology and services.

2. Gain knowledge about basic theory of community intervention.

3. Gain knowledge about preventive strategies in the community

4. Gain familiarity with diverse communities in Puerto Rico and their perspectives on child mental disorders and their treatment.

5. Become familiar with a variety of existing programs promoting the health of children and adolescents in our community.

6. Learn basic techniques for public communication.

7. Identify community resources and other government services in Puerto Rico.

8. Learn about important issues related to public policy, and their impact on clinical practice and patients.

B. SKILLS

1. Develop skills in communicating with different groups in the community.

2. Develop skills in designing educational and preventive interventions.

3. Be able to work in an interdisciplinary team with non-medical professionals and volunteers.

4. Acquire skills related to involvement in professional and community organizations.

C. ATTITUDES

1. Show empathy and respect for children, adolescents, their families and those who work with them in the community.

2. Maintain high ethical and professional standards in all settings of professional intervention.

3. Be creative in engaging the community and the media in educational and preventive interventions.

4. Demonstrate commitment to the advancement of our profession

COMMUNITY PSYCHIATRY
REFERENCE READINGS

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UNIVERSIDAD DE PUERTO RICO
RECINTO DE CIENCIAS MEDICAS
PROGRAMA DE PSIQUIATRIA NIÑOS Y ADOLESCENTES

PRIMER COURSE

July 1	8:00 AM	Administrative Psychiatry: Child and Adolescent Psychiatry Clinic Management Clinic Coordinator: Mayra Olavarría, PhD
	10:00 AM	Surviving a Child and Adolescent Psychiatry Residency Chief Resident: Ingrid Casas, MD
	12:00 PM	Lunch
	1:00 PM	Overview of Normal Development Chief Resident: Ingrid Casas, MD Training Director: Lelis L. Nazario, MD
	3:00 PM	Medico Legal and Ethical Aspects in Child and Adolescent Psychiatry/ Resources and Liaison Procedures with Community and Governmental Agencies Chief Resident: Ingrid Casas, MD Training Director: Lelis Nazario, MD

July 5	8:00-10:00 AM	Psychopharmacology Seminar Principles of pharmacology in children and adolescents
July 6	8:00-10:00 AM	Child and Adolescent Psychiatry Residency Overview Lelis Nazario, MD
July 12	8:00-10:00 AM	Psychopharmacology Seminar Management of disruptive behavior disorders: Overview of stimulants use in children and adolescents
July 19	8:00-10:00 AM	Psychopharmacology Seminar Management of mood and anxiety disorders: Overview of antidepressants use in children and adolescents
July 26	8:00-10:00 AM	Psychopharmacology Seminar Management of psychotic disorders: Overview of antipsychotics use in children and adolescents

DIDACTIC SCHEDULE 2005 -2006

July		PRIMER	
August	3	Case Presentation	Ingrid Casas, MD
	10	Grand Round	Rossely Roldán, MD
	17	Journal Club	Glory Ann Franco,MD
	24	Case Conference	Damaris Prieto, MD
	31	Grand Round	Ingrid Casas, MD
September	7	Case Presentation	Rossely Roldán, MD
	14	Journal Club	Damaris Prieto, MD
	21	Case Conference	Glory Ann Franco, MD
	28	Grand Round	Olga Mora, MD
October	5	Case Conference	Ingrid Casas, MD
	12	Case Presentation	Damaris Prieto, MD
	19	Journal Club	Rosely Roldán, MD
	26	Grand Round	Glory Ann Franco, MD
November	2	Case Presentation	Olga Mora, MD
	9	Case Conference	Rossely Roldán, MD
	16	Grand Round	Damaris Prieto, MD
	23	Journal Club	Ingrid Casas, MD
	30	Case Conference	Olga Mora, MD

December	7	PRITE	
	14	Journal Club	Olga Mora, MD
	21	Case Presentation	Glory Ann Franco, MD
	28	Semester Evaluations	
January	4	Film Presentation	
	11	Holiday	
	18	Journal Club	Ingrid Casas, MD
	25	Grand Round	Rossely Roldán, MD
February	1	Case Presentation	Damaris Prieto, MD
	8	Case Conference	Glory Ann Franco, MD
	15	Journal Club	Olga Mora, MD
	22	Grand Round	Ingrid Casas, MD
March	1	Case Conference	Rossely Roldán, MD
	8	Grand Round	Glory Ann Franco, MD
	15	Case Presentation	Olga Mora, MD
	22	Holiday	
	29	Journal Club	Damaris Prieto, MD
April	5	Grand Round	Olga Mora, MD
	12	Case Conference	Ingrid Casas, MD
	19	Journal Club	Rossely Roldán, MD
	26	Case Presentation	Glory Ann Franco, MD

May	3	Case Conference	Damaris Prieto, MD
	10	Case Presentation	Ingrid Casas, MD
	17	Grand Round	Damaris Prieto, MD
	24	Journal Club	Glory Ann Franco, MD
	31	Case Presentation	Rossely Roldán, MD
June	7	Case Conference	Olga Mora, MD
	14	Oral Presentation	Ingrid Casas, MD Damaris Prieto, MD
	21	Oral Presentation	Rossely Roldán, MD Glory Ann Franco, MD
	28	Oral Presentation	Olga Mora, MD

CONTINOUS BOARD SCHEDULE 2005 -2006

July	5	Practice Parameter for the Psychiatric Assessment of Children and Adolescents Glory Ann Franco, MD
	12	Practice Parameter for the Psychiatric Assessment of Infants and Toddlers (0-36 Months) Ingrid Casas, MD
	19	Board Practice Rossely Roldán, MD
	26	Practice Parameter for Use of ECT with adolescents Glory Ann Franco, MD
August	2	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Enuresis Ingrid Casas, MD
	9	Board Practice Damaris Prieto, MD
	16	Practice Parameter for the Prevention and Management of Aggressive Behavior in Child and Adolescent Psychiatric Institutions Rossely Roldán, MD
	23	Practice Parameter for the Use of Stimulant Medications in the Treatment of Child, Adolescents and Adults Damaris Prieto, MD
	30	Board Practice Ingrid Casas, MD
September	6	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior Rossely Roldán, MD
	13	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Schizophrenia Olga Mora, MD
	20	Board Practice Rossely Roldán, MD

	27	Practice Parameter for the Assessment and Treatment of Children and Adolescents who are Sexually Abusive of Others Damaris Prieto, MD
October	4	Practice Parameter for the Assessment and Treatment of Children, adolescents and adults with Autism and other Developmental Disorders Ingrid Casas, MD
	11	Board Practice Olga Mora, MD
	18	Practice Parameter for the Assessment and Treatment of Children, Adolescents and Adults with Mental Retardation and Comorbid Mental Disorders Damaris Prieto, MD
	25	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders Rossely Roldán, MD
November	1	Board Practice Damaris Prieto, MD
	8	PRITE Q & A
	15	PRITE Q & A
	22	PRITE Q & A
	29	PRITE Q & A
December	6	PRITE Q & A
	13	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Language and Learning Disorders Ingrid Casas, MD
	20	Board Practice Olga Mora, MD
	27	Semester Evaluation
January	10	Practice Parameter for the Assessment and Treatment of Children and Adolescents with OCD Rossely Roldán, MD

	17	Practice Parameter for the Assessment and Treatment of Children and Adolescents with PTSD Damaris Prieto, MD
	24	Board Practice Glory Ann Franco, MD
	31	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Bipolar Disorder Ingrid Casas, MD
February	7	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Conduct Disorder Glory Ann Franco, MD
	14	Board Practice Ingrid Casas, MD
	21	Practice Parameter for the Assessment and Treatment of Children, Adolescents and Adults with ADHD Rossely Roldán, MD
	28	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders Damaris Prieto, MD
March	7	Board Practice Rossely Roldán, MD
	14	Practice Parameter for Child Custody Evaluation Glory Ann Franco, MD
	21	Practice Parameter for the Forensic Evaluation of Children and Adolescents who may have been Physically or Sexually Abused Ingrid Casas, MD
	28	Board Practice Damaris Prieto, MD
April	4	Practice Parameter for the Assessment and Treatment of Children and Adolescents with Substance Use Disorders Rossely Roldán, MD

	11	Cognitive-Behavioral Psychotherapy for Anxiety and Depressive Disorders in Children and Adolescents: An Evidence-Based Medicine Review Damaris Prieto, MD
	18	Board Practice Glory Ann Franco, MD
	25	Childhood Reaction to Terrorism Induced Trauma: A Review of the Past 10 years Ingrid Casas, MD
May	2	10-Year Research Update Review: Child Sexual Abuse Glory Ann Franco, MD
	9	Board Practice Ingrid Casas, MD
	16	Youth Suicide Risk and Preventive Interventions: A Review of the Past 10 Years Olga Mora, MD
	23	Texas Children Medication Algorithm Project: Major Depression Disorder Damaris Prieto, MD
	30	Board Practice Rossely Roldán, MD
June	6	Texas Children Medication Algorithm Project: ADHD Part I Olga Mora, MD
	13	Texas Children Medication Algorithm Project: ADHD Part II Ingrid Casas, MD
	21	Board Practice Olga Mora, MD
	27	AACAP “NIMH Research Roundtable on Prepubertal Bipolar Disorder” Glory Ann Franco, MD