

Children's Hospital Boston



Child & Adolescent Psychiatry



Residency Training Program



Harvard Medical School



Children's Hospital Boston *A teaching affiliate of Harvard Medical School*

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Dear Applicant:

Thank you for inquiring about our training program in Child and Adolescent Psychiatry at Children's Hospital Boston. We have offered accredited training in Child and Adolescent Psychiatry since 1953. Our program has graduated over three hundred distinguished child and adolescent psychiatrists who have gone on to successful careers in the administrative, clinical, educational and research realms, including the contributions made by our graduates in thousands of scholarly publications; many of which have influenced the creation of cutting-edge clinical services that are evidence-based and multi-modal. Our department and faculty have spearheaded innovative community-based programs and preventive interventions, and we actively work to integrate these into our training program, as we continually evolve to meet the critical training needs of developing child and adolescent psychiatrists.

We look forward to receiving your application and to learning more about your interests and career goals.

Sincerely,

Enrico Mezzacappa, MD
Director of Residency Training
Assistant Professor of Psychiatry, Harvard Medical School

David R. DeMaso, MD
Psychiatrist-in-Chief & Chairman of Psychiatry
The Leon Eisenberg Chair in Psychiatry
Professor of Psychiatry & Pediatrics, Harvard Medical School

THE DEPARTMENT OF PSYCHIATRY AT CHILDREN'S HOSPITAL BOSTON

TABLE OF CONTENTS

Our Department Vision

Our Training Mission

Child & Adolescent Psychiatry - Our Training Approach

Psychiatry at Children's Hospital Boston - Our Training Sites

Our Clinical Programs

Program for Behavioral Science - Research Opportunities

Child & Adolescent Mental Health Initiatives - Our Advocacy Program

International Child Mental Health Training - Our International Program

Child & Adolescent Residency Program Description - Year I

Child & Adolescent Residency Program Description - Year II

Our Year I and II Core Seminars

Program Information

Application Process

Inquires

Our Child & Adolescent Psychiatry Residents

Accomplishments of Current Residents and Recent Graduates

THE DEPARTMENT OF PSYCHIATRY AT CHILDREN'S HOSPITAL BOSTON



OUR DEPARTMENT VISION

Working Together To Help Children & Families Achieve Healthy Development

OUR TRAINING MISSION

Educate the next generation of child and adolescent psychiatrists to provide excellence and leadership in all aspects of child mental health

CHILD & ADOLESCENT PSYCHIATRY - OUR TRAINING APPROACH

We in the Department of Psychiatry at the Children's Hospital Boston recognize that human development is shaped over time by ongoing dynamic transactions between biology and experience. We contend that successful development and developmental psychopathology are best viewed as resulting from successes or failures in attachment and self-regulation; the latter occurring in one or more of the domains of affect, thought, and behavior. This vantage point provides useful scaffolding upon which to organize and integrate the biological, psychological, and social contributions to mental health and illness within an overarching contextualized developmental framework.

In such a framework the child and adolescent psychiatrist with a holistic view of development and developmental psychopathology is able to appreciate the roles played by the broader social context that families live in, the contributions of families and caregivers themselves, and the risks presented by biological factors that can lead to adaptive and maladaptive outcomes in child development. The child and adolescent psychiatrist trained in this manner is able to consider a full complement of evidence-based interventions to address causal factors identified in each of these spheres of influence.

We want to train child and adolescent psychiatrists to help children achieve healthy attachments and adaptive self-regulation so that they may function better within themselves, within their families, with peers, in school, and in their communities. We want to provide this training in a broad range of settings – schools, community mental health centers, courts of law, and of course the hospital – so that residents have an

opportunity to master the unique challenges posed by each venue. Furthermore, we want to provide training in a full spectrum of intervention modalities - from prevention, to early intervention, to clinical treatment - so that residents are well prepared to provide services at each of these levels.

Our primary means of attaining these goals is an experiential teaching model that pairs residents with faculty - whether in the acute inpatient psychiatric or consultation-liaison settings, the outpatient clinic, or community settings - so that clinical care and teaching are never separated from each other. With the proximity of experienced faculty, these diverse venues can provide innumerable opportunities for residents to observe, to model, learn and to practice the core competencies that are central to the work of a well-trained child and adolescent psychiatrist: namely, patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice.

Finally, we believe that we must provide child mental health services that emphasize family centered and culturally competent care, increased accessibility, established practice parameters, outcome assessment, and community-based partnerships. We stress accountability and quality in our training program. We embrace research that informs clinical practice and that involves interdepartmental collaborations.

Ultimately, we expect that our graduates will improve the quality of life and reduce the burden of suffering for children and families that face disabling mental illnesses, thereby fostering the successful development of the children they serve. We anticipate that our alumnae will work across the spectrum of clinical and research settings using existing evidenced based approaches or investigating new ones; and that they will work to empower patients, families and communities through mental health advocacy at multiple levels.

Future Directions

Child and adolescent psychiatrists are facing a time of tremendous opportunity and challenge. There has been remarkable progress in behavioral science ranging from our expanded scientific knowledge base, to the introduction of new medications, to the development of manual-based psychosocial treatments. We have entered an era of neuroscience that will rewrite our understanding of development, mental health and mental illness, and change the very nature of our practice. We have come to realize the pivotal role that experience has on developing brain architecture, and therefore the role that both preventive and clinical interventions can play in mental health and development.

Yet, even with all this progress, the gap between “what we know” and “what we do” remains wide. The stigma of mental illness lingers and continues to hamper advocacy

efforts on behalf of accessible, quality mental health care for all. Our mental health system is characterized by fragmented care, service gaps, access problems, inadequate service payments, and insurance carve outs. We face significant challenges in the need to implement parity legislation and a national clinical trials registry, while responding to the critical shortage of qualified child and adolescent psychiatrists.

At Children's, we believe that we must translate "what we know" into "what we do" across the spectrum of psychiatric illnesses, and in all the settings where children and their families live and seek care. We must bring *knowledge to children and families*. We must continue our mental health advocacy efforts on behalf of children and their families. We must emphasize community-based partnerships, such as those with educators and pediatricians, who share our concerns about the mental health and well being of children and adolescents. It is in the context of these remarkable times that we must help prepare the next generation of leaders in child and adolescent psychiatry. We want to prepare individuals who can meet the present and future challenges in our field and take leadership roles in addressing them.

David R. DeMaso, MD
Psychiatrist-in-Chief &
Chairman of Psychiatry

Enrico Mezzacappa, MD
Director of Residency Training

PSYCHIATRY AT CHILDREN'S HOSPITAL BOSTON - OUR TRAINING SITES



Our Clinical Programs

Our clinical programs are comprised of five overarching services: collaborative care, community, consultation-liaison, inpatient, and outpatient. With approximately 15,000 outpatient visits, 1,000 medical consultations, 400 inpatient admissions, and 3,500 community visits each year, our Department provides critical integrated clinical services and preventive interventions to the Boston community, the Commonwealth of Massachusetts, as well as to greater New England, for children and families of all socioeconomic, ethnic-racial and cultural backgrounds.

The **Outpatient Psychiatry Service** offers comprehensive assessment and treatment services to children and their families. Using psychoeducational, cognitive, behavioral, dynamic, and psychopharmacologic treatment approaches in individual, family, and group modalities, the outpatient program provides solution-focused care specifically to help patients and their families effectively manage emotional and behavioral problems. There are four distinct programs subsumed under this service: 1) Pediatric Psychopharmacology, 2) Neuropsychology, 3) Emergency Psychiatry, and 4) Psychosocial Treatment (PSTP). The PSTP also includes several specialty teams: among them are the Behavioral Medicine Program and the Group Therapy Program.

The **Pediatric Psychiatry Consultation Service** is one of the nation's leading and largest psychiatric consultation programs. Staff and trainees provide diagnostic and treatment services to all in-house Children's Hospital Boston medical and surgical wards, as well as to a variety of medical-surgical subspecialty services including the Cardiology, Cystic Fibrosis, Critical Care Medicine, Gastroenterology, Hematology-Oncology (Dana Farber Cancer Institute), Pain Medicine, and Solid Organ Transplant programs. Working closely with consultation attendings, our residents learn first hand about the critical collaborative interface between pediatrics and psychiatry, while gaining an understanding of systems interventions that are critical to all types of consultative work, as well as a deeper understanding of the illness experiences of children and their families.

Inpatient psychiatry is a cornerstone experience in any training program where residents learn the fundamental diagnostic and therapeutic skills to work with the most severely disturbed and dysregulated patients in an interdisciplinary setting. The **Richmond Psychiatry Inpatient Service** is a 16-bed inpatient unit that specializes in caring for children and adolescents who struggle with depression, psychosis, anxiety,

eating disorders, and other psychiatric illnesses. This unit also has unique expertise in treating children with serious co-morbid medical illnesses such as brittle asthma and diabetes, which are often vehicles through which emotional and behavioral problems are expressed. Using an integrative focal treatment planning model, our residents learn how to identify in an effective, focused manner the problems that brought about a child's admission, and the implementation of targeted treatment approaches that allow a child to return to a less restrictive environment for ongoing care.

The **Children's Hospital Neighborhood Partnerships (CHNP)** is an innovative community mental health program based in 16 schools, both public and private, and 4 community health centers throughout the Greater Boston area. CHNP concentrates its efforts on those neighborhoods that have a high prevalence of risk factors such as single parent households, families living in poverty, substandard housing, and health concerns such as low birth weight. The goal of CHNP is to spark systemic change in the provision of mental health services fourfold: by expanding access to mental health services for underserved children; by providing mental health training for practitioners; by increasing knowledge of mental health disorders and building capacity in community-based partner organizations to prevent and address mental health concerns; and by advocating for policy changes that support the creation of an effective mental health care system.

In CHNP, our residents are exposed to a continuum of services that incorporates the best existing practices in prevention, as well as the clinical assessment and treatment of children and their families in community settings. Major CHNP program components include on-site mental health consultants in schools, community health centers, and other community organizations; case management services for families in schools that promote connections to community health centers and other community-based resources; special assessments and services for children who have co-morbid medical, emotional, academic and behavioral issues; and larger-scale prevention programming to provide education and support to students, families and staff around concerns such as depression and suicide, bullying, and sexuality.

Our **Psychiatry Collaborative Services** involve providing co-located mental health services with Adolescent Medicine (including Eating Disorders), the Gender Management Service, Developmental Medicine, Neurology, Gastroenterology, Anesthesiology and Pain Medicine, Sports Medicine, the Adolescent Substance Abuse Program, the Optimum Weight for Life Program, the Infant Follow-Up Program, and Primary Care Pediatrics. Through these programs our residents participate in multidisciplinary specialty clinics in addictions (Adolescent Substance Abuse Program), developmental disabilities (Developmental Medicine Center), and child neurology, as a routine part of their required training. They may also take electives in any of these specialty areas. Finally, our Department partners with the Cambridge Superior Court to

provide a comprehensive forensic experience for our trainees in the Family Probate Court Clinic.

Program for Behavior Science - Research Opportunities



The mission of the **Program for Behavioral Sciences** (PBS) is *knowledge for children and families*. The PBS is conceived as a program to generate new knowledge that will impact the emotional, behavioral, social, and cognitive health of children and their families. Grounded in the Department of Psychiatry's overarching vision, the priorities of the PBS are to identify critical gaps in the knowledge base required to promote healthy child development and reduce the burden of mental illness on children and families, and to propose research to fill these gaps. These priorities include: 1) research that is guided by a well-grounded appreciation of development, particularly the developing brain in its social context; i.e., research that goes "From Neurons to Neighborhoods", and 2) research that crosses traditional disciplinary boundaries; i.e., translational research.

We have structured the clinical aspects of our residency training program so that the majority of training experiences required by the ACGME are completed in the first year, allowing substantial discretionary time in the second year for personal pursuits, including research. Our residents are strongly encouraged to participate in research. Residents may attend regularly scheduled open meetings in the PBS in order to meet faculty who may then serve as research mentors, so that they become aware of the opportunities open to them. Residents who intend to pursue research in earnest are assigned faculty mentors who work directly with them to develop ideas for projects.

The *Stuart J. Goldman Child Psychiatry Resident Development Fund* provides financial support to second-year residents to carry out research projects of their own. The goal of this award is to help residents complete an independent project that leads to the preparation and presentation of an original poster at a major national meeting, and may also serve as the basis for a peer-reviewed manuscript and applications for research fellowships after child psychiatry training.

In addition to the PBS, through its *Clinical Research Program* and the *Harvard Catalyst Program*, Children's Hospital Boston offers opportunities to trainees and faculty alike to enroll in basic or intermediate courses in clinical research design, biostatistics, and the use of statistical software packages.

Child & Adolescent Mental Health Initiatives – Our Advocacy Program



Our Department is a strong, active advocate, nationally, regionally and locally, for the highest quality mental health services for children and families. Our Child and Adolescent Mental Health Advocacy Initiative (CAMHAI) is an office that works with community groups, consumer advocates, healthcare providers, educators and policy makers to improve mental health services and access for children and families through public policy and through community-based solutions. We consider it important that our residents be exposed to child mental health advocacy. Therefore, they all receive instruction in advocacy issues and efforts through seminars given by the staff of our CAMHAI. In addition, we encourage residents with specific interests in this area to directly participate in our ongoing advocacy efforts (e.g., *Children's Mental Health Campaign (CMHC)* and *Boston's Thrive-in-Five School Readiness Initiative*).

CMHC was successful in introducing legislation in Massachusetts that incorporates critical components calling for changes that will: 1) Provide earlier identification of mental illness in children by reaching them in familiar and easily accessible settings, especially schools, early education programs, and pediatricians' offices, 2) Ensure that when identified, these illnesses are treated in the least restrictive, appropriate setting, 3) Improve insurance coverage for children with mental health needs, and 4) Restructure the oversight, evaluation and provision children's mental health services administered by the state.

Boston's Thrive-in-Five School Readiness Initiative is a second major advocacy challenge taken up by our Department that involves collaboration with the Mayor's office of the City of Boston and the Boston Public Schools in an effort to address factors known to contribute to the academic achievement gap noted among poor, inner-city children. This process involved the creation of a coalition of experts and leaders from the public and private sectors of Greater Boston in the fields of childhood education, early childcare, community service delivery, child development, and child and family mental health. After nearly two years of meetings dedicated to identifying key causal factors and potential solutions, *Thrive-in-Five* is now in the process of implementing specific recommendations made to the Mayor's office, and setting up mechanisms to oversee and evaluate the impact of this action plan designed to improve the school readiness of poor, inner-city children.

Children's Hospital Global Partnerships in Psychiatry Our International Program



In keeping with our Department's commitment to innovative quality mental health care for all children and families in need, we have established the Children's Hospital Global Partnerships in Psychiatry (CHGPP). CHGPP has two components. The CHGPP Observership Program is a cross-disciplinary program designed for physicians and psychologists residing outside the United States who have an interest in child and adolescent mental health. The goal of this program is to provide exposure to trained individuals from countries around the world who can then aid in the development of child mental health policy, foster child mental health clinical programming and otherwise serve as advocates for child mental health care in their respective countries of origin. This program also provides a venue for the faculties and students of Harvard University and other educational institutions in the Boston area to share their interests and activities related to child and adolescent international mental health. The program convenes symposia on selected topics of interest to the Harvard community and other interested parties.

Our Department's faculty is involved in ongoing collaborations with mental health professionals and academicians from over 17 different countries including China, Costa Rica, Haiti, Finland, France, Norway, Sweden, The Netherlands, Nigeria, Rwanda, Somalia, Tanzania, and Turkey. These collaborations include initiatives to improve access to quality mental health care, establish school-based mental health programs, and provide preventive interventions to families at risk for depression.

As a result of all these activities, our residents have the opportunity to learn directly from our senior faculty as well as colleagues from around the world about the challenges of providing quality mental health care to children and families outside the United States. Finally, through our Children's Hospital Center for Refugee Trauma and Resilience, our residents have the opportunity to participate in work with children and families who have been displaced as a result of war, civil unrest, terrorism, or natural disasters.



Children's Hospital Boston

CHILD & ADOLESCENT RESIDENCY PROGRAM DESCRIPTION - Year I

It is a universal challenge in medical education that residents are first exposed to patients with the most complex problems and greatest needs when they themselves are the least experienced in terms of their own professional development. Realizing this, we have structured our two-year program to provide a graded learning experience for our residents that is built upon direct, readily available supervision and role modeling. The program is designed to provide timely, relevant instruction and supervision around the fundamentals of child psychiatry that are responsive to the residents' growth as developing professionals, and acknowledges the challenges of entering a new field.

The organization and structure of our clinical rotations and our experiential approach to clinical supervision lend themselves to a flexible approach across our training sites. This allows us to provide intense, hands-on supervision when and where it is needed, taking full advantage of critical teaching moments, as well as flexing to allow increasing autonomy as each resident demonstrates their emerging competencies. In addition, upon entry to our program, each new resident is assigned a faculty mentor who remains with that resident for the full two-years of training. The primary responsibility of mentors is to guide residents in the process of professional self-awareness and self-discovery as they are exposed over time to the training experiences we offer in our program.

The first year of training is designed to provide our residents with the core clinical skills of assessment and intervention that are crucial to all clinical settings from the psychiatric inpatient unit and medical consultation service, to the outpatient clinic and emergency department, to school-based consultation. In each context, developing proficiency in case formulation and treatment planning are the core skills that inform all their work. The clinical rotations are integrated with didactic and supervisory experiences to ensure that relevant medical knowledge is imparted in a timely fashion

The first year is divided into **three 4-month rotation blocks: inpatient, outpatient, and consultation psychiatry**. In conjunction with these rotations, residents also participate in a 12-month continuity clinic, and in year-long didactic seminars.

Year I Outline

4 months	Richmond Psychiatry Inpatient Service
4 months	Pediatric Psychiatry Consultation Service
4 months	Outpatient Specialty Clinics and School Consultation
12 months	Outpatient Psychiatry Service Psychosocial Treatment Program - 3 hours/week Psychopharmacology Program - 2 hours/week
12 months	Core Seminars

Richmond Psychiatry Inpatient Service (Bader 5) In this setting our residents function as the primary clinician for two patients. This involves all aspects of patient care, from family, to individual, to pharmacotherapy. They also provide medication management for two additional patients. During this four-month rotation residents receive supervision from their team attendings and staff social workers, as well as from the medical director. In keeping with our experiential model of training, attending staff, social work staff and residents routinely see patients and families jointly. Rotation-specific didactics are also provided. Residents are expected to sign out their pagers to their attending when they are in clinic or in seminars, so they may pursue these protected activities without interruptions. A dedicated resource specialist is available to assist in planning for mental health care following discharge from the inpatient psychiatric service.

Pediatric Psychiatry Consultation Service Working on the interface between psychiatry and pediatrics challenges residents to refine their differential diagnostic and systems management skills, and to develop and implement comprehensive treatment plans in a non-psychiatric milieu. During this four-month rotation residents work closely with their assigned consult attending to evaluate and follow patients during their medical hospitalization. Rotation-specific didactics are also provided. Here again, residents are expected to sign out their pagers to their attending when they are in clinic or in seminars, so they may pursue these activities without interruptions. A dedicated resource specialist is available to assist in planning for mental health care following discharge from the medical service.

Throughout the course of the first year, residents maintain a continuity clinic in the **Outpatient Psychiatry Service** one afternoon each week. This clinic is devoted to assessment, and ongoing psychotherapy and psycho-pharmacotherapy. Each clinic is supervised by onsite precepting attendings who see patients jointly with residents. In

addition, in each resident is assigned a therapy advisor and a psychopharmacology supervisor who review ongoing treatment cases individually with the resident in a more traditional supervisory format.

In addition to this 12-month continuity clinic, for four months during the first year residents perform their primary clinical duties and training in a variety of outpatient settings. These include one afternoon each week in **(child) Neurology clinic**, one morning each week in the **Developmental Medicine Center**, and 2 half-days each week in the **Adolescent Substance Abuse Program**.

During this rotation residents also frequent a local **Head Start** center and a **Boston Public School** one afternoon each week. The Head Start experience is intended to help residents become more familiar with typically-developing pre-school aged children, to become comfortable interacting with them, and to see how children function in a normative, community setting with educators and their peers. The public school experience combines these same normative observation experiences across a wider age range of typically developing children from kindergarten through middle school, with the added opportunity to provide clinical consultations in the school setting.

Throughout both years of training residents take emergency call, providing acute care for patients presenting with psychiatric emergencies in multiple hospital contexts, including the emergency department, the inpatient psychiatry unit, and the general hospital. Emergency evaluations and treatment are core skills for the child and adolescent psychiatrist. We provide a progressive, structured and supervised set of experiences to ensure the development of these critical abilities. Beginning with a gradual phase-in involving shadow calls and seminars during the summer of the first year of training, and continuing with ongoing case teaching, our residents have the support and structure needed to master the challenges they face when providing emergency psychiatric care.

Children's Hospital Boston

CHILD & ADOLESCENT RESIDENCY PROGRAM DESCRIPTION - Year II

With the transition to the second year of training comes the expectation that our residents will show increasing autonomy and independence in the expression of their developing skills and competencies as child psychiatrists. We continue to provide an experiential teaching model where senior staff are present on-site at all times and are available to jointly see patients and families with our residents, but residents progress to spending more time seeing their patients and families independently. They typically initiate requests for 'live' supervision, much in the same way that colleagues provide second opinion consultations to each other.

The second year of residency training is designed to build in breadth and in depth upon the core skills and competencies that our residents began developing during their first year of training, and to allow them to pursue specific areas of their own personal interest. Our seminars, supervision, and clinical rotations are all structured and integrated to accomplish these goals; so that by the end of the second year our residents feel prepared to enter the field of child and adolescent psychiatry in the particular areas of their choosing. The mentorship that we provide from the very beginning of the two-year residency plays a critical role all along in facilitating each resident's continued professional development and their transition to practice and other career choices.

The core clinical experiences of the second year are a twelve-month hospital-based outpatient psychiatry experience, a six-month community-based experience, and a three-month family court experience.

Year II Outline

12 months	Outpatient Psychiatry Service Psychosocial Treatment Program - 10 hours/week Psychopharmacology Program - 4 hours/week
3 months	Cambridge Family Probate Court Clinic - 5 hours/week
6 months	Boston University Medical Center: Community Mental Health - 5 hours/week
12 months	Elective Time (12 to 16 hours/week)
12 months	Core Seminars

On the **Children's Hospital Boston Outpatient Psychiatry Service**, in the second year, residents increase their clinical time from one to three half-day clinics per week. This second year outpatient experience builds upon their developing skills of assessment, psychotherapy and pharmacotherapy, refining these skills through the experience of working with a wider range of patients. The supervisory structure for this expanded outpatient experience is the same as that for the first year, with the distinction that more precepting attendings and therapy advisors (two) are assigned and available for teaching and supervision in and outside of clinic. During the course of the second year, each resident also participates in at least one 12-week group therapy experience as a co-facilitator with a senior staff social worker. Residents may elect to do more groups.

All second-year residents complete a six-month rotation working in the **Child and Adolescent Psychiatry Outpatient Clinic at Boston University Medical Center (BMC)** in fulfillment of their community service requirements. The role of our residents in this setting is to provide direct supervision and teaching to the general psychiatry residents in the BMC program in the assessment and treatment of their child and adolescent outpatients.

Residents with a particular interest in community and public sector psychiatry may elect to devote additional time in the BMC program or in one of the many settings of the **Children's Hospital Neighborhood Partnerships** program.

The **Cambridge Family Probate Court Clinic** affords our residents the opportunity to learn the skills required to function as a consultant to the legal system around matters related to the mental health needs and best interests of children whose families come before the probate court to address issues such as domestic disputes involving custody and visitation.

Over the course of **the entire second year** of training, residents have an average of **12 and up to 16 hours/week of elective time** to pursue any advocacy, administrative, clinical, community, educational, or research interests they may have. Faculty mentors play an essential role in helping residents to plan for these opportunities.

Children's Hospital Boston

CORE SEMINARS

The core didactic seminars in our child and adolescent psychiatry residency are an integrated series designed to cover child development, developmental neuroscience and mental health topics from the historical to the most contemporary. They draw upon the resources of the Children's Hospital Department of Psychiatry and the Consolidated Department of Psychiatry at Harvard Medical School.

YEAR I

Harvard Consolidated Department of Psychiatry Collaborative Core Seminar

Normal Development, Developmental Neuroscience, and Developmental Psychopathology	3 hrs/week	10 months
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Department of Psychiatry at Children's Hospital Boston Core Seminars

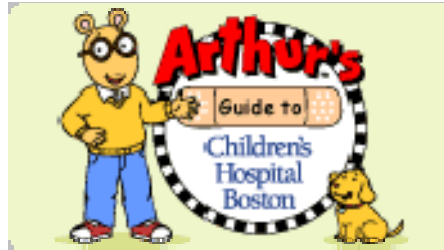
Intensive Orientation Seminar (summer)	8 hrs/week	2 months
Psychotherapy Seminar	2 hrs/week	10 months
Psychopharmacology Seminar	4 hrs/month	10 months
Psychiatry Grand Rounds	2 hrs/month	10 months
Interdisciplinary Case Conference	1 hr/month	12 months
Morbidity and Mortality Conference	1 hr/month	12 months
Clinical Brain Science Collaborative Seminar	2 hrs/month	10 months
Rotation Specific Didactics	2-3 hrs/week	12 months
Diversity Seminar	2 hrs/week	8 weeks

YEAR II

Department of Psychiatry at Children's Hospital Boston Core Seminars

Mindfulness Training (summer)	2 hrs/week	2 months
Research Literacy Seminar	1 hr/week	10 months
Psychotherapy Seminar	4 hrs/month	10 months
Family Therapy Seminar	2 hrs/month	10 months
Psychiatry Grand Rounds	2 hrs/month	10 months
Interdisciplinary Case Conference	1 hr/month	12 months
Morbidity and Mortality Conference	1 hr/month	12 months
Group Therapy Seminar	1 hr/week	12 weeks
Clinical Brain Science Collaborative Seminar	2 hrs/month	10 months
Transitions to Practice	2 hrs/month	10 months

Children's Hospital Boston



PROGRAM INFORMATION

Our Program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) for five residents per training year. Residents in good standing will be eligible for specialty boards in Child and Adolescent Psychiatry providing they have met the other requirements as described by the Board.

Appointments begin July 1 and will be for two years.

Salaries

Effective July 2010, the following are the salaries according to postgraduate level.

Resident - PGY IV	\$ 62,235
Resident - PGY V	\$ 66,488
Resident - PGY VI	\$ 71,622
Resident - PGY VII	\$ 73,746

Housing Assistance

The Lease Guaranty Program at Children's Hospital Boston: All residents and fellows who receive a salary from Children's Hospital Boston are eligible to participate in this program which helps alleviate the burden of security deposits/last month's rent when renting a new apartment.

Health, Malpractice and Other Insurance Benefits

Residents receive malpractice insurance coverage while serving Children's Hospital Boston patients. House officers may enroll in a variety of health insurance and health maintenance organization programs. Dental insurance, disability insurance, life insurance, and travel insurance for hospital business are also provided for house officers.

Transportation/Parking

Children's Hospital is convenient to various modes of public transportation (bus, commuter rail and subway), the Hospital provides subsidies for monthly commuter passes, and there is also discounted parking available to house staff.

Child Care Center

Children's Hospital Boston has established a Child Care Center for the children of hospital employees and staff in response to the need for high quality, convenient childcare. The hours of operation are 6:30 a.m. to 6:00 p.m., Monday through Friday, except for Hospital-recognized holidays. The Center can accommodate 42 children, ages three months to five years. There are some reduced tuition rates available and these are offered based on gross family income on a first-come, first-served basis. For more information about the program, or for a tour, please call (617) 355-6006.

Vacation/Leave

Four weeks vacation and one week of conference time are allotted for each year of training. Residents are expected to give at least eight weeks notice prior to taking vacation or conference time. Absences during the first two months of training are discouraged and require special permission from the Training Director.

Educational Resources for Books and Travel to Meetings

Upon entry to our program residents receive textbooks covering: 1) general child and adolescent psychiatry, 2) child psychiatry and the law, 3) pediatric psychosomatic medicine, 4) psychotherapeutic approaches to children and adolescents, and 5) pediatric psychopharmacology.

Each resident receives a \$500/year allowance to be used towards expenses incurred when attending conferences. Should a resident present a poster/abstract/paper at a conference, s/he will have up to \$1500/year allowance for such travel expenses.

On-Call Duties

Over the course of the 2 years of training, residents are on-call on average once **every 10th night/weekend day**. This is usually a second or back-up call except for the following time periods: Fridays 5 pm to 11 pm, and Saturdays, Sundays and holidays from 8 am to 11 pm. All call is **taken from home**, except for morning rounds on Bader 5 on weekends and holidays.

On-call attending staff round with the resident, and also review each new case seen in consultation by the resident. Attendings are available to jointly see cases when indicated and to directly assist residents when the volume of calls is high. A resource specialist works the busiest 20 hours of the Saturday and Sunday call, in order to assist the resident with any disposition work that is needed.

Moonlighting Policy

Moonlighting at other facilities is permitted, and residents are covered for malpractice while moonlighting. Residents are allowed to moonlight a total of two weeknights and

one weekend day per month. Residents must inform the Training Director of their moonlighting activity.

APPLICATION PROCESS

Graduates of national or international medical schools who will have completed at least three years of General Psychiatry or Pediatrics are eligible to apply. The application must include: 1) completed application form; 2) Dean's letter; 3) three letters of reference; 4) curriculum vita; and, 5) personal statement.

Foreign citizens who wish to enter the United States for postgraduate training must comply with the United States Immigration Laws, in addition to following the application procedure described above. Foreign medical school graduates should contact the Educational Commission for Foreign Medical Graduates (3624 Market Street, Philadelphia, PA 19104, [215-386-5900], www.ecfm.org) for details concerning their requirements.

Children's Hospital Boston participates in the National Resident Matching Program (www.nrmp.org) and complies with all of its rules and regulations. Please note that all offers for positions in our training program are contingent upon the successful completion of any pertinent prior residency training, as well as all hospital required pre-employment matters. This includes the satisfactory completion of the credentialing process, and receipt of acceptable final evaluations and letters of references.

APPLICATIONS and INQUIRIES

For inquiries please contact:

Enrico Mezzacappa, MD
Director of Residency Training
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enrico.mezzacappa@childrens.harvard.edu

For applications please contact:

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Our 2010-2011 Child & Adolescent Psychiatry Residents

First Year

Natalija Bogdanovic, MD
Rachel Anya Hnatowich, MD
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Roger Pottanat, MD
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Our residents at the Spring Retreat, April 2010

Kneeling L to R: Asma Rashid, Kavetha Sundaramoorthy (holding Omar Hamoda), An Nguyen
Standing L to R: Alexia Paez (with Felipe), Michael Trieu, Rangsun Sitthichai, Hesham Hamoda, Khurram Shaikh, Scott Leibowitz, and Katy Panek (with Hadley and Liam)

**Accomplishments of Current Residents and Recent Graduates
(Class of 2007 - present)**

Awards and Honors

Georgina Garcia

2010 Children's Hospital Boston Program for Patient Safety and Quality Grant

Nina Graupera

2010 Harvard Catalyst Planning Grant

Hesham Hamoda

2011 APA Workgroup on Research Training, Sixteenth Annual Research Colloquium for Junior Investigators; Psychotic Disorders: from Neurobiology to Epidemiology and Treatment

2010 Donald Cohen Fellowship Award, International Association for Child and Adolescent Psychiatry and Allied Professions

2010 DuPont-Warren Research Fellowship Award, Department of Psychiatry, Harvard Medical School

2010 Livingston Research Fellowship Award, Department of Psychiatry, Harvard Medical School

2009 American Academy of Child and Adolescent Psychiatry Outstanding Resident Award

2009 Group for the Advancement of Psychiatry Fellowship Award

Patricia Ibeziako

2007 Children's Hospital Boston House Officer Development Award

Robert Li Kitts

2008 American Academy of Child and Adolescent Psychiatry - Creating Partnerships with Family and Youth: Implications for Clinical Practice Scholarship

2008 American Academy of Child and Adolescent Psychiatry Outstanding Resident Award

2011 Finalist: Jonathan F. Borus Outstanding Early Career Educator Award in Medical Student Education; Harvard Medical School Department of Psychiatry

Peng Pang

2009 American Psychiatric Association, Best Resident Research Project

Asma Rashid

2010 American Academy of Child and Adolescent Psychiatry Outstanding Resident Award

Abigail Schein

2007 American Academy of Child and Adolescent Psychiatry Outstanding Resident Award

Rangsun Sitthichai

2011 Fogarty International Clinical Research Fellowship

Peer-Reviewed Manuscripts

Bellapralu S, Zarrouf F, Zaldivar G, Sirbu C, Haider A, Nazha H, Patel T, **Shaikh KR**, Moore J, Griffith. The Effect of Body Mass Index on Obstructive Sleep Apnea Severity and CPAP Compliance in West Virginia. *Sleep*. 2008; 31; A200.

Bosquet-Enlow M, **Kitts RL**, Wright, RJ. (Co-first authors) Maternal traumatic stress and child regulation: potential pathways to child health outcomes. *Psychosomatic Medicine*. In press.

Freedman JL, **Ryan CA**. Olanzapine-Induced Agranulocytosis in an Adolescent Male with Psychosis. *Journal of Child and Adolescent Psychopharmacology*, 2011, 21(2):185-189.

Hamoda H, Osser D. The Psychopharmacology Algorithm Project at the Harvard South Shore Program: An Update on Psychotic Depression. *Harvard Review of Psychiatry*. 2008; 16(4): 235-247.

Hamoda H, Guild D, Gumlak S, Travers B, Gonzalez-Heydrich J. The Association between ADHD and Epilepsy in Pediatric Populations. *Expert Rev. Neurotherapy* 2009; 9: 1747-1754.

Hamoda H, Belfer M. Challenges in International Collaboration in Child and Adolescent Psychiatry. *Journal of Child and Adolescent Mental Health*. 2010; 2(22): 83-89.

Hamoda H, Bauer M, DeMaso D, Sanders K, Mezzacappa E. A Competency-Based Model for Research Training during Psychiatry Residency. *Harvard Review of Psychiatry*. 2011; 19:78-85.

Ibeziako PI, Omigbodun OO, Bella TT. Assessment of need for a school-based mental health programme in Nigeria: Perspectives of school administrators. *International Review of Psychiatry* 2008;20, 271-280.

Ibeziako PI, Bella TT, Omigbodun OO, Belfer M (2009) Teacher's perspectives of mental health needs in Nigerian schools. *Journal of Child and Adolescent Mental Health* 2009;2, 147-156.

Kitts RL. Barriers to Optimal Care between Physicians and Lesbian, Gay, Bisexual, Transgender, and Questioning Adolescent Patients. *Journal of Homosexuality* 2010; 57:: 730-747.

Kitts RL, Christodolou J, Goldman SJ. Promoting Interdisciplinary Collaboration: Trainees Addressing Siloed Medical Education. *Academic Psychiatry*. In press.

Nguyen AD, Shenton ME., Levitt JJ. Olfactory Dysfunction in Schizophrenia: A Review of Neuroanatomy and Psychophysiological Measurements. *Harvard Review of Psychiatry*, 2010 18(5).

Nguyen AD, Pelavin PE, Shenton ME, Chilakamarri P, McCarley RW, Nestor PG, Levitt JL. Olfactory Sulcal Depth and Olfactory Bulb Volume in Patients with Schizophrenia: An MRI Study. *Brain Imaging and Behavior*. In press.

Shaikh KR, Zarrouf F, Zaldivar G, Sirbu C, Bellapralu S, Haider A, Nazha H, Patel T, Moore J, Griffith PJ, Haider A. The Effect of Substance Use / Abuse on Sleep-Disordered Breathing and Continuous Positive Airway Pressure Compliance. *Sleep*, 2008; 31; A200.

Zahid MA, Ohaeri JU, Elshazli AS, Basiouny MA, **Hamoda HM**, Varghese R. Correlates of Quality of life in an Arab Schizophrenia Sample. *Social Psychiatry and Psychiatric Epidemiology*. 2009. [EPub ahead of print].

Zarrouf FA, Zaldivar G, Sirbu C, Bellapralu S, Haider A, **Shaikh KR**, Nazha H, Taral P, Moore J, Griffith PJ. Early predictors of compliance in sleep apnea patients treated with continuous positive airway pressure. *Sleep*. 2008; 31; A202 .

Zarrouf, Zaldivar G, Sirbu C, Bellapralu S, Nazha H, Patel T, **Shaikh KR**, Moore J, Griffith PJ. The Relationship Between Diabetes Mellitus and Obstructive Sleep Apnea and the Effect of Continuous Positive Airway Pressure on HgA1c. *Sleep*. 2008; 31; A325-326.

Chapters and Reviews

Bujoreanu IS, **Ibeziako PI**, DeMaso DR. Psychiatric Concerns in Pediatric Epilepsy (2010). *Child Adolescent Psychiatric Clinic N America*, 371-386.

DeMaso DR, Rao S, Hirshberg J, **Ibeziako PI** (2010). Heart disease. Shaw RJ, DeMaso DR, eds., *Textbook of Pediatric Psychosomatic Medicine: Mental Health Consultation with Physically Ill Children*. Washington DC: American Psychiatric Press, Inc, 319-328.

Ibeziako PI, Bourne R, Shaw RJ, DeMaso DR (2010). Legal and forensic issues. Shaw RJ, DeMaso DR, eds., *Textbook of Pediatric Psychosomatic Medicine: Mental Health Consultation with Physically Ill Children*. Washington DC: American Psychiatric Press, Inc, 47-62.

Ibeziako PI, Omigbodun OO, Bella TT, Belfer M (2008), A Needs Assessment for Child Mental Health Programs in Primary Schools in Ibadan Nigeria: Executive Report for the Ministry of Education, Oyo State, Nigeria.

Ibeziako PI, Shaw J, DeMaso DR. Psychosomatic illness. In Kliegman RM, Stanton BF, St. Geme J, Schor N, Behrman RE (Eds.). *Nelson's Textbook of Pediatrics*, 19th Edition. Philadelphia: Elsevier. In press.

Leibowitz SF. Gender variant children and adolescents. *Child and Adolescent Psychiatric Clinics of North America*. In press.

Ryan CA, Gosselin G, DeMaso, DR. Tic and Movement Disorders. *Nelson's Textbook of Pediatrics*, 19th Edition. Philadelphia: Elsevier. In press.

Research Posters

Bosquet-Enlow M, **Kitts RL**, and Wright RJ; "How Cortisol May Inform the Study of Transmission of Risk from Mother to Child in Early Development"; *Harvard Medical School Department of Psychiatry Research Day*, April 8, 2009.

Gonzalez-Heydrich J, Luna L , Rao S, McClendon J, Rotella P, Waber D, **Hamoda H**, Boyer k, Faraone S, Whitney J, Guild D, Biederman J. Elevated Rates of ADHD in Mothers of Children with Co-Morbid ADHD and Epilepsy. *American Academy of Child and Adolescent Psychiatry*, 56th Annual Meeting. 2009. Honolulu, Hawai'i.

Hamoda H, Guild D, Gumlak S, Travers B, Gonzalez-Heydrich J. Association between ADHD and Epilepsy in Pediatric Populations. *Harvard Medical School Department of Psychiatry Research Day*, March 24, 2010.

Hamoda H, Bauer M, Sanders K, Mezzacappa E. Research Skills Development During Psychiatry Residency Training: A Competence-Based Approach. *Harvard Medical School Department of Psychiatry Research Day* April 8, 2009.

Ibeziako PI, Omigbodun OO, Bella TT, Belfer M A Needs Assessment for Child Mental Health Programs Primary Schools in Ibadan Nigeria: A qualitative study. *American Academy of Child and Adolescent Psychiatry* 54th Annual Conference, Boston, MA, USA, October 2008.

Ibeziako PI, Omigbodun OO, Bella TT, Belfer M A Needs Assessment for Child Mental Health Programs Primary Schools in Ibadan Nigeria: A qualitative study. *International Association of Child and Adolescent Psychiatrist and Allied Professions Study Group*, Abuja, Nigeria, October 2009.

Moura CMC, Souza THP, **Ribeiro MV**, Andrade GM. Effect of methylphenidate or reboxetine in locomotor activity, depression and anxiety in animal models of attention deficit induced by ethanol lesion. Federation of Experimental Biology Societies, 23rd Regional Meeting, Fortaleza, Brazil. 2008.

Nguyen AD: Olfactory Dysfunction in Schizophrenia and Brain Neuroimaging. *Harvard Medical School Department of Psychiatry Research Day* April 8, 2009.

Pang P, Hilfer a, Fine H, Shindman J, Peselow E, Solhkhah. Tai Chi Chuan as an alternative treatment for teenagers with mental illness: A 12-week controlled pilot study. *American Psychiatric Association 163rd Annual Meeting*, New Orleans, May 2010.

Pang P. The role of Tai Chi Chuan in improving the quality of life and reducing depression and anxiety: A meta-analysis of literature review and a cross-over study design. . *American Academy of Child and Adolescent Psychiatry*, 56th Annual Meeting. 2009. Honolulu, Hawai'i.

Rashid A, Hashmi S, Connor D. Pilot study of Types of Aggression in Emotionally Disturbed Adolescent Females. *ESCAP International Conference*, Budapest, 2009.

Rashid A. Subtypes of Aggression and Callous-Unemotional Traits in Adolescent Females. *Harvard Medical School Department of Psychiatry Research Day*, April 8, 2009.

Rashid A, Hashmi S, Connor D. Pilot study of Types of Aggression in Emotionally Disturbed Adolescent Females in Residential Settings. *American Academy of Child and Adolescent Psychiatry*, 55th Annual Meeting, Chicago, 2008.

Ribeiro M, Nguyen AD, Rubio-Morell B, Rotenberg A, Pascual-Leone A, Gonzalez-Heydrich, J. TMS Measures of Intracortical Excitation/Inhibition Balance as Potential Markers of Seizure Risk in Patients with Epilepsy and ADHD Treated with Methylphenidate: A Review of the Literature. *Harvard Medical School Department of Psychiatry Research Day*, March 30, 2011.

Ryan CA, Skotko BG, Munir KM. Down Syndrome: Postnatal Support and Delivery of Diagnosis, A Cross-Cultural Comparison Based on Mothers Surveyed, *Harvard Medical School Psychiatry Research Day*, April, 2007.

Sundaramoorthy K, Margaret Briggs-Gowan. The long-term effects of trauma on child psychopathology may be mediated by the quality of the maternal-child dyad. *American Academy of Child and Adolescent Psychiatry*, 55th Annual Meeting, Chicago 2008.

Presentations, Symposia and Workshops

Gonzalez-Heydrich J, **Hamoda H,** Luna L , Rao S, McClendon J, Rotella P, Waber D, Boyer K, Faraone S, Whitney J, Guild D, Biederman J. Elevated Rates of ADHD in Mothers of Children with Co-Morbid ADHD and Epilepsy. *International Association of Child and Adolescent Psychiatry and Allied Professions*. 19th World Congress. 2010. Beijing, China.

Hamoda H and Belfer M. Challenges in International Collaboration in Child and Adolescent Psychiatry and Potential Solutions. *International Association of Child and Adolescent Psychiatry and Allied Professions*. 19th World Congress. 2010. Beijing, China.

Ibeziako P and Belfer M. The interface of Child Psychiatry and Pediatrics across cultures. 19th World Congress of the *International Association of Child and Adolescent Psychiatrists and Allied Professions*, Beijing China, June 2010 [Symposium]

James PM, **Ryan CA**, Engle EC, Tang JR, Kaler SG, Berry, GT. Case report: Menke's Disease Phenocopy in a Female with Normal ATP7A Coding Sequence. *Society for Inherited Metabolic Disorders*, Annual Meeting, 2008.

Leibowitz S & Tellingator C. GLBT Youth and Parents: Working with Families of the 21st Century. *American Association of Directors of Psychiatry Residency Training*, 40th Annual Meeting, Austin, Texas, March 2011.

Leibowitz S. Workshop Chairman: Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century, *American Psychiatric Association* 163rd Annual Meeting, New Orleans, May 2010.

Leibowitz S. Developing "Gender and Sexuality Competence" in Meeting the Training Needs of Sexual Minority Youth; *Children's Hospital Boston, Department of Psychiatry Grand Rounds*, April 14, 2010.

Leibowitz S. Workshop Chairman: Sexual Minority Youth: Clinical Competencies and Training Needs for the 21st Century, *American Academy of Child and Adolescent Psychiatry*, 56th Annual Meeting, Honolulu, October 2009.