



Stanford University School of Medicine
Department of Psychiatry and Behavioral Sciences
Division of Child & Adolescent Psychiatry and Child Development



The Child & Adolescent Psychiatry Training Program 2020-21

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NRMP # 1820405F0 (categorical track)
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Introduction

The **Mission of the Stanford Division of Child & Adolescent Psychiatry and Child Development** is to provide leadership in the field of child and adolescent mental health by integrating clinical practice, teaching, and research. We are dedicated to:

- Providing state-of-the-art patient care
- Training future professionals in child psychiatry and psychology
- Advancing knowledge in:
 - Neuroscience
 - Understanding of pathogenesis
 - Interactions between biology and environment
 - Integrated treatment and outcomes
 - Prevention

The highest priority of the Training Program in Child & Adolescent Psychiatry at Stanford University is to prepare trainees for leadership roles in academic child & adolescent psychiatry, clinical practice and public service. As such, we provide many opportunities for Fellows to develop leadership skills through participating in national meetings, seminars, scholarly opportunities, and faculty engagement. Regardless of their career choices, we believe that all trainees must be thoroughly trained, first and foremost, as clinicians.

The Stanford training program is based on the principles of developmental sciences and developmental psychopathology. This theoretical framework views human development and its disturbances as flowing from the complex and reciprocal interactions between the family, biology, and the broader social, physical and cultural environments. It integrates information from wellbeing theory, the social and behavioral sciences, developmental psychology, neuroscience, molecular biology and human genetics, developmental biology, and epidemiology.

Child & Adolescent Psychiatry Fellows training at Stanford develop a professional identity as child & adolescent psychiatrists who are comfortable promoting mental health and wellbeing, and in diagnosing and treating youth, parents, and families. Fellows build a firm foundation in the developmental sciences, while also developing skills in evaluation, diagnosis, and treatment. Models of collaboration with professionals in related fields are exemplified as well as formally taught. Moreover, we promote academic achievement and strongly encourage CAP Fellows to pursue their individual goals in scholarly areas by providing opportunities to do so across the 2 years of Fellowship. Trainees become well-versed in many treatment modalities, including psychotherapies, pharmacotherapies, and sociotherapies. There is a strong emphasis on evidence-based treatments, with inclusion of historical and emerging approaches as well. Our approach to treatment is an integrated one, with a strong emphasis on a culturally informed, biopsychosocial model. Regardless of modality, we teach and model the philosophy that all treatments require, first and foremost, the establishment of a strong therapeutic alliance.

CAP Training Program Aims

- 1. Provide CAP Fellows** with a structured, diverse, and balanced training in all aspects of Child & Adolescent Psychiatry, including therapeutic engagement, psychotherapy, family-based treatments, pharmacotherapy, the Child & Adolescent Psychiatrist's role in different systems of care, and specialized clinical experiences in locked inpatient, open (voluntary) inpatient, Intensive Outpatient, clinical outpatient, and school mental health settings.
- 2. Prepare CAP Fellows** to take on leadership roles in Academic Child & Adolescent Psychiatry, Clinical Practice, Community Engagement, and Public Service by providing protected academic and mentor-guided scholarly focused time for didactic activities, clinical work in specialty areas, teaching opportunities, and research literacy in specific topic areas, in both the CAP-1 and CAP-2 years.
- 3. Engage all faculty members** in a diverse array of training program activities, including mentorship, supervision, teaching, observed interviews, and regular iterative feedback across the 2 years of training.

The Child & Adolescent Psychiatry Training Program is centered at Lucile Packard Children's Hospital, Stanford and the Department of Psychiatry & Behavioral Sciences at Stanford, with rotations through allied agencies. Our close relationship with the General Psychiatry Training Program and Department of Pediatrics is nationally regarded as a model for cooperation among the three disciplines. In addition, research programs and advanced seminars are available in other Stanford University departments, such as the Graduate School of Education, the Department of Psychology, the School of Law, and the Carnegie Center for the Study of Adolescents. Trainees may apply for advanced Fellowship positions upon completion of training. Our program also engages and educates medical students, general psychiatric, pediatric, and neurology residents, psychologists, post-doctoral Fellows, and professional colleagues in the community through an extensive continuing medical education program.

The Training Program in Child & Adolescent Psychiatry has been directed by Shashank V. Joshi, MD, Professor of Psychiatry, Pediatrics & Education since 2004. Dr. Joshi is also Director of School Mental Health. David Hong is Associate Program Director for Research and Curriculum, and Isheetta Zalpuri is Associate Program Director for the Fellowship program. At Stanford, we have five different training programs in childhood mental health: a Child & Adolescent Psychiatry Fellowship (Categorical), a Community Track Child & Adolescent Fellowship, a NIMH T-32 Research Fellowship, a Postdoctoral Psychology Fellowship, and a Predoctoral Psychology Internship.

The Division of Child & Adolescent Psychiatry and Child Development has been under the direction of Antonio Hardan, MD, Professor of Psychiatry, since 2013.

Dr. Hardan is responsible for overseeing the operation of the Division's research, clinical, training and administrative systems. The Division is an integral part of a consortium that includes Lucile Packard Children's Hospital, Stanford Hospital & Clinics, and Stanford University School of Medicine. Research in the Division is rich and varied, and explores psychotherapy process and outcomes, early life stress, the genetics of child psychiatric disorders, anxiety, depression, bipolar disorder, eating disorders, autism and neurodevelopmental disorders, clinical psychopharmacology trials, juvenile justice issues, community systems of care, cultural psychiatry, and school mental health research. In addition, most of the outpatient clinics have both clinical and research components, and include specialty clinics in Anxiety Disorders, Eating Disorders, Mood Disorders, Autism and Neurodevelopmental Disorders, Neuropsychopharmacology, Early Psychosis, Early Life Stress and the General Behavior Clinic (focusing on ADHD and disruptive behavior disorders). There are about 60 core faculty and 20 adjunct clinical faculty in our Division. For more information please visit our website: <http://med.stanford.edu/childpsychiatry.html>.

Child & Adolescent Psychiatry at Stanford: An Historical Perspective from the Earliest Archives

The history of the first century of Child & Adolescent Psychiatry at the Stanford University School of Medicine reveals early ties to UCSF. Harold K. Faber, MD, Emeritus Professor of Pediatrics, who had been associated with the School of Medicine since 1915, noted:

From 1907 until my arrival in 1915, the acting head of Pediatrics was R. Langley Porter, Clinical Professor of Pediatrics. The precursor of the present Child and Adolescent Psychiatry (Unit) was already established in 1915 by a psychologist named Arthur J. Ritter, whose work was largely devoted to psychometry. In 1917, Dr. Mary H. Layman joined the staff and proceeded to develop a true child and adolescent psychiatry clinic, almost entirely at her own expense, there being no University funds for the purpose at that time. It was not until 1939 that Dr. Johnson and I responded to an appeal from Dr. Layman. We invested the Commonwealth Fund in beginning, and for a period of three years supporting, an enlarged program with a full-time pediatric psychiatrist (Dr. Hale F. Shirley) and an adequate ancillary staff, which the following year and since then had been quartered in a house on Webster Street across from the medical school building. Until 1957 this Child Guidance Unit was under the joint direction of the Department of Pediatrics and the Division of Neuropsychiatry, and since that

time [subsumed under] the Department of Psychiatry, but keeping its close relation to Pediatrics. (Excerpt from The Stanford University Bulletin, Seventh Series, No. 44, July 2, 1942, Stanford University, California; School of Medicine Annual Announcement 1942-43, page 106; and Stanford University School of Medicine. The First Hundred Years, Stanford University, California.)

The Division Chiefs of Child & Adolescent Psychiatry at the Stanford University School of Medicine:

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|--------------|------------------------------|
| 2013-present | Antonio Hardan, MD |
| 2005-2013 | Carl B. Feinstein, MD |
| 1997-2005 | Allan L. Reiss, MD |
| 1994-1997 | Hans Steiner, MD (Acting) |
| 1984-1994 | Roland Ciaranello, MD |
| 1977-1983 | Tom Anders, MD |
| 1974-1976 | Beatrix Hamburg, MD (Acting) |
| 1971-1973 | Alan J. Rosenthal, MD |
| 1966-1970 | Hale Shirley, MD (Acting) |
| 1963-1966 | George Hexter, MD |
| 1939-1963 | Hale Shirley, MD (Acting) |

About the Psychiatry Department

<http://med.stanford.edu/psychiatry.html>

The Department of Psychiatry and Behavioral Sciences at Stanford has gained considerable recognition for its clinical excellence, scientific innovations, community engagement and commitment, educational excellence, and leadership training opportunities. The academic faculty has a long history and continued commitment to scholarship, aimed at advancing the psychological and biological frontiers of the field. While basic science research thrives in the Department, it is well balanced in the context of an equally strong commitment to psychotherapy research, outstanding patient care, clinical research, and education. Numerous advances in the psychological, sociological, cultural and biological dimensions of psychiatry are attributed to leaders in these areas, including behavioral medicine (anxiety and depressive disorders, eating disorders, smoking cessation, among others); individual, group and existential therapies; affective disorders; obsessive-compulsive disorders; and geropsychiatry. In 2012 Dr. Alan K. Louie, a psychiatric educator of national prominence, joined our department as Professor and Director of Education.

Dr. Laura Roberts is Chair and McCormick Memorial Professor in the Department of Psychiatry and Behavioral Sciences. She is the author/editor of 20 books and monographs, and more than 250 articles in peer-reviewed journals and book chapters. Dr. Roberts is a nationally recognized scholar and leader in ethics, psychiatry, and medical education. From 2003-2018 she served as the Editor-in-Chief of *Academic Psychiatry*—a journal focused on innovative education, mentorship, and leadership in

academic psychiatry. In 2019 she was appointed as Editor-in-Chief of *Academic Medicine*. Dr. Roberts joined the faculty of Stanford in September 2010. She previously was the Chairman and Charles E. Kubly Professor of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin and Professor and Vice Chair for Administration in the Department of Psychiatry, the Jack and Donna Rust Professor of Biomedical Ethics, and the Founder and Director of the Institute of Ethics at the University of New Mexico. Dr. Roberts received her undergraduate, graduate, and fellowship training at the University of Chicago and her residency training at the University of New Mexico.

Dr. Roberts has conducted numerous empirical studies of contemporary ethics issues in medicine, science, and health policy, including research on informed consent, ethical considerations in genetic inquiry, health care and clinical investigation involving members of vulnerable populations, death and dying, professionalism education, and related topics. Dr. Roberts' research has been funded through competitive grants from the National Institutes of Health and the Department of Energy as well as the National Alliance of Research in Schizophrenia and Depression, the Arnold P. Gold Foundation, and other private foundations.

About Stanford University Medical Center

Stanford University School of Medicine is known throughout the world for outstanding achievements in teaching, research and patient care. It is comprised of the following facilities:

Stanford Hospital & Clinics (*formerly Stanford University Hospital*). The hospital is a 479-(active) bed non-profit facility offering general acute care and tertiary care for local, interstate and international patients. As a major component of the medical center, the hospital is central to the direct and immediate transfer of clinical and laboratory research to medical care. In 1997, approximately 23,765 patients (inpatient admissions) received care at Stanford. The medical staff of 1,825 physicians, and 565 interns and residents, includes full-time faculty, as well as physicians who practice in the community. Stanford nurses have earned a national reputation for the level of compassion and expert patient care they deliver. The hospital was originally co-owned by the City of Palo Alto and known as the Palo Alto Stanford Hospital Center. It was purchased by Stanford University and incorporated as Stanford University Hospital, a financially independent entity, in 1968. A major renovation was completed in 1989, and, in 1991, the Lucile Packard Children's Hospital, Stanford, a 156-bed facility, opened its doors, consolidating all the patient services at the existing hospital and the pediatrics department.

Stanford Healthcare (*formerly Stanford University Clinic*). The clinic has grown to have more than 100 specialty clinics where medical school faculty members center their practices and education.

Lucile Packard Children's Hospital, Stanford. The hospital is a non-profit, non-sectarian, freestanding 361-bed hospital which opened to the community in June 1991, and was expanded in September 2017. It is a state-of-the-art regional referral center devoted exclusively to the care of

children. The beds are organized by age group and medical needs into the General Medical, Comprehensive Pediatric Care, Oncology/Bone Marrow Transplant, Pediatric Intensive Care, Neonatal Intensive Care, and Intermediate Care Nursery units. Additionally, the Lucile Packard Children's Hospital Ambulatory Care Center provides primary care and specialized pediatric services through more than two dozen clinics and a day hospital.

Stanford University School of Medicine. Originally located in San Francisco, the School of Medicine was moved to the University campus in 1959, and provides an educational environment that encourages intellectual diversity and fosters research among students and faculty. It is the oldest medical school in the Western United States. In fiscal year 2016, faculty members of the School of Medicine received grants and contracts totaling more than \$390 million in support of research, teaching and patient care. The combination of scientists pursuing basic research questions and clinicians closely involved in patient care has led to innovative and fruitful collaboration. Similarly, close ties among the Medical School and other schools and departments at Stanford University, such as Physics, Engineering, Chemistry and Computer Science have led to unique joint research programs. The Medical School's affiliated teaching hospitals and their respective staff play a crucial role in many clinical studies.

The full-time faculty includes two Nobel Laureates, 24 members of the National Academy of Sciences, and 34 members of the Institute of Medicine, as well as recipients of numerous other honors and awards.

The quality of the faculty is also reflected in the high level of federal funding which its research activities receive.

About Stanford University

<http://stanford.edu/about/>

Stanford University is located on the San Francisco Peninsula, about a 45- minute drive southeast of San Francisco. The 8,180-acre campus stretches from Santa Clara Valley into the foothills of the Santa Cruz Mountains, beyond which lies the Pacific Ocean. Stanford was founded by Leland and Jane Stanford in 1885 as a memorial to their only child, Leland, Jr., who died of typhoid fever in 1884 at the age of fifteen. The University is on the site of the Palo Alto Stock Farm, a ranch operated by the Stanfords in the late 19th century. "The Farm," as it is still affectionately known, at one time had extensive fields, orchards, and vineyards. One of California's most prominent citizens, Leland Stanford was President of the Central Pacific Railroad and drove in the golden spike at Promontory, Utah, completing the first Trans-continental railroad. He served as Governor of California during the Civil War, and was a United States Senator until his death in 1893. The design of the University grounds was the product of a unique collaboration between Jane and Leland Stanford, and Frederick Law Olmsted, designer of New York's Central Park. The Stanfords decreed that the land could never be

sold, although they envisioned that part of it should be used for such open-land uses as the Jasper Ridge Biological Preserve. About 1,000 acres are under lease for light industrial, commercial and other income-producing uses. The University also maintains the Hopkins Marine Station in Monterey Bay and a residential program in Washington, D.C.

The City of Palo Alto

Location: Palo Alto is in the northern section of Santa Clara County, 30 miles south of San Francisco and 15 miles north of San Jose. The city extends from the San Francisco Bay across flat lowlands, climbs over the rolling, grassy flower foothills of the Santa Cruz mountain range. The flatlands are almost fully developed while the foothills are almost entirely undeveloped due to a deliberate city policy of preserving open space. Stanford borders Palo Alto and some University land is actually within the city limits.

Climate: Palo Alto has a temperate climate; winters are mild. The average winter high temperature is 58° with a low of 39°; the average summer high is 77° with a low of 54°.

Population: Palo Alto has a population of about 70,000. (June 2019).

General: Santa Clara County, sometimes known as Silicon Valley, is among the fastest growing economies in the United States, ranking as one of the nation's largest manufacturing centers. The high-technology industry that has made Santa Clara County famous has its roots in Palo Alto, partly because of its proximity to Stanford. Palo Alto, a long-time professional and financial center, with an abundance of law, accounting and investment advisory firms, has, in recent years, taken a leadership position in the biomedical research and technology industries. But, despite these developments, Palo Alto has retained its residential character and Palo Altans are proud of their thirty parks (which occupy about 20% of the land within the city limits), their architecturally diverse tree-lined neighborhoods, the excellent school system, and their city's cultural and recreational human services programs.

The Child & Adolescent Psychiatry Training Program

Year I

The first year of Child & Adolescent Psychiatry Training focuses on the evaluation and treatment of youth with severe mental health conditions, with a primary focus on developing competence in psychotherapy and a secondary focus on pharmacotherapy skills. All Fellows also have a 6-week block of protected scholarly concentration time to develop a specific academic project that can be continued in the CAP-2 year. Clinically, CAP-1 Fellows spend time working on the Consultation-Liaison (C-L) Service at Lucile Packard Children's Hospital, on an inpatient unit devoted to the treatment of eating disorders (the Comprehensive Care Pediatric Unit (CCP), the Mills Hospital secure (locked) adolescent inpatient unit, and on an Intensive Outpatient (IOP) Team as both psychotherapist and pharmacotherapist; Fellows also start treatment in time-limited and structured therapies with 3 patients or families.

Lucile Packard Children's Hospital Pediatric Consult-Liaison Service (C/L)

Richard Shaw, MBBS - Medical Director

Michelle Goldsmith, MD, MA

Paula Tran, MD

Michelle Brown, PhD

Kate Dahl, PhD

Emily Ach, PhD

Whitney Daniels, MD

Lauren Mikula Schneider, PsyD

Diana Naranjo, PhD

The Pediatric Consultation-Liaison Service is a fulltime 3-month rotation. The service provides inpatient and outpatient psychiatric consultation to the general pediatric and subspecialty services at Packard Children's Hospital. The service is also responsible for covering the emergency room at Stanford University Medical Center. The service is consulted on a diverse range of clinical questions related to the psychological adjustment of children and families with chronic and complex medical problems. Fellows gain experience in helping physicians and other care providers interact more effectively with their patients, in understanding the health care system and its psychological effects on children and families, and in establishing and maintaining a consultative relationship.

Services Provided:

- Psychiatric evaluation of patients and families with acute and chronic medical illness.
- Evaluation of children and adolescents who are having difficulties adhering to their medical treatment regimen.
- Evaluation and treatment of infants with feeding disorders and growth deficiency.
- Routine pre-transplant evaluation of children scheduled for renal, liver and heart transplantation.

- Individual and family psychotherapy for patients or parents identified as needing additional support during inpatient hospitalizations.
- Behavioral interventions for pain management and anxiety related to medical procedures.
- Consultation to the General Pediatric Continuity Clinic on psychiatric issues including assessment and pharmacotherapy.
- Co-management of patients with child neurology fellows in a neuropsychopharmacology clinic.
- Consultation on a Mobile Health Van serving primarily uninsured or homeless youth

The patient population on the Pediatric Consult-Liaison Service includes children from infancy through adolescence from a broad range of cultural and ethnic backgrounds. Fellows work with medical inpatients on the renal, oncology, pulmonary, endocrine, GI, anesthesia, neurology, adolescent medicine and rheumatology services. Fellows also have the opportunity to evaluate patients in the pediatric pain clinic, and to pursue research interests in several areas related to children with physical illness.

El Camino Hospital Comprehensive Care Program (CCP)

Jennifer Derenne, MD, Psychiatric Director

Mary Sanders, PhD, Attending Psychologist

James Lock, MD, PhD, Program Director

The Comprehensive Care Program and Eating Disorder Clinic of Lucile Packard Children's Hospital is located at El Camino Hospital in Mountain View, California (about 12 miles off campus), and is a 3-month, full-time inpatient rotation. This 15-bed unit serves children and adolescents with medical diagnoses occurring in the context of a debilitating mental health condition (typically an eating disorder) severe enough to require hospitalization. It is fully staffed for intensive psychiatric care of patients with pediatric and psychiatric co-morbidity.

During their CCP rotation, Fellows also have the opportunity to do outpatient psychiatric evaluations of patients being evaluated at the multidisciplinary Eating Disorders Clinic, working with pediatricians, psychologists, nutritionists, teachers, social workers, art therapists, recreation therapists, physical therapists, and occupational therapists.

On both the CCP and C/L rotations, Attending Psychiatrists and Psychologists supervise the activity of the Fellows, a clinical psychology intern, general pediatric house staff, and psychiatry residents. The CCP unit has a full complement of counseling and nursing staff. Teachers from the Palo Alto Unified School District (PAUSD) certified in special education are regular staff members and provide for the children's education.

On CCP, the patient population ranges in age from two to seventeen, from a range of cultural backgrounds. There are over 200 admissions yearly. Fellows spend most of their time working with patients with eating disorders, who are admitted for medical instability and malnutrition, in a carefully structured therapeutic milieu, working with both children and their families. They perform

individual, family, and group therapy, testing, and diagnostics, in close collaboration with pediatrics, social workers, psychologists, nursing staff, and teachers. They also may get experience in disposition planning, consultation with teachers from the (PAUSD), and liaison work with community agencies and forensics.

Conditions Treated:

- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Avoidant/Restrictive Food Intake Disorder
- Other Specified Feeding or Eating Disorder

Services Provided:

- Comprehensive Medical and Psychiatric Evaluation
- Individual and Family Therapy
- Nutritional evaluation and treatment
- Accredited school programming
- Occupational therapy
- Physical therapy
- Recreational therapy
- Chaplain services
- Art therapy

The Outpatient Eating Disorders Program consists of both psychiatric and medical evaluation and treatment of adolescents with eating disorders. Comprehensive evaluations are conducted two days a week and consist of a psychiatric interview with the adolescent and parents. This is followed by a nutritional evaluation and a medical consultation. Adolescents followed by the psychologists and psychiatrist in the Outpatient Eating Disorder Program receive state of the art treatment using the best evidenced approaches for these disorders, and CAP2 Fellows rotating through the clinic conduct psychotherapies under the supervision of an eating disorders specialist.

The Intensive Outpatient Programs (IOP) located at Kaiser Permanente and Children’s Health Council

Kaiser-Permanente, Redwood City

Child & Adolescent Psychiatry Department

Kenny A. Lin, MD, Site Director

Children’s Health Council (CHC), Palo Alto

Vidya Krishnan, MD, Site Director

CHC RISE program

Michele Berk, PhD, Co-Director
Stephanie Clarke, PhD, Co-Director

Kaiser Permanente Northern California covers 2,800,000 members, 25% of whom are children and adolescents. The demographic breakdown includes a diverse socioeconomic and ethnic population. The clinics evaluate patients with a broad range of psychopathology, which may include family, school and/or behavioral problems. Monthly, each clinic averages 1,500 visits for children, adolescents and their caretakers.

The Kaiser and CHC Child & Adolescent Psychiatry Departments provide a wide range of services to children, teens and their families. The professional staff is multidisciplinary and consists of child psychiatrists, clinical psychologists, licensed clinical social workers and psychiatric nurse practitioners. The support staff consists of full-time and part-time receptionists and patient evaluation coordinators.

All 1st-year Fellows spend 3 months working at one of two affiliate sites in the **Intensive Outpatient Program (IOP)**. This program is a highly structured one for children and teenagers with severe mental health challenges, many of whom also have chemical dependency problems. In many other jurisdictions, the severity of these patients' problems would make them "hospitalizable". The Kaiser and CHC systems aims to maximize community and outpatient resources to minimize the necessity of hospitalization for these patients and their families. Fellows function as both psychotherapist and pharmacotherapist for 5-10 patients at any given time. The program provides an excellent environment for learning short-term interventions on focused problems. The average patient length of stay in the IOP is 3-4 months.

The Mills Hospital Adolescent Unit (secure)

Mariya Borodyanskaya, MD, Attending Psychiatrist

All 1st-year Fellows spend 6 weeks working at the **Mills Hospital Adolescent Unit**. This program is for teenagers who are at high risk of self-harm or suicide. Fellows function as psychotherapist, pharmacotherapist, and family therapist for 4 patients at any given time, with supervision and oversight by Stanford faculty. This rotation provides a highly educational environment for learning to apply acute therapeutic interventions. The average length of stay on the Mills Unit is 3-7 days.

Scholarly Concentration

Shashank V. Joshi, MD, Director of Training

The Scholarly Concentration in the CAP-1 year is unique among CAP programs nationally, and consists of a 6-week period, paired with the Mills Hospital rotation, for CAP Fellows to develop a discrete area of scholarly expertise in Child & Adolescent Psychiatry with defined goals and objectives for that area of interest. This may consist of a teaching (MedEd) project, clinical focus, policy focus, or research project. Fellows work with Dr. Joshi to identify a mentor and will apply principles of evidence-based child & adolescent psychiatry to conduct a scholarly review of the literature in the area(s) of the Fellow's choosing, with assistance from the mentor(s), Lane Library staff, or Dr. Joshi. Fellows will complete the area of scholarly concentration by the end of the CAP-2 year of training.

Year II

The 2nd year of Child & Adolescent Psychiatry training at Stanford (CAP-2) is spent evaluating, diagnosing, and treating children, teens, and their families in outpatient settings and in schools, using many different modalities of psychotherapy and pharmacotherapy. Sites include the Outpatient Specialty Clinics at Stanford, the Palo Alto Unified School District, Achievekids School, Mountain View - Los Altos High School District, East Palo Alto Academy High School, and the Children's Health Council. Training may also include consultation with group homes, courts, probation departments, and community agencies. Other potential training opportunities include advanced outpatient administration and education assignments, elective experiences at community sites and the continuation of a the scholarly project designed in the CAP-1 year. All CAP-2 Fellows will have at least ½ day of protected academic time to focus on career development and academic pursuits for most of the academic year. The individual rotations are described below. Fellows select 2-4 six-month or year-long rotations from these, depending upon their interests and upon site needs.

Clinics in the Stanford Psychiatry are located at 401 Quarry Road and at Lucile Packard Children's Hospital at Stanford.

Outpatient Specialty Clinics

(Year II - Selective Rotations)

Division of Child & Adolescent Psychiatry and Child Development

Antonio Hardan, MD, Division Chief, Director, Outpatient Clinic

Sanno Zack, PhD, Assistant Director, Outpatient Clinic

Fellows in the Outpatient Specialty Clinics conduct evaluations and treatment of children, adolescents and their families. Treatment modalities include individual, family and group psychotherapies and parent training. Each Fellow works in two clinics over the course of the year, participating in both new evaluations and on-going treatment. Ongoing research projects in all clinics provide opportunities for Fellows to develop academic expertise in these areas.

There are a number of clinics that Fellows may rotate through, or have an opportunity to experience, including the following:

General Behavior Disorders Clinic

Elizabeth Reichert, PhD, Co-Section Chief

Mari Kurahashi, MD, Co-Section Chief

Victoria Cosgrove, PhD (Parenting & Family)

John Leikauf, MD

Kyle Hinman, MD

Emily Ach, MD

Whitney Daniels, MD

David Hong, MD

Steve Sust, MD
Sarah Rosenbaum, MD
Gisela Sandoval, MD

This clinic conducts evaluations and treatment for attention deficit disorders and behavior problems. Treatment specifically may address problems related to behavior at school as well as at home, through a variety of treatment modalities, including pharmacotherapy, behavioral therapy, family therapy, parent training and coaching, and individual psychotherapy.

Pediatric Anxiety and Traumatic Stress Clinic

Elizabeth Reichert, PhD, Clinical Director
Anne Benham, MD
Hilit Kletter, PhD
Gisela Sandoval, MD, PhD
Nicole Starace, PhD
Kyle Cassidy, LCSW
Shea Fedigan, PhD
Isheeta Zalpuri, MD
Paula Tran, MD

The Anxiety Disorders Clinic provides evaluation, treatment and consultative services for youngsters from 2-18 who have anxiety disorders and other related conditions. Disorders which are the focus of treatment at the clinic include the following:

- Separation Anxiety Disorder
- Specific Phobias
- Social Anxiety Disorder
- Generalized Anxiety Disorder
- Panic Disorder
- Selective Mutism
- Obsessive Compulsive Disorder
- Tourette’s Syndrome and other Tic Disorders
- Trichotillomania

The clinic emphasizes treatment based on the best available evidence.

For anxiety disorders, this treatment is primarily comprised of cognitive behavioral treatment and pharmacotherapy, and play therapy with other modalities for younger children. Other psychiatric conditions are addressed with appropriate cognitive-behavioral, family, play, supportive, dynamic and systems interventions as necessary.

From time to time, the clinic offers group therapies for the following:

- Parents of Anxious Children
- Parents of Children with Obsessive Compulsive Disorder
- Adolescents with Anxiety Disorders

Educational activities consist of supervising child psychiatric Fellows and doctoral students. Clinic faculty and staff are also active in providing instructional workshops to educate clinicians, teachers, and parents about the different aspects of anxiety disorders.

The clinic emphasizes early intervention for children and families who have experienced an acute or chronic stressor or traumatic event. Examples of types of stressors include natural disasters (flooding, fires, earthquakes, etc.) and also those that are man-made (assaults, motor-vehicle accidents, physical and sexual abuse, witnessing violence, etc.) There may be other type of stressors such as experiencing parents' divorce, intrusive medical interventions, etc. Even though some adults may not consider an event to be traumatic, it may qualify as such if the child experienced it as threatening or frightening.

Although our assessments will go through the typical diagnostic considerations, treatment intervention will concentrate on addressing stressors. Although diagnostically-sensitive, this is not a diagnosis-focused clinic, rather it is driven by the understanding that stressors and biological correlates of stress vulnerability interact to initiate or maintain neurobehavioral disorders.

The Early Life Stress Treatment Approach includes:

- Structure – blocks of 16-20 sessions
- Multi-modal Treatment – combines different therapeutic elements
- Dyadic Treatment – caretakers active participants of treatment
- Research – the family may be invited to participate in research protocols conducted by the Early Life Stress and Resilience Program, directed by Victor Carrion, MD

Mood Disorders Clinic

Isheeta Zalpuri, MD, Acting Clinic Co-Director
Nicole Starace, PhD, Acting Clinic Co-Director

The Pediatric Mood Disorders Clinic serves children and adolescents up to age 18 who have a depressive or bipolar spectrum disorder as their primary problem. Services offered include psychiatric evaluation and consultation, medication management, and psychotherapy. Personnel include staff psychiatrists, child and adolescent psychiatry trainees, and clinical psychologists.

The LPCH/Stanford Mood Disorders clinic also has a particular focus in working with other professionals in the community (in mental health, pediatrics and primary health care) to provide collaborative care for depressed children and adolescents.

Conditions Treated:

- Unipolar Depressive Disorders (Major Depressive Disorder, Persistent Dysthymic Disorder, DMDD), specifically Treatment Resistant Depression
- Adjustment Disorders with depressive features, including prolonged grief.
- Bipolar Disorders (I,II, and unspecified).
- Cyclothymia.

Services Provided:

An individualized treatment plan is developed for each child entering treatment. This may include the following:

- Individual psychotherapy
- Consultation with families to support recovery of depressed children and adolescents in treatment at the clinic.
- Consultation with schools to support the recovery and academic success of depressed children and adolescents in treatment at the clinic
- Psychopharmacology Clinic (assesses the need for anti-depressant or mood stabilizer medication and, where indicated, prescribes and monitors medication treatment).
- Group psychotherapy for depressed adolescents.
- Family Focused Treatment (FFT) for adolescents and families affected by Bipolar Disorders
- Families have the opportunity to participate in research studies conducted by the Pediatric Emotions and Resilience Lab (PEARL), directed by Manpreet Singh, MD.

Autism & Neurodevelopmental Disorders Clinic

Antonio Hardan, MD, Director
Jennifer Phillips, PhD, Co-Director
Lawrence Fung, MD, PhD
Grace Gengoux, PhD
Linda Lotspeich, MD, MEd
Janani Venugopalakrishnan, MD, MPH
Thuc-Quyen Nguyen, MD

The Autism and Developmental Disorders Clinic provides evaluation, treatment and consultative services for youngsters from 2-18 who have developmental disabilities as well as a psychiatric disorder. Developmental disorders treated at the clinic include the following:

- Autistic disorder
- Asperger’s disorder
- Other pervasive developmental disorders
- Developmental delays
- Sensory or motor impairment
- Learning disabilities
- Delayed or impaired language
- Impaired social behavior
- Genetic and Chromosomal disorder: Fragile X, Down Syndrome, Velocardio-facial Syndrome, Williams Syndrome, Prader-Willi’s Syndrome, and other chromosome and gene disorders

The clinic emphasizes treatment and advocacy approaches that alleviate the underlying developmental disorder and target comorbid psychiatric conditions, which may include mood disorder, anxiety disorder, ADHD, behavioral problems or social difficulties that are specific to children with developmental delays.

Eating Disorders Program

Jim Lock, MD, Director
Jennifer Derenne, MD, Director of Inpatient Programs
Mary Sanders, PhD, Supervising Psychologist
Cara Bohon, PhD, Director of Outpatient Programs
Danielle Colborn, PhD
Nina Kirz, MD
Lilya Osipov, PhD
Heather Rosen, PhD

The Outpatient Eating Disorders Program consists of both psychiatric and medical evaluations, and treatment of youth and young adults with eating disorders. Comprehensive evaluations are conducted three days a week (Mon, Tues, and Fri) and begin with a psychiatric interview with the adolescent and parents. This is followed by a nutritional evaluation and a medical consultation with our colleagues in adolescent medicine (Castro Commons Clinic). Families followed in the Outpatient Eating Disorder Program receive state of the art treatment using evidence-based approaches for these disorders, and Fellows conduct treatment under the supervision of an eating disorders specialist. Fellows will participate in the Tuesday morning new evaluation, followed by clinical supervision and a lunchtime educational meeting with attending psychologists, psychiatrists, and psychology post-doctoral fellows. The afternoon clinic will be spent providing follow-up treatment.

Conditions evaluated and treated:

- Anorexia Nervosa
- Bulimia Nervosa
- Eating Disorder unspecified
- ARFID (Avoidant Restrictive Food Intake Disorder)

Treatment interventions available:

- Family- Based Treatment for AN and BN
- Individual Cognitive Behavioral Therapy
- Individual Adolescent Focused Treatment
- Psychopharmacological Evaluation and Medication Monitoring

Additionally, the clinic has an active educational and research programs. Educational activities consist of supervising child psychiatric fellows and psychologist doctoral students. Clinic faculty and staff are also active in providing instructional workshops to educate clinicians, teachers, and parents about the different aspects of developmental disorders such as diagnosis and treatment.

Dialectical Behavior Therapy (DBT) Clinic

Michele Berk, PhD, Director
Melissa Silverman, MD
Erica Ragan, PhD

The DBT Program emphasizes individual psychotherapy and group skills training classes to help teens learn and use new skills and strategies to develop a life that they experience as worth living. DBT skills include mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. Fellows rotating on this clinical experience also can participate in the parent support components of this treatment.

Crisis Consultation Clinic

Michele Berk, PhD, Director
Nicole Starace, PhD

The Crisis Consultation Clinic supports school or emergency department referrals with a high risk of suicidality. Patients are provided with 3-4 sessions for assessment, stabilization, and treatment planning. Once stable, the patients are referred to a community provider.

INSPIRE Clinic

Janani Venugopalakrishnan, MD, MPH, Director
Kate Hardy, ClinPsychD, Section Co-Chief

The Early Psychosis Clinic and INSPIRE program offer recovery-oriented care for people experiencing early psychosis. Services include Medication management, Cognitive Behavioral Therapy for Psychosis (CBT-p) in both group and individual format, Social work support, Vocational/Educational support, Clinical trials. CAP-2 Fellows may choose to rotate through this clinic as part of their clinical experience.

School Consultation and Intervention

(Year II - Required rotation)

Shashank V. Joshi, MD, Program Director
Moiria Kessler, MD, Clinical supervisor
Ryan Matlow, PhD, Clinical supervisor
Steven Sust, MD, Clinical supervisor

Beginning in the 1st year of training, Fellows begin consulting with school systems. In the 2nd year, all Fellows develop expertise in formal consultation and intervention, and are assigned to specific school sites in the SF Bay Area. This 12-month, part time experience includes supervised consultation with teachers and staff, observation of classes in progress, and individual interviews and comprehensive psychiatric assessment with pupils as necessary. Fellows have the opportunity to learn about legal issues involved in the provision of services to educationally challenged students, and become familiar with the school system. There is a focus on early identification and prevention. They may work interactively with teachers' aides as consultants about students in the class. All clinical contact is done in the school setting itself, or in other areas within the context of children's daily lives, such as the home or group home setting. There are also a number of research and mental health teaching opportunities within the local schools that Fellows may pursue, under Dr. Joshi's supervision.

Fellows consult in a variety of venues. During the first year of training, they provide consultation to teachers of the patients treated on the CCP, the C/L Service, and other medical services at the Lucile Packard Children's Hospital. The Palo Alto Unified School District (PAUSD) staffs the hospital school on site. In the second year, sites include Achievekids, described further below, and other school systems such as the PAUSD in Palo Alto, the Mountain View Los Altos School District, the San Mateo Union High School District, and the Stanford New Schools Charter School (East Palo Alto Academy High School) in East Palo Alto. Achievekids, formerly known as Peninsula Children's Center, provides special education for severely disabled children who cannot be accommodated in their local school district. These disabilities range from severe disruptive behavior disorders to learning disabilities with co-occurring psychiatric disorders, to severe developmental disorders (Autism, Asperger's disorder, and other Pervasive Developmental disorders) and severe psychiatric disorders (Schizophrenia, Schizoaffective Disorder). CAP Fellows function as psychiatric consultants to a multidisciplinary team made up of special education teachers, counselors, school-based therapists, classroom aides and direct care mental health staff. Fellows attend weekly team meetings, observe classroom activities, and interview students and their parents as needed to provide psychiatric consultation. These consultations may include behavioral and pharmacological recommendations and interventions, as well as liaison work with community health care providers (primary care and mental health providers).

Clinics at Children's Health Council (CHC)

(Year II - Selective Rotation)

Vidya Krishnan, MD, Site Director

The Children's Health Council (CHC) is a community-based, multi-disciplinary diagnostic and treatment center for infants, children, adolescents and their families. Services are provided for children with psychiatric, behavioral, emotional, developmental, learning, language, and motor disorders. Specialty areas include: Attention Deficit Disorders, Pervasive Developmental Disorders (especially Asperger's), neuropsychological disorders, and disorders of infancy (feeding and attachment disorders). Intensive diagnostic evaluations range from a single-discipline to a team evaluation with all disciplines represented. Therapeutic services include individual and family therapy, a group social skills program, educational, speech & language, and occupational therapy, and summer programs including a therapeutic day camp. The CHC also operates The Esther B. Clark School, Sandhill School and The Center, therapeutic special education school/day treatment programs for children with combinations of behavioral, emotional, developmental, learning, and neurological difficulties.

While Fellows are members of a multidisciplinary diagnostic team, they also evaluate children independently. Each Fellow uses a broad range of treatment options, including individual, group, family, couples and short and long-term therapy. There is a focus on underserved populations insured primarily by MediCal (Medicaid). Academic and clinical faculty members representing numerous psychiatric orientations supervise all diagnostic and therapeutic work. The child trainees spend approximately a third of their time doing evaluations, another third in ongoing individual, group, or family therapy, and the final third performing pharmacotherapy.

Pediatric Neurology Clinics

(Year II- Required Rotation)

Dawn C. Duane, MD

Rana Lozani, PNP

This 2-month part time experience is designed to help CAP Fellows solidify their skills in basic pediatric neurology examination, assessment and diagnosis. All 2nd year Fellows spend 8 weeks on this rotation (1/2 day per week), located at community affiliate sites of the Lucile Packard Children's Hospital at Stanford (LPCH).

The Bay Area Children's Association (BACA)

(Year II - Elective Rotation)

Tom Tarshis MD, MPH, Medical Director

Bay Area Children's Association (BACA) continues to expand programs and services, including innovative social skills groups, Intensive Outpatient Programs (IOP) as well as multidisciplinary, evidence-based treatment in our outpatient clinic. This rotation will provide information on processes involving in starting a new agency/practice, and doing comprehensive assessments as well as delivering the proper evidence-based treatments for children and families.

Specific goals for fellows include:

- Learning to do a comprehensive evaluations, utilizing questionnaires, and offer multiple treatment options for families
- Delivering evidence-based treatments for mental health issues
- Developing flexibility in one's approach, understanding that we can't always deliver the treatment with the highest chance for success
- Engaging parents/families as partners in the process (eliminate the "I drop off my kid and you fix them" mentality)
- Using electronic data for records, prescription transmission and collaborating with colleagues
- Developing skills in Cognitive Behavioral Therapy (CBT), parent-training (PT) and family therapy (FT)
- Developing treatment plans to address mental health needs of families

Learning to interact with school personnel to help families get proper educational interventions, including IEPs and 504 plans when needed.

Community Track Child & Adolescent Psychiatry Fellowship

The Stanford Community Track Child & Adolescent Psychiatry Fellowship position is a separate ACGME approved track with a unique program number, **NRMP # 1820405F1**. One of the 9 Fellowship positions per year in the Stanford CAP Fellowship Program is classified as this Community Track slot. The rationale for this position is to provide emphasis on clinical training and research experience in community child & adolescent psychiatry. This Fellowship position was created in 2007 because of the tremendous need for child & adolescent psychiatrists with expertise in community engagement and commitment, including knowledge about and experience in, public sector care and culturally informed approaches. The Fellow's employment, salary, and benefits will be administered through Lucile Packard Children's Hospital at Stanford, just like the fellows in the categorical track of the Stanford Child & Adolescent Psychiatry Fellowship. Shashank V. Joshi, MD, is the Training Director for the Community Track Fellowship. Muir Hooper, MD is the Site Director for rotations based at the San Mateo County sites. Steven Adelsheim, MD, the Associate Chair of Community Partnerships, oversees the scholarly concentration component of the Community Track Fellowship.

Program Structure

The first-year consists of three blocks of clinical work, with a half-day of protected scholarly time (see diagram below). These full-time blocks include one day (Wednesdays) per week of didactics and psychotherapy / pharmacotherapy at the LPCH/Stanford Clinics and at the East Palo Alto Academy High School (EPAA HS). The overall training is generally similar to the training received by the 8 categorical Fellows at Stanford, with a major difference being the emphasis on outpatient work with underserved youth and families.

The second-year consists of several year-long clinical experiences: a 4-week experience on the locked inpatient unit at Mills hospital, outpatient child psychiatry at the LPCH / Stanford Clinics, one half day (Wednesdays) per week of didactics (3-4 hours per week), long-term therapy cases, pediatric neurology, and 1 ½ days of behavioral consultation and follow-up at community-based clinics (The East Palo Alto Clinic and San Mateo County Behavioral Health) and 1/2 day of community-based scholarly work, with mentorship and statistical / epidemiological support from Stanford.

With regard to clinical supervision, the Fellow will receive at least two hours of individual supervision per week: one hour with a San Mateo County faculty member and one hour with a Stanford faculty member. As with the Categorical Fellows, 50% percent of the hours devoted to outpatient experiences will be spent face-to-face with patients, with the other 50% consisting of supervision, team meetings, and administrative time.

| CAP Community Track - Year 1 | | | | |
|--|----------------------|--|------------------------------------|--|
| 1.5 months | | 6.5 months | | 4 months |
| Rotation: Pediatric C/L (Psychosomatic Medicine) Service | | Rotation: Outpatient Therapy; Scholarly Time; School Mental Health | | Rotation: Intensive Outpatient Program (IOP); Outpatient Therapy; Scholarly Time; School Mental Health |
| Site: Lucile Packard Children's Hospital | | Sites: Lucile Packard Children's Hospital; San Mateo County Health Center; East Palo Alto Academy HS | | Site: Kaiser Permanente, Redwood City; LPCH; East Palo Alto Academy High School |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | AM | AM | AM | AM |
| Psychopharmacology Clinic | School Mental Health | Didactics | San Mateo County Behavioral Health | Scholarly Concentration |
| PM | PM | PM | PM | PM |
| Outpatient Therapy and Supervision | School Mental Health | Eating Disorders (Structured Therapies) and Supervision | San Mateo County Behavioral Health | Outpatient Therapy and Supervision |

| CAP Community Track - Year 2 | | | | |
|-------------------------------------|---|---|----------------------|----------------------|
| 10% | Mills Hospital (Inpatient Locked Unit) (4 weeks) | | | |
| 20% | Seminars, long-term cases, supervision (or pediatric neurology, 2 months) | | | |
| 20% | Community-based clinical research and elective time | | | |
| 50% | Outpatient psychotherapy w/ med management: clinic and community settings | | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| AM | AM | AM | AM | AM |
| Community-based Scholarly Project | San Mateo County Behavioral Health Outpatient | Didactics | Outpatient Treatment | Clinical Elective |
| PM | PM | PM | PM | PM |
| Outpatient Treatment | San Mateo County Behavioral Health Outpatient | San Mateo County Behavioral Health Outpatient | Outpatient Treatment | Outpatient Treatment |

Didactic Courses

Throughout their two years of training, Child & Adolescent Psychiatry Fellows participate in approximately seven to ten hours of didactic sessions and supervision per week. The didactic curriculum covers assessment and diagnostic practices, the psychotherapies, neuroscience, collaborative treatment, professionalism, the biological, sociological and cultural basis of clinical psychiatry, psychopharmacology, & both normal and abnormal development. The didactic program allows Fellows to become knowledgeable in all aspects of current child psychiatric practice and research methodology.

CAP-1 Seminar Curriculum

1. Developmental Psychopathology, Psychotherapy, Psychopharmacology, and Neuroscience
 - Required for CAP-1 fellows
 - Instructors: David S. Hong, MD, Shashank V. Joshi, MD
 - In this course, taught by Faculty from throughout the Department, we discuss the psychiatric illnesses which present during childhood and adolescence. The course combines phenomenology, assessment, and treatment for the most common child & adolescent conditions, neurobiological theory, applications and clinical practice. The topics discussed are specific to the various diagnostic categories within child & adolescent psychiatry (e.g. neurobiology of autism, neurobiology of ADHD).
 - Attended by CAP fellows, general residents, medical students, and pediatric residents.
 - 1 hour weekly for 12 months

2. Child & Adolescent Development
 - Required for CAP-1 fellows
 - Instructors: Heidi Feldman, MD
 - In this seminar with case-based discussions, participants learn about critical developmental milestones in infancy, toddler years, preschool, school age and adolescence, developmental theories in relation to overall themes, and developmental change.
 - Attended by CAP fellows, medical students, general residents and pediatric residents.
 - 1 hour weekly for 3 months

3. Principles of Psychodynamic Psychotherapy with Children and Adolescents and Case Formulation
 - Required for CAP-1 fellows
 - Instructor: Michael Loughran, PhD
 - This seminar examines the basic principles and basic techniques of conducting psychotherapy with children and adolescents from a psychoanalytic theoretical perspective. Topics covered include how to conduct an evaluation, formulate cases, and establish a treatment plan; how to begin psychotherapy by establishing an age-appropriate therapeutic alliance; containment, analytic listening, working with resistance, and interpretation; problems encountered at different stages of

therapy and with different degrees of psychopathology; and areas of specialized practice such as treating depression and early character pathology.

- Attended by CAP fellows, medical students, and pediatric residents.
- 1 hour weekly for 3 months

4. Therapeutic Engagement

- Required for CAP-1 fellows
- Instructors: Don Mordecai MD
- Through videotape and guided discussion, fellows learn about the psychotherapeutic process in child & adolescent psychiatry. Fellows present and discuss their own videotaped interviews with patients. Emphasis is on the early stages of the therapeutic process—information gathering, alliance-building, and case formulation.
- Attended by CAP fellows, medical students, and pediatric residents.
- 1 hour weekly for 6 months

5. Family Therapy: Theory and Practice

- Required for CAP-1 fellows
- Instructors: Tonja Krautter, PsyD, and Beverly Rodriguez, MD PhD
- This course provides an overview of systems, developmental and narrative theories, and their application to the major schools of family therapy. Utilizing this framework, fellows learn how to develop hypotheses that connect the theory to which particular questions they will choose when interviewing their patients. Fellows learn specific techniques for the initial interview, and to identify and effectively respond to resistance. Special attention is paid to the fellows' personal and professional development as a therapist.
- Attended by CAP fellows, general residents, medical students, and pediatric residents.
- 1 hour weekly for 3 months

6. Young Child Development and Observation: Guide to Understanding Infants, Toddlers and Preschoolers

- Required for CAP-1 fellows
- Instructor: Carol Slotnick, PhD, MSW
- This is a two-hour seminar teaching the principles of observation of normal children in the preschool age range, the normal developmental progression in this age span, the psychopathology in this age group and the science of preschool psychiatry. The experience is partially didactic, partially practical, and culminates in live examinations of preschoolers and their parents. It builds upon prior knowledge attained in the Child Development course taught by Professor Heidi Feldman.
- Attended by CAP fellows, medical students, and psychology interns.
- 2 hours weekly for 2 months

7. Systems of Care

- Required for CAP-1 fellows, recommended for CAP-2 fellows
- Instructor: Mina Fisher, MD, Muir Hooper, MD

- This is a weekly seminar for child psychiatry fellows to develop the skills to recognize how the system in which care is delivered can impede or enhance treatment, using specific cases. CAP fellows develop strategies to work within systems to obtain optimal care (and to recognize when this is not possible). Participants also become lifelong consumers of the relevant literature and educated advocates for youth, families, and the systems that serve them.
 - Attended by CAP fellows, medical students, and pediatric residents.
 - 1 hour weekly for 3 months
8. Therapeutic Uses of Play in Children
- Required for CAP-1 fellows
 - Instructor: Anne Benham, MD, Natalie Pon, MD
 - This seminar meets weekly to introduce different approaches to play therapy, and its use in diagnosis, alliance formation and treatment. The course uses both readings and video demonstrations as teaching tools.
 - Attended by CAP fellows, medical students, and pediatric residents.
 - 1 hour weekly for 3 months
9. Ethics, Professionalism and Culture in Child & Adolescent Psychiatry
- Required for CAP-1 fellows
 - Instructors: Isheeta Zalpuri, MD and Shashank V. Joshi, MD
 - The goal is to discuss the relevance of diverse economic, ethnic, cultural and other social factors for the practice of child & adolescent psychiatry. Case-based discussions focus on the DSM-5 Cultural Formulation, taught by Faculty from throughout the Department.
 - Attended by CAP fellows, psychology Interns, medical students, and General Psychiatry residents on rotation.
 - 1 hours weekly for 6 months
10. Journal Club
- Required for CAP-2 fellows
 - Instructor: Thomas Tarshis, MD, MPH
 - This is a weekly seminar that reviews important papers in the field. Trainees present papers to their peers, and there are guest discussants who are content experts.
 - Attended by CAP fellows.
 - 1 hour weekly for 3 months
11. Pediatric Psychosomatic Medicine Seminar
- Required for CAP-1 fellows on the Consult-Liaison rotation at LPCH
 - Instructors: Richard Shaw, MD and Michelle Brown, PhD
 - This seminar meets weekly to provide an overview of ancillary hospital child psychiatry services, and to review important psychiatric topics in medically ill children.
 - This seminar is scheduled for all trainees on the consultation/liaison service rotation at LPCH.
 - Attended by CAP fellows and psychology interns.

- 1 hour weekly during the Consult-Liaison rotation at LPCH

CAP-2 Seminar Curriculum

12. Leadership and Professional Development in Child & Adolescent Psychiatry

- Required for CAP-2 fellows
- Instructors: Shashank V. Joshi MD, Daniel Becker MD, and Thomas Anders, MD
- This is a 2-month seminar for CAP-2 fellows that develop teaching skills, leadership and professional identity. There is a focus on readings from the business literature and on techniques developed from the Harvard-Macy Institute for Physician Educators, and the Stanford Faculty Development Center.
- Attended by CAP fellows.
- 1.5 hours weekly for 2 months

13. Advanced Psychopharmacology

- Required for CAP-2 fellows
- Instructor: Vidya Krishnan, MD
- This case-based seminar allows for discussion of specific problems and clinical pearls within pediatric psychopharmacology. Each week, one major category of disorders is covered. Medication strategies, as well as the psychological and educational issues in medication management, are discussed. Each Fellow is assigned to present a particular topic per week, and assigns relevant reading to her/his peers ahead of time. In this regard, it also serves as an additional journal club.
- Attended by CAP fellows.
- 1.5 hours weekly for 2 months

14. Forensic Child & Adolescent Psychiatry

- Required for CAP-2 fellows
- Instructors: Anthony Atwell, MD and guests
- The seminar is partially didactic, partially practical-clinical. The course is dedicated to the teaching of the principles of clinical forensic child psychiatry and the legal and scientific background as it applies to the practice of child & adolescent psychiatry.
- Attended by CAP fellows.
- 1.5 hours weekly for 2 months

15. Advanced Cognitive Therapies Seminar

- Required for CAP-2 fellows
- Instructors: Margo Thienemann, MD, Leena Khanzode, MD
- This seminar is focusing on developing advanced clinical diagnostic and treatment skills, with a particular focus on cognitive-behavioral techniques and therapies. The seminar is case driven and based on material brought in by faculty or trainee. Empirically-supported manuals are major vehicles for teaching.
- Attended by CAP fellows.

- 1 hour weekly for 6 months

16. Grand Rounds

- Required for both CAP-1 and CAP-2 fellows
- Various Faculty Members
- This is a yearlong meeting with diverse presentations on topical subjects in psychiatric practice and research. The Grand Rounds are available to all residents and fellows and is jointly run with the Department of Psychiatry. Specifically, child psychiatric topics are scheduled on a monthly basis.
- Open to the public.
- 1 hour weekly, during the academic year

Scholarly Training

Division of Child & Adolescent Psychiatry

Ruth O'Hara, PhD, Director of Research Initiatives

Shashank V. Joshi, MD, Program Director

David Hong, MD, Associate Program Director

All trainees in the Fellowship participate in didactic seminars pertaining to research education. During the 6-week scholarly block in the CAP-1 year, trainees meet with selected mentors in the area of their particular interests in order to begin the formulation of a small but significant, research, clinical, teaching or policy project to be carried out throughout the 2 years of training. We help each Fellow to find a mentor within the faculty, and additional mentor arrangements can be made when necessary. Mentors may be available in other departments at Stanford as well as at institutions such as the University of California, Berkeley, and University of California, San Francisco; interdisciplinary research is strongly encouraged. The Division encourages presentations at national meetings. Both the Division and the Stanford Graduate Medical Education office make funds available to defray the cost of attending at least one national meeting per year. Many Fellows have received travel grants through various programs in the American Academy of Child & Adolescent Psychiatry. The goal is for most Fellows to complete a publishable paper or poster for presentation at a professional meeting by the end of their Fellowship. Some Fellows will progress further than this and will pursue their own research projects beyond the scope of their Fellowship. Advanced training grants are available on a competitive basis.

NIMH T-32 Training Program

The Division offers a T-32 Research Fellowship, where 1-2 CAP Fellows can apply in the CAP-1 year to complete 2 years of mentored research training in a specific laboratory or research program at Stanford, where interdisciplinary investigations in brain, behavioral sciences, and child psychiatry are the focus. Projects can encompass basic and/or clinical research, and might include investigation into one or more of the following areas: molecular or behavioral neurogenetics, neuroimaging, neurobiology, developmental psychopathology, endophenotypes associated with neuropsychiatric disorders, new diagnostic methods, outcomes research or intervention studies. Project proposals should clearly state the interdisciplinary nature of the project. Fellows with MD or PhD degrees conduct research during the program with mentors/advisors from the Department of Psychiatry and Behavioral Sciences or a number of related departments or interdisciplinary programs including Pediatrics, Genetics, Psychology, Radiology and Neuroscience.

Research Laboratories at Stanford

<http://childpsychiatry.stanford.edu/>

Advanced trainees interested in research training can become affiliated with numerous research laboratories and projects in the Division of Child & Adolescent Psychiatry and Child Development and the Department of Psychiatry and Behavioral Sciences as well as other University programs.

| | |
|---------------------------|---|
| Victor Carrion, MD | Early Life Stress and Pediatric Anxiety Program (ELSPAP) / PTSD |
| Glen Elliott, PhD, MD | Attention Deficit Disorders |
| Joachim Hallmayer, MD | Genetics of Autism |
| Antonio Hardan, MD | Autism and Neurodevelopmental Disorders |
| Shashank V. Joshi, MD | School-based Mental Health; Suicide Prevention; Cultural Psychiatry |
| James Lock, MD, PhD | Psychotherapy; Eating Disorders |
| Richard J. Shaw, MBBS | Psychological Adjustment in Chronic Medical Illnesses |
| Manpreet K. Singh, MD, MS | Mood Disorders |
| Sharon Williams, PhD | Traumatic Brain Injury |
| David Hong, MD | Behavioral Neurogenetics |
| Steve Adelsheim, MD | Early-onset Psychosis |

The Carnegie Corporation of New York supports an interdisciplinary center on Adolescence. Center activities include the evaluation and sponsorship of research at Stanford University and providing syntheses of the scientific knowledge base so that both public and private policy makers can develop and disseminate strategies for aiding adolescents. In addition to being a scholarly enterprise, the Center will be linked directly with agencies that are providing services to adolescents and their families. Overall, the Stanford Center on Adolescence seeks to serve as a national model for interdisciplinary training on research related to adolescence by enhancing collaboration among faculty from diverse departments and schools and developing a comprehensive, multidisciplinary approach. A limited

number of pre-doctoral and post-doctoral Fellowships will be granted to scholars pursuing careers in research related to adolescence.

For additional detailed descriptions of projects in each laboratory, please refer to the following Faculty Research Directory at the Stanford Web Site: <http://psychiatry.stanford.edu/>

Additional Training Features

Teaching Opportunities and Advanced Administrative Duties

All Fellows will have the opportunity to participate in teaching. Their responsibilities may include the supervision and teaching of medical students, PGY II-IV psychiatry residents, child neurology fellows, developmental and behavioral pediatrics residents, participation in administrative meetings and Quality Assurance Committees, the drafting of memos pertinent to the functioning of the services, and the organization and presentation of didactic material for trainees, as well as for high school students (depression education and suicide prevention training).

Psychiatry Resident and Medical Student Training

Stanford's Child and Adolescent Psychiatry program is integrated with the general psychiatry residency training program. 4 to 6 general psychiatry residents (PGY III-IV) spend two months in the Child & Adolescent Psychiatry program at any given time. Michelle Goldsmith, MD, MA, is the Site Director for general (adult) psychiatry training in Child & Adolescent Psychiatry. Medical students from Stanford University and other schools in the United States, select four-week Child & Adolescent Psychiatry clerkships. Three post-doctoral and four pre-doctoral clinical psychology interns from national graduate schools also participate in the training program on a yearly basis, offered within the American Psychological Association-approved internship program based in the Division.

Research Colloquia, Symposia and Conferences

Fellows and faculty meet in monthly meetings in which speakers describe the many research activities of the Department, and scientists from across the country describe their work. Visiting speakers also present their work at research seminars held at regular intervals during the academic year. Clinical problems of particular teaching value are presented and discussed at weekly clinical rounds in the teaching hospitals. There are also annual Stanford educational conferences on a range of psychotherapy and psychopharmacology topics, which Fellows may attend at reduced or no cost.

Grand Rounds

Stanford attracts renowned speakers as Grand Round speakers each week. This is an exciting time to see and hear leaders in the field. One week per month, the topic chosen is on a particular area within Child & Adolescent Psychiatry.

Clinical Skills Vignette (CAP-CSV), PRITE & Child PRITE Exams

Each Child & Adolescent Psychiatry Fellow is required to pass at least 3 clinical skills vignette exams to graduate from the training program. In addition, the Psychiatry Residency In-Service Training Exam is required each year during the first two weeks of October, and the Child PRITE in December.

Applicants to the CAP Fellowship from General (Adult) Psychiatry training Programs need to have passed 3 (adult) Clinical Skills Vignette (CSV) exams in their residency prior to interviewing with our program in the fall prior to when Fellowship training would begin.

Libraries

Fellows have access to all of the Main Campus libraries, which include Lane Medical Library, Green Library, Meyer Memorial Library, and the School of Education Library, among many others.

Lane Medical Library’s research collections cover clinical medicine and its specialties, basic sciences, public health and related fields. With over 3,000 journal titles and approximately 300,000 volumes, the collection ranks among the best on the West Coast. The Library is automated and the databases, Lane-Medline and CD-Lane-Medicine, are networked and available 24 hours a day from labs, wards, offices and homes. <http://lane.stanford.edu>

Benefits for House Staff Stanford Hospital and Clinics and Affiliated Hospitals

<http://med.stanford.edu/gme/policy.html>

Salaries are provided by Stanford Hospital and Clinics and are contingent upon proportion of clinical and research assignments.

STIPENDS 2020-21

| <i>Year</i> | <i>Annual</i> |
|-------------|---------------|
| IV | \$83,324.80 |
| V | \$88,545.60 |
| VI | \$92,476.80 |
| VII | \$97,656.00 |

Educational and other Business-Related Payments

| Item | Detail |
|---------------------------------------|---|
| Annual educational allowance \$2,000* | Paid in November providing, all required HealthStream and EPIC/LINKS modules are completed by house staff's assigned deadline |
| Cell phone allowance \$1,000* | Automatically added to paycheck in July |

| | |
|---|---|
| Food allowance \$10 per day (shifts of 12 hours or longer for clinical rotations only at SHC & LPCH)* | Payments made on last paycheck of each month |
| Housing stipend \$7,200 per year (paid as \$600 monthly)*+ | Automatically paid on 1st paycheck of each month |
| Medical, dental, vision, and long-term disability insurance provided | Eligible to participate on house staff's hire date |
| Moving allowance (new hires only) \$3,000* | Automatically added to a paycheck in August |
| 1% annual bonus based on completion of a Quality Improvement Project* | Automatically paid at the end of each academic year in June |
| Cost of initial CA MD license and renewals | Paid upon reimbursement submission for academic year expense occurrence |
| Cost of initial DEA and renewals | Paid upon reimbursement submission for academic year expense occurrence |
| Cost of USMLE Part III for Interns | Paid upon reimbursement submission for academic year expense occurrence |

*All allowances are subject to appropriate taxes.

- **Benefits for all House Staff, regardless of institution of assignment.**

Please see housestaff Policies and Procedures for full details

<http://med.stanford.edu/gme/policy.html>

- **Family and Medical Leaves** Family and medical leaves are leaves authorized by the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). In most cases, FMLA and CFRA run concurrently with each other and with periods of Short-Term Disability, including leave due to work-related illness or injury. However, CFRA does not run concurrently with FMLA for periods of Pregnancy Disability Leave, but instead provides an additional 12 weeks of leave for baby bonding.
- **Pregnancy Disability Leave** Pregnancy disability leave (PDL) of up to four months is available to a fellow for medically certified disabilities related to pregnancy and childbirth.
- **New Parent Leave** Stanford Health Care offers new parent fellows one week with pay (5 days). This period of pay will be coordinated with any disability benefits received in connection with FMLA/CFRA/PDL leaves to maintain the fellow's full pay for the 5-day period.
- **Bereavement Leave** Fellows are eligible for up to five (5) work days of pay in the event of a death of the employee's immediate family, including parents, legal guardian, spouse, children, stepchildren, grandparents, grandchildren, siblings, step-siblings, step-parents, mother-in-law, father-in-law and eligible domestic partners as defined in the Employer's Health Benefits Summary Plan Descriptions.
Bereavement will be granted immediately following the death unless arrangements require other dates approved by the Program Director and the Director of GME.

- **Holidays** Holidays for fellows will be consistent with the schedule at the institution to which the fellow is assigned and with the policies of the program and/or department.
- **Educational Meetings and Activities** Request to attend educational, scholarly and professional activities/seminars should be submitted to the Program Director for approval. Duty hours must be entered for the dates and times you are in attendance in compliance with ACGME regulations.
- **Personal Time Off** House staff do not accrue vacation. House staff are permitted to take up to three (3) weeks of personal time off with pay during each one-year period. Personal time off must be scheduled in advance with the approval of the Director of the Residency Training Program in each department or division. Stanford Health Care believes that personal time away from the residency program is important to the welfare of house staff, so unused personal time off does not accumulate from year to year and there is no provision to pay in lieu of time off. **A leave of absence for professional reasons will be considered on a case by case basis. Written consent must be obtained from the Program Director and the GME Director. Continuation of salary is at the discretion of the CMO. Benefits, however, will not continue for more than six (6) months.**
- **Jury Duty** If you are called to jury duty on a day in which you are scheduled to work, you will be given leave with pay for the actual time spent on jury service (time required to spend sitting on a jury or physically waiting at the courthouse in anticipation of being called to sit on a jury) and in related travel. The Program Director and/or department must be notified as soon as a jury summons is received.
Only the court, as outlined in the Jury Summons Notice can grant deferment or excused absence from jury service.
- **Sick Leave** House staff will be granted up to 20 days of sick leave (four (4) weeks) per year, if needed. House staff do not accumulate sick leave credit, and no additional compensation will be paid for unused sick leave. Salary will continue, offset by state disability or worker's compensation benefits, until the 20 days of sick leave are exhausted.
- **Wellness Program** Stanford Health Care's wellness incentive program, HealthySteps to Wellness, is designed to encourage you to focus on improving your health and well-being. When enrolled in a Hospital-sponsored medical plan and participating in approved wellness activities, you are eligible to earn incentive dollars that can help pay for IRS-qualified health care expenses. Incentive funds earned will be deposited in a Health Reimbursement Account (HRA) with HealthEquity. You are eligible to earn up to \$500 for employee-only medical plan coverage and up to \$1,000 for employees with covered dependents. For more information visit <https://wellness.healthysteps4u.org>

Moonlighting Activities.

Fellows are not required to engage in “moonlighting.” All fellows engaged in external moonlighting must be licensed for unsupervised medical practice in California or the state in which the moonlighting occurs. Stanford’s malpractice insurance will not cover fellows for moonlighting activities. Fellows must obtain written acknowledgement that their Program Director is aware and approves of any moonlighting activities before any moonlighting activity is undertaken. A copy of the written acknowledgement will be kept in the fellow’s file. The Program Director has the discretion to decline to approve moonlighting activities if he/she believes that such activities will interfere with the fellow’s training progress or for other legitimate reasons. All external moonlighting must be logged into MedHub as duty hours.

Stanford Health Care/Stanford Children’s Health does not allow internal moonlighting by ACGME trainees. Fellows are not expected to respond to pages/telephone calls from patients who are seen/operated on at outside hospitals where they do not rotate.

➤ Moonlighting is not permitted under a J-1 VISA.

CAP Fellows may moonlight in General Psychiatry, but are strongly discouraged from moonlighting in Child & Adolescent Psychiatry while a trainee, unless appropriate supervision is available. Unapproved moonlighting is not covered by Stanford malpractice.

Application Process

Stanford/LPCH only participates in the [National Residency Matching Program \(NRMP\)](#) through the [Electronic Residency Application Service \(ERAS\)](#). All supporting documents must be submitted electronically.

Within the NRMP and ERAS, the listings for our two main Fellowship programs are:

Child & Adolescent Psychiatry (Categorical)– NRMP # 1820405F0

Child & Adolescent Psychiatry (Community Track) – NRMP # 1820405F1

When Do I Apply?

All completed applications (including all supporting letters and documents) must be submitted by September 13.

We strongly encourage you to submit your completed applications prior to this date, as the interviewing schedule fills quickly.

How Do I Apply?

A complete application includes the following documents:

1. ERAS application
2. Standard Passport Photo
3. Personal statement
4. Curriculum vitae (The ERAS formatted CV is sufficient)

5. Program Director letter of recommendation with documentation of three (3) passed Clinical Skills Vignette (CSV) Examinations. [Program Director's Attestation FORM](#)
6. Four (4) Letters of Recommendations: one (1) from the Program Director or Associate Program Director, and the other three (3) from faculty members who have worked with an applicant in clinical settings.
7. Medical Student Performance Evaluation (MSPE) (formerly known as the Dean's Letter).
8. Official medical school transcripts.
9. Official copy of your United States Medical Licensing Examination or Comprehensive Osteopathic Medical Licensing scores steps 1-3. USMLE (<http://www.usmle.org>) or COMLEX (<https://www.nbome.org>)).

If you are enrolled in an AAMC approved medical school in the US or Canada, we will accept a copy of your school's report of your scores provided it is verified as a true copy by your Registrar and stamped with the School seal.

If you are an International Medical Graduate, a copy of your ECFMG certificate, Evaluation Status Letter from the Medical Board of California, and ECFMG and Flex/USMLE exam scores. We will not review your application without these documents.

When are Interviews held?

We will begin reviewing files as they are completed in September before the MSPE comes out. If you receive an invitation to interview, please reply as soon as possible to arrange an interview date. We will be interviewing on Wednesdays in September, October and November.

If you have any questions, please contact:

Ola Golovinsky

Child & Adolescent Psychiatry

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