



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



The Child & Adolescent Psychiatry Fellowship Program Description 2021-22

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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 Child & Adolescent Psychiatry (CAP) 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 CAP Fellows 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.

CAP 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 Aim

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 and sponsorship, supervision, teaching, observed interviews, and regular iterative feedback across the two 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 (Adult) 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 Child & Adolescent Psychiatry Training Program

<https://med.stanford.edu/childpsychiatry/training.html>

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. CAP-1 Fellows 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, the Mills Hospital secure (locked) adolescent inpatient unit, on an Intensive Outpatient (IOP) Team as both psychotherapist and pharmacotherapist, and either on an inpatient unit devoted to the treatment of eating disorders (the Comprehensive Care Pediatric Unit (CCP) or in the outpatient Evaluation clinic and Addictions rotation. CAP Fellows also start treatment in time-limited and structured psychotherapies with 3 patients or families.

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

Richard Shaw, MBBS - Medical Director

Paula Tran, MD

Whitney Daniels, MD

Michelle Brown, PhD

Emily Ach, PhD

Lauren Mikula Schneider, PsyD

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.

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)

Mary Sanders, PhD, Site Director
James Lock, MD, PhD, Director,
Child and Adolescent Eating Disorder Program

The Comprehensive Care Program and Eating Disorders Clinic of Lucile Packard Children's Hospital is located at El Camino Hospital in Mountain View, California (about 12 miles off campus), and is an elective 6-week, 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, CAP 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 2-17, 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 (ARFID)
- 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 Disorders Program receive state of the art treatment using the best evidenced approaches for these disorders, and CAP-2 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

Gary Huang, MD, Site Director

Kaiser Permanente Northern California covers 2,800,000 members, 25% of whom are children and adolescents. The demographic breakdown is socioeconomically and culturally diverse. 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 these 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.

Children's Health Council (CHC), Palo Alto

Vidya Krishnan, MD, Site Director

CHC RISE (Reaching Interpersonal and Self Effectiveness) IOP program

Michele Berk, PhD, Co-Director

Stephanie Clarke, PhD, Co-Director

The Children's Health Council (CHC) is a community-based, multi-disciplinary diagnostic and treatment center for children, adolescents, young adults and their families. Services are provided to address psychiatric, behavioral, emotional, developmental, learning, language, and motor disorders. Specialty areas include: Attention Deficit Disorders, Pervasive Developmental Disorders, Mood and Anxiety Disorder, Learning Differences/Executive Functioning Issues. Intensive diagnostic evaluations range from a single-discipline to a team evaluation with all disciplines represented. Therapeutic services include an IOP program (Intensive Outpatient Program, which about half of our CAP-1 Fellows rotate through), individual and family therapy, parenting support, PCIT, DBT skills groups for middle and high school aged kids, educational, speech & language, and occupational therapies, and summer programs including a therapeutic day camp. CHC also operates The Esther B. Clark School and Sand Hill School, therapeutic special education school/day treatment programs for children with combinations of behavioral, emotional, developmental, learning, and neurological difficulties.

The Mills Hospital Adolescent Unit

Mariya Borodyanskaya, DO, Site Director

All 1st-year Fellows spend 3 months working at the **Mills Hospital Adolescent Unit (secure)**. This locked unit is for teenagers who are at high risk of self-harm or suicide. CAP 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.

Evaluation and Recovery Clinic Rotation

Isheeta Zalpuri, MD, Site Director

John Leikauf, MD (Evaluation clinic)

Thuc-Quyen Nguyen, MD (Evaluation clinic)

Brad Zicherman, MD (Recovery clinic)

This rotation provides fellows with an experience in conducting comprehensive evaluations in a variety of disorders, including but not limited to Anxiety disorders, Mood disorders, ADHD and externalizing behaviors, high functioning Autism as well as substance use disorders for children and adolescents 6-18 years of age. Fellows will gain competence in conducting evaluations and utilizing assessment scales.

The evaluation clinic emphasizes providing families with recommendations based on the current and best available evidence. Fellows will spend 2 full days conducting 4 intakes/week. Given the time limited nature of this rotation, families are referred to community providers for ongoing treatment. They will have 1 day for administrative tasks such as completing notes, gathering collateral, reviewing literature and readings provided by attendings.

Fellows will spend 1 day in the Recovery clinic evaluating patients with substance use disorders and providing treatment to them.

Fellows will receive 3 hours of supervision from Drs. Leikauf, Nguyen and Zicherman.

Scholarly Concentration

Shashank V. Joshi, MD, Program Director

David Hong, MD, Associate Program Director

The Scholarly Concentration in the CAP-1 year is unique among CAP programs nationally, and consists of a 6-week period 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 (CAP-2) year 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, Redwood City School District, 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 Rd 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

Sharon E. Williams, PhD, Director, Child Psychology

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 CAP-2 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 to develop academic expertise in these areas.

There are a number of clinics that CAP Fellows may rotate through, including the following:

General Behavior Disorders Clinic

Mari Kurahashi, MD, Co-Section Chief

Elizabeth Reichert, PhD, 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

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, Co-Director

Isheeta Zalpuri, MD, Co-Director

Anne Benham, MD

Hilit Kletter, PhD

Gisela Sandoval, MD, PhD

Nicole Starace, PhD
Kyle Cassidy, LCSW
Shea Fedigan, PhD
Sarah Rosenbaum, MD

The Anxiety Disorders Clinic provides evaluation, treatment and consultative services for youth ages 2-17 who have anxiety disorders and 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 CAP 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.), COVID-related issues, and issues that are human-caused (assaults, motor-vehicle accidents, physical and sexual abuse, witnessing violence, etc.) There may be other types 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 assessments will go through the typical diagnostic considerations, treatment interventions 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.

CAP Fellows may also participate in a specific component of this clinic as an elective:

The Early Life Stress Treatment Approach, which includes:

- Structure – blocks of 16-20 psychotherapy 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

Pediatric Mood Disorders Clinic

Isheeta Zalpuri, MD, Clinic Co-Director

Nicole Starace, PhD, Clinic Co-Director

The Pediatric Mood Disorders Clinic serves children and adolescents 6-18 years of age who have a depressive or bipolar spectrum disorder as their primary problem. Services offered include psychiatric evaluation and consultation, pharmacotherapy, and individual and family psychotherapy. Personnel include staff psychiatrists, child and adolescent psychiatry trainees, and clinical psychologists.

The 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 or teen 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

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 youth from 2-17 y.o. 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, Child and Adolescent Eating Disorder Program
Aileen Whyte, Director of Outpatient Program
Mary Sanders, PhD, Director of Inpatient Program
Danielle Colborn, PhD
Nina Kirz, MD
Heather Rosen, PhD
Kyle Hinman, MD

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 can also participate in the parent support components of this treatment.

Adolescent Safety Assessment Program (ASAP)

*Michele Berk, PhD, Director
Nicole Starace, PhD*

The ASAP includes a Crisis Consultation Clinic that supports patients referred by schools or emergency departments who have a high risk of suicidality. Patients are provided with 3-4 sessions for assessment, stabilization, and treatment planning. Once stable, patients are referred to a community provider.

INSPIRE Clinic

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

The 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.

Medical Coping and Wellness Clinic (MCWC)

Lauren Schneider, PsyD
Paula Tran, MD

The Medical Coping and Wellness Clinic (MCWC) is an outpatient child psychiatry clinic that serves LPCH patients whose primary mental health concern is related to their medical condition or in which patients' emotional or behavioral concerns negatively impact the management of their medical condition. Examples include the following: adjustment to a new diagnosis; procedural preparation/anxiety(e.g., needle phobia, trouble with IVs); problems with medical treatment adherence; evaluations required for medical procedures (e.g., solid organ transplant evaluations); and behavioral or emotional problems that interfere with medical condition, treatment, rehabilitation, or maximization of functioning.

Our clinic is limited to patients who are actively followed for treatment by an LPCH medical team/providers. A consultation and then subsequent feedback session may be scheduled to review current concerns, provide recommendations, and resources to help patients. On occasion, time-limited psychotropic medication management and/or psychotherapy as a bridge to establishing local care, may be provided.

Pediatric Neuropsychopharmacology (NPP) Clinic

(Year II- Required Rotation)

Psychiatry: Janani Venugopalakrishnan, MD
Neurology: Dawn Duane, MD

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).

This unique multidisciplinary clinical rotation provides assessment and treatment for children and adolescents with psychiatric issues (e.g., self-injurious behaviors, aggression towards others, ADHD, anxiety) and active neurological disorders including epilepsy/seizure disorders, headache, movement disorders, tic disorders/Tourette's Syndrome, traumatic brain injury, and neurogenetic disorders (e.g., fragile X syndrome, septo-optic dysplasia, NF1, autism, tuberous sclerosis, velocardiofacial syndrome).

Children with these disorders and their families are faced with the difficulty of dealing with life's everyday demands (work, school, friends), despite the impact of their disorder on functioning in these important domains. We help children and their families understand how their disorder impacts their lives, how to deal with deficits due to the disorder, and how to explain this to others. Given the teaching mission of this clinic, patients WITHOUT active neurological issues are not appropriate for this clinic but may find other suitable services at Stanford.

School Consultation and Intervention

(Year II - Required rotation)

Shashank V. Joshi, MD, Program Director

Ryan Matlow, PhD, Clinical supervisor

Raul Poulsen, MD, Clinical supervisor

Beginning in the 1st year of training, CAP 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. CAP Fellows 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 mentored research and mental health teaching opportunities within the local schools that CAP Fellows may pursue.

CAP Fellows consult in a variety of venues. During the first year of training, they provide consultation to teachers of the patients treated on the Mills Hospital inpatient service, LPCH C/L and CCP services, 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 in San Mateo and Santa Clara counties. 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, which are therapeutic special education school/day treatment programs for youth with combinations of behavioral, emotional, developmental, learning, and neurological difficulties.

In the CAP-2 year at CHC, CAP Fellows evaluate youth independently or in conjunction with supervising faculty or outpatient therapy providers in a collaborative manner. Each fellow uses a broad range of treatment options, including individual, family, couples intervention through short and long-term therapy via a wide variety of modalities including behavioral and dynamic approaches. There is a focus on serving diverse populations within San Mateo and Santa Clara counties, including underserved populations insured primarily by MediCal (Medicaid) besides clients of varied SES, ethnic/cultural/racial/sexual/gender identification. Faculty members representing varied psychiatric orientations supervise all diagnostic and therapeutic work, for 1-3 hours per week. CAP Fellows spend approximately a quarter of their time doing evaluations, another quarter in ongoing therapy, and about half conducting pharmacotherapy.

While CAP Fellows are members of a multidisciplinary diagnostic team, they also evaluate youth 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.

Bay Area Clinical Associates (BACA)

(Year II - Elective Rotation)

Tom Tarshis MD, MPH, Site Director

BACA provides social skills groups, an Intensive Outpatient Program (IOP), and multidisciplinary, evidence-based treatment in their outpatient clinic. This rotation will provide information on processes involving in starting a new agency/practice, and doing comprehensive assessments as well as delivering evidence-based treatments for children and families.

Specific goals for CAP 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 (CT-CAP) 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 Program 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. Steven Sust, MD, oversees the outpatient psychotherapy component.

Program Structure

The CAP-1 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 CAP-2 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, 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 CT-CAP 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; Sleep Clinic; 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 psychiatry (psychotherapy w/ pharmacotherapy: LPCH 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 (DP3N)
 - Required for CAP-1 fellows
 - Instructors: David S. Hong, MD, Tamar Green, 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. 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
5. 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
6. 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

7. 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

8. 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

9. Leadership and Professional Development in Child & Adolescent Psychiatry
 - Required for CAP-2 fellows
 - Instructors: Shashank V. Joshi, 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

10. 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

11. Forensic Child & Adolescent Psychiatry

- Required for CAP-2 fellows
- Instructors: John Greene, 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

12. 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

13. 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

14. 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

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.

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.

Department of Psychiatry and Behavioral Sciences Grand Rounds

https://med.stanford.edu/psychiatry/education/grand_rounds.html

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.

Stanford Health Care (SHC) Benefits for House Staff

<https://med.stanford.edu/gme/housestaff/all-topics/stipends.html>

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

PGY Salary

IV \$ 85,820.80

V \$ 91,208.00

VI \$ 95,243.20

VII \$ 100,588.80

Benefit Annually unless otherwise stated	SHC Pays Regardless of Family Status	Single Resident		Resident + Spouse		Resident + Child(ren)		Family (Resident, Spouse and Child(ren))	
		Resident Pays	SHC Pays	Resident Pays	SHC Pays	Resident Pays	SHC Pays	Resident Pays	SHC Pays
Moving Allowance (one time for new hires - not annual)	\$3,000.00								
CA MD training License--also reimbures Part II (\$416.50)	\$491.00								
Full CA MD License (PGY IV and above)	\$907.50								
CA MD License (renewals during SHC training)	\$820.00								
DEA (initial and renewals during SHC training)	\$888.00								
USMLE III (PGY I, II, or III)	\$895.00								
1% Quality Improvement Bonus* Regardless of Family Status	\$664.00								
Medical/Vision (Aetna PPO and VSP)		\$0.00	\$11,848.32	\$0.00	\$25,963.68	\$0.00	\$21,339.84	\$0.00	\$35,454.96
Dental (Basic PPO)		\$0.00	\$701.52	\$359.04	\$940.80	\$0.00	\$1,339.20	\$359.04	\$1,579.20
Basic Life (\$50,000 coverage)		\$0.00	\$37.80	\$0.00	\$37.80	\$0.00	\$37.80	\$0.00	\$37.80
Long Term Disability		\$0.00	\$89.28	\$0.00	\$89.28	\$0.00	\$89.28	\$0.00	\$89.28
Health Reimbursement Account (HRA) **		\$0.00	\$500.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Employee Assistance (EAP)		\$0.00	\$25.20	\$0.00	\$25.20	\$0.00	\$25.20	\$0.00	\$25.20
Educational Benefits		\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$2,000.00
Cell Phones		\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00
Housing Allowance		\$0.00	\$7,200.00	\$0.00	\$7,200.00	\$0.00	\$7,200.00	\$0.00	\$7,200.00
SUB - TOTAL (Annual)		\$0.00	\$23,402.12	\$359.04	\$38,256.76	\$0.00	\$34,031.32	\$359.04	\$48,386.44
*1% Quality Improvement Bonus									
** Health Reimbursement Account (HRA)									
Benefits also include Three(3) weeks of Paid Vacation, One (1) week of Educational Leave (optional) and Four (4) weeks of Paid Sick Leave.									

Educational and other Business-Related Payments	
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

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>

Application Process

<https://med.stanford.edu/childpsychiatry/training/fellowships.html>

The Stanford Child & Adolescent Psychiatry Fellowship Program interviews applicants for eight (8) Child & Adolescent Psychiatry positions and one (1) Child & Adolescent Psychiatry Community Track position. We welcome applications from both: national and international medical graduates. To be eligible for our program, you must have either an MD or DO degree, and have three years of Adult Residency training in an ACGME-approved program. Also you need to have passed the USMLE exam steps I, II and III, as well as the ECFMG exam (if an international graduate) before the interviews.

Stanford 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 we offer two tracks:

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

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

Our interview season begins in mid-September and goes through the end of November. We conduct interviews remotely on Wednesdays. Typically, we start at 8am and end by 5pm.

If you have any questions, please contact Stanford CAP

Administrators stanford_cap_admin@lists.stanford.edu

Contact us

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Quick Links

Division of Child and Adolescent Psychiatry and Child Development

<https://med.stanford.edu/childpsychiatry.html>

Department of Psychiatry and Behavioral Sciences

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

Department of Psychiatry and Behavioral Sciences Research

<https://med.stanford.edu/psychiatry/research.html>