First Year
Clinical Services

1. Inpatient Psychiatry

First-year child psychiatry residents are assigned to the Child and Adolescent Inpatient Unit for four months of the year. During this rotation they gain clinical experience in the management of severe psychiatric disorders among children and adolescents. Residents generally follow up to seven psychiatric patients, which includes experience in the role of psychiatric consultant to psychology interns. Case conferences as well as individual and group supervision contribute to residents’ training while they are on the inpatient service. The inpatient psychiatry experience is also enriched by a clinical rotation on the partial hospitalization program (see following). This allows the child psychiatry resident to gain experience treating severely ill adolescents across treatment settings.

Faculty: Mark DeAntonio, M.D., Michael Strober, Ph.D., and Rhonda Sena, Ph.D.

Mon-Fri 8:00-5:00
4 months

Ward 2-West
Ward 2-West treats adolescents ages 12 through 17 years who require intensive inpatient treatment in a psychodynamic milieu. Diagnoses seen on this unit include Anorexia Nervosa, Mood Disorders, Bulimia Nervosa, and Personality Disorders. Length of stay ranges from 2 weeks to 8 weeks. There is a maximum of 14 patients at a time on the unit.

Ward 2-South
Ward 2-South treats children and adolescents ages 3 through 17 years who require intensive inpatient treatment with a behavioral focus. Diagnoses seen on this unit include the full range of psychopathology in children and adolescents, excluding Eating Disorders. Special expertise is in treating adolescents with Developmental Disabilities and serious mental illness (i.e., new-onset schizophrenia). Length of stay ranges from 5 days to 4 weeks. There is a maximum of 14 patients at a time on the unit.

Requirements
1. Serve as case coordinator and manage all aspects of treatment for adolescents on the adolescent inpatient wards including:
   - Individual psychotherapy
   - Psychotropic medication
   - Family therapy: at least one session per week, typically with the social worker as co-therapist
2. Be responsible for psychiatric management and psychosocial interventions
3. Carry expected caseload: A maximum of four full-time patients and three medical-backup cases (including evaluating and prescribing psychotropic medication)
4. Conduct 3 individual psychotherapy sessions per week for each patient with one hour of supervision (with an attending ward psychiatrist)
5. Conduct weekly family therapy sessions with social worker co-therapists
6. Participate in weekly meetings with multidisciplinary treatment team to develop a comprehensive treatment plan, coordinate ongoing care, and establish short- and long-term treatment goals
7. Chart medical records in an accurate and timely manner
8. Attend ward meetings and rounds

**Didactic Formats**
1. Attending rounds twice a week
2. Interdisciplinary treatment planning once a week
3. Weekly case conferences
4. Weekly group supervision
5. Weekly individual supervision

**2. Adolescent Partial Hospitalization Program**

The Adolescent Partial Hospitalization Program offers an interdisciplinary day hospital program for adolescents (ages 12-17). This program serves patients in transition from acute inpatient hospitalization who require continuity of care and cannot yet be maintained in outpatient treatment alone. It also serves patients whose level of psychiatric illness is too severe to allow them to be maintained in outpatient treatment but who do not require hospitalization. Child Psychiatry Residents may have adolescent cases in this program throughout their adolescent inpatient rotation.

Faculty: Robert Suddath, M.D.

Mon-Fri 8:00-5:00
4 months

**3. Child Partial Program**

First year child psychiatry fellows are assigned to the child partial hospital program and early childhood partial hospital program for four months of the year. During this rotation, they will gain experience treating children ages 3 to 11 years of age with various psychiatric and developmental disorders. Included in the caseloads are patients with genetic abnormalities, neurodevelopmental delays, disruptive disorders, affective illness, autism, early-onset psychoses, anxiety disorder, and fetal alcohol spectrum disorders.

**Faculty:**
For the child partial hospital program: Bhavik Shah, M.D., Mary O’Connor, Ph.D., Pegeen Cronin Ph.D.
Early Childhood Partial Hospital Program: Robert Suddath, M.D., Bhavik Shah, M.D., Stephanie Freeman, Ph.D., Tanya Paparella, Ph.D.

Mon-Fri 8:00-5:00
4 months

Requirements
1. Serve as case coordinator and oversee all aspects of treatment for children on the child partial hospital program and early childhood partial hospital program:
   • Assessment and diagnosis of the patient by a multi-disciplinary team
   • Psychopharmacology drug trial when necessary
   • Participate in parent training
   • Participate in family therapy
   • Develop recommendation for follow-up in the school and community
2. Carry expected caseload: A maximum of four full-time patients and two medical-backup cases
3. Complete approximately 30 hours/week of clinical work on child partial hospital program and early childhood partial hospital program. This includes 7 to 8 hours of patient evaluation and treatment, 4 hours of patient planning and coordination activities, and 5 hours of other conferences
4. Read and research to supplement ward experience
5. Co-lead family meetings with social worker
6. Attend weekly team meetings
7. Chart medical records in an accurate and timely manner

Didactic Formats
1. Participate in biweekly attending rounds on the child partial hospital program
2. Participate in weekly treatment planning meeting in the early childhood partial hospital program
3. Participate in weekly individual clinical supervision
4. Attend weekly parent feedback meetings as needed
5. Attend weekly didactics in Autism Evaluation Clinic
6. Attend one case conference in the early childhood partial program

4. Pediatric Consultation-Liaison

First-year child psychiatry residents complete a four-month rotation on the Pediatric Consultation-Liaison Service. During this time, residents provide consultation on child and adolescent patients hospitalized at the UCLA Medical Center. The rotation is enriched through weekly supervision and psychosocial treatment rounds.

Faculty: Melita Daley, M.D., Brenda Bursch, Ph.D., Derek Ott, M.D., Erika Bath, M.D.
Mon-Fri 8:00-5:00
4 months

**Requirements**
1. Provide complete comprehensive assessments of medically ill children and adolescents and their families in inpatient treatment settings
2. Disseminate relevant clinical recommendations for psychiatric findings and treatment to the treating pediatric team
3. Provide short-term treatment when indicated.
4. Attend pediatric oncology psychosocial rounds weekly
5. Attend 2 or more supervision meetings weekly

**Didactic formats**
1. Lectures/seminars
2. Individual and group supervision
3. Weekly walking rounds with additional clinical consultation as needed
4. Psychosocial treatment rounds

**5. ER Rotation**

During their 4 month first year Pediatric Consultation-Liaison rotation, child fellows will receive clinical experience functioning as psychiatric consultants in the emergency department under the supervision of the CL child psychiatry attending. Child psychiatry fellows at UCLA Semel Institute will encounter the full range of child/adolescent psychopathology in children of all age ranges and will have the opportunity to care for children and families from a broad range of socioeconomic and cultural backgrounds. Experience and training will be provided in emergency evaluation and management as well as coordination of multimodal treatment plans.

Faculty: Melita Daley, M.D., Derek Ott, M.D., Erika Bath, M.D.

Mon-Fri 8:00am-5:00pm
4 months

**6. Child and Family Trauma Clinic**

The Child and Family Trauma Clinic is a weekly outpatient experience that provides first-year child psychiatry residents and psychology interns with early training in evaluation of traumatized children and families in an outpatient setting, and introduces them to intervention models for the . The clinic curriculum provides didactic sessions on the assessment and treatment models by the clinic faculty. During this period, the child and family evaluation will be presented within a developmental model, with a focus on mental status and history taking for different age groups.
Assessments and treatment will be done under the guidance of experienced child and adolescent psychiatrists, using supervision and demonstrations with a one-way mirror. The evaluations are discussed with all the clinic members during group supervision each week.

Primary Faculty: Patricia Lester, M.D., Amanda Drews
Rotating Faculty: Alessia Gottlieb, M.D., William Saltzman PhD, Johnathan Salk, MD

Tuesdays 9-12
4 month rotations during C/L or by arrangement of faculty

Requirements
1. Attend the clinic weekly
2. Participate in group supervision weekly
3. Evaluation and treatment of child patients and their families
4. Present each case to clinic members for discussion and treatment planning following the initial interview
5. Meet with the patient’s parents to provide them with feedback, recommendations, and interventions when appropriate

Didactic formats
1. Lectures
2. Group and individual supervision

7. Developmental Disabilities: Diagnosis, Assessment, and Treatment

Training opportunities are designed to address issues and questions that arise about various aspects of a child’s development including: whether the child is developing normally, how to help a child with behavioral difficulties at home or school, and whether the child’s behavior would benefit from medication. Training includes research-based diagnostic evaluations and assessment pertaining to children with developmental disabilities and who are admitted to the partial hospitalization program (ABC Program). Presence of co-morbid speech and language delays, attention problems, social skills problems or emotional problems is emphasized. As part of the partial hospitalization service, weekly case conference addresses didactic information regarding diagnosis, assessment, and treatment and opportunities for practice in the ABC Program. Various experts, providers, and families will also present to participants regarding pertinent areas of diagnosis, research, education, and intervention. With the supervision of the clinic team, participants are expected to evaluate, diagnose, and provide recommendations to families affected by developmental disabilities and comorbid diagnoses.

Faculty: Bhavik Shah, MD, Medical Director ABC Program,
Judith Piggot, MB ChB MSc PhD Assistant Professor in Residence
Pegeen Cronin, Ph.D., Director Autism Evaluation Clinic
Tuesdays 10:00-12:00
4 months rotations during ABC/ECPHP.

Requirements
1. While assigned to the ABC program, weekly attendance at case conference.
2. Present cases as assigned.

Didactic formats
1. Mentored clinical observation
2. Group supervision

8. Long Term Outpatient Care/ Resident’s Psychotherapy Clinic

The Resident’s Psychotherapy Clinic (RPC) was established by the hospital in order to provide a venue for residents and other clinical trainees to treat patients using psychotherapy as the primary modality, without the actual presence of an attending during a treatment session. Residents and other trainees will be supervised by faculty, once per week, using process notes, video and audio tapes and/or standard reporting techniques. The clinic is enriched by a 6-month Clinical Practicum seminar that is designed to provide the clinical and didactic instruction to facilitate the goals and objectives of the clinic.

Faculty: Christoph Heinicke, Ph.D.

Individual patient appointments scheduled (5% total time per week)
12 months

Clinical Practicum
6 months (July-December)
Wednesday 10:30-12:00

Requirements
1. Carry at least two long-term psychotherapy patients throughout the two years of child and adolescent psychiatry training, with an average of 10 psychotherapy hours per week (this would include hours spent in clinics).
2. Follow registration and billing procedures
First Year
Didactics

1. Basic Clinical Child Psychopathology and Psychopharmacology

This three-hour seminar meets throughout the year and is also known as the first year core seminar. The course is divided into four parts. The first and second parts are dedicated to instruction in general child and adolescent psychopathology, the third part is focused on pediatric consultation liaison psychopathology and treatment, and the final block is devoted to research methods in child psychiatry. The resident’s learning is enhanced by guest lectures, clinical interviews (live, videotaped), discussion of relevant research articles, and case presentations throughout the year.

During the basic psychopathology section, residents will explore each of the main child psychiatric disorders, basic neuroscience and biologic correlates of the disorder (i.e., genetics, neuroimaging), key assessment methods and tools, and fundamental treatment issues for each particular condition. During the pediatric consultation-liaison lectures (8 weeks), residents will learn about some of the major psychiatric disorders and clinical issues that arise in consultation liaison. For the research methods component (8 weeks), an interactive session is included during which residents critically review major research papers. With faculty supervision, they are expected to discuss the study design, basic statistical approach, interpretation of data tables, and the study’s clinical implications.

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<thead>
<tr>
<th>Course Coordinators</th>
<th>Main topic</th>
<th>Time</th>
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<tbody>
<tr>
<td>James McCracken, M.D.</td>
<td>Introduction to Child Psychiatry and Externalizing Disorders</td>
<td>July-October</td>
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<tr>
<td>John Piacentini, Ph.D.</td>
<td>Internalizing Disorders</td>
<td>November-February</td>
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<tr>
<td>Brenda Bursch, Ph.D.</td>
<td>Pediatric Consultation-Liaison</td>
<td>March-April</td>
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<tr>
<td>Bonnie Zima, M.D.</td>
<td>Child Psychiatry Research</td>
<td>May-June</td>
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<td>Mary Jane Rotheram, Ph.D.</td>
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Thursdays 8:00-11:00
12 months

Didactic formats
1. Lecture
2. Journal club
3. Mentored clinical observation (videotape)
4. Interactive sessions for research paper review (i.e., round table debate: “Based upon these findings, would you recommend this treatment for this type of patient?”)
2. Child Development: Theory and Practice

This is a weekly 90-minute seminar that meets during a 14 week period. The seminar reviews child development and theoretical frameworks underlying the motor, social, and psychological development of a child in the context of relationships and family. Clinical and research experts provide teaching across a range of developmental topics.

Faculty: Patricia Lester, M.D. and Alessia Gottlieb, MD

Wednesdays 10:30-12:00
January – mid April

Didactic formats
1. Lectures
2. Group discussion
3. Clinical case presentation (case notes, videotape)

3. Family Therapy Seminar

The main theoretical orientation presented in the seminar will be a Structurally-Informed Eco-Sytemic approach, i.e., an expansion of Salvador Minuchin’s Structural Family Therapy model that includes an important focus on socio-cultural and economic contexts as well as gender issues. Other family therapy approaches will also be discussed.

Recognizing that, at this level of training, trainees may already possess some theoretical background in this area, the seminar will provide only a brief introductory review of this strength-focused approach and concentrate mainly on translating theory into practice so that trainees can begin applying this lens to their current cases. To this end, videotaped cases will be analyzed in detail to illustrate the therapist’s thinking and the theoretical rationale behind the interventions chosen. Case examples brought in by the trainees will be analyzed and conceptualized from this perspective and the proposed interventions will be discussed and will be tailored to issues arising at different lifecycle stages. Issues encountered by the participants related to clients’ resistance to involving their families in treatment will also be addressed. Finally, there will be a focus on the therapist’s use of self in therapy and how this informs the understanding of the case as well as the preferred interventions. The application of this approach with a wide range of presenting problems will be discussed (and trainees invited to bring in any cases they encounter). Participants’ existing competencies, experience, and concerns will be used to further tailor the training to their needs.

Faculty: Veronica Barenstein, Ph.D.
   Dir., Family and Couples Therapy Program
Didactic formats

1. Lectures, Readings, and Discussion
2. Videotaped Case Presentations
3. Experiential exercises and role-plays to illustrate theory application.
4. Clinical Consultations

4. Child Psychiatry Grand Rounds

Each month one child and adolescent psychiatry faculty member or second year child psychiatry resident presents a scholarly presentation in child and adolescent psychiatry, such as a clinical case presentation, review of the literature and research agenda, or new research. The program is enriched by outside guest lecturers from multiple disciplines, who are often sponsored by other department education initiatives (i.e., Learning Disorders Program, Spirituality and Medicine).

Faculty: James McCracken, M.D. (coordinator), Child and Adolescent Psychiatry Faculty

Second and fourth Wednesday/month 9-10:00
10 months

Requirements

1. First year residents are expected to attend and participate in audience discussion.
2. Second year residents are expected to make a one-hour hour clinical or research presentation under the mentorship of a faculty member

Didactic format

1. Lecture
2. Clinical case presentation