CLINICAL SERVICES

CHILDREN’S INPATIENT UNIT

Required 10-week rotation for all first year child psychiatry fellows and 1 month for PGY-4 Triple Board residents, requiring 70% of the fellow’s time at Bradley Hospital.

Faculty consists of one full-time Child Psychiatrist, one part-time Child Psychiatrist (total 1.4 FTE), one full-time Clinical Psychologist, Social Workers, Nurses, Nutritionist, Pediatricians, and Milieu Therapists.

Fellows spend 6-8 hours weekly in treatment team meetings and clinical case conferences on the service. Caseloads are carefully monitored for both breadth and variety of experience.

The Inpatient Unit is an 18-bed unit admitting children between the ages of 3 and 12. The population is approximately 70% male and 30% female; 60% Caucasian, 25% African-American, and 15% Hispanic. All socioeconomic levels are represented, although lower SES predominates. The average length of stay is 1-2 weeks for children able to return to their homes following discharge and approximately 4-8 weeks for children needing placement outside the home after discharge. Typical reasons for admission include danger to self or others, often with significant impairment in behavioral, emotional, cognitive, social, or family functioning. Many of the children have been either physically or sexually abused, or have witnessed such abuse. Evaluation is comprehensive and inter-disciplinary, followed by an individualized treatment plan which may involve individual therapy, behavioral therapy, group therapy, family therapy, milieu therapy, psycho education, medication evaluation and management, parent training, therapeutic recreation, and the services of a number of consultant specialists.

The expected caseload is not more than 5 patients for child psychiatry fellows and 4 patients for Triple Board residents. The fellows function as the patient’s primary psychiatrist (under supervision of the attending psychiatrist) for their cases, collaborating with the multi-disciplinary treatment team, particularly with the Social Worker who functions as the primary family therapist. Fellows are required to attend family therapy sessions, and are encouraged to become involved with daily group psychotherapy.

All fellows are seen in individual supervision for one hour per week, and may have additional supervision provided as needed or requested by the trainees. Additional supervision is provided by the Senior Psychologist on the unit.

Fellows assess and treat preschool and school aged children with acute serious emotional illness from diverse cultural and socioeconomic backgrounds on this rotation. Diagnoses fellows will manage include abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, and psychotic disorders. Fellows function in the role of individual therapist, and consultant for psychopharmacological management, under the supervision of the attending psychiatrist and in collaboration with social workers, nursing staff, school professionals and pediatricians.
ADOLESCENT INPATIENT UNIT

This is a 10-week requirement in the first year for child psychiatry fellows, requiring 70% of the fellow’s time and a 6 week requirement for fourth year Triple Board residents, requiring 70% of the fellow’s time. It occurs at Bradley Hospital.

Faculty consists of two full time attending child psychiatrists, one part time child psychiatrist (0.5 FTE), 1.5 FTE psychologists and several full time licensed clinical social workers.

Fellows participate in daily attending rounds. Fellows’ assigned patients are discussed every day. One hour of individual supervision is scheduled each week. Fellows participate in weekly seminars on Wednesday and observed interview seminars on Mondays. Open group supervision is scheduled every Friday for one hour.

This patient population offers fellows opportunities to evaluate and treat the full range of primary psychiatric disorders, including the impact on the family. Bradley Hospital has an active family therapy program, thereby providing fellows with an excellent opportunity to learn family assessment and the role of the family in mental illness. There is about 1:1 gender split of patients. Various ethnic groups are represented with Caucasian, Hispanic, African-American and Asian groups. Socioeconomic status is mixed (since there is only one other adolescent inpatient unit in the state), ranging from wealthy families to homeless families. Treatment modalities available to patients at Bradley Hospital include various psychopharmacologic treatments, as well as established programs in milieu therapy, family therapy, group therapy, and individual therapies. Bradley Hospital also has specialized programs in developmental disorders, adolescent risk taking, and crisis management.

Child Psychiatry Fellows are responsible for up to 5 patients at one time and Triple Board residents are responsible for 4 patients at any one time. Fellows are responsible for the primary management of their patients along with the assigned clinical social worker and are supervised closely by the attending.

Scheduled supervision: one hour individual and one hour group supervision per week, in addition to daily rounds.

Fellows assess and treat early to late adolescents (age 12 to 18) with acute serious emotional illness from diverse cultural and socioeconomic backgrounds on this rotation. Diagnoses fellows will manage include abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, tic disorders, all anxiety disorders, mood disorders, sleep disorders, substance related disorders, conditions related to medical conditions, eating disorders, and psychotic disorders. Fellows function in the role of individual therapist, co family therapist, and consultant for psychopharmacological management, under the supervision of the attending psychiatrist and in collaboration with social workers, nursing staff, school professionals and pediatricians. Excellent multidisciplinary team approach to patient care.
Crisis

Required 8 week rotation occurring in the first year of the child psychiatry fellowship at Bradley Hospital, requiring 70% of the fellows’ time. A required 4-week rotation in the fourth year of the triple board residency, requiring 70% of the resident’s time.

Faculty consists of a child & adolescent psychiatrist, and child & adolescent psychologists.

Fellows spend 1 hour per week in team rounds reviewing all of the cases and discussing patient management and treatment recommendations. The fellows receive didactic material on case-related topics regularly as well as therapy and psychopharmacology supervision during each session.

The crisis clinic population is racially and economically diverse with 50% of the patients being male and 50% female. The children range in age from 3-18 years old. The most common presenting problems include: depression, anxiety (OCD, separation anxiety with school refusal, GAD), behavioral dyscontrol at home and/or school, suicidal ideation, self-injurious behavior, aggression, family conflict, adjustment disorders, and decline in school performance.

On average, fellows perform 3 crisis evaluations per week and 5-8 follow-up sessions per week. Additionally, they coordinate care with schools, community agencies, and outside treatment providers (including pediatricians). Afternoons are spent with special elective opportunities and ongoing outpatient hours.

All fellows have one hour of group supervision weekly, daily direct supervision of evaluations and follow-up sessions, and additional supervision on an individual basis as needed.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this outpatient rotation. Diagnoses fellows will manage include abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, substance related disorders, somatoform disorders, factitious disorders, eating disorders and psychotic disorders. Crisis evaluations include: detailed diagnostic assessments, review of psychometric self-report measures (Millon Adolescent Clinical Inventory, BDI, CDI, CBCL’s,
Conner’s ADHD Scales, BAI, MASC, etc.), psychopharmacologic management, focused individual therapy (crisis intervention, supportive, psychodynamic, cognitive-behavioral) and family therapy and service coordination with schools and community supports.


**CENTER FOR AUTISM AND DEVELOPMENTAL DISABILITIES (CADD)**

Required 4 week rotation for 1st year child and adolescent psychiatry fellows, and triple board PGY-5s. The rotation provides an opportunity to gain basic competence in assessing and managing self-injurious and aggressive behaviors in the developmentally delayed and psychiatrically ill population and to be exposed to the various other clinical disciplines that work within the CADD.

There are 2.2 FTE Child Psychiatrists, 5.2 FTE Child Psychologists, 0.3 FTE Pediatrician, 3.4 FTE Social Workers, 8.5 Special Education Teachers, 2.6 FTE Speech/Language Pathologists and 1.7 Occupational Therapist.

Fellows spend 10 hours per week in regularly scheduled case conferences, treatment review meetings, difficult patient rounds, and pediatric clinic. Attending faculty are available 24 hrs day, 7 day/wk., for consultation. Direct supervision is provided 2 hrs per week by senior attending faculty. Additional direct supervision provided by a senior member of an allied discipline may be arranged. Caseloads are assigned, monitored, and adjusted to ensure adequate breadth and depth of clinical experience.

The Center for Autism and Developmental Disabilities is a self-contained, vertically integrated module of clinical care that provides assessment diagnostic, and treatment services to an average daily census of 23 inpatients, 25 day patients, 24 residential students, 2 partial patients, and outpatients. Over 500 families are enrolled in the program’s Outpatient Specialty Clinic in Developmental Disabilities. Additional specialty services include behavioral/psychiatric home health care for 60 children, adolescents and their families. Males are admitted to the program more frequently than females (3:2). Patients range in age from 3-1/2 to 22 years, with a bimodal distribution evident at ages 8 (males) and 14 (females). Each patient presents with both a DSM-IV Axis I and Axis II diagnosis. The majority of patients (95%) also present with an Axis III diagnosis (e.g., epilepsy) that requires active intervention. The majority of patients also are assigned more than one Axis I diagnosis. Combinations of the Pervasive Developmental Disorders with Oppositional Defiant Disorder/Disruptive Behavior Disorder NOS (71%) Attention Deficit Hyperactivity Disorder (17%) various affective disorders (42%), Post-traumatic Stress Disorder secondary to physical/sexual abuse (15%), various anxiety disorders (12%), abnormal movement disorders (18%), and psychotic disorders (9%), comprise the majority of presenting complaints. Disturbed family and peer relationships also are reported frequently (65%). Borderline intellectual functioning and mild mental retardation account for 30% of Axis II diagnoses, with moderate mental retardation at 50%, and severe and profound mental retardation comprising 20% of patients. Seizure disorder is the most frequently occurring Axis III diagnosis (50%). Obesity is the second most frequently occurring disorder (16%). The treatment philosophy of the Developmental Disabilities Program is multi-modal and seeks to expose fellows to the utility of combining psychosocial and biological approaches.

The CADD rotation is an advanced level of training experience where the trainee will assume primary responsibility for 1-3 patients and act in the junior attending physician role in all aspects of assessment, treatment planning, management (including insurance reviews), team coordination and family contact.

First year child and adolescent psychiatry fellows assigned to the CADD receive a minimum of 2 hours of direct individual clinical supervision on a weekly basis.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds who are acutely and chronically seriously emotionally ill on this rotation. Diagnoses fellows will manage include Mental Retardation, Learning Disorders, Communication disorders, Autism, all Pervasive Developmental Disorders, abuse and neglect, exposure to violence, ADHD, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, and psychotic disorders Fellows function in the role of individual therapist, co family therapist, and consultant for psychopharmacological management, under the supervision of the attending psychiatrist.
and in collaboration with social workers, nursing staff, school professionals and pediatricians. Excellent multidisciplinary team approach to patient care and exposure to occupational and speech therapies.

The Center for Autism and Developmental Disabilities is one of the only four clinical programs in the United States associated with a medical school that offers specialized training for child and adolescent psychiatrists in developmental disabilities.

**CONSULTATION-LIAISON (C/L)**

Required 8-week rotation occurring at Rhode Island Hospital – Hasbro Children’s Hospital in year 1 for child psychiatry fellows and in year 4 or 5 for triple board residents. C/L rotations in the Child and Adolescent Psychiatry Fellowship constitute a core training experience during which trainees learn to perform competent consultation to pediatric medical personnel regarding psychiatric and behavioral problems in pediatric patients. The rotation provides opportunities to care for patients with co-occurring psychiatric and medical illnesses, illnesses that present with mental status changes and/or psychiatric symptoms. The rotation emphasizes learning about the role of a consultant.

Faculty consists of a C/L child psychiatrist (0.5FTE), rotating RIH-Hasbro psychiatrists as needed for coverage, RN case manager/treatment coordinator (1 FTE), and pediatric nursing liaison. Fellows attend multidisciplinary rounds 2 mornings per week in C/L and have individual supervision with the attending. Faculty are available for immediate supervision and consultation. Consultations are assigned with consideration given to current work-load and variety of experience.

Consultation is provided to children between 0 and 18 years of age with medical disorders at Hasbro Children’s Hospital (the 90-bed inpatient Pediatric Service of RIH). Consultation is requested for a wide variety of problems, suicidality, eating disorders, attachment disorder, failure-to-thrive, pain management, hallucination, somatization, and difficulties in adjustment to illness. Approximately half of inpatients are male, 70% are white, 15% Hispanic, 10% Black and 5% other (Cape Verdean, Cambodian). All socioeconomic strata are represented, as Hasbro is the only pediatric inpatient service in the state. Each year 250 new cases are seen in consultation. Fellows gain experience with comprehensive evaluation of medically ill youth, pain-management (relaxation techniques), pharmacotherapy, behavior modification, crisis intervention, short-term therapy and liaison techniques. Fellows have the opportunity to work within a multidisciplinary team.

On average, fellows perform 1-4 new consultations per week and treat 2-3 cases simultaneously. Fellows are involved in specific liaison experiences depending on interest and available time.

Fellows attend multidisciplinary rounds 2 mornings per week in C/L rounds and have individual supervision with the attending. Fellows are observed doing direct interviews of patients. Additional supervision is available, such as to learn biofeedback, pain management or other techniques, and is encouraged.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this rotation. Diagnoses fellows will manage include Adjustment Disorders, conditions related to medical conditions, eating disorders, abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, Mental Retardation, Pervasive Developmental Disorders, tic disorders, all anxiety disorders, mood disorders, sleep disorders, substance related disorders, conditions related to medical conditions, eating disorders, and psychotic disorders. Common consultations involve coping with chronic and acute medical conditions, (asthma, malignancy, HIV) feeding and
eating disorders, psychosomatic illnesses including Munchausen-by-proxy, and neuropsychiatric conditions. Faculty are experienced in diverse range of clinical treatments including system consultation, dynamic therapy, biofeedback, behavior modification, family therapy, pain management, adherence and compliance, and multidisciplinary treatment of pediatric illnesses.

HASBRO PARTIAL HOSPITAL PROGRAM

This is an optional rotation for 2nd year child psychiatry fellows and the 5th year triple board residents, at Rhode Island Hospital, requiring approximately 60% of the fellow’s time (and is coordinated with the fellow’s outpatient cases, family cases, and group experiences). Fellows gain knowledge, skills and practice in the care of children and adolescents with complex combined pediatric and psychiatric clinical issues treated in a family systems-based collaborative day treatment program.

Faculty consists of two full-time child psychiatrists, three part-time psychologists, one full-time social worker, two part-time pediatricians, and a psychiatric nurse. Fellows spend several hours a day in case conferences and team meetings. They are teamed with a specific faculty member on all cases followed and receive daily consultation. Fellows attend a weekly conference that addresses issues specific to this patient population.

Children seen in the partial hospital program age from 5 to 18. There is a latency age milieu and an adolescent milieu. The gender makeup is approximately 70% female and 30% male with ethnicity and SES mirroring that of the Rhode Island community. All children seen in the partial program have both a medical diagnosis and a mental-health diagnosis. Children treated in the program have illnesses such as eating disorders, asthma, diabetes, functional syndromes, or difficulty coping with serious physical illness. Children stay between 15 and 20 days. The children receive pediatric care, individual, group, family, and multifamily therapy. The program uses a family systems model of treatment and the family therapy experience in the program for fellows is optimized.

A fellow is expected to carry two children at a time during the rotation for a total of approximately four cases over two months. The fellow is responsible for individual therapy three to four times per week, participating in group therapy twice a week, and to participate in family therapy with an attending twice a week for each case.

Because of the co-therapy model, fellows receive consultation on a daily basis on each case. In addition there is a weekly supervision session around issues in individual therapy conducted in a group basis.
Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this partial program rotation. Diagnoses fellows will manage include Adjustment Disorders, conditions related to medical conditions, eating disorders, somatoform and factitious disorders, abuse and neglect, exposure to violence, ADHD, ODD, tic disorders, all anxiety disorders, mood disorders, sleep disorders, substance related disorders, conditions related to medical conditions, feeding and eating disorders, and psychotic disorders. Common reasons for admission involve coping with chronic and acute medical conditions, (asthma, malignancy, headaches, seizures, diabetes, HIV, others) feeding and eating disorders, psychosomatic illnesses including Munchausen-by-proxy, and neuropsychiatric conditions. Fellows gain experience in diverse range of clinical treatments including system consultation, dynamic therapy, biofeedback, behavior modification, family therapy, pain management, adherence and compliance, group therapy, and multidisciplinary treatment of pediatric illnesses.

This service is unique due to the patient population, the intense multidisciplinary model of treatment, and its emphasis on family systems theory and treatment.

**PEDIATRIC PARTIAL HOSPITAL PROGRAM (PPHP) - BRADLEY**

This is an optional rotation at EP Bradley Hospital for second year child psychiatry fellows and PGY-5 triple board residents. In conjunction with the outpatient department, child fellows may see young children for outpatient parent-child interaction therapy, family therapy and individual psychotherapy. Fellows typically have the opportunity to provide longer-term outpatient family therapy and medication management aftercare on PPHP case(s) that they have followed during their PPHP rotation. Medical students, clinical psychology pre-doctoral interns and post-doctoral fellows, and pediatric fellows may also be assigned to the Pediatric Partial Hospital Program. The PPHP provides partial hospital based treatment for young children under the age of six and their families.

Faculty consists of 1 part-time child psychiatrist and 2 full-time psychologists.

Fellows spend 3-4 hours weekly in case conferences and team meetings; faculty are always available for consultation; case loads are carefully monitored and controlled for both breadth and variety of experience.

The Pediatric Partial Hospital Program is a 12-bed unit admitting young children between the ages of 6 weeks and 6 years of age. The population is about 70% males and 30% females; 60% Caucasian, 25% African American, and 15% Hispanic. The average length of stay for the cases assigned to trainees is 4-8 weeks. Typical reasons for admission include significant impairment in behavioral, emotional, cognitive, regulatory (feeding), social, or family functioning that necessitates treatment in a day hospital setting. Many of the children have either been physically, sexually, or emotionally abused, or have witnessed such abuse. Evaluation is comprehensive and inter-disciplinary, followed by an individualized treatment plan that may involve individual/play therapy, behavioral therapy, parent-child dyadic interaction therapy, family therapy, group therapy, milieu therapy, psycho-education, medication evaluation and management, and system coordination/advocacy. Fellows learn early childhood diagnostic assessment, parent-child interaction therapy, and gain experience with family therapy, pharmacotherapy, behavior therapy, and
parent guidance training.

An average caseload for a fellow would consist of 2-3 patients. Each patient’s treatment would include initial family and individual evaluation; medication management; one or more family therapy sessions per week; one two-hour parent guidance session on the milieu per week; one weekly home visit (1-2 hours); and 1-2 hours of individual diagnostic and treatment sessions/milieu observation per week. The fellow functions as the psychiatrist (under attending supervision) and participates in the multi-disciplinary treatment team. He/she attends family therapy and other treatment sessions with the psychologist, who functions as the primary family therapist and case coordinator. A fellow may also provide individual play therapy to his/her patients.

All fellows have 1-2 hours of group supervision per week; and 2-3 hours individual supervision per week that is case focused. Training and supervision are provided via direct observation and a co-therapist format with faculty through an apprenticeship model where the trainee works closely with the faculty in the provision of clinical services. Additional supervision may be provided as needed or requested by the trainees.

Fellows assess and treat preschool and early school aged children (6 months to 6 years) from diverse cultural and socioeconomic backgrounds on this partial program rotation. Diagnoses fellows will manage include Reactive Attachment Disorders, parent-Child interaction problems, abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, tic disorders, anxiety disorders, mood disorders, sleep disorders, and psychotic disorders. Fellows function in the role of individual therapist, family co-therapist, and consultant for psychopharmacological management, under the supervision of the attending psychiatrist and in collaboration with social workers, nursing staff, school professionals and pediatricians.

Faculty are expert in early childhood assessment, parent guidance, parent-child interaction therapy, family therapy, behavior therapy, psychotherapy, and pharmacotherapy preschool and early school aged children.

FORENSIC/JUVENILE JUSTICE SERVICE/RHODE ISLAND TRAINING SCHOOL

Required 4-week rotation occurring in the first year for child psychiatry fellows and fifth year for triple board trainees. The Rhode Island Training School (RITS) is the state’s sole juvenile correctional facility, and is run by the Rhode Island Department of Children, Youth, and Families (DCYF). Since 1999, Rhode Island Hospital/Lifespan/Brown clinical faculty from pediatrics/adolescent medicine, child psychiatry, and dentistry, has provided medical, psychiatric, and dental services respectively.

Faculty consists of one 30 hours/week child psychiatrist, and 8 non-faculty full-time DCYF/RITS social workers. There are additional opportunities for clinical review of cases with faculty pediatricians, 4-6 non-faculty staff nurses, 2 state clinical psychologists, 2 state school psychologists, 1 state school social worker, and two Brown University forensic psychology post-doctoral (Ph.D.) fellows.

Fellows perform evaluations of incarcerated youths and then follow-up as indicated. The majority of these evaluations are performed jointly with an attending the fellow presents the case and the formulation and treatment plan recommendations to the attending. Other introductory experiences to forensic psychiatry in juvenile justice and correctional psychiatry, such as attending family court proceedings and attending court clinic are required. Fellows are asked to read and discuss landmark legal cases as well as other prepared literature.
Incarcerated RITS youths that are referred for psychiatric evaluation are approximately 90% males and 10% females. There is an over-representation of minority youths, with approximately 50% white, 30% African-American, 20% Hispanic and Portuguese, 10% Southeast Asian and other ethnic groups. Approximately 80-90% of these youths have conduct disorders and other disruptive behavior disorders (e.g., ADHD, ODD, etc.), approximately 70-80% of these youths have substance abuse disorders, approximately 40-50% have learning disorders, approximately 30% have depressive or anxiety disorders, approximately 30% have histories of physical abuse, sexual abuse, neglect, and approximately 3-5% have psychotic disorders.

The fellows see approximately 1-2 new evaluations per day.

The attending meets with the fellow every day for daily supervision, and one hour per week for general clinical/forensic supervision. Fellows have multiple other opportunities for supervision and additional learning experiences.

This is a unique experience for child psychiatry fellows to gain critical training in the assessment of incarcerated juveniles, and in the interface of the law and psychiatry, as well as a basic understanding of child and adolescent and general/adult forensic psychiatry. Fellows assess and treat early to late adolescents (age 11 to 18) from diverse cultural and socioeconomic backgrounds on this rotation. Diagnoses fellows will manage include abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, tic disorders, all anxiety disorders, mood disorders, sleep disorders, substance related disorders, conditions related to medical conditions, eating disorders, and psychotic disorders. Fellows function in the role of consultant for psychopharmacological management and behavioral management under the supervision of the attending psychiatrist and in collaboration with social workers, nursing staff, school professionals and pediatricians.

**BRADLEY SCHOOL**

This is a required rotation for child psychiatry fellows in their second year and triple board residents PGY-5. The Bradley School is a school-funded day treatment program for children and adolescents. There are 3 school sites: East Providence, Portsmouth and South County. This rotation provides the opportunity to gain knowledge, skills, and practice in the delivery of school-based mental health treatment.
Faculty consists of 1 full-time psychiatrist, 6 full-time psychologists, 2 full-time social workers, 3 speech/language pathologists, and 1 occupational therapist.

Fellows spend 2-3 hours weekly in treatment team meetings; and 4-5 hours weekly in Clinical Evaluation Conferences Individualized Educational Plans, Behavior Management and Difficult Patient Rounds. The attending faculty psychiatrist and psychologists are always available for consultation. Caseloads are carefully monitored and controlled for both breadth and variety of experience. Fellows can become involved in a variety of activities including individual CBT, group therapy, psychiatric evaluations, and behavioral consultation. Fellows work with the multidisciplinary teams of teachers, classroom behavior specialists, speech/language pathologists, and occupational therapists.

Students referred for day treatment and identified as in need of special education services range in age from 4 to 21 and are from a diverse population with regard to ethnicity, race, and socioeconomic status.

Diagnoses are as follows: pervasive developmental disorders, depressive disorders, post traumatic stress disorder, oppositional defiant disorders, infantile autism, attention deficit with hyperactivity disorders, psychotic, and mentally retarded, developmentally delayed or reactive attachment disorder.

Trainees spend 4 mornings a week from 8-12 a.m. at one of the school sites. Fellows spend most of their time learning therapeutic school dynamics, work with assigned students, and participate in school consultations. Three schools (Portsmouth, South County and East Providence) are available to participate in.

Specific responsibilities include 2 individual therapy (supportive, Cognitive-behavioral) patients with ongoing supervision provided by the attending psychiatrist. Fellows serve as treatment team consultants for approximately 16 youngsters; additional responsibilities involve completing at least 2 in-school consultations.

All fellows have individual supervision twice weekly, group supervision once weekly and medical/psychiatric rounds once weekly. Additional supervision may be provided on an individual basis.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this school based rotation. Diagnoses fellows will manage include abuse and neglect, exposure to violence, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, substance related disorders, somatoform disorders, factitious disorders, eating disorders and psychotic disorders. School evaluations include: detailed diagnostic assessments including review of psycho educational testing, neuropsychological testing, psychometric self-report measures, and others. Fellows function in the role of consultant for psychopharmacological management and behavioral management under the supervision of the attending psychiatrist and lead school psychologist in collaboration with social workers, nursing staff, school professionals and pediatricians. Management of students assigned to the fellows include focused individual therapy (crisis intervention, supportive, psychodynamic, and cognitive-behavioral), family therapy, and service coordination with referring school and other community supports.
ED – EMERGENCY DEPARTMENT/HASBRO CHILDREN’S HOSPITAL (HCH)

Required 8-week rotation in the 1st year of the child and adolescent psychiatry fellowship, requiring 70% of the fellow’s time. Required 6-week rotation in the PGY-4 year of triple board residency requiring 70% of the resident's time.

Faculty consists of 1 FTE child psychiatrist, 1 part time child psychiatrist, and Hasbro Children’s Hospital/Bradley Hospital affiliated attending physicians on call, nursing, case management and social workers.

Fellows perform initial and follow up emergency and urgent assessments, treatment planning and disposition management with clinical faculty. Fellows attend a didactic series specific to child and adolescent emergency psychiatric care, with topics including differential diagnosis, acute management, and urgent treatment and disposition planning of child and adolescent emergency psychiatry patients. Fellows present cases to faculty for every patient that is evaluated by them at RIH/HCH.

Children seen in the Emergency Department for psychiatric reasons range from age 3-22, with the majority being between ages 11-17. The age range can include those up to age 22 if they are still in college, though the majority of patients seen remain between ages 11-18. Only slightly more females than males are seen for psychiatric evaluations, both in the Emergency Department and the APS office. Hasbro Children's Hospital is the only child-specific hospital in the state; therefore the ethnicity of the population served in the Emergency Department as well as through the APS office is representative of the state. The majority of children evaluated in the Emergency Department are suffering from mood and/or anxiety disorders, with other diagnoses including disruptive behavior disorders, primary psychotic disorders, and primary substance abuse disorders.

The format of this rotation includes daily eight-hour shifts from 11am to 7pm, covering the children’s portion of the RIH Psychiatric Emergency Department, as well as psychiatric emergencies in medically ill children in the HCH Emergency Department. In addition to walk-ins presenting emergently to these two locations, fellows and fellows will take part in the evaluation and management of patients and families in crisis who have scheduled urgent care appointments. For children and families seen in both the emergency and urgent care settings, fellows participate in initial assessments and management as well as follow-up care, and treatment planning. For disposition management, the fellows have the help of clinicians skilled in case management. During this rotation, the fellow is integrated into a multidisciplinary treatment team including nursing, social work, case management and office support staff. The average case load will be 3 to 5 patients per day.

The attending child and adolescent psychiatrists provide clinical/academic supervision on each case evaluated by a fellow.

Fellows assess and treat preschool, school aged children, and adolescents in acute emotional crises from diverse cultural and socioeconomic backgrounds on this emergency psychiatry rotation. Diagnoses fellows will manage include abuse and neglect, Adjustment Disorders, ADHD, ODD, Conduct Disorder, Pervasive Developmental Disorders, Autism, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, substance related disorders, somatoform disorders, factitious disorders, eating disorders, psychotic disorders, and more. Crisis evaluations include detailed diagnostic assessments psychopharmacologic management, focused individual therapy (crisis intervention, supportive, psychodynamic, cognitive-behavioral) and brief family support. Fellows serve as the primary psychiatric care providers for those children and adolescents who are triaged to the RIH/HCH Psychiatric Emergency Department and are expected to function as team leaders. Fellows also serve as the primary psychiatric providers for children and families seen for scheduled initial and follow-up urgent care. Disposition decisions are made in collaboration with the attending psychiatrist and other involved professionals.
(pediatricians, treating mental health clinicians, school professionals). Service coordination is done with schools and community supports in mind.

**BRADLEY HOSPITAL CHILD PSYCHIATRY OUTPATIENT CLINIC**

Required 12-month rotation occurring in the first year of training at Bradley Hospital and requiring 5 hours per week for child fellows (CF) and 4 hours per week for the triple board residents (TB).

Faculty consists of 1 full-time child psychiatrist and 1 full-time psychologist. In addition, each fellow has an individual core supervisor (child psychiatrist) and an individual psychotherapy supervisor (child psychiatrist or psychologist).

Fellows spend 6 hours weekly in psychotherapy throughout the year in the outpatient clinic. The treatment modalities are individual supportive, psychodynamic, cognitive-behavioral, and family. Fellows discuss cases with faculty supervisors 2 hours per week and the supervisors are always available for consultation outside of that time frame. The caseloads are carefully monitored and controlled for both breadth and variety of diagnoses and developmental stage of the patient. In addition, there are readings regarding child psychotherapy theory and practice that are reviewed with the trainees.

The Clinic population is racially and economically diverse, and includes children ages 3-18 years old (the majority are between 7-16 years of age). The most common diagnoses of patients treated by this service include: major depressive disorder, anxiety disorders (separation anxiety disorder, social phobia, generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder), ADHD, ODD, learning disorders, behavioral dyscontrol at home/school, bipolar disorder, developmental delays, adjustment disorders, and parent/child conflict. Fellows learn psychodynamic psychotherapy and formulation, comprehensive evaluations, cognitive-behavioral therapy, family therapy (strategic, structural, and systemic), parent management training, and pharmacotherapy.

An average caseload for a fellow is individual therapy patients/week and 1 family therapy case per week (2 cases seen every other week). Fellows are also responsible for medication management as indicated for their patients.

All fellows have one hour of individual supervision per week with their core supervisor and one hour of individual supervision per week with their psychotherapy supervisor. In addition, they receive group supervision weekly for individual psychotherapy cases and group supervision for family therapy cases every week. Additional supervision may be provided on an individual basis.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this outpatient rotation. Diagnoses fellows will manage include abuse and neglect, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, substance related disorders, somatoform disorders, factitious disorders, eating disorders, psychotic disorders, and others. Evaluations include detailed diagnostic assessments, review of psychometric
self-report measures (Millon Adolescent Clinical Inventory, BDI, CDI, CBCL’s, Conner’s ADHD Scales, BAI, MASC, etc.), family assessment, coordination with pediatricians, school professionals, and outside agencies. Fellows function in the role of individual therapist (supportive, psychodynamic psychotherapy, cognitive-behavioral), and family co-therapist, under the supervision of the core and psychotherapy supervisors.

RHODE ISLAND HOSPITAL, CHILD & ADOLESCENT OUTPATIENT SERVICES

The outpatient service is a required 12-month rotation occurring during the second year of the child and adolescent psychiatry fellowship and the fifth year of the triple board residency. It requires approximately 10-15% of the fellows’ time. The faculty at Rhode Island Hospital all participate in outpatient services, subspecialty services, and inpatient services. Faculty at Rhode Island Hospital consists of 0.5 FTE Outpatient Director, 0.1 FTE OP Co-Director, and select child psychiatrists and psychologists, who supervise up to two hours per week.

The principal educational activity is supervised clinical experience. The fellows are provided with supervised clinical responsibility for a wide range of severity and types of childhood disorders with children from diverse socioeconomic and ethnic backgrounds. Cases are assigned with consideration given to caseload and variety of experience.

Outpatient services are provided to children 18 and younger, and their families. The ethnic mix reflects that the broad mix of Rhode Island and Southeastern New England, 70% Caucasian, 15% Latino (including a significant Portuguese speaking population), 7% African-American, and 8% Other (including Cape Verdean, Cambodian, and Armenian). Diagnoses cover a full range of child and adolescent psychiatry including Attention Deficit Hyperactivity Disorders, Depressive Disorders, Bipolar Disorder, OCD, PTSD, Schizophrenia, Tic Disorder, Oppositional Defiant Disorder, Conduct Disorder, Eating Disorders, Anxiety Disorders, and adjustments to parental divorce, with a full range of severity. Fellows assess and treat children with coexisting pediatric disorders and the interplay between these and psychiatric and psycho-social issues. Fellows gain experience in the initial evaluation of children and their families, pharmacotherapy, family therapy, various forms of individual therapy (e.g., dynamic and CBT), and short-term therapy.

The fellow caseloads are monitored to achieve an optimum of four to eight face to face hours of outpatient assessment and treatment weekly. The overall emphasis of the rotation is on short-term treatment and transition to maintenance models of care, but trainees also have two longer-term therapy cases (child and adolescent). The caseloads are reviewed in order to provide an appropriate mix of ages, genders and
disorders (by type and severity). Special consideration is given to ensure that fellows adequately evaluate and treat families and children under the age of six. There is a weekly one hour meeting with the clinic directors to address administrative and clinical issues pertaining to case assignment, evaluation, and disposition. Each fellow receives two hours of individual supervision weekly. Additional supervision is available and encouraged. And faculty is always available for immediate supervision and consultation.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this outpatient rotation. Diagnoses fellows will manage include abuse and neglect, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, substance related disorders, somatoform disorders, factitious disorders, eating disorders, psychotic disorders, and others. Evaluations include detailed diagnostic assessments, review of psychometric self-report measures (Millon Adolescent Clinical Inventory, BDI, CDI, CBCL’s, Conner’s ADHD Scales, BAI, MASC, etc.), family assessment, coordination with pediatricians, school professionals, and outside agencies. Fellows function in the role of individual therapist (supportive, psychodynamic psychotherapy, cognitive-behavioral) and family co-therapist, under the supervision of the core and psychotherapy supervisors. Fellows also co-lead a group for a period of 4 to 6 months.

COMMUNITY MENTAL HEALTH CENTER ROTATION

Required rotation for second year child psychiatry fellows and fifth year triple board residents. The Community Mental Health Center rotation is at Gateway Health. Gateway providers see children and their families in a host of locations through Gateway programs and through partnerships with other agencies and schools in the community. This may be done as a block or as a longitudinal experience.

The Faculty consists of three full-time Child Psychiatrists, two part-time child psychiatrists and a sizeable staff of (non-Faculty) Psychologists, Social Workers, Nurses, Case Managers and Licensed therapists.

Fellows participate in supervised clinical experiences in several different areas, including:

Children’s Intensive Services (CIS) – Fellows have access to experiences with both specialized and general programs designed to provide home-based treatment to families going through crises. Specific experiences include helping children with reintegration into the family following a hospitalization, addressing problems through case management in an attempt to prevent re-hospitalization, and working closely in the home setting with therapists supporting “multi-problem families”.
Psychiatric Response Network (PRN) – Fellows spend time going to and consulting at shelters and community-based agencies for youth under the care of the Rhode Island Department of Children, Youth, and Families.

Acute residential services – Trainees evaluate and provide supportive psychotherapy to youth admitted for relatively short-term residential treatment.

School consultation – Fellows participate in the process of school consultation.

The Child and Family Unit at Gateway Healthcare serve over 2000 children, providing about 15,000 contacts per year. The Clinical population served consists of males and females form 4-18 years of age (0-3 or 4 in Early Childhood Program) and all social classes, although a significant proportion are poor Caucasians, African Americans, Hispanics, Portuguese, Southeast Asians. Treatment consists of individual and group therapy, case management, crisis intervention and home based treatment.

Average Caseload for fellows consists of one CIS Case, one school consultation, one acute residential patient, and one day at the Drug Court where the number of cases vary, one emergency evaluation, and one early childhood evaluation.

Fellows receive 1-2 hours of supervision each week by a Child Psychiatrist faculty member.

Fellows assess and treat preschool, school aged children, and adolescents from diverse cultural and socioeconomic backgrounds on this outpatient community rotation. Diagnoses fellows will manage include abuse and neglect, ADHD, ODD, Conduct Disorder, higher functioning Pervasive Developmental Disorders, conditions related to medical conditions, tic disorders, anxiety disorders, mood disorders, sleep disorders, substance related disorders, somatoform disorders, factitious disorders, eating disorders, psychotic disorders, and others.

Fellows function in the role of consultant for psychopharmacological management and behavioral management under the supervision of the attending psychiatrist and in collaboration with social workers, mental health clinicians, nursing staff, school professionals and pediatricians. Management of patients assigned to the fellows include focused individual therapy (crisis intervention, supportive, psychodynamic, and cognitive-behavioral), family therapy, and service coordination with schools and other community supports.

Faculty have a considerable community Mental Health service delivery experience and serve as role models of psychiatrist clinical teachers who have chosen careers in public sector mental health. Opportunities for additional elective training are available to fellows who have interest in community psychiatry.

**PEDIATRIC NEUROLOGY OUTPATIENT ROTATION**

Required 4 week rotation (4 half days per week) occurring in the second year for the child psychiatry fellows and located at Hasbro Children’s Hospital and its Pediatric Outpatient clinics.

Faculty consists of 4 full-time pediatric neurologists.
Child psychiatry fellows spend 4 half-days per week conducting outpatient pediatric evaluations on patients referred for neurological or neurodevelopment assessment. The child psychiatry fellow conducts the medical and neurological history and a complete neurological examination, and then presents to the pediatric neurology attending who comprehensively reviews and discusses the evaluations. Faculty suggests readings and poses questions for literature review. All evaluations are supervised by the pediatric neurology attending.

The clinic population reflects the socioeconomic and ethno-cultural population of Rhode Island, with a diverse racial, ethnic, and cultural makeup. Patients range in age from toddlers to adolescents and present with a wide range of complex and multiple neurological and neurodevelopment disorders, including seizure disorders, chronic headaches, tic and other movement disorders, autism, head trauma, ADHD, mental retardation, transient neurological disturbances (e.g. from medications), cerebral play, meningitis, muscle weakness, neurocutaneous syndromes, and neurological manifestations of pediatric illnesses (e.g. Lyme disease).

A child psychiatry fellow is typically assigned 4 new cases for evaluation per week. The child psychiatry fellow will also participate in ongoing follow-ups. If clinic time allows, the attending may chose to take the child psychiatry fellow to the pediatric inpatient floors to participate in a pediatric neurology consult.

All of the evaluations are supervised by a pediatric neurologist.

Fellows assess and treat pre-school, school aged children and adolescents with a variety of neurological disorders from diverse cultural and socioeconomic backgrounds on this outpatient rotation. The child psychiatry fellow conducts the medical and neurological history and a complete neurological examination, and then presents to the pediatric neurology attending who comprehensively reviews and discusses the evaluations.