

## Chapter 1 : Adolescent, Child and Adult Psychiatry - Home

*The child and adolescent psychiatrist is a physician who specializes in the diagnosis and the treatment of disorders of thinking, feeling and/or behavior affecting children, adolescents, and their families.*

Child and Adolescent Psychiatrists No. A child and adolescent psychiatrist offers families the advantages of a medical education, the medical traditions of professional ethics, and medical responsibility for providing comprehensive care. Practice The child and adolescent psychiatrist uses the knowledge of biological, psychological, and social factors in working with patients. Initially, a comprehensive diagnostic examination is performed to evaluate the current problem with attention to its physical, genetic, developmental, emotional, cognitive, educational, family, peer, and social components. The child and adolescent psychiatrist arrives at a diagnosis and diagnostic formulation which are shared with the patient and family. The child and adolescent psychiatrist then designs a treatment plan which considers all the components and discusses these recommendations with the child or adolescent and family. In addition, the child psychiatrist is prepared and expected to act as an advocate for the best interests of children and adolescents. Child and adolescent psychiatrists perform consultations in a variety of settings schools, juvenile courts, social agencies. Training Child and adolescent psychiatric training requires 4 years of medical school, at least 3 years of approved residency training in medicine, neurology, and general psychiatry with adults, and 2 years of additional specialized training in psychiatric work with children, adolescents, and their families in an accredited residency in child and adolescent psychiatry. In the general psychiatry training years, the physician achieves competence in the fundamentals of the theory and practice of psychiatry. In the child and adolescent psychiatry training, the trainee acquires a thorough knowledge of normal child and family development, psychopathology, and treatment. Special importance is given to disorders that appear in childhood, such as autism spectrum disorders, attention-deficit hyperactivity disorder ADHD , learning disabilities, mental retardation, mood disorders, disruptive mood dysregulation disorder, depressive and anxiety disorders, drug dependency and delinquency conduct disorder. The child psychiatry trainee applies and develops psychiatric skills by treating children, adolescents and their families in a variety of settings. An experience in consultation to other physicians, mental health professionals, schools, and community agencies is an important part of training. Certification and Continuing Education Having completed the child and adolescent psychiatry residency and successfully passing the certification examination in general psychiatry given by the American Board of Psychiatry and Neurology ABPN , the child and adolescent psychiatrist is eligible to take the additional certification examination in the subspecialty of child and adolescent psychiatry. Although the ABPN examinations are not required for practice, they are a further assurance that the child and adolescent psychiatrist with these certifications can be expected to diagnose and treat all psychiatric conditions in patients of any age competently. The child and adolescent psychiatrist continues to study and learn about new advances by reading scientific literature and attending conferences. New knowledge is then applied to diagnostic, therapeutic, and consultative work. Finding a Child and Adolescent Psychiatrist Child and adolescent psychiatrists can be found through local medical and psychiatric societies, local mental health associations, local hospitals or medical centers, departments of psychiatry in medical schools, and national organizations like the American Academy of Child and Adolescent Psychiatry and the American Psychiatric Association. In addition, pediatricians, family physicians, school counselors, and Employee Assistance Programs EAP can be helpful in identifying child and adolescent psychiatrists. Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge. You may also mail in your contribution. Box , Washington, DC The American Academy of Child and Adolescent Psychiatry AACAP represents over 9, child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general adult and child and adolescent psychiatry. Hard copies of Facts sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. Facts sheets may not be reproduced, duplicated or posted on any other website without written consent from AACAP. If you need immediate

assistance, please dial

## Chapter 2 : Division of Child and Adolescent Psychiatry

*Child and adolescent psychiatry or pediatric psychiatry is a branch of psychiatry that focuses on the diagnosis, treatment, and prevention of mental disorders in children, adolescents, and their families.*

Cornerstones of Care no longer provides residential treatment services at this location, but continues its full range of services for children and families from its other campuses and locations. If you are a Cornerstones of Care client former or current, donor, volunteer or community partner, please visit [cornerstonesofcare.org](http://cornerstonesofcare.org). The University of Kansas Health System's Marillac Campus is a psychiatric hospital providing care 24 hours a day, seven days a week. Our setting is structured for children and adolescents who are experiencing acute crises affecting their ability to function safely in the community or home setting. Our treatment team includes board-certified psychiatrists, nurses, therapists, social workers and youth care specialists. A therapeutic and trauma-informed model of care called Sanctuary guides our clinical decisions and treatment. The Sanctuary model uses SELF's safety, emotional management, loss and future to support children, adolescents and families in learning about trauma and its impact, and to encourage positive change and growth. Psychiatric medical services Upon admission a pediatrician will complete a brief medical history and physical exam of your child to identify any medical issues. This exam helps to identify any medical conditions that may be impacting the mental wellness of the child includes a basic lab panel review. Within 24 hours of admission, your child will be seen by a psychiatrist to complete a psychiatric evaluation. The medical staff member completing the evaluation will call you to discuss findings and recommendations regarding treatment and medications, if applicable. Psychiatric nursing services Our hospital has registered nurses in the building 24 hours a day, seven days a week. The nurses interact with your child on a daily basis and provide nursing care and supervision of the units. Therapy services Hospital therapy services Provide your child opportunities to stabilize and initiate positive change. Hospitalization is brief, with the main focus on stabilization and safety with the goal of reintegration to family and community quickly and successfully. An essential part of our treatment process includes locating and scheduling community based outpatient services. Individual and family therapy A therapist will contact you to schedule a family meeting within 24 hours of admission. You will be scheduled for a second family therapy session before or during discharge. Group therapy Your child will attend group therapy daily. All groups are provided within the Sanctuary model. In addition, Seeking Safety therapeutic groups can be provided to adolescents with substance abuse issues. Milieu services Milieu groups Milieu groups use the environment of the secure hospital unit to help patients increase problem-solving skills and reduce unsafe behaviors. Direct care staffs supervise all patients 24 hours a day, providing opportunities for therapeutic intervention in all interactions. Peer groups, which include daily goal review and special topics, are also conducted daily. Expressive therapy Expressive therapies provide a way for patients to explore, understand and communicate their thoughts, feelings, conflicts and concerns through various creative outlets. Patients participate in art, recreation, music or drama therapies which provide opportunities for learning and practicing safe ways to express feelings. Visitation Visiting hours are from Visits typically occur in a shared communal visit room due to our acute setting and to provide safety for our patients and families. The following must be observed when visiting: Visitors are limited to family members or other adults approved by parent or guardian. Authorized visitors must know the contact code. No children under the age of 18 are allowed to participate in visits. If visitors bring children under the age of 18 to the campus, adult supervision must be provided in the waiting room at all times by the visiting party. Patients will be limited to two visitors at a time. Should your child need to use the restroom or leave the visit room, please ask staff for escorting assistance. Cell phone use is prohibited during any visit. Visitation must be supervised to satisfy legal, custodial or treatment team recommendations. Patients retain the right to refuse visitation at any time. Visits or family meetings may be refused, cancelled or terminated by hospital staff to ensure your safety and that of your child and other visitors or patients. Prohibited items Phone calls To provide maximum safety and privacy for you and your child, you will be assigned a contact code number during the assessment process. You will also be asked to create an authorized contact list for your child, and only those on the authorized

contact list will be allowed to speak on the phone to your child. All callers must have the contact code number, so please ensure that you provide any individual on your authorized contact list with this number. Patients may receive phone calls between 8 a. However, patients are allowed to place outgoing calls between 4 p. For additional help with anything, call Patient Relations, In an emergency, dial

## Chapter 3 : Child/Adolescent Psychiatry Clinic - Hennepin Healthcare

*The American Academy of Child and Adolescent Psychiatry (AACAP), a medical association representing physicians dedicated to the health of children and families around the globe, advocates putting an end to the practice of separating immigrant children from their families.*

Behavioral Cognitive Our program recognizes that adequate training for the current and future practice of child and adolescent psychiatry is, of necessity, demanding. Beyond attaining essential knowledge, skills and attitudes, residents need to develop a sense of professional identity that includes being a secure physician, an advocate for children, a sensitive therapist and a thoughtful participant or consultant within team structures. The Child and Adolescent Psychiatry Residency works to produce leaders in the field of child and adolescent psychiatry. During this unique, two-year program, residents learn through a variety of methods, including seminars, clinical conferences, individual and group supervision and clinical rounds. Most of the training in the program occurs within Massachusetts General Hospital and McLean Hospital Clinical Services, but residents also have the opportunity to draw on the programs and resources at a variety of affiliated institutions in Massachusetts. No matter what path a resident chooses, the relationships between residents and faculty remain highly interactive. Learn more about our Curriculum and Training Sites. Curriculum Share This Page The goal of the Massachusetts General Hospital and McLean Hospital curriculum is to give our residents a broad range of theoretical frameworks and practical clinical skills that they can bring to their work with patients. Training methods include formal seminars, clinical conferences, individual and group supervision and rounds on each rotation. With the exception of elective time, all residents have the same core clinical and educational rotations. This allows our residents to develop long-term treatment relationships with a core group of patients, to see the impact of their treatments over time and to watch the process of development unfold. Year 1 Residents spend half of their time during the first year in the outpatient clinic seeing patients and meeting with a diverse group of supervisors. Residents have weekly supervision with the training director to guide them in the treatment of their patients from a variety of clinical perspectives. Every first-year resident is assigned the a number of supervisors to work with throughout the year: Two individual long-term therapy supervisors A family therapy supervisor A cognitive behavioral therapy supervisor A psychopharmacology supervisor Year 1 Blocks Beyond the outpatient continuity clinic, the first year is otherwise divided into two six-month blocks: Fellows work closely with attendings on the consult service seeing inpatients on the pediatrics services at MassGeneral Hospital for Children Consultation to Community Systems of Care: Residents work with specialized supervisors to consult to a variety of community care systems. Year 2 During the second year, residents continue seeing patients in the outpatient clinic. Multidisciplinary supervision in a variety of treatment modalities continues in this year. Year 2 Blocks The time outside of outpatient services is divided into three four-month blocks: Residents rotate in the unlocked, residential treatment program. The length of stay in this program tends to be longer than in an inpatient unit, allowing for a deeper level of engagement with patients and families Block 3 - Electives and Chief Residency: Because a high percentage of our residents continue on to leadership positions in a variety of settings, we believe that some administrative and educational experience during training is important. Residents generally draw on the comprehensive resources of the Mass General and McLean systems for their electives, though arrangements can be made to accommodate experiences in external systems as well. Residents are given wide latitude about how to spend their elective time. Some examples of possible clinical elective experiences include: Programs specializing in community psychiatry Global psychiatry work The interface between technology and psychiatry Psychiatry and the media.

## Chapter 4 : Child and Adolescent Psychiatry Conference - Perth, Western Australia

*Welcome to the Faculty of Child and Adolescent Psychiatry Conference. On behalf of the Organising Committee, it is my great pleasure to invite you to the FCAP Conference, 30th Anniversary to be held on Wednesday 17 - Saturday 20 October in Perth, Western Australia.*

Continuity Clinic and child and adolescent psychotherapy continue throughout the year. Child Inpatient Program This service treats mostly school-aged and younger patients. Fellows work with a seasoned attending, managing all aspects of the care of a team of seven to nine patients, including psychopharmacology, individual and milieu needs e. Residents also have the opportunity to interact with managed care entities, depending on individual patient needs. The unit also works with children who have developmental disabilities and co-occurring psychiatric or behavioral disorders. This unique program offers a wide selection of treatment contexts and modalities within which residents have the opportunity to train. Similar to the experience on the child inpatient unit, fellows manage all aspects of care of a team of seven to nine patients under the supervision of an attending experienced with this special population. Mathilda Theiss Child Development Center This Mathilda Theiss Child Development Center is a unique clinical setting within a local community which allows the child fellow to observe typically developing infants, toddlers, and preschoolers alongside of children with developmental and other behavioral disorders. Fellows evaluate and treat patients and families within both settings, working with psychiatrists and psychologists with expertise in these age groups. Integrated Care Integrated care utilizes limited resources smartly to reach more patients. Thus our next generation of psychiatrists will need to graduate from residency and fellowship having a better understanding of their role in integrated care models. Our fellows are introduced to the delivery of psychiatric care in primary care and specialty medical settings. Fellows are also exposed to the state-funded TiPS Program which provides consultation to primary care physicians in western Pennsylvania. Fellows not only work closely with attending psychiatrists in these integrated care settings, but also have the opportunity to interact directly with all members of the multi-disciplinary team. Throughout the course of the rotation, fellows gain a basic understanding of: Acute Adolescent Partial Program Located in a local community, the Acute Adolescent Partial Program provides intensive day treatment to adolescents not in need of inpatient treatment, but whose clinical acuity is nonetheless quite high. Fellows manage a team of approximately nine patients under the supervision of an experienced child and adolescent psychiatrist. In addition, fellows have the opportunity to provide individual psychotherapy, participate in group interventions and family sessions, as well as manage medication treatment. Fellows evaluate patients and present them to one of a team of child and adolescent psychiatrists who work in this setting. Fellows can choose to continue in this clinic during their second year of fellowship for a combined total of two and a half years of continuity.

## Chapter 5 : Child and Adolescent Psychiatry

*Child and Adolescent Psychiatry Associates, Memphis, TN (CAPA).*

## Chapter 6 : Department of Child & Adolescent Psychiatry | Child & Adolescent Psychiatry

*Child & Adolescent Psychiatry Fellowship Welcome. The two-year Child and Adolescent Psychiatry fellowship program at Northwestern University Feinberg School of Medicine and Ann & Robert H. Lurie Children's Hospital of Chicago is one of the top programs in the country and an outstanding place to train.*

## Chapter 7 : Division of Child and Adolescent Psychiatry at Floating Hospital for Children

*Child & Adolescent Psychiatry We are one of the national leaders in integrating significant advances in genetics, neurobiology, and the behavioral sciences into a more comprehensive understanding of human development and*

*behavior that allows us to provide state-of-the art patient care.*

### Chapter 8 : Child & Adolescent Psychiatry Residency - Massachusetts General Hospital, Boston, MA

*The Division of Child & Adolescent Psychiatry and Child Development in the Department of Psychiatry and Behavioral Sciences is an integral part of one of the preeminent child and adolescent mental health treatment consortiums in the country, which includes Lucile Packard Children's Hospital at.*

### Chapter 9 : Child and adolescent psychiatry - Wikipedia

*The Child and Adolescent Psychiatry Residency works to produce leaders in the field of child and adolescent psychiatry. During this unique, two-year program, residents learn through a variety of methods, including seminars, clinical conferences, individual and group supervision and clinical rounds.*