

**JOHNS HOPKINS  
MEDICINE**

**DEPARTMENT OF PSYCHIATRY  
AND BEHAVIORAL SCIENCES**

**DIVISION OF CHILD & ADOLESCENT PSYCHIATRY**

**July 2011**

**JOHNS HOPKINS MEDICINE**  
**Department of Psychiatry and Behavioral Sciences**  
**Division of Child & Adolescent Psychiatry**

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# **The Division of Child & Adolescent Psychiatry:**

## **History and Vision**

Leo Kanner, M.D., (1894-1981) was a man of many firsts. Born in Austria and educated in Germany, he immigrated to the United States in 1924. In 1930, shortly after coming to Johns Hopkins University School of Medicine, Dr. Kanner was selected by Professors Adolf Meyer, Director of Psychiatry, and Edwards A. Park, Director of Pediatrics to develop our nation's first child psychiatry service in a pediatric hospital.

Kanner was the first physician in the United States to be identified as a child psychiatrist. His textbook, *Child Psychiatry* (1935) was the first English language textbook to focus on the psychiatric problems of children. His first use of the term 'child psychiatry' in the title so aptly captured the scope of the field that child psychiatry became the formal title of this medical discipline. In 1943 Dr. Kanner first described the syndrome of infantile autism. His concise and cogent clinical descriptions of children with autism continues to inform, and is the standard against which current diagnostic criteria are measured. Dr. Kanner continued as the Director of Child Psychiatry at Johns Hopkins until his retirement in 1959, although he remained active until his death at age 87.

The Division strives to continue the work started by Dr. Kanner by integrating empirically-based, state-of-the-art clinical care, commitment to education and training, and the development and dissemination of new knowledge. Over 6 million youngsters under the age of 18 in this country have a major mental illness associated with significant impairment. Despite this, only about 25% of these 6 million are adequately evaluated and only about half of that receive sub-specialty professional care.

The Johns Hopkins Division of Child & Adolescent Psychiatry Residency Program is dedicated to training the academic leaders, master clinicians, productive researchers, and public mental health leaders of the future.

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**Clinical Services**

**July 2011**

Director, Clinical Programs: Marco Grados, M.D.

A comprehensive array of clinical services is available to children and adolescents and their families in the Division of Child and Adolescent Psychiatry at Johns Hopkins Hospital and the School of Medicine provided by child psychiatrists, child psychologists, child and adolescent psychiatry residents, child psychology postdoctoral students, social workers, nurses, and other members of a multidisciplinary staff.

**Inpatient and Day Treatment Services.** The Division offers three intensive evaluation and treatment services. These services are staffed by a multidisciplinary team of pediatric mental health professionals including: psychiatry, clinical psychology, nursing, social work, special education, speech and language therapy, child life specialists and occupational therapy. The treatment team, led by a faculty member, develops an individualized treatment plan for each patient. In addition, pediatric subspecialists within the Children's Center are available for consultation.

- 12-bed Child and Adolescent Psychiatry Inpatient Service (CMSC 3-East)
- 12-patient Child & Adolescent Psychiatry Day Treatment Program (Meyer 2)

**Pediatric Consultation Services at the Children's Center.** The Division of Child and Adolescent Psychiatry works closely with the Department of Pediatrics and provides consultation, comprehensive evaluation, treatment recommendations, and referral suggestions to all pediatric programs within the Children's Center. In addition, a co-located model of primary pediatric care and child/family mental health reduces barriers to care, while facilitating collegial cross-talk between child and adolescent psychiatry trainees and pediatric residents. Services include:

- Consultation to Pediatric Inpatient Services
- Consultation to Pediatric Neurology Clinic
- Consultation to Pediatric Primary Care – Harriet Lane Clinic & Adolescent Medicine

**Outpatient Clinics.** Utilizing a single point of entry, there is a robust outpatient clinic system providing general and specialized care for youngsters and families of all ages. Referral sources include pediatricians, schools, and families as well as other mental health clinicians. Care is designed to meet the comprehensive treatment needs of children and families and provides psycho-education, guidance, and advocacy; medication management; various forms of individual psychotherapy including supportive, insight-oriented, cognitive-behavioral, and family therapy work including communication styles and parent management training, child psychiatry and psychology. Faculty work closely with child psychiatry and child psychology trainees across the years of training in dedicated multidisciplinary teams providing direct and indirect supervision and consultation. Patients and families come from the local community, the greater metropolitan area, the mid-Atlantic region, as well as from national and international referral services.

Specialization in a variety of clinical areas is available, including:

- Anxiety Disorders
- Attention/Behavior Disorders
- Mood Disorders
- Obsessive Compulsive and Tic Disorders
- Developmental Neuropsychiatry
- Neuropsychological Testing/Psycho-education Assessments

**Community Child Psychiatry Programs.** The Division provides comprehensive services to children and adolescents living in the area that surrounds the Johns Hopkins Hospital. Outpatient services are provided at the Johns Hopkins Children's Mental Health Center located at 403 North Caroline Street on the grounds of Johns Hopkins Hospital. Residents, Faculty, and psychiatric therapists work with families and youngsters using a variety of modalities of treatment including family therapy, parent management training, individual therapies, group therapy and medication management to optimize care. Close coordination with primary care providers and others involved in the lives of the community patients is a core value in working with these youth and families. Prevention services are offered at selected neighborhood schools to optimize learning and school participation of all community youth.

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**Division of Child and Adolescent Psychiatry**  
**Department of Psychiatry & Behavioral Sciences**

**Research Resources**

July 2011

**Director, Clinical Programs: Golda Ginsburg, Ph.D.**

**Current Research Themes**

Research in the Division of Child and Adolescent Psychiatry covers a broad range of psychiatric illnesses, with a focus on developing effective treatments. Research in our Division is primarily funded by the National Institute of Mental Health (NIMH) but private foundations and individual donors also provide generous support. The Division is also unique in that it has its own research- training fellowship (T32 grant funded by NIMH) that provides 2 years of funding for individuals interested in pursuing a research career in child psychiatry. Finally, the Division holds a weekly research seminar that is open to the public. The following provides a brief summary of the primary research interests of full-time faculty members in the Division:

*Maggie Bruck, Ph.D.* – Autobiographical memory and suggestibility of children with normal development, with cognitive impairment; cognitive mechanisms underlying childhood anxiety disorders.

**Relationship of Metacognition and Suggestibility in Middle Childhood**

This study involves children 6-10 years old to examine the mechanisms underlying suggestibility.

**Do Human Line Drawings Promote Children's Accurate Reporting of Touching?**

Human line drawings (HLDs) are commonly used by professionals who interview children about suspected sexual abuse; however, there is little scientific information about their feasibility. The major objective of this proposal is to determine within a cognitive developmental framework the benefits and risks of using HLDs in interviews with young children who are questioned about touching in a laboratory play session and in a medical examination.

*Golda Ginsburg, Ph.D.* – Assessment and psychosocial treatment of anxiety disorders, depression, and Tourette Syndrome; and reduction of post-partum depression in Native American teens.

**Psychosocial Treatment of Obsessive Compulsive Disorder in Young Children**

The purpose of this study is to determine the feasibility and effectiveness of a CBT program for reducing obsessive compulsive symptoms among preschool children.

**School-Based CBT for Anxious African-American Children**

The primary aim of this research is to determine the feasibility and effectiveness of a school-based cognitive behavioral treatment (CBT), delivered by school-based clinicians aimed at reducing levels of anxiety symptoms and disorders.

*Marco Grados, M.D., M.P.H.* – Genetic and environmental factors in obsessive-compulsive disorder, Tourette Syndrome and autism.

**Behavioral Phenotype and Predictors of Maladaptive Behaviors**

The major goal of this project is to develop a systematic behavioral phenotype of Cornelia deLange Syndrome for phenotype-genotype studies.

### **Cytokine Levels and Genes in Childhood OCD**

The major goal of this project is to test children with OCD and acute exacerbation or onset of symptoms with respect to cytokine array profiles. The expectation that those with an immune-mediated mechanism can be identified may later lead to innovative treatment approaches in a subgroup of children with OCD.

### **A Genetic Linkage Study of GTS**

The long term objective of this research is the localization and characterization of genes important for Gilles de la Tourette syndrome (GTS) and related conditions.

### **OCD Collaborative Genetics Association Study**

The major goal of this research is to complete a genome-wide association study of obsessive-compulsive disorder to locate susceptibility genes.

*Rebecca Landa, Ph.D.* – Early diagnosis and treatment of autism.

### **Enhancing the Current Capacity for Surveillance of Autism Spectrum Disorders and Other Developmental Disabilities**

This project will continue the Maryland population-based autism spectrum disorders public health surveillance project - covering data collection years 2006 and 2008.

### **The National CADDRE Study: Child Development and Autism**

This project will implement the National CADDRE study a large case-cohort study of autism risk factors. Funding is for the Maryland study site and the studies central laboratory and biologic repository.

### **Autism: Social and Communication Predictors in Siblings**

This is a competitive renewal of a cross-site prospective longitudinal study of the emergence of Autism in infant siblings of children with autism and low risk controls who were originally tested from 6 – 36 months.

### **Autism and the Development of Relational Awareness**

This project will investigate whether rule learning in children with autism is related to a specific impairment in the ability to grasp the relationship between stimulus and reward or whether the deficit is related to the ability to appreciate the relation between symbol and referent.

### **Intervention for One-year-olds at Risk for Autism: An RCT**

This project involves a randomized clinical trial involving children aged 12-20 months who show signs of autism spectrum disorder.

*Rick Ostrander, Ed.D.* – The assessment and treatment of co-morbid disorders associated with attention deficit hyperactivity disorder.

*Mark Riddle, M.D.* – Pediatric psychopharmacology.

### **Methylphenidate Efficacy and Safety in ADHD Preschoolers**

Five year follow-up study of the safety of methylphenidate (MPH) in children who had been originally recruited and randomized into the preschool Attention-Deficit/Hyperactivity Disorder (ADHD) treatment study (PATS).

### **Treatment of Early Age Mania Study (TEAMS)**

The two aims of this grant are: (1) to investigate the effectiveness of medication for children and adolescents who have BP-1 (manic or mixed phase) or mania. (2) To pilot a complex, multistrata, adaptive strategy design.

### **Oral Self-Dosing/Behavioral Assessment**

This grant investigates the behavioral, physiologic and neurochemical effects of chronic exposure to therapeutically relevant doses of amphetamine salts and methylphenidate in periadolescent rhesus monkeys.

### **OCD Collaborative Genetic Association Study**

The goal of this project is to conduct psychiatric interviews and collect DNA samples from 2000 triads (early-onset OCD cases and both parents) and to conduct genome-wide association study using SNPs.

*Holly Wilcox, Ph.D.* – Genetic epidemiology; suicide in adolescence.

## **Research Training Opportunities**

**Clinical Fellows:** During the second year of the 2-year clinical fellowship in Child and Adolescent Psychiatry, elective time is available for pursuing research interests. Over the past few years, a variety of faculty/fellow designed research projects have been completed. Many of these have also been presented by fellows at national meetings as well as to colleagues in the School of Medicine.

**Visiting Scholars:** Depending upon the availability of staff and physical resources, international visiting scholars may receive individualized programs in clinical research.

## **Research Resources**

There is an array of institutional School of Medicine research resources. These include:

NIH-funded Pediatric Clinical Research Unit (PCRU)  
Pam Zeitlin, M.D., Director

Kirby Center for Functional Brain Imaging at the Kennedy Krieger Institute  
NICHD-funded Mental Retardation Developmental Disabilities Research Center at the Kennedy Krieger Institute. Martha Denckla, M.D., P.I.

**Inquiries and applications:** Inquiries may be directed to any faculty member or to:

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Research Director  
Johns Hopkins Medicine  
Department of Psychiatry and Behavioral Sciences  
Division of Child & Adolescent Psychiatry  
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**JOHNS HOPKINS MEDICINE**  
**Division of Child and Adolescent Psychiatry**  
**Department of Psychiatry & Behavioral Sciences**

**Training Program**

**July 2011**

Director, Education & Training: Emily Frosch, M.D.

The Fellowship in Child and Adolescent Psychiatry at the Johns Hopkins Hospital is designed to provide a comprehensive and broad-based education in psychiatric diagnosis and treatment of children, adolescents, and their families. The program focuses on developing skill in diagnostic interviewing, case formulation, treatment planning, and psychotherapeutic and pharmacologic management in the context of a strong knowledge base in child development, principles of research, and familiarity with the function and organization of health, education, and welfare institutions.

A two-year program is offered with six residents per year led by faculty dedicated to teaching, clinical care, and individual research pursuits. Strengths include a large full time faculty and a stable educational program and a diverse clinical portfolio that reflects the expertise of our varied faculty members. Access to the myriad of resources in the Department of Psychiatry, the Children's Center/Department of Pediatrics, specialists in the School of Medicine, the Bloomberg School of Public Health, The Kennedy Krieger Institute and other University programs and faculty contribute to a robust learning environment.

**Year 1**

The first year of training focuses on the principles of diagnosis and treatment of children, adolescents, and their families who present primarily in the hospital setting; specific interview techniques in working with children, adolescents, and their families; adaptation of the principles of psychopharmacology to children and adolescents; and an appreciation for the system of care that surrounds children.

First year clinical rotations include:

- **Child and Adolescent Psychiatry Inpatient Unit**
- **Day Hospital**
- **Pediatric Consultation Liaison Service**
- **Outpatient Continuity Clinic**
- **On-Call Coverage**

A full-time faculty member directs each rotation and provides supervision and oversight for all the clinical work.

The **Child & Adolescent Psychiatry Inpatient Unit** serves seriously emotionally disturbed youngsters and their families. The unit is designed to assess and stabilize acute psychiatric dysfunction through pharmacologic, behavioral, and systems oriented interventions. Over 400 children are treated annually on this service with an average length of stay of ~8 days. Knowledge, skills, and attitudes necessary for the assessment, diagnosis, case formulation, and treatment planning for youth with serious emotional disturbance, and interdisciplinary team leadership are developed through daily faculty supervision and work with severely disordered children and their families.

The **Day Hospital** provides “step-down” care from the inpatient service and “step-up” care from outpatient programs for children aged 6-17 years. Length of stay ranges from 1-3 weeks, and ongoing medication management, family work, individual treatments, and coordination of services is offered. Knowledge, skills, and attitudes necessary for optimal management of youth needing intensive outpatient programming is the focus of this rotation.

The **Consultation Liaison Service** provides clinical assessments, treatment, and referral resources for any child hospitalized in the Johns Hopkins Children’s Center. The service focuses on the collaborative relationship with Pediatrics and on the process of consultation, helping residents to understand their role as a consultant. Residents work in a variety of pediatric health care settings including both inpatient services and outpatient clinics.

The **Outpatient Clinic** provides an opportunity for trainees to work in a longitudinal outpatient setting with patients and families. All cases are assigned by the Training Director and attention is paid to balancing age, gender, and diagnoses. Residents join a multidisciplinary team on which they work for the two years of their training. This team meets weekly for case discussions. Direct and indirect supervision is available on site during clinic time and residents also have two longitudinal supervisors, each of whom meets weekly with the resident for support and supervision.

**On-Call** experiences provide an opportunity for residents to develop competency and confidence at rapid assessment of severely ill youth requiring inpatient admission. Emphasis is placed on safety, and all cases are staffed by faculty to ensure supervision and discussion of the case and disposition plan. Coverage when on call is for the inpatient unit and admissions.

## Year 2

The second year focuses upon the diagnosis and treatment of children, adolescents and their families who present primarily in the outpatient setting. Residents develop greater knowledge of and skill with a variety of therapeutic interventions, and address issues in community, court, and school consultation. There are opportunities to develop research skills and participate in ongoing research with faculty support and guidance.

The second year of training is comprised of several outpatient experiences in a longitudinal design. Each resident spends time over the 12 months in a variety of clinical programs including:

- **Outpatient Clinic**
- **Community Child Psychiatry Programs**
- **Kennedy Krieger Institute’s Developmental Disabilities Programs**
- **Forensics Rotation**
- **Preschool Rotation**
- **Mountain Manor—Substance use Rotation**
- **Varied elective opportunities**

The **Outpatient Clinics** are designed as team based collaborative models of comprehensive care led by M.D. and Ph.D. faculty. Second year residents continue their work on these teams and further expand their case load and responsibilities over the year. As noted above, both general and specialty care is available, including Affective Disorders, Anxiety Disorders, OCD & Tic Disorders, Psychopharmacology Consultation, Developmental Neuropsychiatry, and Disruptive Behavior Disorders including ADHD. Evaluations and ongoing care for children, adolescents, and their families are

available. Residents work directly with Faculty on selected cases as well as following their own outpatients and further develop their skills in individual therapy, cognitive-behavioral therapy, family therapy, parent management training, and pharmacologic therapy

The **Community Child Psychiatry Program** is dedicated to serving the mental health needs of youth and families in the local East Baltimore community. The Children's Mental Health Center is staffed by 9 psychiatric therapists who provide a wide range of services including individual, family, and group work. Second year residents each work with 1-2 therapists for the year with weekly team supervision by Child Psychiatry faculty. Close collaboration with primary care providers and others involved in a youngster's care is a critical element of the work. Emphasis is placed on the knowledge, skills, and attitudes necessary to be an effective child psychiatrist in a community care setting. Residents also have the opportunity to participate in and observe prevention work in schools in the local community.

The **Kennedy Krieger Institute** offers training in the diagnosis and treatment of children with autism and pervasive developmental disorders, mental retardation, and other developmental disabilities. Second year residents work side by side with full time faculty members in specialty clinics that include preschool aged children, children with genetic syndromes such as fragile X, and behavioral teratology. Residents also participate in the Autism Diagnostic Center, a comprehensive multidisciplinary program for children with autism. Emphasis is placed on the knowledge, skills, and attitudes necessary to work effectively with developmentally disabled youth and families in need of mental health services.

In the **Forensic** rotation, residents work one-on-one with a forensic child psychiatrist on cases referred from across the state. They each see cases and review the process of writing a forensic report with direct supervision and can participate in giving testimony if they wish.

At **Mountain Manor**, residents have the opportunity to observe clinicians working directly with adolescents struggling with a variety of substance use disorders with and without other co-occurring psychiatric illnesses. Participating in individual therapy, group meetings and activities at this nearby treatment facility allows second year residents to broaden their understanding of applying motivational interviewing and enhanced therapy techniques. Each resident spends a full day each week onsite in this facility for one month. Additional time for those interested may also be arranged.

The residents also rotate for 2 months, 1 day/week through a **Preschool** experience that includes observation in day care, head start, and then direct evaluation working one on one with a faculty expert in this patient population. The rotation is aimed at developing keen observation skills in this age group, understanding the types of problems that can present, and gaining an understanding of the resources available for this patient population.

Over the course of the second year, residents participate in a longitudinal **Elective** experience in conjunction with specific clinical or research settings and/or specific faculty members. Faculty work with individual residents to set up an experience that is of interest to the resident, meets the trainees own educational goals, and broadens and/or deepens his/her training.

Throughout the fellowship, there is a comprehensive didactic program that links clinical experiences, theoretical knowledge, and systems based challenges. In addition, each resident has two supervisors with whom s/he meets weekly throughout the program. Midway through the first year, the Program Director works with these longitudinal supervisors to begin clinical skills verification examinations.

**Johns Hopkins Medicine**  
**Department of Psychiatry & Behavioral Sciences**  
**Division of Child & Adolescent Psychiatry**

**Residency Training Program**

**Mission Statement**

The Training Program in Child & Adolescent Psychiatry strives to facilitate the development of knowledge, skills, and attitudes in its trainees as follows:

**First Year:**

***Knowledge:*** The principles of assessment, diagnosis and treatment of psychiatric disorders of children, adolescents, and families as they present to hospital-based services.

***Skills:*** The diagnostic and therapeutic management techniques necessary to work with children, adolescents, and families and others involved in their care.

***Attitudes:*** Develop awareness of the complexity of the system of care that surrounds children, the interactions between development and pathology, and obstacles to care.

**Second Year:**

***Knowledge:*** The principles of assessment, diagnosis and treatment of psychiatric disorders of children, adolescents, and families as they present to outpatient settings and greater knowledge of current research in the field.

***Skills:*** The development of greater facility with therapeutic techniques, ability to function as a consultant and as a supervisor of non-physicians in a variety of settings.

***Attitudes:*** To see Child Psychiatrists as physicians with broad responsibilities of care to differing patient populations, to view the families of patients and others involved in the care of children as allies in treatment, and to understand and value the role of the specialty consultant.

**Johns Hopkins Medicine**  
**Department of Psychiatry Behavioral Sciences**  
**Division of Child & Adolescent Psychiatry**  
**Residency Training Program**

1. Provide an educational program that offers a thorough understanding of the development, assessment, treatment, and prevention of psychopathology as it appears from infancy through adulthood.
2. Provide an introduction to this knowledge base in Child & Adolescent Psychiatry for medical students and general psychiatry residents.
3. Provide an interdisciplinary setting for the training of Child & Adolescent Psychiatrists to take a leadership role in working with other mental health professionals in the prevention and treatment of mental disorders in children and understand the role of an effective consultant.
4. Integrate findings in developmental neurobiology and neuroscience to develop an understanding of fundamental processes that may be involved in the etiology and treatment of childhood psychiatric disturbances and developmental disorders.
5. Provide treatment to children and families on a non-discriminatory basis, always considering the welfare and perspective of the patient, family, community, and utilizing evidence based approaches to clinical problem solving.
6. Develop skills in diagnostic interviewing, formulation, treatment planning, and implementation of psychotherapeutic and pharmacological management.
7. Enhance familiarity with the theories of child development pertaining to children of all social and cultural backgrounds.
8. Develop skills in consultation with primary care, non-psychiatrist mental health providers, schools, community agencies, and other programs serving children and adolescents.
9. Develop skills in administration and teaching
10. Gain knowledge of the principles of research to encourage a scientific approach to clinical problems and skill in critical reading of the literature as it pertains to child and adolescent psychiatry and psychology
11. Become familiar with the function and organization of health, education and welfare institutions to promote normal development.
12. Understand the legal and ethical issues in the practice of Child & Adolescent Psychiatry.

## 1<sup>st</sup> Year Clinical Rotations: Educational Goals

### Child & Adolescent Psychiatry Day Hospital

- A. Patient Care**
  - Interviewing and data gathering skills
  - Recognize/manage psychiatric emergencies
  - Prepare patients/families for treatment and disposition
  
- B. Clinical Knowledge**
  - Differential diagnosis/formulate and implement treatment plan
  - Pharmacologic and non-pharmacologic interventions
  - Interaction between psychiatric diagnosis and psychosocial problems
  
- C. Interpersonal Skills and Communication**
  - Effective relationships with patients and families
  - Effective relationships with multidisciplinary team
  - Succinct and thorough oral presentations, written reports and documentation
  
- D. Professionalism and Ethical Behavior**
  - Demonstrate professional appearance/respectfulness/courtesy
  - Punctuality/arrange coverage appropriately
  - Maintain equilibrium under stress
  
- E. Practice-Based Learning**
  - Self-evaluation/know limits of own knowledge
  - Incorporate new info into practice/seek out supervision and guidance
  - Independently motivated/use available resources
  
- F. Systems-Based Practice**
  - Understand role of day treatment in continuum of care
  - Effective with outside agencies/aware of resources and obstacles
  - Effective use of resources for patient care

## **Child & Adolescent Psychiatry Inpatient Unit**

### **A. Patient Care**

- Interviewing skills/data gathering skills in high activity care setting
- Recognize/manage psychiatric emergencies
- Prepare patients/families for treatment and disposition

### **B. Clinical Knowledge**

- Differential diagnosis/formulate and implement treatment plan in high activity care setting
- Pharmacological and non-pharmacologic interventions in high activity care setting
- Interaction between psychiatric diagnosis and psychosocial problems

### **C. Interpersonal Skills and Communication**

- Effective relationships with multidisciplinary staff
- Therapeutic relationships with patients/families
- Succinct and thorough oral presentations, written reports and documentation

### **D. Professionalism and Ethical Behavior**

- Demonstrate professional appearance/respectfulness/courtesy
- Punctuality/arrange coverage appropriately
- Maintain equilibrium under stress

### **E. Practice-Based Learning**

- Self-evaluation/know limits of own knowledge
- Incorporate new info into practice/seek out supervision and guidance
- Independently motivated/use available resources

### **F. Systems-Based Practice**

- Understand role of inpatient hospitalization in continuum of care
- Effective with outside agencies/aware of resources and obstacles
- Effective use of resources for patient care

## **Child & Adolescent Consultation Liaison Service**

### **A. Patient Care**

- Perform psychiatric interviews on medically ill youth
- Recognize/manage psychiatric emergencies in medically ill youth

### **B. Clinical Knowledge**

- Differential diagnosis and treatment planning for medically ill youth
- Pharmacologic/Non-pharmacologic interventions for medically ill youth
- Recognize the interaction between medical/psychiatric/psychological problems

### **C. Interpersonal Skills and Communication**

- Effective relationships with patients and families
- Effective relationships with primary care team
- Succinct and thorough oral presentations, written reports and documentation

### **D. Professionalism and Ethical Behavior**

- Demonstrate professional appearance/respectfulness/courtesy
- Punctuality/arrange coverage appropriately
- Maintain equilibrium under stress

### **E. Practice-Based Learning**

- Self-evaluation/know limits of own knowledge
- Incorporate new info into practice/seek out supervision and guidance
- Independently motivated/use available resources

### **F. Systems-Based Practice**

- Understand role of child psychiatry consultant in pediatric care setting
- Effective use of resources for patient care
- Effective use of consultation to impact broader reach

## **On-Call**

### **A. Patient Care**

- Provide assessments of youth/families in crisis requiring admission
- Ensure patient safety
- Identify at-risk situations

### **B. Clinical Knowledge**

- Awareness of types of emergency situations in youth and families
- Ability to diffuse and manage a crisis situation

### **C. Interpersonal Skills and Communication**

- Rapid establishment of therapeutic relationship
- Clear communication with staff and succinct written reports

### **D. Professionalism and Ethical Behavior**

- Demonstrate professional appearance/respectfulness/courtesy
- Maintain equilibrium under stress

### **E. Practice-Based Learning**

- Self-evaluation/know limits of own knowledge
- Incorporate new info into practice/seek out supervision and guidance

### **F. Systems-Based Practice**

- Understand the public mental health care system and obstacles to accessing care
- Learn to identify the need for adjunct services such as social work, juvenile services

## Outpatient Clinic

### **A. Patient Care**

- Interviewing/data gathering
- Engagement of patients and families in ongoing treatment
- Establish longitudinal relationships with patients/families

### **B. Clinical Knowledge**

- Phenomenology and formulation
- Treatment implementation and sequencing
- Pharmacological and psychotherapy interventions
- Management of transference/counter-transference

### **C. Interpersonal Skills and Communication**

- Succinct and thorough oral and written presentation
- Effective relationship with patients/families
- Effective relationship with supervisors

### **D. Professionalism and Ethical Behavior**

- Demonstrate professional appearance/respectfulness/courtesy
- Punctuality/arranges coverage appropriately
- Available and responsive to patients/families

### **E. Practice-Based Learning**

- Self-evaluation/know limits of own knowledge
- Incorporate new info into practice/seek out supervision and guidance
- Independently motivated/use available resources

### **F. Systems-Based Practice**

- Effective use of resources for patient care
- Aware of complex system of care

## 2<sup>nd</sup> Year Clinical Rotations: Educational Goals

### Community Psychiatry Program

#### CMHC Rotation:

- A. Patient Care**
  - Perform comprehensive interviewing and data gathering skills
  - Recognition/management of psychiatric emergencies
  - Prepare patients/families for treatment
  
- B. Clinical Knowledge**
  - Diagnosis/formulation
  - Flexible treatment planning
  - Pharmacologic management and psychoeducation to patients/families
  
- C. Interpersonal Skills and Communication**
  - Effective relationships with non-M.D. clinicians
  - Team participation/oral presentations
  - Written reports/routine documentation timely and thorough
  
- D. Professionalism and Ethical Behavior**
  - Demonstrate professional appearance/courtesy/respectfulness
  - Maintain equilibrium under stress
  - Punctuality/arranges coverage appropriately
  
- E. Practice-Based Learning**
  - Self-evaluation/recognizes limits of own knowledge
  - Incorporates new information into practice/seek out supervision
  - Independently motivated/use available resources
  
- F. Systems-Based Practice**
  - Understand role of child psychiatrist in community setting
  - Recognition of obstacles to care in community care setting
  - Effective use of resources for patients/families

## **Kennedy Krieger Institute**

### **A. Patient Care**

- Perform comprehensive interviewing and data gathering in youths with developmental disorders
- Recognize/manage psychiatric emergencies in DD patients
- Provide pharmacologic and psycho-educational interventions

### **B. Clinical Knowledge**

- Behavioral phenotypes and major mental retardation syndromes
- Interplay between developmental disabilities and psychiatric illness
- Diagnosis/formulation/treatment planning

### **C. Interpersonal Skills and Communication**

- Effective relationships with patients and families
- Effective relationships with multidisciplinary team
- Succinct and thorough oral presentation and written reports

### **D. Professionalism and Ethical Behavior**

- Demonstrate professional appearance/respectfulness/courtesy
- Punctuality/arrange coverage appropriately
- Maintain equilibrium under stress

### **E. Practice-Based Learning**

- Self-evaluation/recognize own limits
- Incorporates new information into practice/seek out supervision and guidance
- Independently motivated/use available resources

### **F. Systems-Based Practice**

- Understand role of adjunct services, including DDA
- Effectively advocates for patient/family

## Forensics

- A. Patient Care**
  - Provide comprehensive clinical assessments of youth and family before the court
  - Manage relationships with patients and families in court setting
  
- B. Clinical Knowledge**
  - Understand the difference between a clinical evaluation and a forensic evaluation
  - Understand the different types of forensic evaluations and reports
  - Understand the legal statutes as they relate to youth and families
  
- C. Interpersonal Skills and Communication**
  - Ability to write reports that convey the appropriate information for judges
  - Maintain relationships with court offices
  
- D. Professionalism and Ethical Behavior**
  - Demonstrate respect, compassion, integrity, and honesty
  - Maintain equilibrium under stress
  - Complete paperwork in timely manner/prioritize appropriately
  
- E. Practice-Based Learning**
  - Self-evaluation/seek out supervision
  - Incorporate new information into practice
  - Demonstrate initiative
  
- F. Systems- Based Practice**
  - Work effectively in coordination with outside agencies
  - Understand the interrelationships between the multiple social agencies and the court system as it affects youth and families

## **Mountain Manor**

### **A. Patient Care**

- Interview patients in need of detoxification from substances

### **B. Clinical Knowledge**

- Acquire clinical knowledge of Substance Use Disorders
- Learn how to develop a multimodal treatment plan for patients with substance use disorders and co-occurring psychiatric disorders

### **C. Interpersonal Skills and Communication**

- Routinely provide/accept input to/for multidisciplinary team
- Respond to patient/family questions/concerns appropriately and in timely fashion

### **D. Professionalism and Ethical Behavior**

- Demonstrate respectful, courteous, compassionate, and ethical behavior with patients, MMTC staff, and related personnel

### **E. Practice-Based Learning**

- Learn how to implement empirically supported behavioral interventions in the management of patients substance use disorders

### **F. Systems-Based Practice**

- Understand the importance of developing an appropriate plan for further treatment, disposition, academic/vocational rehabilitation, and any other adjunctive services in addition to direct psychiatric care.

**Johns Hopkins Medicine  
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**Sample Resident Rotation Schedule**

**Year 1**

<b>Resident</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>
1	CL	CL	IN	IN	DH	DH	IN	IN	DH	DH	IN	IN
2	DH	DH	DH	DH	IN	IN	IN	IN	IN	CL	IN	CL
3	IN	IN	CL	CL	DH	DH	IN	IN	DH	DH	IN	IN
4	IN	IN	DH	DH	IN	CL	IN	CL	CL	IN	DH	DH
5	DH	DH	IN	IN	CL	IN	CL	IN	IN	IN	DH	DH
6	IN	IN	DH	DH	IN	CL	DH	DH	IN	IN	CL	IN

**KEY:**

CL - Consultation Liaison

DH - Day Hospital

IN - Inpatient Unit

Residents participate in Continuity clinic and on-call for 10% time across the first year.

The Block rotations listed above are each at 80% time.

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**Sample Resident Rotation Schedule**  
**Year 2**

<b>Resident</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>AM</b>	CMHC	CMHC	Elective	SBP	KKI/F/MM/PS
<b>PM</b>	CMHC	Elective	OPD	OPD	KKI/F/MM /PS
<b>AM</b>	CMHC	CMHC	Elective	SBP	KKI/F/MM /PS
<b>PM</b>	OPD	CMHC	Elective	OPD	KKI/F/MM /PS
<b>AM</b>	SBP	CMHC	Elective	CMHC	KKI/F/MM /PS
<b>PM</b>	OPD	OPD	Elective	CMHC	KKI/F/MM /PS
<b>AM</b>	Elective	CMHC	CMHC	SBP	KKI/F/MM /PS
<b>PM</b>	Elective	OPD	CMHC	OPD	KKI/F/MM /PS
<b>AM</b>	CMHC	SBP	Elective	CMHC	KKI/F/MM /PS
<b>PM</b>	OPD	OPD	Elective	CMHC	KKI/F/MM /PS
<b>AM</b>	CMHC	SBP	Elective	CMHC	KKI/F/MM /PS
<b>PM</b>	OPD	OPD	Elective	CMHC	KKI/F/MM /PS

**Key:**

CMHC – Children’s Mental Health Center  
F – Forensics  
KKI – Kennedy Krieger Institute  
MM – Mountain Manor  
OPD – Outpatient Clinics  
SBP – School Based Observation  
PS - Preschool

Fridays: each resident spends 6 months at KKI and 6 months in F, MM.

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**Scheduled Didactic Seminars**

**00. Summer Introductory Course, every year, July and August**

- a. Required for 1<sup>st</sup> year residents, recommended for 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D., Course Director. Many Faculty members from the Division participate in this seminar.
- c. An intensive introductory seminar designed to prepare 1<sup>st</sup> year residents for the transition to Child & Adolescent Psychiatry and to function with supervision in structured clinical settings. Topics include *assessment of children, adolescents, and families, physical examination of children, basic pharmacotherapy, an overview of childhood psychiatric disorders, management of suicide and violence, crisis intervention, introduction to the allied professions, and a review of institutional practices and policies.*
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/day, Monday-Friday x 8 weeks
- f. Goals & Objectives:
  1. **Knowledge** of the policies and procedures for documentation, communication, and expectations in the Division of Child & Adolescent Psychiatry at Johns Hopkins Medicine
  2. **Knowledge** of the differences between working with adult patients and with child patients and their families
  3. **Knowledge** of initial assessment and engagement strategies when working with youth and families
  4. **Skills** in managing a crisis situation
  5. Development of the **attitude** expected towards patients, families, and multidisciplinary teams

**The Curriculum described below runs September – May using a 2-year cycle with alternating “Year A” and “Year B”. All courses listed are required for both 1<sup>st</sup> and 2<sup>nd</sup> Year residents. Seminars are held Tuesdays & Thursdays 12-1pm in the conference room located in the main hallway of the Division of Child & Adolescent Psychiatry, Johns Hopkins Hospital.**

**Year A**

**01. History of Child & Adolescent Psychiatry**

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. James Harris, M.D., Course Director
- c. These sessions review the history of child psychiatry including Leo Kanner’s original papers on autism from his work as the first head of Child Psychiatry at Hopkins and other sentinel events in the field.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 2 weeks
- f. Goals & Objectives
  1. **Knowledge** of prominent leaders in the development of Child Psychiatry as an independent field

## 02. Normal Development

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D. Course Director, other faculty from the Division participate.
- c. This seminar reviews normal development including *developmental lines* (cognitive, language, moral, emotional, physical, and sexual) and *cross-sectional periods* (infancy, early childhood, school age, and adolescence). It is augmented by videotapes of normal children throughout the series. Additional readings of both historical and current relevance are distributed and discussed throughout the series.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 8 weeks
- f. Goals & Objectives
  1. **Knowledge** of different developmental lines and how they unfold individually and interact with each other
  2. **Knowledge** of the historical theories of development and the pros and cons of the major frameworks
  3. **Knowledge** of where in development there are potential delays/deficits
  4. **Skills** in identifying where patients may have fallen off their own developmental trajectory
  5. **Attitude** needed to work with youngsters and families who may have developmental problems

*Seminars 01 and 02 repeat every year for solidification of knowledge of normal development.*

## 03. Psychopathology

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D. Course Director. Selected faculty from the Division present in their area of expertise.
- c. This seminar reviews the *etiologies, epidemiology, phenomenology, diagnosis, treatment and prevention of psychiatric conditions that affect children and adolescents, including: affective, attentional, disruptive, anxiety, psychotic, substance use, gender, traumatic, learning, and relational disorders.*
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 18 weeks
- f. Goals & Objectives
  1. **Knowledge** of the etiology, epidemiology, phenomenology and diagnosis, prevention and treatment of:
    - a. Affective illness—depression & bipolar illness
    - b. ADHD and other disruptive disorders including ODD and Conduct
    - c. Anxiety disorders—separation anxiety, GAD, Social Phobia, PTSD and other anxiety problems
    - d. Psychotic illness—both affective and non-affective
    - e. Substance use
    - f. Learning and cognitive disorders
    - g. Autism
    - h. Relational disorders

2. **Knowledge** of recent research findings as they relate to these disorders
3. **Knowledge** of local and national resources for families facing these disorders
4. **Skills** at differential diagnosis based on this information
5. **Skills** and familiarity with reliable and valid instruments as adjunct assessment strategies
6. **Attitudes** commensurate with professional interactions with patients and families facing any of these psychiatric difficulties

#### 04. Family Therapy

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Stuart Tiegel, MSW, Course Director & Lori Mostofsky, LCSW-C, Co-Director
- c. This seminar provides didactic instruction in a variety of *family therapy techniques in combination with group supervision*.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 10 weeks
- f. Goals & Objectives
  1. **Knowledge** of the behavioral principles and how they apply to working with parents
  2. **Skill** at creating a schedule and house system for parents to use with children of different ages
  3. **Knowledge** about the empirical data behind this approach
  4. **Attitudes** that facilitate teaching and investment in this modality of treatment

#### 05. Individual Therapy-Dynamic Theory and Practice

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D., Course Director
- c. This course combines *historical and current readings and case vignettes* to illustrate a variety of aspects of individual psychotherapy. Residents are required to complete a *case formulation* for review as part of the course.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 5 weeks
- f. Goals & Objectives
  1. **Knowledge** of the principles of psychodynamic, supportive, and insight oriented psychotherapy as it applies to working with youth
  2. **Knowledge** of the risks and benefits of psychotherapy
  3. **Knowledge** of the empirical data behind using these modalities of treatment
  4. **Skills** at explaining and discussing these modalities of treatment with patients and families
  5. **Attitudes** that allow for consideration of using these modalities in different clinical settings

#### 06. Dialectical Behavior Therapy

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Shannon Barnett, M.D., Course Director
- c. This seminar series reviews the theoretical frame for dialectical behavior therapy and offers a review of empiric literature and a practical guide to implementing techniques
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week for 4 weeks

## 07. Play Therapy

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D., Course Director
- c. The series offers a review of literature about play therapy, its uses as assessment tool and also as modality of treatment and techniques; case vignettes are used to illustrate. Residents are asked to provide clinical material for discussion in the seminar.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week for 3 weeks
- f. Goals & Objectives.
  - 1. **Knowledge** of principles and practice of play therapy and appropriate uses thereof
  - 2. **Skills** at using play strategies with youth at various ages
  - 3. **Attitudes** that support valuing this as playing a potential valuable tool in working with youngsters

## 08. Genetics/Genomics/Imaging/Novel Therapeutics

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Marco Grados, M.D. Course Director
- c. This series provides an overview of the literature supporting the role of genetics/genomics in understanding psychopathology and its potential applications in clinical care. It also includes a discussion of recent advances in therapeutics including but not limited to imaging and DBS.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week for 5 weeks
- f. Goals & Objectives
  - 1. **Knowledge** about the most recent advances in technology and genetics
  - 2. **Knowledge** about the ways in which the research findings can impact clinical care
  - 3. **Skills** at sharing this information with families and patients
  - 4. **Attitudes** regarding the relative use and value of such approaches in developing the knowledge base of the field

## 09. Systems Based Practice

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Justine Larson, M.D., Course Director
- c. This seminar series utilizes AACAP's tool kit for System's Based Practice to provide an introduction to this aspect of the field. Various modules, pretests/post tests, and content material are presented and discussed.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week for 7 weeks
- f. Goals & Objectives
  - 1. **Knowledge** of the ways in which child psychiatrists interact with various aspects of the system of care
  - 2. **Skills** in navigating the system of care on behalf of an individual youngster/family
  - 3. **Attitudes** that encourage lifelong advocacy and awareness at the local, regional, and national level

## 10. Motivational Interviewing

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Carisa Perry-Parrish, Ph.D., Course Director
- c. This series reviews the principles and practice of Motivational Interviewing, its application in specific populations, and includes demonstration of technique.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week for 4 weeks
- f. Goals & Objectives
  1. **Knowledge** of the empiric data supporting this technique
  2. **Skills** at employing this technique with individual patients
  3. **Attitudes** that foster consideration of this methodology of engagement across settings and patients

## Year B

### 01. History of Child & Adolescent Psychiatry (see Year A)

### 02. Normal Development (See Year A)

## 11. Influences on Development

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D., Course Director. Selected faculty from the Division, Kennedy Krieger Institute, and the School of Public Health at Johns Hopkins University participate and lead selected sections of the seminar.
- c. This seminar reviews *Influences on development*, including the impact of abuse, parental loss, chronic illness, substance abuse and HIV; *Adjunct assessments*, strategies about which a child & adolescent psychiatrist must be knowledgeable such as psychological testing (educational, cognitive, and projective), speech and language testing, neurological assessments, and the use of structured instruments.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 8 weeks
- f. Goals & Objectives
  1. **Knowledge** of the wide variety of issues that can impact on a developing child including genetics, physiological, environmental, and cultural events
  2. **Knowledge** Of the adjunct assessment strategies that augment understanding a particular child
  3. **Skills** at recognizing the disparate influences on youth and families
  4. **Attitudes** that facilitate exploration of cultural differences and tolerance

## 12. Cognitive Behavior Therapy

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Courtney Keeton, Ph.D., Course Director

- c. Topics in this seminar include *general principals of cognitive behavior therapy and applications to children and adolescents, case formulation, clinical assignments, session preparation and review, and strategies for treating youth with mood and anxiety disorders*. A textbook, “Clinical Practice of Cognitive Therapy with Children and Adolescents: The Nuts and Bolts” is provided to all residents and used as a reference in addition to handouts and videos.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 10 weeks.
- f. Goals & Objectives
  1. **Knowledge** of the general principles of CBT
  2. **Skills** in application of those principles as they relate to psychiatric dysfunction, primarily internalizing disorders, in children and adolescents
  3. **Knowledge** about the empirical data behind this approach
  4. **Knowledge** of patient criteria for treatment
  5. **Skills** in completing a CBT case formulations
  6. **Attitudes** that facilitate teaching and investment in this modality of treatment

### 13. Parent Management Training

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Carisa Perry-Parrish, Ph.D., Course Director
- c. Topics in this seminar include the *background literature and empirical data regarding Parent Management Training, as well as specific case illustrations of clinical applications*.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week for 10 weeks.
- f. Goals & Objectives
  1. **Knowledge** of the major schools of thought in family therapy
  2. **Knowledge** of the major principles of family therapy as they apply to families of varying constellations
  3. **Knowledge** of the major principles of family therapy as they relate to different diagnostic entities
  4. **Skills** at working with families in varied clinical settings
  5. **Attitudes** that facilitate engagement and ongoing work with families in this modality of treatment

### 14. Child & Adolescent Psychopharmacology

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Mark Riddle, M.D., Course Director
- c. This course reviews use of *different classes of psychotropics, the literature on safety, efficacy, and effectiveness of different medications, reviews relevant research, and discusses adverse events, informed consent, and decision making in pediatric psychopharmacology*.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 13 weeks
- f. Goals & Objectives
  1. **Knowledge** of different classes of psychotropic medication used with children and adolescents
  2. **Knowledge** of recent research findings

3. **Knowledge** of recent controversies regarding use of medication in youth
4. **Skills** at assessing effect, side effects, and compliance
5. **Attitudes** regarding safety, efficacy, and effectiveness of medication in youth that ensures safe care

## 15. Forensics

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Brian Zimnitzky, M.D., Course Director
- c. This course reviews the *differences between forensic and clinical evaluations, the types of cases seen in forensic consultation (custody, CINS, criminal), and provides an orientation to the legal system for juveniles.*
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 4 weeks
- f. Goals & Objectives
  1. **Knowledge** of what constitutes a forensic evaluation and how it is different from a clinical evaluation
  2. **Skills** at identifying forensic issues as they arise in clinical work
  3. **Attitudes** that allow for appropriate referral of cases for forensic consultation

## 16. Ethics

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Maggie Moon, M.D., Course Director. Dr. Moon is a pediatrician and faculty member of the Berman Bioethics Institute at Johns Hopkins
- c. This course reviews *ethical issues in clinical care and research, and includes topics such as IRB, informed consent, and the best interests of the child, and uses case-based examples to illustrate topics.*
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 4 weeks
- f. Goals & Objectives
  1. **Knowledge** of the different ethical aspects inherent in clinical and research work, particularly with children and families
  2. **Knowledge** of the principles of ethics as they apply to children and families
  3. **Skills** at recognizing when ethical issues may complicate treatment
  4. **Attitudes** that facilitate discussion of these principles and a willingness to examine one's own work, biases, and assumptions

## 17. Consultation Process

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D., Course Director
- c. This course reviews a variety of issues in consultation work with an emphasis on *defining the consultant's role and relationship with the consultee(s). Vignettes are used extensively and residents prepare responses to cases.*

- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 8 weeks
- f. Goals & Objectives
  1. **Knowledge** of the key elements of being a good consultant
  2. **Knowledge** of the role a consultant plays in a variety of settings
  3. **Skills** at ensuring the optimal outcome for all involved
  4. **Attitudes** that encourage not discourage use of the consultant

## 18. Intercultural Processes

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D. & Danny Teraguchi, Dean for Student Diversity, Course Directors
- c. This course reviews various **assumptions, biases, and approaches that impact our view of patients/families and their views of us as child psychiatrists. Reflections, case examples, and group activities are used to help make explicit** those aspects of care that may typically remain implicit.
- d. Additional attendees may include general psychiatry residents, pediatric residents, and medical students on rotation.
- e. 1 hour/week x 4 weeks
- f. Goals & Objectives
  1. **Knowledge** of the ways in which implicit and explicit assumptions and biases impact patient interactions
  2. **Skills** at anticipating and developing greater mindfulness of ones own biases and assumptions
  3. **Attitudes** that encourage an ongoing willingness to reflect and examine what one brings to the interaction

**The following additional seminars are given every year:**

## 19. Journal Club: Critical Reading:

- a. Required for 1<sup>st</sup> and 2<sup>nd</sup> years
- b. Golda Ginsburg, Ph.D., Course Director
- c. Overview of critical journal reading with review *of study design, methodology, and data analysis*. Resident reads journal articles as a group and rotate presenting to each other with faculty guidance.
- d. No additional attendees.
- e. 1 hour/month x 9 months
- f. Goals & Objectives
  1. **Knowledge** of study design, methodology, and analysis that allows adequate assessment of journal articles for scientific worth
  2. **Skills** at reading articles and extracting the key elements for evaluation
  3. **Attitudes** that create a lifelong learning method for the integration of new knowledge from the literature

## 20. Research Seminar:

- a. Elective for all residents
- b. Golda Ginsburg, Ph.D., Course Director

- c. Faculty and post-doctoral research fellows present research projects for discussion of *design, methodology, feasibility, ethics, statistical analyses and other research questions*.
- d. Attendees include faculty and post-doctoral research fellows from Hopkins, Kennedy, and Bayview Campus of Hopkins Medical Institutions, and include physicians and psychologists.
- e. 1 hour/week for 9 months.

**21. Divisional Conference:**

- a. Required for 1<sup>st</sup> & 2<sup>nd</sup> year residents
- b. Emily Frosch, M.D., Director
- c. This is a weekly conference for all faculty, residents and students in the Division, and is a combination of *faculty presentations, case discussions, invited lecturers including from Pediatrics, Neurology, and Public Health colleagues, and resident presentations that covers a variety of “hot topics”, challenging issues, and complex clinical situations*.
- d. Additional attendees include staff from the Division, General Psychiatry residents and medical students on rotation.
- e. 1.25 hours/week for 9 months.

**22. Departmental Grand Rounds:**

- a. Recommended for all residents.
- b. J. Raymond DePaulo, Jr., M.D., Director, selected faculty from the Department
- c. A resident presents *a case*, Dr. DePaulo *interviews* the patient and leads a discussion of the case. The presenting faculty member then gives *a lecture* on a topic relevant to the case and to his/her ongoing academic activity.
- d. Open to all faculty, residents, staff, and students.
- e. 1.5 hours/week for 36 weeks.

**Johns Hopkins Medicine**  
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**Division of Child & Adolescent Psychiatry**  
**Divisional Conference Schedule – 2010-2011**  
**Wednesdays, 12:00 – 1:15 pm, CMSC 365**

<b>Date</b>	<b>Speaker</b>	<b>Title</b>
<b>September 8</b>	Akin Akintola, MD	Mentally Ill Youth & the Juvenile System
<b>15</b>	Brian Zimnitsky, MD	The View from the Bench: Violent Youth
<b>22</b>	Kay Connor, Ph.D.	Trauma-Focused Cognitive Behavioral Therapy
<b>29</b>	Lauren Abramson, MD	Conflict Transformation/Community Conferencing
<b>13</b>	Maggie Moon, MD	An Ethical Frame for Approaching Violence and Youth
<b>November 3</b>	Drs. Riddle & Barnett & R.A. McCormick	Trauma-focused Care—Implications for Seclusion and Restraint
<b>10</b>	Peter Rowe, M.D.	Update on POTS, CFS, NMH, and assorted other syndromes
<b>17</b>	Sabine Kost-Byerly, MD	Managing Pain in the Medically Ill Youngster
<b>December 1</b>	<i>No Conference</i>	<i>CHILD PRITE</i>
<b>15</b>	Maria Trent, MD	Evaluating Abdominal Pain in Sexually Active Girls
<b>January 5</b>	Maryland Pao, M.D.	Pain Syndromes in Youth
<b>12</b>	Daniel Teraguchi,	Cultural Diversity and Broadening the World View: Approaching the topic
<b>19</b>	Marco Grados, MD	Latino Mental Health
<b>26</b>	Stuart Varon, MD	Spirituality & Mental Health
<b>February 2</b>	M. Younus, MD	Child & Psychiatry & Islam
<b>16</b>	Laurel Kiser, PhD	Strengthening Families Coping
<b>23</b>	B. Vitiello, MD	International Perspectives on Child Psychiatry
<b>9</b>	M. Jamora, MD	Child Trauma Treatment: A Case Presentation
<b>23</b>	Mitchell Goldstein, MD	Child Abuse Team Presentation
<b>April 6</b>	Elizabeth Shumann, MD Resident Presentation	Trauma from a Novel Perspective: The Elephant
<b>13</b>	Jonathan Shepherd, MD Resident Presentation	The Impact of Your Leadership Style in Producing Change within a System
<b>20</b>	Deirdre Foster, MD Resident Presentation	Bullying: Not Just a Harmless Rite of Passage
<b>27</b>	Toks Rose, MD Resident Presentation	Integrating Primary and Mental Health Care: An Emerging Model of Care
<b>May 4</b>	Carolyn Howell, MD Resident Presentation	Comorbidity of OCD and Schizophrenia: A Diagnostic and Treatment Dilemma
<b>11</b>	Andrea Chronis, PhD	Parental Psychopathology: Impact on Developmental & Treatment Outcomes for Children with ADHD
<b>18</b>	Emily Frosch, MD	Review and Planning

**Johns Hopkins Medicine**  
**Department of Psychiatry & Behavioral Sciences**  
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**Research Seminar Schedule – 2010-2011**  
**Wednesdays 11:00 a.m. – 12:15 p.m., CMSC 365**

<b>Date</b>	<b>Speaker</b>	<b>Title</b>
<b>Oct. 6</b>	Drs. Maggie Bruck and Paul McHugh	Dissociative Identity Disorder
<b>13</b>	Dr. Justine Larson	Patterns of Care-seeking for Patients of Children with ADHD
<b>Nov. 3</b>	Dr. Joe Bienvenu	Is OCD an Anxiety Disorder, and what, if any, are OCD-related Conditions? A Family Study Perspective
<b>10</b>	Dr. Lynn Dahlquist	Using Virtual Reality Technology to Provide Distraction for Children Experiencing Acute Pain
<b>Dec. 8</b>	Drs. Meghan Crosby-Buddinger and Mary Cwik	Youth Suicide Prevention in Maryland
<b>Jan. 5</b>	Dr. Holly Wilcox	HPA Axis Function & Suicide Risk
<b>12</b>	Dr. Rick Ostrander	How to further your research career by seeing more patients: When research is integrated with clinical practice
<b>Feb. 9</b>	Dr. Kelly Drake	K-award/Pediatric Pain and Anxiety
<b>March 2</b>	Dr. Courtney Keeton	Strong Families Project
<b>9</b>	Dr. Marco Grados	OCD
<b>April 6</b>	Dr. Shauna Reinblatt	Pediatric Binge Eating
<b>13</b>	Dr. Carissa Perry-Parrish	Emotion Regulation and Mindfulness
<b>May 4</b>	Dr. Douglas A. Granger	Integrating Salivary Analyses into Developmental Psychopathology: State of the art and future directions
<b>11</b>	Dr. Andrea Chronis	Parental Psychopathology: Impact on Developmental & Treatment Outcomes for Children with ADHD

**JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**

Department of Psychiatry and Behavioral Sciences

**Division of Child and Adolescent Psychiatry**

*Full-Time Faculty: July 1, 2011*

**Johns Hopkins Hospital: Children's Center and Community Programs**

Maggie Bruck, Ph.D.	Professor	Interim Director
James Harris, M.D.	Professor	
Mark Riddle, M.D.	Professor	
Golda Ginsburg, Ph.D.	Associate Professor	Director, Research
Rick Ostrander, Ed.D.	Associate Professor	Director, Pediatric Medical Psychology
Emily Frosch, M.D.	Assistant Professor	Director, Education & Training
Marco Grados, M.D.	Assistant Professor	
Joyce Harrison, M.D.	Assistant Professor	
Elizabeth Kastelic, M.D.	Assistant Professor	
Courtney Keeton, Ph.D.	Assistant Professor	
Holly Wilcox, Ph.D.	Assistant Professor	
Matthew Specht, Ph.D.	Assistant Professor	
Kelly Drake, Ph.D.	Instructor	
Rhoda Gottfried, M.D.	Instructor	
Carolyn Howell, M.D.	Instructor	
Patrick Kelly, M.D.	Instructor	
Carisa Perry-Parrish, Ph.D.	Instructor	

**Johns Hopkins Bayview Medical Center**

Shannon Barnett, M.D.	Assistant Professor
Leslie Miller, M.D.	Assistant Professor
Shauna Reinblatt, M.D.	Assistant Professor
Siham Munpasser, M.D.	Assistant Professor

**Kennedy Krieger Institute**

Rebecca Landa, Ph.D.	Professor	Director, Autism Center
Elaine Tierney, M.D.	Associate Professor	KKI Director
Gabrielle Blackman, M.D.	Assistant Professor	
Deyan Budimirovic, M.D.	Assistant Professor	
Melissa Goldberg, Ph.D.	Assistant Professor	
Roma Vasa, M.D.	Assistant Professor	
Susan Villani, M.D.	Assistant Professor	Medical Director, KKI School
Lee Wachtel, M.D.	Assistant Professor	Medical Director, Neurobehavioral Unit
Carmen Lopez, M.D.	Instructor	
Raj Mahajan, M.D.	Instructor	
Geeta Sarphare, Ph.D.	Instructor	Clinical Director, Outpatient Clinics
Meenu Suman, M.D.	Instructor	
Elizabeth Turin, M.D.	Instructor	
Kay Cullinan Holman, Ph.D.		Research Associate

## JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

Department of Psychiatry and Behavioral Sciences

### Division of Child and Adolescent Psychiatry

*July 1, 2011*

#### Full-Time Child Faculty @ School of Public Health with Secondary Appointment in Psychiatry

Mary Cwik	Assistant Scientist	International Health (CAIH)
Philip Leaf, Ph.D.	Professor	Department of Mental Health
Nicholas Ialongo, Ph.D.	Professor	Department of Mental Health
Lawrence Wissow, M.D.	Professor	Department of Health, Behavior & Society
Anne Riley, Ph.D.	Associate Professor	Department of Health Policy & Management

#### Part-Time Volunteer Faculty

Susan Folstein, M.D.	Professor
Leon Rosenberg, Ph.D.	Professor
Ben Vitiello, M.D.	Adjunct Professor
Joseph Bierman, M.D.	Associate Professor
James Connaughton, M.D.	Associate Professor
Alejandro Rodriguez, M.D.	Associate Professor
Daniel Safer, M.D.	Associate Professor
Gregory Fernandopulle, M.D.	Assistant Professor
Evanne Hoehn-Saric, M.D.	Assistant Professor
Theodore Kaiser, M.D.	Assistant Professor
Michael Labellarte, M.D.	Assistant Professor
Michelle Leff, M.D.	Adjunct Assistant Professor
Mohammad Maisami, M.D.	Assistant Professor
Mark Reader, Ph.D.	Assistant Professor
Stuart Varon, M.D.	Assistant Professor
Brian Zimnitzky, M.D.	Assistant Professor
Akin Akintola, M.D.	Instructor
Ronald Means, M.D.	Instructor
Arman Taghizadeh, M.D.	Instructor
Albert Zachik, M.D.	Instructor
Ronald Means, M.D.	Instructor
Ghislaine Godenne, M.D.	Lecturer

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Department of Psychiatry and Behavioral Sciences

**Division of Child and Adolescent Psychiatry**

*July 1, 2011*

**Child & Adolescent Psychiatry Residents**

Steven Chao, M.D.	Second Year, Chief
Mary Cutler, M.D.	Second Year, Chief
Hon Ho, M.D.	Second Year
Shiva Prakash Srinivasan, M.D.	Second Year
Natalie Yzer, M.D.	Second Year
Allan Andersen, M.D.	First Year
Matthew Burkey, M.D.	First Year
Ronald Lee, M.D.	First Year
Prem Pathak, M.D.	First Year
Sean Pustilnik, M.D.	First Year
Susan Solimine, M.D.	First Year

**Pediatric Psychology Clinical Post-Doctoral Fellows**

Laura Goldstein, Psy.D.	Second Year	Mentor: Rick Ostrander, Ed.D.
Elizabeth Reynolds,	First Year	Mentor: Rick Ostrander, Ed.D.

**JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE**  
**Department of Psychiatry and Behavioral Sciences**  
**Division of Child and Adolescent Psychiatry**  
**10 Years of Graduates**

- 2001: 2/6 – Academics (1 JHU, 1 UT at Galveston)  
3/6 – Clinical practice (1 Easton, MD, 1 Charlotte, SC, 1 Baltimore, MD)  
1/6 – Navy assignment
- 2002: 2/5 – Academics (2 JHU)  
1/5 – Fellowship (Memorial Sloan-Kettering, NYC)  
2/5 – Clinical practice (2 Baltimore, MD)
- 2003: 2/6 – Academics (2 JHU)  
1/6 – Forensic fellowship (St. Vincent’s, NYC)  
3/6 – Clinical practice (2 Baltimore, MD, 1 San Diego, CA)
- 2004: 1/6 – Forensic fellowship (New York, NY)  
1/6 – C/L fellowship (Boston, MA)  
2/6 – Clinical practice (Maryland)  
2/6 – Community psychiatry (St. Louis, MO, Detroit, MI)
- 2005: 2/5 – Academics (1 JHU, part-time, 1 University of South Florida)  
2/5 – Clinical practice (1 Maryland, 1 Florida)  
1/5 – Completing General Psychiatry Training, then Academics (JHU-KKI)
- 2006: 2/7 – Academics (1 JHU-KKI, 1 UMDNJ)  
1/7 – Research fellowship (JHU)  
1/7 – Medical genetics fellowship (Harvard)  
3/7 – Clinical practice (1 NJ, 1 MD, 1 PA)
- 2007: 4/6 – Academics (1 JHU, full-time, 2 JHU, part-time, 1 Cincinnati, full-time)  
1/6 – Forensic Fellowship (UMD)  
1/6 – Navy assignment
- 2008: 3/6 – Academics (1 UMD, 1 CNMC, 1 Texas)  
1/6 – Substance Abuse Fellowship (MGH)  
1/6 – Public Psychiatry (GA)  
1/6 – Clinical Practice (MN)
- 2009: 1/6 – Academics (UMass)  
1/6 – Sleep Medicine Fellowship (NYC)  
4/6 – Clinical Practice (CA, DC, MD)
- 2010: 3/7 – Academics (2 JHU and 1 UMD)  
4/7 – Clinical Practice (GA, PA, NJ, FL)
- 2011: 1/5 – Academics (JHU)  
1/5 – Public Psychiatry (MD)  
3/5 – Clinical Practice (MD, CO, NC)