Advanced Training

In

Child & Adolescent Psychiatry

Revised: October 2016

Christchurch Child & Adolescent Psychiatry Training Programme

The Walshe Centre

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INTRODUCTION

The CCAPTP was established in 1993. It aims to provide accredited trainees with a sound broad-based training experience to enable trainees to become competent Child and Adolescent Psychiatrists. The CCAPTP aims to provide a rewarding and enjoyable training experience. It is hoped that this will facilitate recruitment and retention of Child and Adolescent Psychiatrists. New Zealand Child and Adolescent teams have been reliant on filling a number of Consultant positions with staff trained overseas. A subsidiary aim of the training programme is to equip its graduates to practice in the New Zealand context.

The principal training components are a range of well-supervised clinical attachments and involvement in the formal teaching programme. Strengths of the CCAPTP are the cohesive nature of the body of the Consultant Child and Adolescent Psychiatrists, their involvement in the academic programme en masse and the ability of the CCAPTP to flexibly accommodate individual trainees undertaking training requirements. The potential for Child and Adolescent Psychiatry trainees to feel isolated when training within the New Zealand context due to small numbers of trainees continues to be an issue. Closer links between the Auckland and Christchurch training programmes, including regular joint training seminars, has been helpful in addressing this.

OBJECTIVES OF TRAINING IN CHILD & ADOLESCENT PSYCHIATRY

The principal objective of the CCAPTP is to provide trainees with a sound broad based training which satisfies RANZCP requirements for the Certificate of Training in Child and Adolescent Psychiatry. This training manual should be read in conjunction with the RANZCP Training and Examination By-laws for Fellowship and Stage 3 Training, and the information on the Child and Adolescent Certificate (all available on the RANZCP website).

Key competencies follow the canMEDS system:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional.

DIRECTOR OF TRAINING

Dr Julie Fitzjohn

TRAINING COMMITTEE

The training committee consists of the Director of Training, University representative, Clinical Director of the Child and Family Mental Health Service and Clinical Leads of clinical placements (or their delegate). The distance training sites provide a delegate and local co-ordination at the distance training sites.

FUNDING

Health Workforce New Zealand partially funds all eligible Child and Adolescent psychiatry trainees within the CCAPTP. Funding for the remainder of the trainee's salary is through the local DHB (for Christchurch trainees, the Canterbury District Health Board). Distance trainees may be accepted into the programme providing an appropriate placement and approved Supervisor are available, along with a commitment to funding the trainee by the relevant DHB. Trainees have previously been trained in Wellington and Dunedin, but other centres may be considered.

ENTRY INTO THE CCAPTP

Those wishing to train in the CCAPTP are required to apply to the Director of Training. Selection of applicants is the responsibility of the Director of Training in conjunction with the Training Committee. Applicants will be interviewed by the Director of Training and at least two other members of the Training Committee. Entrance into the CCAPTP does not automatically accord accreditation as a trainee by the RANZCP. Acceptance in to the advanced training program is separate to the employment processes by DHBs, and the requirement to find suitable employment to complete the requirements is on trainees.

CCAPTP TRAINEES

Trainees may apply to commence advanced Child and Adolescent Psychiatry training once they reach stage 3 of RANZCP training, and have passed the written examination. Trainees are strongly encouraged to have as many of the compulsory requirements for fellowship completed as possible at the time of applying, to allow them to focus on the certificate requirements. Paediatric Registrars undertaking the dual fellowship training programme will need to have exposure to adult psychiatry prior to their experience in Child and Adolescent psychiatry, as per the dual fellowship regulations.
Training requires that individuals can be supervised in an appropriate placement by an approved supervisor. Trainees are expected to participate utilising an adult education and learning model.

ATTACHMENTS

CAF South Community and Outreach Team

CAF South comprises 3 MDTs delivering outpatient care for 5-18 year olds living in the South-west parts of Christchurch city, and regional centres (Rolleston and Ashburton). The multi-disciplinary teams include multiple Child and Adolescent Psychiatrists, Clinical Psychologists, Social Workers, Psychiatric Registrar, Pukenga Atawhai (Maori Mental Health Worker), Family Therapist, Occupational Therapist and Speech Therapist. The service is divided into a number of teams, with some teams having more specific functions, in addition to generic roles. The staff of the under-5 team are generally located within this team, and there is a particular strength in substance use amongst clinicans. Children and adolescents present with a wide range of disorders with impairment generally at the moderate to severe end of the spectrum.

CAF North Community and Outreach Team

CAF North comprises two MDTs delivering outpatient care for 5-18 year olds living in the North-East parts of Christchurch city, and regional centres (Kaiapoi, Rangiora and Kaikoura). The multi-disciplinary teams include Child and Adolescent Psychiatrists, an Alcohol and Drug Psychiatrist, Clinical Psychologists, Social Workers, Maori Mental Health Worker, Family Therapist, Nurse Specialists and Psychiatric Registrars. The service is divided into streams with some specialist functions. The team has the early psychosis pathway team nested within one MDT (a service picking up young people from across CDHB catchment with very early onset psychosis, bipolar or extremely high risk mental states).

Other Specialist Services

CDHB also has a child and adolescent psychiatrist working in Consultation-Liaison with the paediatric service, a child and adolescent psychiatrist working within the South Island Eating Disorders Service, and a child and adolescent psychiatrist working for the Regional Youth Forensic Team, all of whom may be willing to provide an advanced training rotation, in discussion with the trainee and DoAT.

Inpatient Unit

The Child & Family Unit is a two wing, 14-bed regional inpatient unit admitting patients up to 18 years from throughout the South Island. There are acute and elective functions, although the service is predominantly utilised as an acute unit. There is also capacity for six day patients. A hospital school is attached to the unit. The staff comprises of Child and Adolescent Psychiatrists, a Clinical Psychologist, Social Worker, Occupational Therapist, Psychiatric Registrar and Nursing staff. Patients generally exhibit severe and/or complex psychopathology. There is facility for parents of patients to stay in two parent rooms on the unit and as a result parents are able to be actively included in the treatment process.

Child and Adolescent Day Hospital

The multidisciplinary team consists of Child and Adolescent Psychiatrists, Nursing positions, Psychiatric Registrar, Clinical Psychologist, Social Worker, Occupational Therapist, Pukenga Atawhai (Maori Mental Health Worker), Physiotherapist, and Receptionist. Medical oversight is provided by the Inpatient unit, but strong links are maintained with outpatient services, and outpatient case managers are actively involved. Discharge planning begins at the time of referral for admission. Thorough assessment occurs, and intervention programmes are designed to be brief, intensive, needs focussed and eclectic. A holistic approach includes Family/whanau and environmental factors. Research and evidence based practice are integral to the unit functioning.

OTHER ATTACHMENTS

Distance training is considered where an appropriate placement and approved supervisor is available, providing there is adequate involvement in the formal teaching programme.

Because of difficulties in providing sufficient breadth of suitable training experiences in centres other than Christchurch, Wellington or Auckland, in general distance trainees will only be able to complete a maximum of 18 months training from any distance centre other than Wellington. The 6 month Child and Adolescent psychiatry Inpatient experience is considered a near obligatory training experience, but it is possible to apply to SATCAP for an exemption in special circumstances.

RESEARCH OPTION

Part time research may be possible with prior approval. Trainees need to complete two clinical EPA during each six month period, making some clinical practice effectively mandatory.

MECHANISM FOR TRAINING ROTATIONS

Determination of training rotations is the responsibility of the Training Committee in consultation with trainees and relevant service managers. It is expected that trainees will experience a range of well supervised clinical attachments. Training will include a broad range of inpatient, daypatient and outpatient experiences. However individual trainee's previous training experiences, preferences and other training requirements will be taken into account in deciding specific placements.

THE FORMAL TEACHING PROGRAMME

This occurs on Friday mornings. The training programme differs in format according to whether distance trainees are enrolled in the training programme.

A Journal Meeting

08:45-10:00am Most weeks. Relevant articles are selected by Consultant Psychiatrists and Trainees and circulated in advance. Articles are presented critically followed by broad discussion. Distance trainees are encouraged to discuss journal articles with their supervisor when they are unable to be present.

B Seminar Programme

When no distance trainees are enrolled in the training programme, seminars are scheduled weekly from 10:15am-12:00 noon for the academic year.
When distance trainees are enrolled in the training programme, 'training days' are scheduled for the fourth Friday of the month. In general in addition to the journal meeting, two seminars and a further learning experience will be scheduled for this day.
Collaboration with the Auckland Child and Adolescent Psychiatry Trainees occurs twice a year with two day seminar blocks being held in both Auckland and Christchurch.

C Peer Review Meetings

A Child and Adolescent Psychiatry group meets once a month on a Friday (08:45-10:00am) and an Adolescent Psychiatry group fortnightly on a Thursday (08:00-09:00am). Advanced Child and Adolescent Psychiatry Trainees are encouraged to attend.

FURTHER TRAINING OPPORTUNITIES

A Binational Grand Rounds

For some time Training Directors in the seven current training programmes have been working toward fostering links between trainees and training programmes on a binational basis. Telemedicine Grand Rounds have been held on a regular basis since 2001. Programmes take turns in hosting a grand round with topics chosen according to local expertise or interest.

B Research Meeting 11:00-12:00 noon, alternate Fridays.
Run by the Academic department.

C Tuesday Clinical Meetings 12:30-1:30pm. Consultant Psychiatrists present on clinical areas of interest.

Fellowship Requirements in Advanced Training

Trainees need to ensure they meet all stage 3 tasks, and complete the necessary assessments for fellowship whilst also completing their certificate requirements.

Advanced Training in Child and Adolescent Psychiatry Experiences and Requirements

(refer RANZCP website for further details and forms – which are being regularly updated)

- Successful completion of 24 months FTE training in accredited child and adolescent psychiatry

training posts, where trainees will be exposed to patients 0–18 years old, including:

- 6 months FTE community setting
- 6 months FTE inpatient setting (where possible*).

*In situations where a 6-month FTE inpatient rotation is not possible, a trainee (with their Director of Advanced Training's [DOAT's] support) can apply to SATCAP for consideration.

- Written learning plan for year 1 and year 2 of training, agreed with the DOAT and submitted prior to the commencement of training and at the beginning of year 2.
- Attainment of eight Stage 3 child and adolescent psychiatry Entrustable Professional Activities (EPAs); two per 6-month FTE rotation.

  EPA1 Independently conducts an initial family interview involving children and adolescents.

  EPA2 Discussing a formulation and negotiating a management plan with a pre-adolescent child and/or family.

  EPA3 Produces comprehensive psychiatric reports after initial assessment of children, adolescents and their families.

  EPA4 Commencing psychopharmacological treatment for children and adolescents who have not previously been treated with psychopharmacology.

  EPA5 Provision of psychiatric consultation to the multidisciplinary team for the management of a child or adolescent in an inpatient setting.

  EPA6 Conducts an assessment of culturally and linguistically diverse children and adolescents.

  EPA7 Provides leadership in an interagency case conference focused on a child or adolescent.

  EPA8 Assesses and implements a management plan for a complex clinical presentation where there are ongoing child protection concerns.

  - It is recommended that EPAs 1–4 are attained in year 1 of Certificate training and EPAs 5–8 are attained in year 2.
  - A minimum of three Work Based Assessments (WBAs) are required to contribute to the evidence base for each required EPA.
- Completion of a mandatory minimum of one Observed Clinical Activity (OCA) WBA with a

child, adolescent or family during each 6-month FTE rotation.

- Completion of a recognised, formal child and adolescent psychiatry teaching program.
- Provision of psychotherapy to nine discrete patients/dyads/families/groups for at least six

sessions each.

- The patients should include:
    - o three patients under 6 years old
    - o three patients 6–12 years old
    - o three patients 13–18 years old.
- Of the above psychotherapy cases, the following modalities must be completed:
    - o three structured, manualised (e.g. CBT, IPT)
    - o three dynamic
    - o three dyadic or family/group in any model (e.g. mother–infant, family/group).
- Trainees must be supervised by an appropriate supervisor for the particular modality. This could include group supervision.
- If the child and adolescent psychotherapy requirements are complete, then the Stage 3 Fellowship psychotherapy requirement is considered met.

CORE CURRICULUM

Note: Unless otherwise stated, "Child/Children" means infant, Child and Adolescent.

ATTITUDES*

*permission to quote this section from the NSW Child and Family Training Curriculum is gratefully acknowledged.

In addition to the attitudes outlined in the RANZCP Fellowship Curriculum, advanced trainees in Child and Adolescent psychiatry should develop the following attitudes:

A1 Patients & Families

1. A commitment to first do no harm
2. A belief in the right of Children to develop in a nurturing, non-exploitative environment that promotes optimal development
3. A commitment to understanding disorder within a developmental context
4. An approach to Childhood mental health problems that incorporates biological, psychological, social and cultural perspective's
5. Prioritisation of the physical and psychological safety of infants, Children, Adolescents and Families and an awareness of the legal obligations associated with this
6. Maintenance of the confidentiality of infants, Children, Adolescents and their Families when this is not compromised by considerations of safety or consent
7. Respect for the diversity and integrity of Children and their Families
8. Preparedness to advocate for Children in a variety of contexts.

A2 Self

1. A commitment to lifelong professional development
2. A capacity for self-scrutiny and self-reflection in the service of patients and the profession
3. A capacity to address personal mental and physical health needs, in recognition that this is a prerequisite for our capacity to care for others

4. A recognition of personal strengths and limitations in areas of knowledge, resources and skill
5. A flexible approach to clinical work in the service of Families seen
6. A commitment to practice informed by ethical considerations and the best available evidence

A3 Colleagues & Other Professionals

1. A desire to maintain and advance the standing and accountability of the profession within the community as a whole
2. A respect for colleagues and allied professionals and a preparedness to work with them and consult as required
3. Active involvement with relevant professional organisations and adherence to the ethical standards of those organisations.

KEY COMPETENCIES – KNOWLEDGE

In addition to the knowledge outlined in the RANZCP Fellowship Curriculum, advanced trainees in Child and Adolescent psychiatry should develop the following knowledge:

B1 Normal & Abnormal Development

Possess advanced knowledge of:

1. Normal development throughout the life span (including observations of normal Children at all ages)
2. Developmental psychopathology (including long-term outcome and experience with Child patients of all ages
3. Developmental biology and genetics
4. Normal and abnormal cognitive development
5. Effects and management of abuse and neglect

B2 Clinical Syndromes

Possess advanced knowledge of:

1. Taxonomic theory and methods, and current classifications
2. Child and relevant adult psychiatric disorders including: definition, diagnostic criteria, epidemiology, aetiology, clinical symptomatology, associated features, Family, age, gender and culture-related features, complications, outcome, differential diagnosis, prevention and management
3. Paediatric disorders relevant to Child psychiatry.

B3 The Family & Society

Possess advanced knowledge of:

1. Sociology and ethology relating to Child psychiatry
2. Dynamics of Family functioning (including a broad range of concepts and models)
3. Cultural, social, religious and spiritual variations in Family function
4. Family dysfunction and its effects on Children (including parental mental illness, violence, parental discord, divorce and separation)
5. Misfortune or disadvantage and its effects on Children (including disaster, poverty, war and illness)
6. Epidemiology of mental health (including risk and protective factors).

KEY COMPETENCIES – SKILLS

In addition to the skills outlined in the RANZCP Fellowship Curriculum, advanced trainees in Child and Adolescent psychiatry should develop the following skills:

C1 History-taking & Examination of Child & Family

The ability to:

1. Perform a skilled mental status examination on infants, Children and Adolescents
2. Perform a comprehensive interview (and, where necessary, mental state examination) with parent/s Family members and other informants
3. Use structured interviewing and assessment methods in interview and assessment
4. Perform physical examinations relevant to Child psychiatry
5. Initiate special investigations where required (including paediatric, neurological, psychometric, developmental, personality, speech/language, motor and educational).

C2 Diagnosis, Differential Diagnosis & Formulation

The ability to:

1. Develop a comprehensive differential diagnostic formulation for infants, Children, Adolescents and adults seen
2. Develop a comprehensive management plan taking into account all relevant biological, psychological and socio-cultural factors.

C3 Treatment

The ability to plan, implement, monitor and evaluate a wide range of therapies, in individual, Family and group modalities, including:

1. Paediatric psychopharmacology
2. Behavioural treatments, including cognitive behavioural treatments
3. Psychodynamic therapies
4. Parent counselling and education
5. Emergency and crisis interventions.

C4 Clinical Locales & Experience

The ability to work effectively in a range of treatment settings, including:

1. Inpatient or residential
2. Daypatient
3. Outpatient
4. Emergency Departments
5. Community clinics
6. Consultation-liaison to other treatment facilities, schools, justice, welfare or other agencies for Children
7. Forensic Child psychiatric services
8. Rural or outreach
9. Services to different cultures

C5 Forensic Child Psychiatry

The ability to:

1. Know and use Family, criminal, mental health, and education legislation relevant to Children
2. Assess the Child as witness, victim and offender within the justice system
3. Prepare Court reports and provide Child psychiatric expert advice within the justice system

C6 Research & Evaluation

The ability to:

1. Employ relevant research methodology in Child psychiatry
2. Employ relevant outcome evaluation and quality assurance methodology
3. Employ evidence-based methods in clinical practice
4. Carry out continuous quality improvement strategies including peer review and clinical review.

C7 Administration & Supervision

The ability to:

1. Effectively document all clinical activities
2. Participate in and lead a multi-disciplinary team
3. Participate in the development of clinical practice in treatment settings
4. Understand and employ ethical and informed consent issues relating to Children, Adolescents and parents
5. Carry out teaching, supervision and education relevant to Child psychiatry.

C8 Information Technology

The ability to:

1. Use contemporary information technology.

C9 Public Health Arena, Policy & Service Development

The ability to:

1. Participate in matters relating to public mental health
2. Provide expert advice on policy issues
3. Provide expert advice on service development issues.

ASSESSMENT & EVALUATION OF TRAINEES

The primary supervisor, in consultation with the trainee, completes in training assessment reports on trainee's progress on the approved ITA form every six months. Formative reviews of progress occurs three months into each rotation. Trainee's progress is reviewed at Training Committee meetings. Where possible, trainees also meet with their principal supervisor and the Director of Training six monthly. These reviews, along with trainee's attendance and performance in the academic programme, form the basis for the six monthly report forwarded to SATCAP.

Trainees will need to complete sufficient Work Based assessments (WBAs) to complete two Entrustable Professional Activities (EPA) for each six months of training. One observed clinical assessment must be completed for each six month rotation.

TRAINEES EVALUATION

Trainees meet with the Director of Training six monthly to discuss their experience of both the academic programme and placement. The inclusive nature of the training programme allows frequent contact between trainees and all members of the Training Committee. It is hoped that any concerns regarding training may be raised with the Director of Training and/or members of the Training Committee at these times.

RECOMMENDED TEXTS

Lewis, M. ***Child and Adolescent Psychiatry: A Comprehensive Textbook.*** 3rd edition. Williams and Wilkins.2002

or

Rutter, M. Taylor, E. ***Child and Adolescent Psychiatry.*** 4th edition. Blackwell Science. 2002

Werry, J.S. and Aman, M.G. ***Practitioner's Guide to Psychoactive Drugs for Children and Adolescents***. 2nd edition. Plenum Medical Book Company. 1999

Goldenberg H, Goldenberg I. ***Family Therapy: an overview***. 7th edition. Thomson, Brooks/Cole. 2008

RECOMMENDED JOURNALS

- Journal of the American Academy of Child and Adolescent Psychiatry.
- Journal of Child Psychology Psychiatry and the Allied Disciplines.
- Child Development.
- Abuse and Neglect.
- Journal of Child and Adolescent Psychopharmacology.
- Current Opinion in Psychiatry (Child and Adolescent Section).

CORE SEMINAR PROGRAMME

INDUCTORY TOPICS

- Psychiatric Assessment of Children and Adolescents
- Normal Child Development
- Normal Adolescent Development
- Epidemiology
- Common rating scales
- Physical abuse and neglect
- Child Sexual Abuse
- Adoption and Fostering
- Bereavement
- Attachment
- Temperament

PSYCHOPATHOLOGY

- ADHD
- Oppositional Defiant Disorder/Conduct Disorder
- Autism
- Aspergers Disorder
- Other Pervasive Development Disorders
- Mental Retardation
- Behavioural Phenotypes/Mental Retardation
- Specific Learning Disorders
- Depression/Dysthymia
- Bipolar Disorder
- Early onset Psychosis
- Anxiety Disorders
- PTSD
- OCD
- Tic Disorders
- Substance Use Disorder
- Suicide
- Eating Disorders
- Feeding Disorders
- Enuresis
- Encopresis
- Gender Identity Disorders
- Attachment Disorders
- Organic Presentations

CORE SEMINAR PROGRAMME (continued)

TREATMENT

- Cognitive Behavioural Therapy
- Parent Training Approaches
- Psychopharmacology x2
- MST
- Family Therapy x6
- Child Psychotherapy x2
- Inpatient Child and Adolescent Treatment

ADDITIONAL TOPICS

- Forensic Report Writing
- Research in Child and Adolescent Psychiatry
- Paediatric Consultation-Liaison Psychiatry

CCAPTP TEACHING PROGRAMME TIMETABLE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY (weekly) (NO DISTANCE TRAINEES)	FRIDAY (every 3rd Fri)	FRIDAY (every 4th Fri) (DISTANCE TRAINEES PRESENT)
08:45am ↓ 10:00am					Journal Meeting	**MOPS**	Journal Meeting
10:30am ↓ 11:00am ↓ 12:00pm		Clinical Meeting			Seminar Research Meeting (where relevant) - alternate Fridays		Seminar Programme
1:00pm ↓ 3:00pm							Seminar Programme
3:30pm ↓ 5:00pm							Alternative Learning Experience