The training program consists of the broad instruction in the theoretical, clinical, and research aspects of child and adolescent psychiatry. Theoretical material is provided through a series of seminars in child development, psychopathology, and treatment. The clinical experience is primarily accomplished through diagnostic and therapeutic work with patients under close supervision. Residents benefit from patient contact with children and adolescents in our outpatient service, in our Child/Adolescent Psychiatric Hospital, and a variety of community-based settings. The program places heavy emphasis on Public and Community child and adolescent psychiatry as well as integrated health/mental health care.

Didactic Education
In the first couple of months of residency, residents are given orientation to child and adolescent psychiatry beginning with the history of child psychiatry, evaluation process, emergency, overview of treatment and psychotherapy process. A basic child development seminar is provided to general psychiatry residents and child and adolescent psychiatry residents. Advanced child development is taught to child and adolescent psychiatry residents. The psychopathology seminar encompasses all child and adolescent psychiatric disorders. There are topic-oriented seminars such as neuroscience, cultural competence, forensic child psychiatry, consultation liaison, etc, as summarized in the attached table. Treatment seminars encompass psychopharmacology, psychodynamic psychotherapy, cognitive/behavioral therapy, individual and family therapy. The therapy seminars combine both lectures and case discussions. In addition to the educational activities summarized in the following table, there is a weekly Grand Round Speaker Series in both psychiatry and neurology on Thursdays from 12:00 to 1:00 p.m. and Journal Club twice monthly on Tuesday from 12:00 to 1:00 p.m.

Clinical Education
There are five major clinical services in the division of child psychiatry. The residents carry half-day clinics for outpatient medication management and additional ongoing outpatient cases throughout the residency. Two years of residency are divided into six to twelve month rotations in inpatient, outpatient and clinical liaison. There are additional minor rotations which take place during the resident rotation in CPST and consultation/liaison services:

Consultation/Liaison Service
This service provides evaluation and liaison services to the Mercy Children’s Hospital, as well as consultation to the community. There are about 100 consultations referred annually for children with a wide variety of psychiatric problems. The patients seen from pediatrics present with a number of chronic physical illnesses, physical handicaps, child abuse, and severe psychophysiologic disorders as well as management issues on the pediatric ward. Emergency cases are seen in ER, or are referred directly to the Kobacker Center. These are often community referrals involving psychiatric emergencies. A child and adolescent psychiatrist is the director of the service and provides didactic material and supervision to the residents and medical students on this service.