Child & Adolescent Psychiatry Fellowship Program

To prepare the next generation of leaders in behavioral health care; to support trainees & staff in delivering the highest quality care
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BOSTON CHILDREN’S HOSPITAL

Founded in 1869, Boston Children’s Hospital is one of the oldest, largest, and most reputable hospitals in the United States. It is the primary pediatric teaching hospital for Harvard Medical School and is home to the world’s largest research enterprise based at a pediatric medical center. Boston Children’s is the #1 ranked children’s hospital by U.S. News & World Report in 8 out of 10 specialties (#2 in the other two specialties).

Boston Children’s is a 404-bed comprehensive center for pediatric health care. As one of the largest pediatric medical centers in the United States, Boston Children’s offers a complete range of health care services for children from birth through 21 years of age.

Boston Children’s has approximately 25,000 inpatient admissions each year and our 200+ specialized clinical programs schedule over 500,000 visits annually. Last year the hospital performed over 25,000 surgical procedures and 150,000 radiological examinations.

More than 1,000 scientists comprise the Boston Children’s research community, including members of the National Academy of Sciences, the Institute of Medicine and the Howard Hughes Medical Institute. Current initiatives attract more than $200 million in annual funding, including more federal funding than any other pediatric facility. Boston Children's also has a long history of innovation including the launch of pediatric surgery in 1920, the world's first successful surgery to correct a congenital heart defect in 1938, and the successful culture of polio and the measles viruses, making way for the development of vaccines, to name but three remarkable innovations.
David R. DeMaso, MD
Psychiatrist-in-Chief and Chairman of Psychiatry
Leon Eisenberg Chair in Psychiatry at Boston Children’s Hospital
Gardner Monks Professor of Child Psychiatry
Professor of Pediatrics at Harvard Medical School

“Each and every day I am guided by the memory of my mentor, Dr. Leon Eisenberg, who saw the necessity of evidence long before others, argued for the significance of social context when others found evidence, and mentored colleagues across the globe regarding the importance of returning humanism to the field of medicine. As psychiatrist-in-chief and chairman, I work to instill this same approach to my faculty and the next generation of child and adolescent psychiatrists that join us each year.”

As a child and adolescent psychiatrist, the underlying essence of Dr. DeMaso’s work has been to understand what facilitates or hinders an individual’s ability to cope with adversity. He received the 2002 Simon Wile Leadership in Consultation Award from the American Academy of Child and Adolescent Psychiatry for his work in the field of pediatric psychosomatic medicine; the 2006 Klingenstein Third Generation Foundation award for his research in depression; and the 2009 Catcher in the Rye Award for his mental health advocacy work for children and their families.

Dr. DeMaso has authored nearly 200 peer-reviewed articles, reviews, and chapters; and has co-authored two textbooks on pediatric psychosomatic medicine. He completed a pediatric internship at Massachusetts General Hospital, general psychiatry training at Duke University Medical Center, child and adolescent psychiatry training at Judge Baker Guidance Center/Children’s, and a pediatric psychosomatic fellowship at Children’s.
OUR DEPARTMENT VISION

Working Together To Help Children & Families Achieve Healthy Development

OUR DEPARTMENT MISSION

Promoting the well-being of children & families through excellence in behavioral health care, education, innovation, & advocacy

OUR EDUCATION PRIORITY

To prepare the next generation of leaders in behavioral health care; to support trainees & staff in learning how to deliver the highest quality care

DEPARTMENT OVERVIEW

Since its creation in 1953, the Department of Psychiatry (Department) has provided essential and highly valued behavioral health services to the Hospital, local communities, and the Commonwealth of Massachusetts. The Department has provided clinical care in the Hospital for child, adolescent, and young adult patients through its outpatient, inpatient, and consultation services, as well as integrated behavioral health services co-located in multidisciplinary programs and/or centers of excellence based in other Departments across the Hospital. The Department has also delivered critically needed integrated mental health care in the community through prevention, early intervention, and clinical services, which are onsite in schools and health centers in underserved Boston communities and pediatric practices affiliated with Boston Children’s.
PROVIDING CLINICAL CARE FOR CHILDREN & FAMILIES IN THE HOSPITAL

The Outpatient Psychiatry Service (OPS) offers comprehensive assessment and treatment services to children and their families on the Longwood Avenue Campus as well as the Martha Eliot Health Center, located in nearby Jamaica Plain. Annually the Department provides approximately 20,000 outpatient visits between these two sites. Offering both psychotherapies and somatic therapies, the OPS provides the best evidence-based care to help children and their families across the full range of psychiatric disorders. The OPS has specific focus and expertise in the assessment and treatment of complex neuropsychiatric illness (autism and pre-pubertal psychosis) and in psychiatric illness in the presence of medical comorbidity (diabetes, congenital heart disease, cystic fibrosis, epilepsy). This in addition to being responsive to the range of mood, anxiety and ADHD, for Boston Children’s affiliated children, in primary or specialty care here on campus as well as in the community. The service is organized into three areas 1) biologically based neuropsychiatric disorders including (Developmental Neuropsychiatry), 2) Anxiety, depressive, ADHD, & trauma/Stress disorders program (ADAPT), and 3) co-occurring medical and psychiatric disorders (Medical Coping). In addition, the OPS is home for the Center for Neuropsychology, which provides neuropsychological services to children with co-morbid medical and neurological diagnoses (e.g., tumors, seizures, traumatic brain injury).

Although OPS principally serves children from Boston communities and the commonwealth, the reputation of Boston Children’s brings children from around the country and quite literally, from around the world. This cultural and ethnic diversity is a unique strength of OPS. The outpatient experience over the Fellowship is the crucial learning venue for critical diagnostic and formulation skills as well as both psychotherapies and somatic therapies required by today’s child and adolescent psychiatrist.

Operating at full capacity, the Department’s intensive psychiatry service has two settings: 1) Inpatient Psychiatry Service (IPS), a 16-bed med-psych unit that specializes in caring for children and adolescents who struggle with depression, psychosis, anxiety, eating disorders, and other psychiatric illnesses as well as those who have co-existing medical illness, and 2) Acute Community-based Residential Treat unit (CBAT), a 12-slot unit providing a step-down level of care for children struggling with disabling illnesses. Inpatient psychiatry services are a cornerstone experience in any training program where Fellows learn the fundamental diagnostic and therapeutic skills to work with the most challenging and dysregulated youth in a structured interdisciplinary setting.
The **Emergency Psychiatry Service (EPS)** offers acute psychiatric assessment and disposition services on a 24-7 basis in the Hospital’s emergency room. Each year, the Department provides emergency psychiatry services to over 1,000 children in crisis. The EPS is staffed by psychiatric social workers with support from resource specialists and overseen by the Psychiatry Attending on Duty. This program has had ongoing research into identifying acute suicide risk in the hospital setting as well as an innovative family intervention implemented in the ED and aiming to avoid psychiatric hospitalizations. The EPS offers an important learning setting for understanding and managing the acute mental health crises faced by today’s children and adolescents.

The **Psychiatry Consultation Service** provides state-of-the-art pediatric psychosomatic medicine services to children and families facing challenges related to inpatient medical and surgical hospitalizations. Based upon the Clinical Manual of Pediatric Psychosomatic Medicine (co-written by the Psychiatrist-in-Chief), faculty and trainees provide responsive clinical guideline-based diagnostic and treatment services to all in-house Boston Children’s medical and surgical wards, as well as to a variety of medical-surgical subspecialty services including the Cardiology, Cystic Fibrosis, Critical Care Medicine, Gastroenterology, Hematology-Oncology (Dana Farber Cancer Institute), Pain Medicine, and Solid Organ Transplant programs. Consultation services provide critical learning experiences in the important core competencies of systems-based practice and interpersonal/communication skills.

**PROVIDING CLINICAL CARE FOR CHILDREN IN SCHOOLS**

Outside the Hospital, the **Children's Hospital Neighborhood Partnerships (CHNP)** is an innovative community mental health program that provides prevention, intervention, and consultation services onsite in Boston-area schools. In 2014, CHNP reached nearly 1,500 students and provided nearly 750 hours of training and consultation to 165 teachers and parents. CHNP’s innovative Break Free from Depression (BFFD) curriculum is a 4-session classroom intervention designed to enhance adolescents’ depression awareness skills. Developed with support from the **Swensrud Foundation**, this curriculum has now reached over 12,000 students.

Beginning with the 2015 school year, CHNP began to leverage its successful school-based approach and its collaboration with the Boston Public School (BPS) system to create and implement the **Gloria and Charles Clough Foundation Training and Access Project (TAP)**. This innovative model is now being piloted initially in five elementary schools, eventually scaling up...
to 25 schools in the Boston Public School system over the next five years, providing elementary schools with critically-needed access to CHNP teams who will help educators, parents, and child health professionals to identify psychological stress and behavioral issues early in a child’s life. CHNP can offer the beginning child and adolescent psychiatrist the opportunity to observe, evaluate and treat children in the very setting that they live and learn – school. The fellowship is increasingly involved with CHNP, which sponsors workshops and school visits as well as elective options.

INTEGRATED BEHAVIORAL HEALTH CARE IN PEDIATRICS

The integration of behavioral health care into the primary or specialty pediatric setting has long been a priority within the Hospital. The collaborative psychiatry services are co-located in multidisciplinary programs and/or centers of excellence based in other Departments across the Hospital. In these sites, psychiatrists and psychologists work to provide collaborative clinical and research services. The Department provides oversight to these mental health clinicians to ensure patient safety and quality of mental health care. The following Departments/Programs are part of these collaborative services: Adolescent Medicine, Anesthesia, Cardiology, Developmental Medicine, Neurology, Otolaryngology, Orthopedics and Primary Care.

Specifically, Child psychiatrist and psychologists are co-located within Adolescent Medicine (Eating Disorders population), the Adolescent Substance Abuse Program, and Primary Care Pediatrics. A recent collaboration between our Department and the Developmental Medicine Center and Department of Neurology has led to the development of the Autism Spectrum Center. Martha Eliot Health Center located in Jamaica Plain serves as a primary site for Fellows to be exposed to community psychiatry and treat underserved youth. It was founded in the 1950s after Harvard University delegated Dr. Martha May Eliot, a professor of maternal and child health, to collaborate with the Boston health commissioner to create a pilot program that eventually became the center. Martha Eliot Health Center provides medical and psychiatric care to mostly low-income families and runs outreach programs that address obesity, asthma, mental health, violence, and other issues. The Department also has child psychiatrists embedded in other Boston Children’s affiliated, Boston-based health centers (Southern Jamaica Plain and Brookside Health Center).

The Department and the Pediatric Physicians Organization at Children’s (PPOC) have been running the Behavioral Health Integration Program (BHIP) since 2013. The program has been building sustainable capacity to deliver integrated behavioral health services in community-
based pediatric primary care practices. The program is training primary care providers and medical home teams in behavioral health integration, filling critical gaps in the behavioral health workforce, contributing to workforce development, and fostering effective integration across the continuum of care. There are currently more than 60 pediatric practices involved in the training phases of the BHI program.

In the Massachusetts Child Psychiatry Access Project (MCPAP), the Department joined with other state academic psychiatry departments to provide child psychiatry services to Massachusetts pediatric practices. This innovative program of collaborative healthcare provides rapid telephone consultation to pediatricians as well as consultations, care coordination, and educational services. MCPAP has had high primary clinician and parent satisfaction rates while becoming a national model for increasing access to child mental health services. The Department is joining with colleagues from McLean Hospital, Massachusetts General Child Psychiatry, North Shore Children’s, and New England Medical Center to provide child psychiatry services to the eastern part of Massachusetts.

Our Department partners with the Cambridge Superior Court (Family Probate Court Clinic) and the Department of Youth Services (DYS) clinic to provide a comprehensive forensic experience for our trainees.

**GLOBAL PARTNERSHIPS PROGRAM – REACHING AROUND THE WORLD**

In keeping with our Department’s commitment to innovative quality mental health care for all children and families in need, The Children’s Hospital Global Partnerships in Psychiatry (CHGPP) was established. The CHGPP Observership Program is designed for physicians and psychologists residing outside the United States who have an interest in child and adolescent mental health. The program is designed to provide exposure to trained individuals from countries around the world who can then aid in the development of child mental health policy, foster child mental health clinical programming and otherwise serve as advocates for child mental health care in their respective countries of origin. This program also provides a venue for the faculty and students of Harvard University and other educational institutions in the Boston area to share their interests and activities related to child and adolescent international mental health. The program convenes symposia on selected topics of interest to the Harvard community and other interested parties.
The Department’s faculty is involved in ongoing collaborations with mental health professionals and academicians from over 18 different countries including China, Costa Rica, Haiti, Finland, France, Norway, Sweden, The Netherlands, Nigeria, Rwanda, Somalia, Tanzania, and Turkey. These collaborations include initiatives to improve access to quality mental health care, establish school-based mental health programs, and provide preventive interventions to families at risk for depression.

The Department’s Children’s Hospital Center for Refugee Trauma and Resilience, under the direction of Heidi Ellis, PhD provides our fellows with the opportunity to participate in work with children and families who have been displaced as a result of war, civil unrest, terrorism, or natural disasters. As a result of all these activities, our fellows have the opportunity to conduct research abroad and learn directly from our senior faculty as well as colleagues from around the world about the challenges of providing quality mental health care to children and families outside the United States.

ENSURING QUALITY OF CARE

In the midst of the changing healthcare landscape, the demonstration of unsurpassed evidence-based care becomes paramount. Recognizing the opportunity, the Department implemented a dedicated quality improvement program for child and adolescent psychiatry administered by our Psychiatry Quality Program (PQP), which has become the lynchpin in working with clinical, education, research, and advocacy leaders to move forward the Department’s strategic priorities.
DEPARTMENT RESEARCH – HOW DO NEUROPSYCHIATRIC DISORDERS EVOLVE?

The Program for Behavioral Science (PBS), the Department’s research program, has as its mission the promotion of healthy brain development through research excellence and innovation that reduces the burden of emotional and physical illnesses for children and their families. PBS provides critically needed research administrative, scientific review and quality, biostatistics, and mentoring cores to the Department researchers. The PBS has prioritized the development of well-trained future investigators.

For decades, the Department has enjoyed a reputation of excellence for its focus on interrelationships between behavioral health and physical illness. Department researchers have made significant contributions in the areas of cardiology, oncology, neonatal medicine, pain medicine, epilepsy, and GI disorders, among others. Alongside this well-established focus on specific medical conditions, PBS recognized the important public health need to expand its research focus to serious pediatric neuropsychiatric diseases.

With the partnership of the Fuss family and the Tommy Fuss Fund, the Department has established the Tommy Fuss Center for Neuropsychiatry to target the understanding of the developmental pathways leading to major neuropsychiatric disorders. The primary goals of the Center will be to develop strategies to identify young children at risk for anxiety, depressive, and psychotic disorders, along with innovative approaches to therapy that could limit the progression of these disorders, thereby promoting more positive developmental outcomes. The Center is highly interdisciplinary and translational and will provide for both innovative research by scientists at all levels and training of the next generation of talented researchers to carry these efforts forth into future.

Supported by the Fuss Center, the Department established an integrated, multidisciplinary program focused on research and treatment for young patients with psychosis and early signs of psychiatric disease. Led by Drs. Joseph Gonzalez-Heydrich and Eugene D’Angelo, this initiative has developed a new screening tool to detect psychosis, discovered schizophrenia biomarkers, and recognized genetic abnormalities in children diagnosed with psychosis and other neuropsychiatric disorders. As a direct result, the Department gained a reputation as a center where young children at risk of serious psychiatric disease can be cared for.

There are other PBS investigations following this pathway: 1) impact of maternal trauma history on infant and child development (Michelle Bosquet Enlow, PhD); 2) novel interventions for suicidal youth (Elizabeth Wharff, LICSW, PhD); 3) preventive family interventions for childhood depression (William Beardslee, MD); 4) psychotherapies for co-occurring depression and
physical illness (David DeMaso, MD); and 6) preclinical neurobiological investigation of neural circuits associated with stress and anxiety (Todd Anthony, PhD). Additionally, a PBS research team has become recognized national experts in identifying roots of and risk factors for radicalization, extremism, violence, and terrorism within refugee communities (Heidi Ellis, PhD). Through these efforts, PBS has reaped additional benefits including exciting new collaborations with top scientists from various Boston Children’s departments and from other leading institutions. Additionally, tight partnerships exist with institutions within the greater Boston medical and academic communities (including Harvard Medical School, Harvard School of Public Health, Beth Israel Deaconess Medical Center, Brigham & Women’s Hospital, Dana Farber Cancer Institute, Judge Baker Child Center, Boston Medical Center, Wyss Institute, UMass Lowell, Northeastern University) as well as government and private institutions (including such diverse organizations as: MA Department of Public Health, MA Department of Mental Health, Refugee & Immigrant Assistance Center, and the Boston Public School system).

Researchers also collaborate with institutions across the United States (e.g., University of Southern California, Baylor University, University of California San Francisco, Mt. Sinai School of Medicine) and various international organizations in China, Barbados, Trinidad and Tobago, and Canada. PBS has established collaborations (including providing senior mentorship for Department researchers) with senior behavioral science collaborators in other Departments/Institutions with Boston Children’s and Harvard Medical School appointments in the Department: David Bellinger, PhD (Boston Children’s); Charles Nelson, PhD (Boston Children’s); Matthew Nock, PhD (Harvard-Psychology); and John Weisz, PhD (Harvard-Psychology).

FELLOWSHIP RESEARCH

Fellows who intend to pursue research in earnest are assigned faculty advisors who work directly with them to develop ideas for projects. The Stuart J. Goldman Child Psychiatry Fellow Development Fund provides financial support to second-year fellows to carry out research projects of their own. The goal of this award is to help fellows complete an independent project that leads to the preparation and presentation of an original poster at a major national meeting, and may also serve as the basis for a peer-reviewed manuscript and applications for research fellowships after child psychiatry training. In addition, through its Clinical Research Program and the Harvard Catalyst Program, Boston Children’s offers opportunities to trainees and faculty alike to enroll in basic or intermediate courses in clinical research design, biostatistics, and the use of statistical software packages.
CHILD MENTAL HEALTH INITIATIVES – OUR ADVOCACY PROGRAM

Our Department has, is, and will continue to be a strong, active advocate, nationally, regionally and locally, for the highest quality mental health services for children and families. We work closely with the Hospital’s Government Affairs Office to partner with community groups, consumer advocates, healthcare providers, educators and policy makers to improve mental health services and access for children and families through public policy and through community-based solutions. We consider it important that our fellows be exposed to child mental health advocacy. Therefore, we offer instruction in advocacy issues and efforts through seminars given by the Government Affairs staff. In addition, we encourage fellows with specific interests in this area to participate in our ongoing advocacy efforts [e.g., Children’s Mental Health Campaign].

The Children’s Hospital Neighborhood Program (CHNP) was instrumental in drafting the legislative language that created the Task Force on Behavioral Health and Public Schools. With representation from Children’s and CHNP, the Task Force created a Safe and Supportive Schools Framework, which was passed in 2014 and will require all schools to develop action plans for creating safe and supportive environments by 2017. CHNP continues to be involved in the advocacy efforts to implement this legislation. Eager to implement this legislation, the Boston Public Schools (BPS) have invited CHNP to be its main partner in the development and implementation of a district-wide behavioral health model.

TRAINING FOR PSYCHOLOGISTS, SOCIAL WORKERS, & MEDICAL STUDENTS

For over 50 years, the Department has provided training in not only child and adolescent psychiatry, but also clinical child psychology, and psychiatric social work. We also provide training to medical students. An important additional goal of Department training is to provide education for mental health professionals who can then aid in the development of child mental health policy, foster child mental health clinical programming and otherwise serve as advocates for child mental health care locally, regionally, nationally and internationally. All are highly sought after training programs that are regularly filled to capacity.
The Department of Psychiatry: Opportunities Galore

The Department has seen growth in its research enterprise, a doubling in size of its community program, exponential increases in demand for consultation services, full inpatient unit utilization, and significant increases in the number of mental health clinicians embedded in other Departments. The sustainability challenges of integrated healthcare models (whether based in the pediatric medical home or the school setting) present significant challenges. Nonetheless, in the face of these challenges are great opportunities to more fully integrate behavioral health into the pediatric medical home in accordance with national healthcare reform, and to more fully develop collaboration with other Departments to advance seminal research in translational neuroscience.
THE CHILD AND ADOLESCENT PSYCHIATRY TRAINING PROGRAM

Our philosophy is that graduate medical education is a graduated process in which child and adolescent psychiatrists, over a period of several years, gain experience with and assume responsibility for increasingly difficult patients and problems within their area of expertise. At the conclusion of training, fellows must be prepared to practice independently. Therefore, to serve the public well in our training mission, we must train child and adolescent psychiatrists who by their final year of training, can manage complex patients and problems independently. Performance evaluation and feedback is critical in helping fellows manage progressively more difficult problems, so that they will be able to function independently after graduation; then we will have served the public in our training mission.

We provide timely, relevant instruction and supervision around the fundamentals of child and adolescent psychiatry that are responsive to the fellows’ growth as developing professionals, and acknowledge the challenges of entering a new field.

The organization of our clinical rotations and our experiential approach to supervision lend themselves to a flexible approach across our training sites. This allows us to provide hands-on supervision when and where it is needed, taking full advantage of critical teaching moments, as well as flexing to allow increasing autonomy as each fellow demonstrates their emerging competencies.

We want our fellows to develop skills to:

- Improve the quality of life & reduce the burden of suffering for children & families that face disabling mental illnesses
- Evaluate by identifying both strengths & deficits of children & their families
- Develop knowledge & skills in both psychotherapies & somatic therapies
- Treat child psychopathology in a bio-psycho-social context of development
- Emphasize family-centered & culturally competent care
- Utilize community-based settings & systems of care
- Advocate for youth & their families

The Fellowship is structured so that the majority of required ACGME training experiences are completed in the first year, allowing substantial discretionary time in the second year for personal pursuits whether clinical, education, or investigation. Our fellows are encouraged and supported to follow their interests and passions in the field of child and adolescent psychiatry.
Reflective of this breadth of experience available, the Department’s fellowship program has graduated over 300 child and adolescent psychiatrists who have gone on to successful careers in clinical, educational, administrative, advocacy, and research realms. We are strongly committed to training the next generation of child and adolescent psychiatrists who will work in the nation’s evolving health care system to reach children and families.

OUR TRAINING DIRECTORS

Oscar Bukstein, MD, MPH
Interim Fellowship Director, Associate Psychiatrist-in-Chief & Vice Chair of Psychiatry

“At this stage in my career, helping to training the next generation of child and adolescent psychiatrists is my most important goal. Although I may not always be Interim Training Director at Boston Children’s, I will continue to provide oversight to this most important of programs, supervise and mentor fellows, and provide the necessary support to make this the best of fellowship programs. We continue to plan and develop innovative ways to teach child and adolescent psychiatry. We also try to have a good time. At Boston Children’s we have a great institution, wonderful clinical programs, great faculty, and, of course, great fellows. I hope that you might be one of them next year.”

Dr. Bukstein is also Vice-Chair of the Boston Children’s Department of Psychiatry and Associate Psychiatrist-in-Chief at Boston Children’s. Prior to coming here in March 2016, he was Medical Director at DePelchin Children’s Center in Houston Texas. Dr. Bukstein assumed this position in July 2013 following several years at the University of Texas (UT) Health Science Center in Houston where he was Professor of Psychiatry and Chief of the Division of Child and Adolescent Psychiatry. He attended medical school at the University of Texas Medical Branch in Galveston and has a master’s degree in public health from the UT- Houston. He is board certified in psychiatry, child and adolescent psychiatry, and addiction psychiatry and has over 30 years of practice experience with particular clinical and research expertise in treating youth with substance use disorders, and other disruptive behavior disorders. Dr. Bukstein has a substantial academic record, having authored or co-authored over 150 papers, chapters, or books and has received funding by the National Institute of Mental Health, the National Institute on Drug
Abuse, the National Institute of Alcohol Abuse and Alcoholism, and the National Institute on Child Health and Human Development.

At the University of Texas, he developed a center for the study and treatment of pediatric bipolar disorder and assisted in the further development of existing programs for psychopharmacology in Autism Spectrum Disorder and began working with the UT Department of Pediatrics and several community partners in developing a medical home model for children and adolescents with chronic medical problems and with several other local agencies in developing a similar model for children in the child welfare system. At DePelchin Children’s Center, he continued efforts to develop integrated primary care – mental health services through the University of Texas and the Harris county child protective Services (CPS). At DePelchin, he expanded specialty services for youth in autism and trauma as well as expanded mental health services in community-based settings. In his role as Medical Director, he has led efforts to improve the organization and efficiency of both mental health and clinical support services.

In 2010, Dr. Bukstein returned to Texas after 28 years at the Western Psychiatric Institute and Clinic (WPIC) and the University of Pittsburgh School of Medicine where he achieved the rank of Professor of Psychiatry. At WPIC and the University of Pittsburgh, he led the development of a number of clinical and research programs. In his roles as medical director of these programs, he obtained considerable administrative experience in planning, hiring, budget, and coordination of staff and faculty responsibilities and output.

Dr. Bukstein has a record as a teacher at all levels, including medical students, residents, fellows, psychology interns, nursing students, and post-doctoral students as well as mentoring many junior faculty and pre- and post-doctoral students. He has also provided trainings and lectures to both state and national groups and regularly presents CME programs to peers. He is presently co-chair of the Committee on Quality Issues, the component of the American Academy of Child and Adolescent Psychiatry that develops clinical practice guidelines for professionals treating children and adolescents with psychiatric disorders.
Eleni Maneta, MD

Associate Fellowship Director

“Child and Adolescent Psychiatry training is about building a foundation for working with children, teens and families with a wide variety of needs. It is about intervening early and making a difference in the lives of children and families. It is also about setting the stage for future scholarship, advocacy, research and teaching that will impact the next generations.”

Dr. Maneta is also the attending psychiatrist on the Inpatient Psychiatry Service (IPS) and the Director of the Boston Children’s Hospital Advanced Clinical Elective in Child and Adolescent Psychiatry at Harvard Medical School; she completed her adult psychiatry training at the Harvard Longwood Psychiatry Residency Training program and her Child Psychiatry training here at Boston Children’s. She is board certified in Psychiatry and Child Psychiatry and her clinical expertise is in the area of acute psychiatry. On the IPS Dr. Maneta provides teaching and supervision for General Psychiatry Residents, Child Psychiatry Fellows, Medical Students and Social Work Interns, and leads the multidisciplinary treatment team in the diagnostic assessment and treatment of complex patients in crisis. As part of her expertise in acute psychiatry, Dr. Maneta developed a curriculum to train Fellows on risk assessment and crisis interventions, and now directs the Acute Psychiatry Seminar, which is taught during the first year of training.

The majority of her scientific contributions to date have been in the field of interpersonal relationships and specifically the deleterious effects of childhood trauma, and the cycle of violence across the lifespan. Dr. Maneta is also interested in neuropsychiatric conditions particularly when they pose diagnostic and treatment challenges on the inpatient unit.
OUR TEACHING FACULTY

Chair: David R. DeMaso, MD
Vice-Chair: Oscar G Bukstein, MD, MPH

Outpatient Psychiatry Service
Paul Hammerness, MD (Medical Director)      Heather J Walter, MD, MPH
Lauren Mednick, PhD (Clinical Director)      Christie Blake, NP
Renee Brant, MD                             Marcus Cherry, PhD
Oscar G Bukstein, MD, MPH                    Eugene D'Angelo, PhD
Barbara Burr, MD                             Shannon Hourigan, PhD
Joseph Gonzalez-Heydrich, MD                 Carolyn Snell, PhD
Hesham Hamoda, MD                            Ariel Botta, LICSW
Roberta Isberg, MD                           Colleen Hayden, LICSW
Kaizad Munshi, MD                            Elizabeth Wharff, PhD, LICSW
Giuseppe Raviola, MD, MPH (Director, PQP)

Emergency Psychiatry Service
Jennifer Cummings, LICSW (Director)          Eleni Maneta, MD
Colleen Ryan, MD (Interim Medical Director)

Intensive Psychiatry Services (Inpatient & CBAT)
Colleen Ryan, MD (Medical Director)          Willow Carpenter, LICSW
Jeffrey Bucci, MD (Medical Director, CBAT)   Shaela Demers, LICSW
Eleni Maneta, MD                              Lauren View, LCSW
Lisa Conti, PMHNP                             Lisa Watras, PMHNP
Molly Schofield, LICSW

Psychiatry Consultation Service
Patricia Ibeziako, MD (Director)             Chase Samsel, MD
Serena Fernandes, MD                         Simona Bujoreanu, PhD
John Glazer, MD                               Kristine McKenna, PhD
Nina Muriel, MD                               Katharine Thomson, PhD
Monique Ribeiro, MD                          Kevin Tsang, PhD
Behavioral Health Integration Programs
Heather J Walter, MD, MPH
Oscar G Bukstein, MD, MPH

Community, Schools & Health Centers
Children’s Hospital Neighborhood Partnerships
Shella Dennery, PhD, LICSW (Director)
Nina Graupera, MD
Heather J Walter, MD, MPH

Community, International
Children’s Hospital Global Partnerships Program
Patricia Ibeziako, MD (Director)
Myron Belfer, MD
William R. Beardslee, MD

Adolescent Substance Abuse Program
Diana Deister, MD
Sharon Levy, MD

Forensic Psychiatry
Mark Bleier, PhD

Early Childhood & Neurodevelopmental Disorders
Kerim Munir, MD
Joshua Sparrow, MD

Pediatric Neurology
Sarah Spence, MD

Program for Behavioral Science (Research)
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Deborah Waber, PhD (Associate Chair)
William R. Beardslee, MD
Oscar G Bukstein, MD, MPH

Paul Hammerness, MD
Martha Eliot Health Center
Olivia Carrick, MD (Director)

Hesham Hamoda, MD
Giuseppe Raviola, MD, MPH

Patricia Schram, MD

Barbara Hauser, LICSW

Ludwik Szymanski, MD

David Urion, MD

Joseph Gonzalez-Heydrich, MD
Todd Anthony, PhD
Michelle Bosquet, PhD
Heidi Ellis, PhD
2016-2017 CHILD & ADOLESCENT PSYCHIATRY FELLOWS

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Classes of 2016 & 2017

Fellows Classes of 2014 & 2015

(And yes, that is Sir Michael Rutter visiting with the Fellows)
CHILD & ADOLESCENT FELLOWSHIP PROGRAM DESCRIPTION

Year I Outline

- 4 months Inpatient Psychiatry Service
- 4 months Psychiatry Consultation Service
- 4 months Outpatient Psychiatry Service

**Inpatient Psychiatry Service (IPS)** The unique training goals of the IPS rotation are to teach fellows to evaluate and manage children, adolescents, and their families, who present with severe psychiatric illnesses, or co-morbid medical-psychiatric illnesses, requiring care in a more restrictive inpatient setting. In this setting, our fellows function as the psychiatrist on four patients and work collaboratively with the multidisciplinary team. This involves all aspects of patient care, from family, to individual, to pharmacotherapy. During this four-month rotation, fellows receive supervision from their team attending and staff social workers, as well as from the medical director. In keeping with our experiential model of training, attending staff, social work staff and fellows routinely see patients and families jointly. Rotation-specific didactics are also provided. A dedicated resource specialist is available to assist in planning for aftercare following discharge from the inpatient psychiatric service to free up time so that fellows can focus on clinical care and learning.

**Psychiatry Consultation Service (PCS)** The unique training goals of the PCS rotation are to teach fellows to evaluate and manage children, adolescents, and their families, who present with a range of psychiatric needs on inpatient medical settings. Working on the interface between psychiatry and pediatrics challenges fellows to refine their differential diagnostic and systems management skills, and to develop and implement comprehensive treatment plans in a non-psychiatric milieu. During this four-month rotation fellows work closely with their assigned consult attending to evaluate and follow patients during their medical hospitalization. Rotation-specific didactics are also provided. A dedicated resource specialist is available to assist in planning for follow-up care following discharge from the medical service to free up time so that fellows can focus on clinical care and learning.

**Outpatient Psychiatry Service (OPS)** Fellows perform clinical duties and training in a variety of outpatient settings, on/off the OPS, including Adolescent Substance Abuse Program, Pediatric Neurology, and Martha Eliot Health Center.

Throughout the course of the first year, fellows maintain a continuity clinic one afternoon each week in the OPS. The unique training goals of the OPS are to teach fellows to conduct comprehensive evaluations, and to formulate and carry out related evidence-based disposition
and treatment plans for children, adolescents, and their families, who present with a wide range of psychiatric needs. Attendings review cases individually with fellows in a traditional supervisory format as well as directly observing/assisting in select evaluations and/or follow up appointments.

**On Call** Throughout both years of training, fellows take emergency call, providing acute care for patients presenting with psychiatric emergencies in multiple hospital contexts, including the emergency department, the inpatient psychiatry unit, and the medical and surgical wards. Emergency evaluations and treatment are core skills for the child and adolescent psychiatrist. We provide a progressive, structured and supervised set of experiences to ensure the development of these critical abilities. Beginning with a gradual phase-in involving shadow calls and seminars during the summer of the first year of training, and continuing with ongoing case-based teaching, our fellows have the support and structure needed to master the challenges they face when providing emergency psychiatric care.

Over the course of the 2 years of training, fellows are on-call on average once every 10th night and once every 10th weekend day. Fellows are primary call to the medical/surgical wards on weekends and holidays from 8 am to 5 pm. Fellows are responsible for admissions to Bader 5 and psychiatric emergencies on Bader 5 (restraints, etc.) if they take place after regular work hours on both weeknights (5pm-8am) and weekends (8am-8am).

Weekend call is taken from home, except for morning rounds on the medical/surgical floors on weekends and holidays. On-call attendings are available to jointly see cases when indicated and to directly assist fellows. A resource specialist assists the fellow with any disposition work that is needed on weekends. Additionally, a behavioral response nurse is available on weekday evenings until 11pm and on weekends from 9am to 5:30pm. He or she focuses on preventing/managing patient agitation and aggression, liaises with nursing staff, care-companions, and security, and transitions psychiatric boarder patients from the ED to the medical floor.
Year II Outline

- Outpatient Psychiatry Service - three sessions/week
- Forensic - Cambridge Family Probate Court Clinic - one afternoon/week
- Community Mental Health - Martha Eliot Health Center – one afternoon/week
- Elective Time (16-20 plus hours/week)

With the transition to the second year of training comes the expectation that our fellows will show increasing autonomy and independence in the expression of their developing skills and competencies as child psychiatrists. We continue to provide an experiential teaching model where senior staff are present on-site and available to jointly see patients and families with our fellows, but fellows progress to spending more time seeing patients and families independently.

The second year of fellowship training is designed to build in breadth and depth upon the core skills and competencies that our fellows began developing during their first year of training and prepare for graduation. Given that the majority of the core training requirements are fulfilled during the first year, a highlight of our program is that fellows have ample time to pursue specific areas of their own interest in child and adolescent psychiatry. This unique aspect of our fellowship allows our second years to really tailor a large percentage of their entire second year to meet their clinical, academic and professional goals. By the end of the second year, our fellows feel prepared to enter the field of child and adolescent psychiatry.

The core clinical experiences of the second year are a twelve-month hospital-based outpatient psychiatry experience, a forensic-based experience, and a five-month community health experience.

On the Outpatient Psychiatry Service, in the second year, fellows increase their clinical time from one to three clinical sessions per week (2 afternoons for follow up; 1 morning for diagnostic evaluations). The 2nd year outpatient experience builds upon their developing skills of assessment, psychotherapy and pharmacotherapy through the experience of working with a wider range of patients. Supervisory structure for this expanded experience is the same as that for the first year. During the course of the second year, each fellow also participates in at least one 12-week group therapy experience as a co-facilitator.

Our second year fellows receive a forensic experience by working in the Cambridge Family Probate Court Clinic. Fellows have the opportunity to learn the skills required to function as a consultant to the legal system around matters related to the mental health needs and best interests of children whose families come before the probate court to address issues such as domestic disputes involving custody and visitation.
Fellows spend six months at the Martha Eliot Health Center in fulfillment of their community psychiatry requirement. They have the opportunity to work with a largely underserved community, particularly a Latino population, under the guidance of the on-site Boston Children’s Child and Adolescent Psychiatrist. Fellows with a particular interest in community and public sector psychiatry may also elect to devote additional time in one of the other settings of the Children’s Hospital Neighborhood Partnerships program, including the school system.

**Electives**

Over the course of the entire second year of training, fellows have an average of 16 to 20 hours/week of elective and administrative time to pursue any advocacy, clinical, community, educational, or research interests they may have. Faculty mentors play an essential role in helping fellows to plan for these opportunities.

**Some of our recent electives (Research opportunities not included)**

- Chief Fellows in Child and Adolescent Psychiatry (2 positions), Boston Children’s
- Junior Attending, Psychiatry Consultation Service (PCS), Boston Children’s
- Junior Attending, Inpatient Psychiatry (Bader 5), Boston Children’s
- CBAT (Community-Based Acute Treatment Program), Boston Children’s, Waltham
- The CASTLE Program, High Point Treatment Center (acute detox and stabilization inpatient program for teens with substance use disorders)
- Learning Disabilities Program, Department of Neurology, Boston Children’s
- Sleep Medicine Clinic, Center for Pediatric Sleep Disorders, Boston Children’s
- Institute for Professionalism and Ethical Practice (IPEP), Boston Children’s
- Pediatric Psychosocial Oncology, Dana-Farber Cancer Institute
- School-Based Rotation, Children’s Hospital Neighborhood Partnership (CHNP), Boston Children’s
- Student Mental Health Services (SMHS) at Harvard University Health Services (HUHS)
- Autism Center, Boston Children’s
- Developmental Neuropsychiatric (DNP) Clinic, Boston Children’s
- The Center for Early Detection, Assessment & Response to Risk (CEDAR), Massachusetts Mental Health Center
- The Prevention & Recovery in Early Psychosis (PREP) Program, Massachusetts Mental Health Center
Office of Government Relations Mental Health Advocacy
○ Obsessive-Compulsive Disorder Institute (OCDI Jr), McLean Southeast
○ Lurie Autism Center, Massachusetts General Hospital
○ Gender Management Service (GeMS); endocrinology
○ Research (arrange with specific investigator)
○ “You arrange it” We are open to structured experiences in any area impacting children’s mental health, including in one of our many research programs and projects.

CORE SEMINARS
The core didactic seminars in our child and adolescent psychiatry fellowship are an integrated series designed to cover child development, developmental neuroscience and mental health topics from the historical to the most contemporary. They draw upon the resources of the Boston Children’s Department of Psychiatry and the Consolidated Department of Psychiatry at Harvard Medical School.

All Years
○ Psychiatry Grand Rounds (every two weeks)
○ Mortality and Morbidity Conference (monthly, presenters rotating between services)

Year I
○ Intensive orientation (including “crash course”); Fundamentals of Assessment and Treatment Lectures (Introductory Clinical Lectures)
○ Psychotherapy 101a: Fundamentals of Development & Psychotherapy
○ Psychotherapy 101b: Modular (CBT) therapy for Child Psychopathology
○ Diagnostics, Psychopharmacology and Pathophysiology Seminar
○ Acute Psychiatry Seminar
○ Diversity and Cultural Competency
○ Normal Development, Developmental Neuroscience, and Developmental Psychopathology (3 hours/week @ McLean Hospital along with HMS Psychiatry (Cambridge Health Alliance and Massachusetts General/McLean programs)
Year II

- Research Basis of Clinical Practice
- Diagnostics, Psychopharmacology and Pathophysiology Seminar; Neuropsychiatry/Neurobiology and Treatment Refractory Child Psychotherapy 201
- Family Therapy and Working with Families
- Motivational Interviewing
- Transition to Practice/Career Seminar Series
- Group Therapy

Psychotherapy Training

Our fellowship program philosophy recognizes the importance of both knowledge of and basic skills in the practice of evidenced-based psychotherapies for child, adolescents, and their families. The two-year psychotherapy innovative curriculum emphasizes the integration of evidence-based practices into general psychiatric care of children and adolescents. The emphasis is on learning the many skill elements that comprise modern psychotherapies and that child and adolescents are likely to use in their clinical practice. In year one, case-based discussions (Psychotherapy 101A) engage the Fellows in using the basic techniques of the therapeutic relationship to treat children and families with complex presentations. Also in year one (Psychotherapy 101B), Fellows learn a modular approach to using basic CBT practice elements with children and teens.

Year two (Psychotherapy 201) builds upon the foundations in psychotherapy training offered during the first year by focusing on specific psychotherapy approaches and empirically supported treatments for use with particular clinical conditions. The emphasis is on the integration of these treatment approaches with clinical outcome assessment that will have pragmatic use for the busy practicing child and adolescent psychiatrist.

In both years of training, fellows are assigned psychotherapy cases and receive at least one hour of individual supervision each week. Fellows may spend additional second year elective time learning more detailed psychotherapy protocols.
ADDITIONAL PROGRAM INFORMATION

Our Program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) for five fellows per training year. Fellows in good standing will be eligible for specialty boards in Child and Adolescent Psychiatry providing they have met the other requirements as described by the Board.

Appointments begin July 1 and will be for two years.

Salary

Effective July 2016, the following are the salaries according to postgraduate level.

House Officer - PGY IV $71,471
House Officer - PGY V $76,355
House Officer - PGY VI $82,251
House Officer - PGY VII $84,690

Housing assistance

The Lease Guaranty Program at Boston Children’s Hospital: All fellows who receive a salary from Boston Children’s Hospital are eligible to participate in this program, which helps alleviate the burden of security deposits/last month’s rent when renting a new apartment.

Health, Malpractice and Other Insurance Benefits

Fellows receive malpractice insurance coverage while serving Boston Children’s patients. House officers may enroll in a variety of health insurance and health maintenance organization programs. Dental insurance, disability insurance, life insurance, and travel insurance for hospital business are also provided for house officers.

Transportation/Parking

Boston Children’s is convenient to various modes of public transportation (bus, commuter rail and subway). The Hospital provides subsidies for monthly commuter passes, and there is discounted parking available to house staff.
**Child Care Center**

Boston Children’s has a Child Care Center for the children of hospital employees and staff in response to the need for high quality, convenient childcare. The hours of operation are 6:30 a.m. to 6 p.m., Monday through Friday, except for Hospital-recognized holidays. The Center can accommodate 42 children, ages three months to five years. There are some reduced tuition rates available and these are offered based on gross family income on a first-come, first-served basis. For more information about the program, or for a tour, please call (617) 355-6006.

**Vacation/Leave**

Four weeks’ vacation and one week of conference time are allotted for each year of training. Fellows are expected to give at least eight weeks’ notice prior to taking vacation or conference time. Absences during the first two months of training are discouraged and require special permission from the Training Director.

**Educational Resources for Travel to Meetings**

Each fellow receives a $1000 / 2 year-allowance to be used towards expenses incurred when attending conferences. Should a fellow present a poster/abstract/paper at a conference, s/he will have an additional $500 / year allowance per each conference that s/he is presenting at.
Application Process

All applications are submitted through ERAS.

Completed applications must include: a curriculum vitae; verification of training form(s), completed and signed by training director; medical school transcript; Dean’s letter; three recommendation letters including training director; and a brief autobiographical statement and summary of career goals.

The preferred deadline for receipt of completed applicant files is September 30.

Graduates of U.S. or international medical schools, who will have completed at least three years of general psychiatry or pediatrics residency, and USMLE steps 1 through 3 are eligible to apply. Foreign citizens who wish to enter the United States for postgraduate training must comply with the United States Immigration Laws, in addition to following the application procedure described above. Foreign medical school graduates should contact the Educational Commission for Foreign Medical Graduates (3624 Market Street, Philadelphia, PA 19104, [215-386-5900], www.ecfmg.org) for details concerning their requirements.

We participate in the National Resident Matching Program (www.nrmp.org). As such Fellows entering the forthcoming July must participate in the NRMP Child and Adolescent Psychiatry Specialty Match. Applications are accepted in the Spring and interviews are conducted September through the first week in December. Formal offers for the following July are determined by the NRMP. Please note that all offers for positions in our training program are contingent upon the successful completion of any pertinent prior residency training, as well as all hospital required pre-employment matters.

For additional questions and concerns, please contact:

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