Child & Adolescent Psychiatry Fellowship Program

Preparing the next generation of leaders in the field of child and adolescent psychiatry
In 2020, U.S. News & World Report has ranked Boston Children’s Hospital (BCH) as the premier pediatric hospital for seven consecutive years. It is Harvard Medical School’s primary pediatric teaching hospital, and home to the world’s largest research enterprise based at a pediatric center.

BCH is a 415-bed comprehensive center for health care. As one of the largest pediatric medical centers in the United States, we offer a complete range of health care services for children from birth through 21 years of age, although some services can begin at 15 weeks gestation and extend into adulthood for many chronic childhood illnesses.

With a medical staff of nearly 1,100 faculty members, almost 1,000 trainees and over 1,500 nurses, BCH handles some 25,000 inpatient admissions and close to 557,000 clinic visits each year. Our research community hosts more than 1,100 scientists, including nine members of the National Academy of Sciences, 11 staff members of the Institute of Medicine and nine members of the Howard Hughes Medical Institute.

Our International Center welcomes patients from more than 100 countries to include services such as: coordination of visits, medical record keeping, immigration, interpretation, travel and accommodation arrangements.

BCH has a long history of innovation dating back to 1891 with the nation’s first laboratory for the production of bacteria-free milk; the launch of pediatric surgery in 1920; Dr. Sidney Farber’s work in the late 1940’s which produced the world’s first partial remission of acute leukemia; in 1999 our Advanced Fetal Care Center was established for prenatal or immediate postpartum surgical intervention and America’s first Transgender Clinic for children was founded in 2007, to name but a few milestones.

More remarkably our faculty include two Nobel Prize winners: Dr. John Enders and colleagues who successfully cultured the polio virus paving the way for the Salk and Sabin vaccines, and Dr. Joseph Murray whose research focused on immuno-suppression, specifically in organ and cell transplantation.
DEPARTMENT OF PSYCHIATRY

Working together to help children and families achieve healthy development

The Department was born in 1953. It was the time of the child guidance model of care combined with psychoanalytic approaches. It grew out of an affiliation of the Judge Baker Guidance Center, focused on delinquency. Its Director, George Gardener became the first Department psychiatrist-in-chief. A psychiatrist and a psychologist by training, he served as chief for the next 17 year during which he oversaw the growth of the Department from only 4 staff to nearly 63 staff largely based at the Judge Baker Guidance Center. Dr. Gardner established a multidisciplinary foundation Department that remains evident today in the Department’s clinical care, education and research.

With Dr. Gardner’s retirement in 1970, Dr. Julius Richmond became psychiatrist-in-chief. He oversaw a departmental move away from the traditional child guidance model toward a Department that would increase its focus to include the interface between emotional and physical illnesses in children. A pioneer of the effects of the environment on the education of young children, Dr. Richmond was nationally recognized for his leadership of Project Head Start. In 1977 he left to become the US Surgeon General under President Carter.

From 1977-1981, first Dr. Donald Scherl and then Dr. Myron Belfer served as interim psychiatrist-in-chiefs maintaining Dr. Richmond’s approach until a new psychiatrist-in-chief was selected. Dr. Scherl let to become the President of SUNY Health Science Center and founder of the Arthur Ashe Institute for Urban Health focused on addresses health equity as a basic human right. Dr. Belfer let to become the Chairman of Cambridge Health Care Alliance and subsequently Senior Advisor for Child and Adolescent Health at the World Health Organization. Dr. Belfer has since returned to our Department, which he has used as a platform to continue his focus on global child mental health policy and the magnitude of global child mental health problems.

In 1981, Dr. Stanley Walzer became the next psychiatrist-in-chief. Dr. Walzer set a new direction of exploration with his research into understanding chromosome abnormalities. Innovative at that time, his observations were aimed at determining whether boys whose cells contain either an extra X or extra Y chromosome develop abnormalities. In doing so, Dr. Walzer brought the first biological approach into our understanding of behavioral health care of children.

In 1995, Dr. William Beardslee became psychiatrist-in-chief. At this time, the Department was no longer affiliated with the now re-named Judge Baker Children’s Center. Dr. Beardslee’s interest has centered on the development of children who are at risk due to severe parental mental illness and focused on the ways in which self-understanding helps individuals cope with adversity. His work has been listed in the National Registry of Effective Programs and is being disseminated widely in Finland, Norway, Costa Rica, and in programs in this country. Dr. Beardslee instilled into our Department an emphasis in patient care unique to nearly all child psychiatry programs – prevention and early intervention.
Since 2004, Dr. David DeMaso has served as psychiatrist-in-chief. What began many years ago as 4 staff members shared between Children’s and the Judge Baker Children’s Center has now grown to a Department with over 160 staff (nearly 30 MDs, over 90 PhD/PsyD, and over 45 social workers) along with nationally sought after training programs in child psychiatry, psychology, and social work and a robust research enterprise. The Department is focused on the development and implementation of a responsive behavioral health care continuum so as to provide children and adolescents with the right services in the right setting at the right time. As a way to determine the most effective care setting, the department has embraced a stepped-care approach to mental health care, whereby patients are grouped into mild, moderate, or severe levels of functioning. We know that the establishment of a productive treatment plan will require successful collaborative partnerships with primary care providers, school professionals, and community mental health providers.

Integral to its clinical services and training program, the Department’s research is focused on understanding, diagnosing, and treating children at risk for mental health problems. Research efforts bring together psychiatry, neuroscience, genetics, stem cell science, bioinformatics, and brain imaging with the goal of unlocking psychiatric disease through early detection, prevention, and intervention to protect and treat the most vulnerable community of children and young adults.

**Boston Children’s Hospital – Department of Psychiatry**

**Current Scope Psychiatry Services**

*Children receive optimal BH services across the full care continuum*

*Right services, Right setting, Right time*

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**COLLABORATIVE BH CARE**

- BCH Neighborhood Partnerships
- Primary Pediatric Care
- Specialty Pediatric Care
- BCH PPCI

**SPECIALTY BH CARE**

- Psychiatry Consultation Service
- Emergency Psychiatry Service
- Outpatient Psychiatry Service
- Longwood & Waltham
- Community Based Residential Treatment (CBAT)
- Inpatient Psychiatry Service

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*Mild/Moderate presentations*  
*Severe presentations*
OUR PSYCHIATRIST-IN-CHIEF & CHAIRMAN

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 argued for the significance of biological context long
before others, argued for the significance of social context when others found biological context,
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 our 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. His career
has encompassed research, administration, and advocacy. He has authored over 220 papers
and chapters reporting the findings from his clinical and research innovations, including two
textbooks on pediatric psychosomatic medicine (Textbook of Pediatric Psychosomatic Medicine,
2010 and Clinical Manual of Pediatric Consultation-Liaison Psychiatry, 2020) and multiple
chapters on pediatric behavioral health in leading textbooks, including the Nelson Textbook of
Pediatrics and Mental Health Care of Children and Adolescents – A Guide for Primary Care
Clinicians.

Dr. DeMaso has held top leadership positions at the American Academy of Child and Adolescent
Psychiatry, has earned multiple awards from AACAP for his clinical, educational, research, and
advocacy efforts in child mental health (Simon Wile Leadership in Consultation Award,
Outstanding Mentor Award, Klingenstein Third Generation Foundation Award for Research in
Depression or Suicide, Catcher in the Rye Advocacy Award), and has earned the honor of
Distinguished Life Fellow of AACAP.

He completed his pediatric internship at Massachusetts General Hospital, his general psychiatry
training at Duke University Medical Center, a child and adolescent psychiatry residency at Judge
Baker Guidance Center - Children’s, and lastly a pediatric psychosomatic medicine fellowship at
Boston Children’s Hospital.

http://www.childrenshospital.org/directory/physicians/d/david-demaso
https://connects.catalyst.harvard.edu/Profiles/display/Person/1638
OUR TRAINING DIRECTOR

Zheala Qayyum, MD, MMSc
Training Director, Boston Children’s Hospital
Attending Psychiatrist, Boston Children’s Hospital;
Instructor in Psychiatry, Harvard Medical School

“It is indeed a great privilege to be able to bring the joy of play, curiosity and passion not just into our learning about children and adolescents, but also in our teaching. We hope to foster exceptional clinical skills and thoughtful inquiry in a magnitude of diverse settings, not only to develop well rounded Child and Adolescent Psychiatrists but also develop their particular areas of interest. Our mentors take great pride in investing in our learners so we can bring about the best care for our patients and their families.”

Dr. Zheala Qayyum is the medical director of the Emergency Psychiatry Services at Boston Children’s Hospital, and a medical educator. She is board certified in general psychiatry, child and adolescent psychiatry and consultation liaison psychiatry. She received her master’s degree in Medical Education from Harvard Medical School.

Dr. Qayyum’s clinical interests lie in acute psychiatric care as well as psycho-oncology and palliative care. However, she is most passionate about teaching. She supervises the Emergency Psychiatry rotation where in addition to teaching that is focused on diagnostic evaluations and risk assessments, she prioritizes the practice of biopsychosocial formulations.

Her medical education research focuses on the supervision and mentoring of trainees and finding creative ways to make medical education more engaging for the learners. Her clinical publications include acute psychiatric care of early psychosis, transitional age youth, and creating a gender-affirming environment for LGBTQ youth.

https://connects.catalyst.harvard.edu/Profiles/display/Person/159720
OUR ASSOCIATE TRAINING DIRECTOR

Chase Samsel, MD
Associate Fellowship Director, Boston Children’s Hospital
Medical Director, Psychiatry Consultation Service, Boston Children’s Hospital
Assistant Professor of Psychiatry, Harvard Medical School

“Child and Adolescent Psychiatry (CAP) training is critical in providing patients, families, teams, and systems with strong clinicians, team members, and leaders. CAPs provide relief to workforce shortages wherever they go and must be dynamic with a diverse skillset to make the most difference in the lives of children and families. Our first year of training provides a great foundation in outpatient and acute psychiatry, while work in the second year hones skills and empowers individuals in their specific niche interests, with an incredible array of flexible electives.”

Dr. Samsel is an attending psychiatrist and psychosocial oncologist on the Psychiatry Consultation Service (PCS), Pediatric Transplant Center, and the Dana Farber/Boston Children’s Cancer and Blood Disorders Center. He completed his pediatrics, adult psychiatry, and child psychiatry training at Brown University’s Triple Board Program and is board certified in all three specialties. On PCS, Dr. Samsel teaches and supervises Child and Adolescent Psychiatry Fellows, Psychology Postdoctoral Fellows, Psychology Interns, and Medical Students in addition to running the service. As part of his expertise in interdisciplinary care and systems work, Dr. Samsel has developed a curriculum to train fellows on adult learning, communication, and effective teaching. He directs the Transition to Practice seminar taught during the second year of training, with seminars in physician personal finance literacy, private practice and “side-gigs”, job searches and negotiations, among other topics.

The majority of his scientific contributions to date, have been in the psychiatric care of seriously medically ill children and their families, and in the interface of pediatric and psychiatric care. He also teaches at Harvard Medical School in the pediatric rotation block and is the Co-Faculty Mentor for Child Psychiatry in the the Psychiatry Student Interest Group at Harvard Medical School.

https://connects.catalyst.harvard.edu/Profiles/display/Person/119870
OUR CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP

Our philosophy is that medical education is a graduated process during 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. We must train child and adolescent psychiatrists who by their final year of training are prepared to manage complex patients and problems. 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; only then will we have served the public in our training mission.

We provide timely, relevant instruction and supervision around the fundamentals of child and adolescent psychiatry that fosters the growth of each fellow as a developing professional, while acknowledging the challenges of entering a new field.

Our faculty offers hands-on supervision when and where it is needed, taking full advantage of critical teaching moments, and our program flexes to allow increasing autonomy as each fellow demonstrates their emerging competencies.

We want our fellows to develop skills to:

- Reduce the burden of suffering, and improve the quality of life for children and families that face disabling mental illnesses.
- Hone their evaluation artistry by identifying strengths and deficits of children and their families.
• Develop proficiency in both psychotherapies and somatic therapies.
• Treat child psychopathology in a bio-psycho-social context of development.
• Emphasize culturally competent and family-centered care.
• Explore community-based settings systems of care.
• Advocate for youth and their families.
• Develop leadership expertise and work effectively in interdisciplinary teams.

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, educational, or investigative. Our fellows are encouraged and supported to follow their interests and passions in the field of child and adolescent psychiatry.

The Fellowship program has graduated over 300 psychiatrists who have gone on to successful careers in advocacy, clinical, educational, administrative, 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 treat children and families.

**Regarding the fellowship during the Covid-19 pandemic:**

In the light of the current and unparalleled situation caused by the Covid-19 pandemic, we are committed to ensuring the safety and wellbeing of our applicants, our trainees, staff, and larger hospital community. We are following the recommendations set forth by the Association of American Medical Colleges (AAMC), Harvard Medical School and Boston Children's Hospital Graduate Medical Education Office. We will conduct this year’s interview season entirely virtually. In order to provide a fair and equitable process for all applicants, local residents will also interview virtually.

The Department is fortunate to have had an extensive and well established tele-psychiatry practice that preceded the pandemic. Because of that, our ambulatory services transitioned seamlessly into being delivered virtually, allowing for both our trainees and supervisors to collaborate in delivering care to youth requiring mental health treatment. Our acute psychiatric services also utilize blended virtual and in-person care based on the clinical needs of our patients, and the safety of our trainees and staff members. Additionally, formal seminars, didactics and supervisory meetings are held on a virtual platform. We are working to successfully maintain cohesion, camaraderie and the educational mission of our training program during this time without skipping a beat. We proudly uphold our commitment to providing a robust educational and clinical experience throughout this time while we continue to provide the best clinical care to our patients. We are closely following all hospital and state guidelines to ensure that the safety of our patients and their families as well as our staff and trainees are foremost considerations.
CHILD & ADOLESCENT FELLOWSHIP PROGRAM DESCRIPTION

The Fellowship is a traditional two-year program, following three or four years of general (adult) psychiatry training, which is required for CAP Board Certification.

We have 6 fellowship positions each year

YEAR I OUTLINE

- 2 months Inpatient Psychiatry Service & 2 months Emergency Psychiatry Service
- 4 months Psychiatry Consultation
- 4 months Outpatient Psychiatry Services

Inpatient Psychiatry and Emergency Psychiatry Services (IPS, EPS)
The unique training goals of the IPS/ED 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 acute care or care in a more restrictive inpatient setting. In this rotation, our fellows work collaboratively with a multidisciplinary team, and are involved in all aspects of patient care, from family, to individual, to pharmacotherapy. During this block, fellows receive supervision from the IPS and IPS medical directors as well as attending psychiatrists and social work staff; rotation-specific didactics are also provided. A dedicated resource specialist is available to assist in planning for aftercare in the ED, and discharge planning from the IPS, so that fellows can focus on clinical care and learning. The trainees also have the opportunity to provide supervision and peer mentoring to junior trainees on the EPS.

Psychiatry Consultation Service (PCS)
The training goals of the PCS rotation are similar to those of IPS but in a less-restrictive inpatient setting. Working on the interface between psychiatry and pediatrics, challenges our fellows to refine their differential diagnostic and systems-management skills, as well as to develop and implement comprehensive treatment plans in a non-psychiatric milieu. During this four-month rotation our fellows work closely with their attending PCS staff to evaluate and follow patients during their medical hospitalization. Rotation-specific didactics are provided. And like IPS and EPS, a dedicated resource specialist is available to assist in planning for follow-up care following discharge from the medical service.

Outpatient Psychiatry Service (OPS)
The unique training goals of the OPS are to teach fellows to conduct comprehensive evaluations, and to formulate and carry out evidence-based treatment for children, adolescents, and their families. Fellows train in a variety of outpatient settings: the Emergency Department, our Adolescent Substance Abuse Program, Pediatric Neurology, Gender Management Service, Center on Media and Child Health, Pediatric Neuropsychiatry Clinic, our Pediatric Diagnostic Program and the Martha Eliot Community Health Center. Throughout the course of the first year, fellows maintain an OPS continuity clinic one afternoon each week. Attending supervisors review cases individually with each fellow in a traditional supervisory format; supervisors also directly observe and assist in select evaluations and/or follow-up appointments.
YEAR II OUTLINE

- Outpatient Psychiatry Service - three sessions/week
- Family Therapy/Group Therapy - one afternoon/week
- Inpatient Psychiatry Service – two months
- Elective

By the second year of training we expect our fellows to show increasing autonomy and independence in their competencies as child and adolescent psychiatrists, yet we continue to provide an experiential teaching model where senior staff are present and available on-site to jointly see patients and families. The second year is designed to build upon the core skills and competencies required by ACGME, whilst also preparing them for graduation.

Given that the majority of the core training requirements are fulfilled during the first year of fellowship, one capstone of our program is that second year fellows have ample time to pursue specific, individualized areas of interest. This allows our fellows to uniquely tailor a majority of their second academic year to meet their own clinical, academic and professional goals.

On the Outpatient Psychiatry Service, second year fellows increase their clinical time to two clinical sessions per week. Fellows broaden their developing skills of assessment, psychotherapy and pharmacotherapy by working with a wider range of patients; supervisory structure is the same as that for the first year. During the course of the second year, each fellow also participates in a family therapy experience.

Both classes of fellows receive a forensic experience by participating in a Mock Trial event with retired lawyers, judges and postdoctoral fellows familiar with the Massachusetts legal system and matters related to the mental health needs of delinquent youth. They also get further exposure through the Department of Youth services in Massachusetts.
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EMERGENCY PSYCHIATRY TRAINING (ON-CALL)

Emergency evaluations of and crisis intervention for youth and their families are core skills for the child and adolescent psychiatrist. Throughout both years of training, fellows are on-call, providing acute care to patients presenting with psychiatric emergencies in multiple hospital contexts, including the inpatient psychiatry unit, medical and surgical wards and the ED. Our fellow’s develop critical abilities through a progressive, structured and supervised set of experiences. Beginning with a gradual phase-in of shadow calls and seminars during the summer of the first year of training, continuing with ongoing case-based teaching and supervision on all individual cases seen, our fellows have the support and structure needed to master the challenges of providing emergency psychiatric care. On-call is taken from home with actual hospital coverage needed for certain scenarios.

- Weekday evening call encompasses urgent care calls from OPS, and management of brief admissions and/or restraints to IPS.
- Weekends and holidays involve the following:
  - Urgent inpatient medical, surgical and ER consultations and/or medication evaluations as triaged to the fellow by the attending psychiatrist;
  - Clinically indicated inpatient medical or surgical follow-up consultations as predetermined by the Psychiatry Consultation Service (PCS);
  - Admissions and restraints on IPS (medical issues are triaged directly to the covering pediatrician; the on-call attending psychiatrist is responsible for rounding on all IPS patients);
  - Back-up for unavailable ED social work, during which time fellows will assume the role and responsibilities of an ED social worker providing coverage of the EPS, PCS and psychiatric boarders;
  - Alongside the on-call attending psychiatrist, fellows review all patients seen and discuss triage-versus-deferral of new consults.

On-call is divided into Basic–Emergency Psychiatry Training (B-EPT) and Advanced–Emergency Psychiatry Training (A-EPT):

- **B-EPT** consists of the following specific number of required weekend and weekday on-call shifts:
  - **Weekends**
    - 1st year fellows are responsible for 4 full weekends per year
    - 2nd years fellows are responsible for 3 full weekends per year
  - **Weekdays**
    - 6 weeks responsibility by 1st year fellows
    - 4 weeks responsibility by 2nd year fellows

- The **A-EPT** experience allows for the consolidation of skills learned in **B-EPT**. The Department provides financial compensation for **A-EPT** shifts. This compensation is in addition to the fellow’s salary, which makes this advantageous for those considering moonlighting during their fellowship. Following a fellow’s completion of their **B-EPT** requirements, additional weekend and weekday shifts can be obtained through **A-EPT**.
There are additional supports available to the fellows during these experiences to include a nursing-led 24-7 Behavioral Response Team that focuses on preventing and 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.

**ELECTIVES**

Over the course of the second year, fellows have elective and scholarly time to pursue any advocacy, clinical, community, educational, or research interests they may have. Faculty mentors play an essential role in helping plan for these opportunities.

**Examples of recent fellowship electives** *(Research opportunities not included)*:

- **In the Department**
  - Chief Fellow in Outpatient Psychiatry
  - Senior Fellow, Psychiatry Consultation Service
  - Junior Attending, Inpatient Psychiatry Service
  - Boston Children’s Hospital Neighborhood Partnership (Boston schools)
  - Developmental Neuropsychiatric Clinic
  - Complex ADHD and/or Developmental Neuropsychiatric Clinics
  - Refugee Trauma and Resilience Center

- **Outside the Department at BCH**
  - Adoption Clinic
  - Autism Spectrum Disorder Center
  - Child Protection Team
  - Clinic for Interactive Media and Internet Disorders
  - Eating Disorders and Adolescent Medicine Clinic
  - Gender Management Service Clinic, Department of Endocrinology
  - Institute for Professionalism and Ethical Practice
  - Learning Disabilities Program, Department of Neurology
  - Office of Government Relations Mental Health Advocacy
  - Sleep Medicine Clinic, Center for Pediatric Sleep Disorders

- **Outside BCH**
  - Bioethics Fellowship, *Harvard Medical School*\w
  - Center for Early Detection, Assessment & Response to Risk, *MMHC*
  - Lurie Autism Center, *Massachusetts General Hospital*
  - Prevention/Recovery in Early Psychosis Clinic, *Mass. Mental Health Center (MMHC)*
  - Obsessive Compulsive Disorder Institute, *McLean Southeast*
  - Pediatric Psychosocial Oncology, *Dana-Farber Cancer Institute*
  - Prevention & Recovery in Early Psychosis Program, *MMHC*
  - Student Mental Health Services, *Harvard University Health Services*
CORE SEMINARS
The core didactic seminars in our fellowship are an integrated series designed to cover child development, developmental neuroscience and mental health topics from the historical to the most contemporary. Seminars draw upon the resources of the Department of Psychiatry at Boston Children’s Hospital and the consolidated Department of Psychiatry at Harvard Medical School.

YEARS I & II
- Psychiatry Grand Rounds (every two weeks)
- Mortality and Morbidity Conference (monthly)
- Joint Journal Club

YEAR I
- Intensive orientation; Fundamentals of Assessment and Treatment Lectures (Introductory Clinical Lectures)
- Psychotherapy 101: Psychotherapy with Children, Adolescents and Families ~ Integrating Different Approaches
- Diagnostics, Psychopharmacology and Pathophysiology Seminar
- Diversity and Cultural Competency
- Normal Development, Developmental Neuroscience, and Developmental Psychopathology Lectures (one morning each week, combined didactics of the Boston Children’s Hospital, Cambridge Health Alliance and Massachusetts General/McLean CAP Harvard programs)

YEAR II
- Diagnostics, Psychopharmacology and Pathophysiology Seminar; Neuropsychiatry/Neurobiology and Treatment Refractory Child Psychopharmacology
- Psychotherapy 201: Treatment, Supervision and Applications in Different Settings
- Motivational Interviewing
- Transition to Practice/Career Seminar Series

PSYCHOTHERAPY TRAINING
Our program recognizes the importance of knowledge and basic skills in the practice of evidenced-based psychotherapies for child, adolescents, and their families. Our innovative psychotherapy curriculum spans both years of the fellowship and emphasizes the integration of evidence-based practices into general psychiatric care of children and adolescents. We want our fellows to learn the many skill elements that comprise modern psychotherapy which child and adolescent psychiatrists are likely to use in their clinical practice. In the first year, case-based discussions (Psychotherapy 101A) introduce the fellows to the basic techniques of the therapeutic relationship, parent-child interaction training, psychodynamic psychotherapy and CBT for treatment of children with complex presentations. In Psychotherapy 101B, first year
fellows also learn a modular approach to basic CBT and psychodynamic practice elements for children and teens. The Psychotherapy Seminar (Psychotherapy 201) for second year fellows builds upon the foundations in psychotherapy training by focusing on specific approaches and empirically-supported treatments for use with particular clinical conditions including complex cases. The emphasis is on the integration of these treatment approaches with clinical outcome assessment that will have pragmatic use for the 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 2nd year elective time learning more detailed psychotherapy protocols.

**TRAINING TO BE AN ACADEMIC CLINICIAN-EDUCATOR**

The **Stuart J. Goldman Educator Awards** are given to fellows who seeks to enhance their skills as an academic clinician-educator. Dr. Goldman was the fellowship director for over two decades, and strongly promoted the development and implementation of innovative teaching initiatives in the clinical setting. He wholeheartedly encouraged the fellows to become independent, self-motivated, and self-directed learners and teachers. These annual awards are given to recognize his lifelong commitment to training the next generation of child and adolescent psychiatric educators through attendance at the Harvard Macy Institute program. Any second year fellow who is considering a career as a clinician-educator is eligible for this award.

The **Harvard Macy Institute Program for Post-Graduate Trainees: Future Academic Clinicians** is a three day, intensive program focused on two major themes: skills in teaching and learning, and developing scholarship in medical education. Learning formats rely on small group project work and problem solving, interactive group activities with individualized feedback, and large group case-based discussion. The course learning is built around the fellow’s educational project development. Accordingly, each fellow must apply with a medical education project that will benefit the current (or future) BCH CAP Fellowship training program. Scholars must have the explicit support of a faculty mentor who will assist and oversee the project development.

[https://www.harvardmacy.org/index.php/hmi-courses/pgme](https://www.harvardmacy.org/index.php/hmi-courses/pgme)
ADDITIONAL PROGRAM INFORMATION
Our 24-month program is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME). *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
Fellows are appointed to both Boston Children’s Hospital and Harvard Medical School.

SALARY
Effective July 2020, the following are BCH salaries respective to postgraduate level:

- House Officer - PGY IV $79,200
- House Officer - PGY V $84,700
- House Officer - PGY VI $91,225

BENEFITS – HEALTH, MALPRACTICE AND OTHER INSURANCE
Fellows receive malpractice insurance coverage while serving patients at Boston Children’s Hospital. House officers may enroll in a variety of health insurance and health maintenance programs, dental insurance, disability insurance and life insurance are also provided.

HOUSING ASSISTANCE
Boston Children’s Hospital offers the Lease Guaranty Program, which is a program for salaried fellows that alleviates the outlay of security deposits, and first and last month’s rent payments, which are typical when renting a new apartment in Boston.

TRANSPORTATION/PARKING
Boston Children’s Hospital is convenient to various modes of public transportation (bus, commuter rail and subway), and also provides subsidies for monthly commuter passes, and discounted parking for house staff.

CHILD CARE CENTER
BCH manages a childcare center for the children of hospital employees. Hours of operation are 6:30am to 6:00pm, Monday through Friday, except for recognized holidays. The center accommodates 42 children, ages three months to five years. For more information about the program, or for a tour, please call (617) 355-6006.

VACATION
Fellows are offered twenty days of vacation time and five professional days during each year of training; timely notice is expected prior to taking time off. Absences during the first two months of training are strongly discouraged and require special permission from the Training Director.

EDUCATIONAL RESOURCES FOR TRAVEL
Each fellow receives a one-time $1,000 allowance to be used towards expenses for attendance
at conferences. For fellows presenting posters, papers or abstracts, an additional annual allowance of $500 is available. We make it a priority for fellows to attend AACAP at least once during their fellowship.

APPLICATION PROCESS
Eligible applicants are graduates of American or international medical schools, have completed at least three years of a General Psychiatry or Pediatrics residency, and have passed USMLE steps 1 through 3. ECFMG certification is required for foreign medical graduates. Applications must include:

- Completed application form;
- Training Director’s letter of support;
- Medical school transcript;
- USMLE scores;
- Three letters of reference;
- Curriculum vitae;
- Personal statement.

All applicants must utilize the ERAS website: [https://www.aamc.org/services/eras/](https://www.aamc.org/services/eras/)

Foreign citizens who come to the United States for postgraduate training must comply with 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 for details concerning their requirements: 3624 Market Street, Philadelphia, PA 19104, 215-386-5900. BCH sponsors J1 visas.

Boston Children’s Hospital participates in the National Resident Matching Program and abides by all NRMP rules and regulations. Please note that all offers for fellowship positions are contingent upon the successful completion of all residency training, as well as all hospital required pre-employment matters. This includes the satisfactory completion of the credentialing process, and receipt of acceptable final evaluations and letters of references.

For inquiries please contact:
Zheala Qayyum, MD, MMSc
Fellowship Training Director
Department of Psychiatry
Boston Children’s Hospital
300 Longwood Avenue
Boston, MA 02115 617-919-6954
zheala.qayyum@childrens.harvard.edu

For application questions, please contact:
Courtney S. Kellogg
Program Coordinator
Department of Psychiatry, Administrative Offices
Boston Children’s Hospital
300 Longwood Avenue
Boston, MA 02115 617-355-4563
courtney.kellogg@childrens.harvard.edu
OUR FACULTY

David R. DeMaso, MD – Psychiatrist-in-Chief

Psychiatry Executive Committee
David Glahn, PhD
Eugene J D’Angelo, PhD
Patricia Ibeziako, MD
Laura Prager, MD
Oscar G Bukstein, MD, MPH
Tewfik Ghattas

Fellowship Leadership
Zheala Qayyum, MD – Training Director
Chase Samsel, MD – Associate Training Director

Outpatient Psychiatry Service
Oscar G Bukstein, MD, MPH – Director
Joseph Gonzalez-Heydrich, MD
Hesham Hamoda, MD, MPH
Aaron Hauptman, MD
Robert Isberg, MD
Sonia Joy, MD
Tamar Katz, MD, PhD
Jung Kim, MD
Kaizad Munshi, MD, MPH
Laura Prager, MD
Elisa Bronfman, PhD
Marcus Cherry, PhD
Eugene D’Angelo, PhD

Inpatient Psychiatry Service
Annemarie Caracansi, MD – Medical Director
Yohanis Anglero Diaz, MD

Community Based Acute Treatment
Annemarie Caracansi, MD – Interim Medical Director

Psychiatry Consultation Service
Chase Samsel, MD – Medical Director
Serena Fernandes, MD
John Glazer, MD
Emily Hall, MD
Ryan O’Connor, MD
Nina Muriel, MD (DFCI)

Emergency Psychiatry Service
Zheala Qayyum, MD – Med Director
Oscar Bukstein, MD, MPH

Boston Children’s Neighborhood Partnerships (BCHNP)
Shella Dennery, PhD, LICSW – Director

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Martha Elliot Health Center
Olivia Carrick, MD – Director

Behavioral Health Integration Program (BHIP)
Heather J Walter, MD, MPH, Medical Director for BH, Ped Physicians Org at Children’s (PPOC)
Jonas Bromberg, PsyD, Program Manager, BHIP, PPOC

Massachusetts Child Psychiatry Access Program (MCPAP)
Heather J Walter, MD, MPH – Medical Co-Director
Oscar G Bukstein, MD, MPH
Deepika Shaligram, MD

Adolescent Substance Abuse Program (ASAP)
Sharon Levy, MD – Director
Patricia Schram, MD
Diana Deister, MD

Pediatric Neurology
William Hall, LCSW
Sarah Spence, MD
Lauren View, LICSW
David Urion, MD

Early Childhood & Neurodevelopmental Disorders
Kerim Munir, MD, MPH, DSc Developmental Medicine
Joshua Sparrow, MD, Brazelton Touchpoints Center

Boston Children’s Hospital Global Partnerships Program [International observership]
Serena Fernandes, MD, Co-Director
Patricia Ibeziako, MD, Senior Director
Kevin Tsang, PsyD, Co-Director
Myron Belfer, MD, MPA

Research in Department of Psychiatry
David Glahn, PhD-Director

Tommy Fuss Center for Neuropsychiatric Disease Research
David Glahn, PhD-Director
Heidi Als, PhD
Emma Knowles, PhD
Todd Anthony, PhD
Samuel Mathias, PhD
William R. Beardslee, MD
Christine Seiberg, PhD
Eugene D’Angelo, PhD
Deborah Waber, PhD
Michelle Bosquet Enlow, PhD
Elizabeth Wharff, LICSW, PhD

Refugee Trauma and Resilience Center
Heidi Ellis, PhD, Director
Luna Mulder, PsyD
Emma Cardeli, PhD
Jeffrey P Winer, PhD
Alisha Miler, PhD

Baer Prevention Initiatives
William R. Beardslee, MD
Tracy Gladstone, PhD
Eugene D’Angelo, PhD
OUR CHILD & ADOLESCENT PSYCHIATRY FELLOWS

FIRST YEAR FELLOWS

Mariam Aboukar, DO graduated from The Ohio State University with a BS in Nutritional Sciences and pursued medical school training at Ohio University’s Heritage College of Osteopathic Medicine, with a clerkship in psychiatry at the Cleveland Clinic - Abu Dhabi campus, exercising her Arabic-speaking skills. She completed graduate training in Transformational Leadership, Life Coaching and Emotional Intelligence at Wright Graduate University, where she was exposed to rigorous didactic and experiential personal development work and an integrative approach to psychotherapy. Her adult psychiatry residency was at AdvocateAurora Health Care system in Chicago, IL. She served as the Illinois Psychiatric Society (IPS) Resident-Fellow Member (RFM) Chair, IPS Council Member and APA Area IV Council Member, was named the Illinois State Resident of the Year of 2019 by IPS, and currently serves on the APA’s Committee Of Tellers. Dr. Aboukar served as a staff psychiatrist for The Khalil Center, the largest Muslim Mental Health Community Clinic, and serves as Director of Wellness and Chief Communications Officer for MEDspiration, a nonprofit organization aimed at promoting access to health literacy. She engaged in medical relief efforts through the UNHCR for the treatment of women and children in war-torn areas, including Syrian refugees, where she assisted in reporting for The Atlantic Monthly. She’s presented at the International Academy for Law and Mental Health Congress in Rome, Italy on Forensic Facets of Sexual Trafficking and Terror, Tactics, Trauma and Transformation: Islamophobia and The Mental Health Sequelae. Dr. Aboukar enjoys singing and yoga, and looks forward to working with children and adolescents.

Zeeshan Mansuri, MD is originally from India and did his Master’s in Public Health specializing in Epidemiology and Bio-statistics from Drexel University, followed by a general psychiatry residency at Texas Tech University. He is very passionate about mentoring medical students and residents using Facebook as a platform to connect with them. With his belief that every person has a story to tell and a lesson to teach, he created a website called, “humansofusmle.org” to bring out inspiring stories and life lessons about physicians who go through the journey of USMLE (United States Medical Licensing Exam). Concerning research, he works on trying to understand the impact of psychiatric diseases on hospital outcomes for medical diseases by using nationally representative large datasets. During his free time, he loves to hang out with friends and play and watch tennis, cricket, and table tennis.
Saad Rahmat, MD grew up in Maputo, Mozambique and Columbia, Missouri. He continued his journey and attended New York University where he majored in History and minored in Mathematics and Chemistry. He worked in bench and clinical research at the Icahn School of Medicine Department of Microbiology for 3 years. Saad graduated from St. George’s University in Grenada and completed his general adult psychiatry residency at the Westchester Medical Center. He relishes the opportunity to teach medical students and won a Teaching Excellence Award during his residency. He continued to work on research during residency where he completed clinical research on PTSD in Level II trauma patients. Given his background, he has an interest in gaining a better understanding of psychiatric disorders, particularly psychosis, within immigrant families. He enjoys reading Star Wars Expanded University fiction, alliteration, and meandering through museums.

Avaas Sharif, MD

Avaas Sharif was raised as a first generation Pakistani-American and spent his formative years in Central New Jersey. Legend has it, he was born with a beard and mustache. While completing his Undergraduate Degree in Biology with a minor in Africana Studies at Rutgers University in New Brunswick, NJ, Avaas also volunteered as an EMT. His next adventure brought him from the swift seasons of New Jersey to the soft sands of Sint Maarten for medical school. While enrolled at American University of the Caribbean in Sint Maarten, he operated an orphanage and foster care outreach program, which combined three of his passions: the beach, barbequed food, and working with the youth. He then returned to his native land, New Jersey, for residency in general psychiatry at Bergen New Bridge Medical Center. During that time, Avaas spearheaded a program to provide education on opioid use as well as free naloxone hydrochloride nasal spray for the care-takers and families of adolescent substance users within the community. Throughout residency, he continued to solidify his interests by focusing on working closely with the child and adolescent population in the inpatient, outpatient, and emergency room settings. One of the facets of residency Avaas enjoyed most was working with medical students and junior residents. He has a passion for teaching and hopes to one day work in medical education. When not at work or traveling the world in search for food and adventure, you can find Avaas schooling people of all ages on the basketball court.
Ah Lahm Shin, MD was born and raised in Seoul, South Korea. She received her undergraduate degree with High Honor from Ewha Woman’s University in Seoul, South Korea with majors in clothing design and human development. She originally planned to pursue her career in children’s clothing industry; however, it did not take her long to find out about her strong interest in child development, which was when she started to dream about her career in medicine. In 2004, she co-founded an intercollegiate volunteering organization, called K.I.D.S. United, to serve the hospitalized children in children’s hospitals in Seoul metropolitan area, which currently has over 2500 registered members. She received her medical degree from Kyungpook National University School of Medicine, Daegu, South Korea and moved to Boston, where she worked as a research assistant at Boston VA and Boston Children’s Hospital. She completed her general adult psychiatry residency training at University of Alabama at Birmingham (UAB). She is interested in consult/liaison psychiatry, developmental disorders, cultural aspects of psychiatry, and physician wellness. Outside of work, she enjoys spending time with her family and crafty hobbies such as knitting, crocheting, cooking, baking, and painting. She is excited to be back in Boston, which she calls her second hometown.

Stephanie Stramotas, MD was raised in a small coastal town in Los Angeles, CA. She attended the University of California, Berkeley, where she earned a Bachelor’s degree in Molecular & Cell Biology, with an emphasis in Neurobiology. To complement her studies of microbiology, she stayed at Berkeley to complete a Master’s degree in Public Health, specializing in Epidemiology and Biostatistics, which equipped her with a broader perspective of health and healthcare. As a graduate student, she taught Epidemiology and Neuroanatomy courses, conducted a meta-analysis on perinatal infection and risk of schizophrenia in the offspring, published articles on brain tumor epidemiology, lobbied as a patient advocate in Sacramento and Washington, D.C., studied as a Health Leadership Fellow, and served as the President of the American Medical Student Association, Berkeley pre-medical chapter for two consecutive years. She worked as a research analyst at the UCLA Center for Clinical AIDS Research and Education, where she co-authored publications on fertility intentions in HIV-infected men and women in Malawi as well as bench-work research. She then entered her medical training with the inaugural class at the University of California, Riverside School of Medicine, and returned home for her general psychiatry residency at the Los Angeles County + University of Southern California Medical Center. During residency, she served in numerous leadership positions and was recognized in 2019 with the Program Director’s Award. Her passion for understanding how food impacts health led her to study the use of a ketogenic diet for weight loss and treatment of psychosis in a patient with schizophrenia on clozapine, and she presented her results at the annual American Psychiatric Association meeting and at the Metabolic Health Summit. She is excited to be in Boston for her fellowship training, where she hopes to develop her understanding of child development, psychiatric pathology, and psychodynamic psychotherapy. Stephanie is a former professional, classically-trained singer, and enjoys hobbies including soccer, guitar, and barre training.
SECOND YEAR FELLOWS

Kevin Simon, MD is originally from Brooklyn, NY. He earned his Medical Degree from Southern Illinois University School of Medicine; prior to graduating, he was awarded a research fellowship from the National Institute of Mental Health where he studied implementation of innovative health systems to improve mental health services for children. He completed his bachelor’s degree in Biology/Sociology at Morgan State University, and his adult psychiatry training at Morehouse School of Medicine. Kevin was a Group for the Advancement of Psychiatry (GAP) fellow and an American Psychiatry Association – Public Psychiatry Fellow. Dr. Simon has published in notable academic journals including *Anti-Cancer Drugs, Health Affairs, Psychiatric Services*, and *Psychiatric Times*; he’s contributed to policy briefs disseminated by The Kennedy Forum and written several book chapters. He’s fought for criminal justice through work with Physicians for Criminal Justice Reform. Dr. Simon’s career interest includes a hybrid of community mental health, organized psychiatry and advocacy.

Nadia Daly, MD, FRCP was born, raised, and lived her whole life in Montreal. She completed her medical studies at McGill University, and is excited to join the team at Harvard (a school known as “the McGill of the United States”). She is drawn to psychiatry for its unique opportunity to delve into fascinating questions at the intersection of developmental, behavioral, social, and pharmacological science. In addition to sitting on various committees with the Canadian and American Psychiatric Associations, Dr. Daly has organized multiple research conferences, and served as the editor of a Canada-wide psychiatry newsletter for residents. She has conducted, presented, and published research on such topics as mentoring and therapeutic alliance in psychiatric education, global mental health, cultural psychiatry, body image, and refugee mental health. Her enthusiasm for bringing people together has led her to organize (and win!) resident trivia competitions, and promote participation in APA and CPA events. On her free time, Dr. Daly is equally passionate about watercolor painting, skiing, and reading about architectural styles and period furniture. As a good Montrealer, Dr. Daly is trilingual, multicultural, and has gone on impromptu trips to over 20 countries on 4 continents. A dog-lover and piano player, she considers herself an *artiste manquée* who found her vocation in medicine’s most eclectic, far-reaching, and interesting field.
Vivek Jain, MD was born in India and came to the United States as a young child. He was raised in Southwestern Virginia, in the foothills of the Blue Ridge Mountains. He joins us after his residency in New York; he completed his undergraduate and medical education in Virginia. He’s super-excited to be in fellowship. His interests in psychiatry include neurodevelopment, psychotherapy, prevention, addiction and eating disorders, trauma, CL, and psycho-oncology. He is a fan of documentary films, gardening, reading, and trying his hand at making food.

Sundus Mari, MD grew up between Germany and Jordan, both places she can call home. She graduated from Weill Cornell Medical College in Qatar and then matched into an Obstetrics/Gynecology residency in New York. Soon enough, she realized that it wasn’t the right field for her and then dedicated herself to becoming a psychiatrist. After spending a year in clinical research, she joined the local Harvard South Shore Psychiatry Residency Program in 2015. With an interest in psychotherapy, Dr. Mari completed a one-year fellowship in child psychoanalytic training at the Boston Psychoanalytic Society and Institute as well as the psychotherapy track in her fourth year at her adult residency program. During her residency, she was also actively engaged in mental health advocacy, particularly the annual NAMI walk; a tradition she hopes to carry with her to fellowship. Dr. Mari is interested in lifestyle medicine and physician wellness and she was part of a team that helped establish an annual wellness day at her residency program. In her spare time, Dr. Mari enjoys playing the piano, hiking and doing yoga. She also (finally) signed up for her 1st half-marathon this coming Fall and is about to finish knitting her first sweater. Always by her side you will find her adorable, feisty chiweenie (50/50 Dachshund/Chihuahua Mix) Miles, the cuddle-bug.

Bianca Busch, MD was born and raised in the sunshine of the Mountain West. She earned a Bachelor of Arts in Human Development from the University of Chicago. Following her undergraduate studies, Dr. Pullen served families as a Public Health Nutritionist and completed an anti-hunger policy fellowship with the Congressional Hunger Center. She then pursued post-baccalaureate studies at the Harvard Extension School while working with an interdisciplinary pediatric team at Boston Medical Center. As a medical student at The University of Colorado School of Medicine, Dr. Pullen's persistent passion for health policy and justice was recognized with the Gold Humanism award. During her general psychiatry training at the University of Chicago, Dr. Pullen enjoyed teaching medical students, developed a passion for psychodynamic psychotherapy, served as a Resident-leader for the Illinois Psychiatric Society, and
was named their 2018 Resident of the Year. When she is not working, she enjoys biking and spending time with her family. Dr. Pullen is excited to be at Boston Children’s Hospital and is looking forward to rich mentorship and ongoing growth as a physician-advocate.

Nicholas Skefos, DO grew up in Memphis, TN. He went on to attend Southern Methodist University (SMU) in Dallas, TX, where he received his B.A. in psychology with a minor in biology. During this time, he worked briefly as a research assistant, examining the effects of corporal punishment in children. During the summers, he volunteered at Paul Newman’s Double H Ranch, a camp for kids with serious and life threatening illnesses, in Lake Luzerne, NY. Following his undergraduate training, Dr. Skefos earned his medical degree from the Philadelphia College of Osteopathic Medicine (PCOM). After medical school, he went on to complete his general adult psychiatry residency training at the University of Alabama at Birmingham (UAB) Medical Center in the Department of Psychiatry & Behavioral Neurobiology. He and his wife are very excited to move to Boston and explore everything the city has to offer.

Yajie Yu, MD obtained his bachelor’s degrees in Psychology and Biology at Truman State University in Kirksville, MO, and later attended medical school in his home state of Missouri. Since moving to Boston for residency three years ago, Dr. Yu has been an active member of the Harvard Dragon Boat Team as well as MIT’s Pokémon League. He has always known that he wanted to work with kids and adolescents. He worked as a dorm adviser for college freshmen as well as high school summer camps. Dr. Yu wishes to do research about virtual reality and its effects on mental health in children and adolescents. Outside of work, Yajie and his spouse Heather live in Boston with their two cat children, Maslow and Belle. Yajie enjoys painting, exercising, cooking, and various nerdy hobbies.
OUR DEPARTMENT – A CONTINUUM OF EVIDENCE-BASED SERVICES

As mentioned earlier in this program guide, the Department has developed and implemented a responsive behavioral health care continuum for children and their families grounded in a stepped-care approach to mental health care, whereby patients are grouped into mild, moderate, or severe levels of functioning. At the severe end of the continuum, the Department provides services in more traditional specialty psychiatry settings, such as inpatient psychiatry or outpatient care. Whereas at the mild-moderate end of the continuum behavioral health services are delivered through collaborative or integrated care partnerships in primary and specialty pediatric care settings as well as in schools. Across the Department’s care continuum research, training, child advocacy, and quality improvement initiatives are critical components supporting the delivery of evidence-based care. The following overviews are provided to further acquaint you with the Department’s scope of behavioral health services at Boston Children’s Hospital.

SPECIALTY BEHAVIORAL HEALTH CARE IN THE DEPARTMENT OF PSYCHIATRY

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient Psychiatry Service</td>
<td>Longwood &amp; Waltham</td>
</tr>
<tr>
<td></td>
<td>• 17,903 visits; General, Pediatric Neuropsychiatry, Developmental Neuropsychiatry Clinics</td>
</tr>
<tr>
<td></td>
<td>• Center for Neuropsychology focused on brain injury</td>
</tr>
<tr>
<td>Emergency Psychiatry Service</td>
<td>• 1800 evaluations</td>
</tr>
<tr>
<td></td>
<td>• 84% increase in 5 years</td>
</tr>
<tr>
<td>Community Based Acute Treatment (CBAT)</td>
<td>• 12 beds, 204 discharges</td>
</tr>
<tr>
<td>Inpatient Psychiatry Service</td>
<td>• 16 beds, 340 discharges</td>
</tr>
<tr>
<td></td>
<td>• LOS 15-20 days</td>
</tr>
<tr>
<td>Psychiatry Consultation Service</td>
<td>• &gt;1000 inpatient consultations with nearly 5000 patient encounters</td>
</tr>
</tbody>
</table>

SPECIALTY BEHAVIORAL HEALTH CARE IN DEPARTMENT OF PSYCHIATRY

Our OUTPATIENT PSYCHIATRY SERVICE (OPS) offers comprehensive assessment and treatment services to children and their families on the Longwood Avenue Campus; services are also offered at the Martha Eliot Health Center, located in nearby Jamaica Plain, and in Boston Children’s Hospital’s Waltham campus. The Department provides approximately 20,000 annual outpatient visits at Martha Eliot and the Waltham campus.

Using somatic and psychotherapies, OPS offers exceptional evidence-based care for children presenting with a 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). The service has three clinicians: General Psychiatry, Medical Coping and Developmental Neuropsychiatry.
• General Psychiatry Clinic focused on anxiety, depression, trauma, stress disorders;
• Pediatric Neuropsychiatry/Medical Coping Clinic focused co-occurring physical and psychiatric disorders;
• Developmental Neuropsychiatry Clinic focused on primarily biologically-based neuropsychiatric/neurdevelopmental disorders (such as acute psychosis, autism, and ADHD).

Although OPS principally serves children from Boston communities and the commonwealth, the reputation of Boston Children’s Hospital brings children from around the country and world. This cultural and ethnic diversity is a unique strength for OPS, providing our fellows a crucial platform for critical diagnostic and formulation skills, as well as both somatic and psychotherapies.

The CENTER FOR NEUROPSYCHOLOGY is an outpatient specialty center with neuropsychologists working in clinical programs found in the Departments of Psychiatry and Neurology. The Center’s neuropsychological services are grounded in understanding the impact of co-morbid medical and neurological diagnoses (e.g., tumors, seizures, traumatic brain injury) on the developing brain.

Our EMERGENCY PSYCHIATRY SERVICE (EPS) offers acute psychiatric assessment and disposition services on a 24/7 basis in the hospital’s emergency department. Our Department provides emergency psychiatry services to over 1,000 children in crisis annually. The EPS is staffed by psychiatric social workers with support from psychology interns, psychiatry fellows, pediatric residents and resource specialists, all overseen by the attending psychiatrist on duty. Our EPS offers an important educational environment for understanding and managing acute mental health crises faced by children and adolescents.

The Department operates an INPATIENT PSYCHIATRY SERVICE (IPS), a 16-bed inpatient med-psych unit, as well as our step-down facility, the COMMUNITY BASED ACUTE RESIDENTIAL TREATMENT UNIT (CBAT). The IPS specializes in caring for patients struggling with depression, psychosis, anxiety, eating disorders, as well as those who may have co-existing medical illness. IPS offers a cornerstone experience where fellows learn the fundamental diagnostic and therapeutic skills to work with the most challenging youth in a structured interdisciplinary setting. The CBAT is a 12-bed unit providing less restrictive care for children struggling with disabling illnesses often serving as step-down from the inpatient unit.

The PSYCHIATRY CONSULTATION SERVICE (PCS) provides state-of-the-art pediatric psychosomatic 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 our Psychiatrist-in-Chief), faculty and trainees provide responsive clinical guideline-based diagnostic and treatment services to all in-house Boston Children’s Hospital medical and surgical wards, as well as to a variety of medical-surgical subspecialties including: Cardiology, Cystic Fibrosis, Critical Care Medicine, Gastroenterology, Hematology-Oncology (with the 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 and communication skills.
COLLABORATIVE CARE IN PEDIATRIC SETTINGS

The Department has a rich history of behavioral health integration — over 40 years in pediatric specialty care and over 5 years in pediatric primary care involving over 60 behavioral health clinicians. These initiatives have been shown to greatly enhance access to and quality of behavioral health care, promote innovation, and foster professional satisfaction through heightened interprofessional collaboration, communication, and coordination. The goal of BHIP is to enhance the capacity of PPOC practitioners to safely and effectively assess and treat mild to moderate presentations of common child and adolescent psychiatric disorders, with an emphasis on anxiety, depression, ADHD, behavior problems, stress- and physical illness-related adjustment difficulties, autism, and substance use.

The **BEHAVIORAL HEALTH INTEGRATION PROGRAM** (BHIP) is a collaboration between the Department of Psychiatry at Boston Children’s Hospital and the Pediatric Physicians’ Organization at Children’s (PPOC) to provide behavioral health education and consultation, operational support for behavioral health integration, and on-site clinical behavioral health services in the PPOC practice network. The PPOC network includes more than 80 practices across Massachusetts with over 500 primary care practitioners caring for over 350,000 infants, children, adolescents, and young adults. In addition, the Department also has child psychiatrists and psychologists embedded in **Boston Children’s Primary Care Center** and the **Division of Adolescent/Young Adult** on the Longwood Avenue campus providing collaborative BH care with our pediatric colleagues.

**MARTHA ELIOT HEALTH CENTER** (MEHC), located in Jamaica Plain, serves as a primary site for exposure for our fellows to community psychiatry, and the care of underserved youth. It was founded in the 1950s when Dr. Martha May Eliot, a Harvard University professor of maternal and child health, was asked to collaborate with the Boston Health Commissioner to create a pilot program that eventually became the center it is today. MECH provides medical and psychiatric care to mostly low-income families and runs outreach programs that address obesity, asthma, mental health and violence, among other issues.
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. Guidelines for the management of ADHD, depression, and anxiety developed in BHIP have been embraced by MCPAP and extended to all pediatricians in Massachusetts.

The Department provides collaborative clinical and research behavioral health services in multidisciplinary specialty pediatric programs in departments across the hospital, to include: **Anesthesia, Cardiology, Neurology, Oncology, Otolaryngology, Orthopedics and Pediatrics.** There is also a strong collaboration between our Department, the Division of Developmental Medicine Center in the Department of Pediatrics, and the Department of Neurology forming a state-of-the-art **Autism Spectrum Center.**

**COLLABORATIVE CARE IN SCHOOLS**

In partnership and collaboration with our community, the **BOSTON CHILDREN’S HOSPITAL NEIGHBORHOOD PARTNERSHIPS (BCHNP) PROGRAM** has promoted the social, emotional and behavioral health of diverse youth and families for the nearly 20 years, through high quality, innovative, and culturally relevant clinical care, education and advocacy in Boston’s schools and community health centers where children and adolescents live and learn.

BCHNP provides prevention, assessment, early intervention, and treatment services for over 1,000 students every year as well as training and consultation services to over 450 school staff each year in Boston public schools. They have provided innovative training and consultation to teachers in over 20 elementary schools, which has led to multiple teacher training courses that can be viewed on the Hospital’s OpenPediatrics platform. BCHNP is a partner with Boston Public Schools in implementing Boston Comprehensive Behavioral Health Model (promotes emotional and social skills training) in 71 schools.
Research has been a core of the Department for over 60 years; and we currently support over 50 researchers and support staff that are engaged in scientific investigations. The majority of our department’s projects reflect successful collaborations with other hospitals, as well as local, regional, national and international affiliated institutions.

Department’s research leadership targets: identifying and promoting innovative research; developing and supporting individual researchers; facilitating research collaborations outside the Department; overseeing the pursuit and management of research funding; and overseeing Department research essentials with administration support, biostatistics, scientific review/quality, behavior science, and faculty support/development.

Centers of Research Excellence – Understanding the Developing Brain

Two centers of research excellence have emerged in the Department: one in Developmental Psychopathology and a second in Community Psychology.

- The **Tommy Fuss Center for Neuropsychiatric Disease Research** is a multifaceted program that integrates psychiatry, neuroscience, genetics, stem cell science, bioinformatics, and brain imaging. The ultimate goal is to unlock the genetics and biology of psychiatric disease, focusing on early detection, prevention, and intervention, in order to protect and treat the most vulnerable community of children and young adults. The Fuss Center aims to understand what causes developmental pathways to diverge into pathological versus healthy outcomes, and is researching drugs for new therapies, which will change the course of disease. **David Glahn, PhD**, our Associate Chief for Research aims to identify and characterize genes and environmental factors influencing risk for psychotic and affective disorders and their endophenotypes, as well as to specify genetic and environmental influences on normal variation of brain structure/function and cognitive ability. In his position, he is charged with promoting teaching and mentorship for young and future investigators.
• The Refugee Trauma and Resilience Center at Boston Children's Hospital is dedicated to understanding and promoting the healthy adjustment of refugee children and adolescents who have resettled in the United States. In partnership with refugee communities and agencies, the Center’s goal is to build prevention and intervention programs, conduct research, and develop resources to assist refugee families and service providers. Under the direction of Heidi Ellis, PhD, our fellows have an opportunity to participate in work with children and families who have been displaced as a result of war, civil unrest, terrorism, or natural disasters.

Collaborations and Partnerships

A hallmark of Department research is the breadth of collaborative work. The majority of research projects involve partnerships with other in-house departments, community groups, and national and international institutions, sharing work ideas and mentoring support. Close partnerships exist amongst institutions within the greater Boston medical and academic communities including: Harvard Medical School, Harvard University, Broad Institute, Wyss Institute, Boston University School of Medicine, Dana Farber Cancer Institute, Massachusetts General Hospital, and Massachusetts Institute of Technology; as well as government and private institutions, including: the Department of Public Health and Department of Mental Health, Refugee & Immigrant Assistance Center, and the Boston Public School system.

Fellows who intend to pursue research in earnest are assigned faculty advisors who work directly with them to develop ideas for projects. Boston Children’s Hospital offers opportunities to trainees and faculty to enroll in basic or intermediate courses in clinical research design, biostatistics, and the use of statistical software packages through the Clinical Research Program and the Harvard Catalyst Program.

TRAINING THE NEXT GENERATION

For over 65 years, the Department has provided training in child and adolescent psychiatry, clinical child psychology and psychiatric social work. We seek to provide superior 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 locally, regionally, nationally and internationally.
THE CHILDREN’S HOSPITAL GLOBAL PARTNERSHIPS IN PSYCHIATRY (CHGPP) was established because of our commitment to prioritize mental health care for children and their families. The CHGPP Observership Program is designed for international physicians and psychologists who have an interest in child and adolescent mental health; the program provides exposure to child mental health policy, clinical programming and practices to help them better advocate when they return to their respective countries of origin. The program convenes symposia on selected topics of interest to the Harvard community at large. The Department’s faculty is involved in ongoing partnerships with mental health professionals and academicians from over 18 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. Our fellows have the opportunity to learn directly from our senior faculty, conduct research abroad as well as engage our international colleagues about the challenges of providing quality mental health care to children and families outside the United States.

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

ENSURING QUALITY OF CARE
With the landscape of healthcare always in flux, superior, evidence-based care has never been more important. Recognizing an opportunity, the Department implemented a dedicated, quality improvement program for child and adolescent psychiatry. Our program, the Psychiatry Quality Program (PQP), led by a triad of a psychiatrist, nurse, and quality coordinator, work with clinical, education, research, and advocacy leaders to champion for the Department’s quality assurance and performance improvement initiatives as well as involving and educating our fellows in quality improvement.