

Pediatric Mood Disorders Clinic: Fellow curriculum

The following activities are the anchor around which fellows gain experience in working with and understanding children with mood disorders. You (fellow) are expected to stay with us from 12 noon to 5 or 6 PM, each Tuesday for one year. You may arrange to see some of the follow up cases on other days that may suit you. Bear in mind that live supervision with cases is available if you were to see them in Tuesday clinic.

1. **Visit our PMDC web site:** www.psych.uic.edu/pmdc/chicago

This will give an overview of the structure, purpose and goals of our clinic. This site will link to several related sites on the pediatric mood disorders. One other particular site that is informative is the bipolarkids.org

2. **Teaching rounds:** You will participate in the multi-disciplinary team clinical and academic staffing rounds from 1.30 to 3pm each Tuesday. You will actively participate in the diagnostic discussion and treatment planning. Diagnostics are staffed on alternate weeks. Treatment techniques and progress is covered on the other weeks. This will introduce you to the integrated-comprehensive treatment approach designed and developed by our team specifically for the children with mood disorders.
3. **Academic exercise:** You are encouraged to participate proactively in our academic environment. For example, you can initiate a case report, letter to the editor on your view points, influence our protocol development, take a lead on certain aspects of treatment and contribute to improve the existing tools. This will involve ample reviewing of scientific journals. Faculty will mentor you on this.
4. **Diagnosis in the PMDC:** You get to watch diagnostic interviews each week at 12 noon, do an interview yourself across one way mirror and get feed back, or sit in as a partner with the multi disciplinary diagnosticians as they interview their patients. In this way, you will get to see individual styles of approaching the issues; while we hope the integrity of the assessments remain loyal to the goal.
5. **Record keeping:** Your notes will be reviewed by the attending periodically. You will need to follow the format of bio-psycho-social-school model in the progress notes. You will need to be meticulous in following the format that the mental health evaluation. Their needs to be reasoning for any thing you do, be it medication, psychotherapy or family intervention: why you are doing, what and how! Then track it with each session to see what is accomplished and what was not, how you overcome the obstacles. Very often, fellows tend to become slack and take it as it comes in each session. To some extent you need to go with the flow and address issues at hand, but there need to be a train of thought and logic to the techniques in integrated approach.

6. **Group therapy experience:** One of you will have an opportunity to participate as co-therapist in group therapy called 'hidden treasures group' for depressed children. This will run between 4.30 to 6 PM on Tuesday evenings. This is a protocol-based group that uses several cognitive behavioral and family therapy techniques.
7. **Reading material:** We have a package that will be given in the first week that covers the overview. This will include blue prints of our protocols on treatment. You can look at the slides in this web site. Based on these, you are encouraged to ask questions, and learn more.
8. **Experience in the follow up clinic:** You will have opportunity to sit in the follow up clinics observing medication management and integrated therapy for children and families from 3 PM to 5 PM, either by pre arrangement Dr. Pavuluri or when your family canceled. There are simultaneously at least 3 other clinicians running the follow up clinic. You need to actively seek out to pair up with a clinician.
9. **Supervision:** You will be asked to be responsible for a medical student while they rotate through the clinic. Be aware of their educational needs, let them share a clinical diagnostic interviewing with you, actively teach them as you learn yourself about the issues in child psychiatry, pediatric mood disorders, specific treatment strategies, medications, and any relevant clinical or academic issues that come up. Read the medical student's curriculum and proactively help the student to accomplish their goals. This is a good opportunity to mentor a budding doctor.
10. **Research experience:** As an elective, you can choose a topic relevant to mood disorders and we will mentor you to accomplish the same. At a broader level, there are other projects evolving in the team at any one time. You can choose to be part of that either during or a later part of your time with us or later. As a one off experience, you can also watch a comprehensive research interview conducted by one of the core members- KSADS and become well versed with the rating scales used in mood disorders.
11. **Caseload:** It is automatic expectation that you see a new diagnostic each week. If by any chance you cannot manage towards the end, you can directly discuss this with Drs. Pavuluri or Carbray to not schedule cases via intake. You can use that time to sit in with other team member's evaluations. However, we see this as an exception than a regular issue.

What can you expect from yourself?

Introductory phase: goals for the first 4 months of placement in PMDC:

- To understand the depth and complexity of a systematic diagnostic interview with a specialized educated slant on pediatric mood disorders.
- Formulating the themes in a coherent fashion in order to plan the management.

- Understanding the process and purpose of selecting the targets for the management and choosing a type of treatment.
- Being able to present succinct thumbnail sketch of cases.

Middle Phase: goals for the middle 4 months of placement in PMDC

- Understanding the specific psycho-pathological features of bipolar and depressive spectrum of disorders and the issue of co morbidity.
- Grasping the treatments specific to these disorders, essentially pharmacotherapy.
- Understanding the mental models underlying various types of treatments, such as family therapy, cognitive behavior therapy, and inter personal psychotherapy
- Starting to understand the type of treatments tailored to specific themes, such as self-esteem, school stresses, poor social skills, communication in the family etc.
- Working with schools

3. Consolidation - Termination Phase: last 4 months with the PMDC

- Integrating the various aspects of bipolar and depressive disorders diagnoses and treatment learnt in the middle phase.
- Understanding the complications in a family involving DCFS.
- Starting to understand how your personal views/personality traits are closely intertwined with your work in dealing with interpersonal relationships, both with patients and the team.
- Understanding the systemic view and grasping the limitations and strengths in treating children.

SUPERVISION - WHAT TO EXPECT

Content of Supervision:

This is fairly flexible. Discussing the clinical cases, various types of management techniques, addressing resistance and difficulties in treating, theoretical discussions, and room to discuss trainees' work and interests. Some of the most useful "gains" for trainees are in finding out how their attending actually works: how they see families, what they tell patients and relatives (including useful metaphors, explanations, and the use of humor), and what they do in tricky situations. Teaching the subtleties of assessment and

how to "hear" and "see" patients is enhanced by both supervisor and trainee questioning in and analyzing the process of patient care, directly, or by observation of each other interviewing.

- Supervision does not mean it is restricted to that one hour but it is a constant process with dialogues as and when it is necessary.
- The more you discuss theory, research or cases, the more you gain in the supervision. There is a tendency to slip back into a comfortable mode of not using supervision once you learn the basics. It is up to you and us to keep it firing.
- Since your time with us is only 12 months, that too one afternoon a week. Your treatment is almost always 'time limited' Main treatment elements that can be realistically applied are: Listening, psycho-education, problem solving, supporting, and setting up school and community supports.
- You are expected to sit in/invite others from multidisciplinary team to see cases together a few times. If you find that you want to manage cases on your own, it is sufficient to invite them to sit in the assessment interview/s.
- Expected numbers of cases that can be transferred on your departure from the team are no more than a total of five. Therefore, if you can foresee difficulties with any case, please discuss with Drs. Pavuluri or Carbray sooner than later.