University of Minnesota
Department of Pediatrics

Child and Adolescent Psychiatry Rotation

Overview

University of Minnesota Medical School Psychology Internship
UNIVERSITY OF MINNESOTA
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Medical School

PSYCHOLOGY INTERNSHIP

Child and Adolescent Psychiatry Rotation Overview

Overview and Philosophy:

The Child and Adolescent Psychiatry rotation is in the Division of Child and Adolescent Psychiatry of the Department of Psychiatry and Behavioral Sciences. It provides opportunities for assessment and intervention with children, adolescents, and young adults (and their families) experiencing a broad range of psychopathology. Psychology interns spend this six-month rotation in outpatient services provided in the Psychiatry Clinic at the University of Minnesota Medical Center, M Health. The aims of the rotation and the Internship are to promote the refinement of interns’ Profession-Wide Competencies as health service psychologists. In addition to the rotation-specific training, interns on the rotation participate in Internship-wide didactics.

The training of psychology interns is consistent with the scientist-practitioner tradition with an emphasis on health service psychology skills within a multidisciplinary setting. Interns provide psychotherapy, case management, and psychological assessment under supervision of licensed psychologists and with case consultation by nurse practitioners, pharmacists, psychiatrists, and social workers. Interns’ autonomy increases as they develop knowledge, skills, and proficiencies over the course of the rotation. They gain exposure to a broad range of psychopathology including acute and severe conditions expanding the diversity of clinical populations to which they can provide professional psychological services. They also become more conversant with developmental, biological, cultural, familial, and social aspects of behavior. Interns become familiar with pharmacological approaches to managing psychiatric conditions and gain experience in collaborating in interdisciplinary treatment. They are encouraged to take an active role in directing their education and obtaining supervision and case consultation to help them meet their educational and professional goals. Interns’ learning is multimodal, including didactics, supervision, modeling, and case consultation with an effort to promote clinical hypothesis generation and testing and ongoing assessment of the outcome of interventions.

Interns participate in clinical activities with psychologist supervisors and psychiatrists and other members of the clinical teams. Interns may expect to complete an average of approximately 15-20 hours per week of direct clinical service delivery throughout the rotation except at the very beginning and end. Activities include diagnostic evaluations, psychological and neuropsychological testing, treatment of children and adolescents and their families, and consultation services. Approximately 30% of interns’ time is typically involved in diagnostic interviewing and psychological assessment. Approximately 40% of interns’ time is involved in therapeutic activities, and the remaining 30% of interns’ time is spent in didactic training and supervision (both receiving supervision and providing supervision to clinical psychology practicum students). Psychology interns are afforded the opportunity to participate in all Division
of Child and Adolescent Psychiatry activities, including Grand Rounds, Psychotherapy Clinic, Complex Case Conference, and other seminars and training experiences.

Patient Populations:

The age range of patients on this rotation comprises birth through age twenty five. A wide range of diagnoses characterizes the patients seen in the outpatient services, including adjustment disorders, anxiety disorders, attention disorders, brain injury and disease, developmental disorders, disruptive behavior disorders, eating disorders, elimination disorders, mood disorders, movement disorders, psychotic disorders, organic mental disorders, personality disorder (traits), stress- and trauma-related disorders, and substance use disorders.

Goals and Objectives:

The basic goal of the Child and Adolescent Psychiatry rotation is to prepare interns for the independent practice of health service psychology. The internship experience is designed to be sufficiently intensive and broad to prepare interns to deal with a wide variety of clinical situations that professional psychologists encounter in practice with child and adolescent populations.

The objectives for the rotation include:

1. Assessment and Psychological Testing:

   a. Develop and/or refine skills in psychological testing with objective personality and neuropsychological measures with psychiatric patients.
   b. Increase skill in selecting appropriate psychological and neuropsychological measures for evaluating clinical hypotheses and psychological attributes as appropriate to referral questions and clinical populations.
   c. Administer, score and interpret objective personality, neuropsychological, and psychological instruments. Interns complete a minimum of 25 evaluations utilizing psychological testing.
   d. Develop and/or refine diagnostic interviewing skills using DSM5 criteria to formulate diagnoses and provide clinical impressions.
   e. Develop and/or refine case conceptualization skills.

2. Psychotherapy and Intervention:

   a. Increase proficiency, skill, and confidence in a variety of clinical interventions in an outpatient setting (including individual, group, and family interventions)
   b. Design and implement effective and appropriate treatment plans.
   c. Maintain clinical records in accordance with institutional, ethical, legal, and regulatory standards.
   d. Manage a caseload of ongoing therapy clients (approximately 10-12 psychotherapy cases at a time).
   e. Apply clinical supervision and seminar content to ongoing cases.
3. **Consultation:**
   
a. Participate in consultations within UMMC, Fairview, including psychiatric consultation.
b. Refine skills in coordinating services with community resources (e.g., schools, other mental health providers) in the course of managing outpatient assessment and therapy cases.

4. **Professional, Ethical, and Legal Conduct:**
   
a. Demonstrate familiarity with the APA "Ethical Principles of Psychologists and Code of Conduct" and the "Standards for Providers of Psychological Services" in providing clinical services to children, adolescents, young adults, and families.
b. Demonstrate familiarity with legal and regulatory aspects (e.g., Minnesota Board of Psychology booklet containing the Minnesota Practice Act) of providing psychological services, including those affecting child and adolescent clinical practice.
c. Show awareness of diversity of all types (racial, ethnic, gender, sexual orientation, religious, immigration status, etc.) and skill in managing cultural aspects of clinical practice.
d. Provide services responsibly, in a timely manner, and in compliance with institutional standards and expectations (e.g., management of prior authorizations and other aspects of case management).
e. Promote identification as a health service psychologist in an academic psychiatric setting.

**Profession-Wide Competencies:**

Clinical and training opportunities promote professional development in terms of professional behaviors, attitudes, and practices with a foundation of ethics and communication skills for effective functioning in interprofessional healthcare teams. Interns are exposed to patients and families of diverse backgrounds. They are expected to be aware of how patients’ and their own backgrounds affect understanding of and interactions with patients and to be able to communicate with and work effectively with diverse individuals.

Training is oriented toward refining interns’ knowledge and skills in the following areas to prepare for professional practice:

   a. Research
   b. Ethical and legal standards
   c. Individual and cultural diversity
   d. Professional values, attitudes, and behaviors
   e. Communication and interpersonal skills
   f. Assessment
   g. Intervention
   h. Supervision
   i. Consultation and interprofessional/interdisciplinary skills
Competence Assessment:

Interns are expected to:

1. Demonstrate knowledge base in normal child development and psychopathology including the limits of normal variability. Understanding how development and psychopathology interact with biological, cognitive, emotional, as well as social, cultural, and family factors.

2. Demonstrate knowledge and understanding of common psychiatric disorders in children and adolescents including DSM5 criteria for each diagnosis, differential diagnoses, and exclusion criteria.

3. Demonstrate the ability to comprehensively manage clinical cases which includes gathering pre-assessment information, conducting diagnostic interviews, developing integrative case formulation including diagnoses, developing effective treatment plans, managing therapeutic issues, communicating with other treatment providers (parents, teachers, and other pertinent individuals), making appropriate referrals, and determining and executing appropriate discharges and after-care planning.

4. Demonstrate an adequate learning curve in the selection, administration, and interpretation of psychological test measures including objective personality testing, behavior rating scales, cognitive and psychoeducational measures, and neuropsychological tests.

5. Demonstrate an adequate learning curve in the ability to provide integrative psychotherapy including cognitive behavioral (CBT), Dialectical Behavior (DBT), parent-child interaction, and parent-education models. In addition, interns are expected to demonstrate the ability to conduct manualized treatment protocols as well as parent training and behavioral management.

6. Demonstrate skill and appropriate interpersonal functioning in consulting with a variety of disciplines, professionals, and agencies.

7. Demonstrate ability to complete required documentation of clinical services within appropriate timelines showing sensitivity to demands of individual cases.

Processes:

Diagnostic Assessment:

In the outpatient evaluation clinics, interns work either relatively independently or in a co-leadership role with psychiatry residents and fellows in coordinating and completing diagnostic evaluations and in formulating comprehensive treatment plans. As part of the assessment process, interns are expected to collaborate closely with schools, community agencies, and other service providers to ensure accurate interpretation of evaluations and to
assist in implementing intervention programs. Interns are typically assigned two new outpatient evaluations per week. These evaluations may be completed related to Anxiety Disorders, Early Childhood Mental Health, Dialectical Behavior Therapy Clinic, and the Psychiatry Clinic’s Neuropsychology Clinic. Assignment to clinics is based upon training interests, needs, and psychiatry outpatient clinic schedules. All diagnostic assessments are supervised and reviewed by faculty supervisors before being finalized and co-signed.

The outpatient child and adolescent populations are ethnically and socioeconomically diverse and representative of the demographics of the state. Approximately 60% is of European descent, 15% are African-American, 5% are Asian, 5% are American Indian, and the remainder are of mixed descent. Representative age groups being seen by trainees are ≈ 20% in the 0 to 6 year old range, ≈ 30% in the 6 to 10 year age range, ≈ 45% in the 11 to 18 year age group, and 5% in the 18+ range.

On-site individual supervision of trainees is provided at the time a newly-evaluated patient and his/her family is seen. This supervision generally includes direct observation of trainees interviewing the child or adolescent and his/her family, discussion with interns of differential diagnosis and formulation of the case, participation in presentation of findings to the family, and providing recommendations for a treatment plan. Interns receive supervision with preparation of their written evaluation reports. Readings may be provided regarding assessment, interviewing, diagnostic formulation, treatments, and topics related to specific clinics.

The Child and Adolescent Psychiatry Clinic includes the following specialty assessment clinics in which interns may provide services:

**Anxiety Disorders Clinic:**

The Anxiety Disorders Clinic is directed and supervised by Gail Bernstein, M.D. and Sasha Zagoloff, Ph.D. Interns are assigned to this outpatient clinic for three months, spending approximately five hours per week completing intake evaluations. Psychology interns and psychiatry residents co-facilitate these clinics and conduct structured diagnostic interviews. Specific focus is placed on clarifying and understanding symptoms of anxiety. In addition, during the evaluation appointment, psychology interns administer, score, and interpret the *Multidimensional Anxiety Scale for Children, 2nd Edition* and the *Behavior Assessment System for Children, 3rd Edition*. Upon completion of the diagnostic interview, information is discussed with the faculty supervisor, and feedback is given to the parent/guardian and child patient. Interns write the progress note documenting the visit in the patient's chart and write the evaluation report. Evaluation reports are supervised and co-signed by Dr. Bernstein. The interns will subsequently work with many families after the initial evaluation as they participate in cognitive behavior therapy under the supervision of Dr. Zagoloff.

**Neuropsychology Clinic for Child and Adolescent Psychiatry:**

The Neuropsychology Clinic is directed by Jeff Wozniak, Ph.D. Interns are assigned to
this clinic for three months. Interns spend approximately seven hours per week providing direct service in this clinic. Patients are referred from neurologists, pediatricians, psychiatrists, psychologists, and schools for a variety of concerns including neurodevelopmental disorders, brain injury, toxic exposure (e.g. alcohol, lead), psychotic disorders, and learning difficulties. The intern will also provide supervision/case consultation to one or more University of Minnesota clinical psychology practicum students. Under supervision, the intern and practicum student conduct a comprehensive diagnostic interview and gather history prior to conducting any testing. The team designs an individualized battery to address the specific referral and diagnostic questions. Interns have opportunities to learn administration and interpretation of a wide range of neuropsychological instruments. Evaluations may also incorporate objective personality testing. The team provides feedback to the family on the day of the final testing session (most often the same day). Interns receive close supervision on report writing with an emphasis on building conceptualization and integration skills over the course of the rotation.

**Early Childhood Mental Health Program:**

The Early Childhood Mental Health Program is co-directed by Katie Lingras, Ph.D. and Danielle Vrieze, Ph.D. Interns work with Dr. Lingras to conduct diagnostic evaluations through the Early Childhood intake clinic one morning per week and carry three to four cases of children/families between the ages of 0 and 8. Therapeutic methods may focus on parent behavior management sessions, parent-child interaction, and skill building for the child (related to the presenting diagnosis). Typically, all three are part of a course of treatment for a young child, and most cases alternate between parent sessions and sessions where the child is present. Interns receive weekly supervision on their intake cases as well as therapy caseload. In the initial part of the rotation, intake cases typically become part of the therapy caseload. Interns are paired together for intake clinic and take turns “taking the lead” and observing from case to case.

**Dialectical Behavior Therapy Clinic:**

The DBT Clinic is a full-model DBT program for adolescents and adults directed by Merav Silverman, Ph.D. and Helen Valenstein-Mah, Ph.D. Both interns will participate in this clinic throughout their six-month rotation in order to gain skills in working with patients with high-risk behaviors and pervasive emotion dysregulation. Interns spend approximately seven hours per week providing assessment and intervention services and report writing in this clinic. Patients are referred to the DBT clinic from outside providers, inpatient service in the hospital, and day treatment settings for a) diagnostic assessment via M.I.N.I International Neuropsychiatric Interview and b) assessment of the appropriateness of DBT for patients and their families. Upon completion of the diagnostic assessment, information is discussed with the faculty supervisor, and feedback is given to the parent/guardian and adolescent patient. Interns write assessment reports and progress notes documenting visits in the EHR. Depending on previous experience with DBT and intern interest, interns may serve as an individual DBT therapist and/or co-lead a DBT skills group with adolescents and their parent/guardian. Supervision for
clinical activities in the DBT Clinic will be provided by Drs. Silverman and Valenstein-Mah.

**Psychotherapy:**

Psychotherapy in the Child and Adolescent Psychiatry Clinic is an important component of this rotation. Interns are exposed to individual, family, and group therapy approaches as they pertain to childhood and adolescent populations. There is a particular emphasis on training in evidence-based practice, and several of the faculty in this rotation have been involved in empirical studies of the treatments offered in the clinic as a Primary Investigator, supervisor, and/or therapist. Diverse psychotherapy modalities, including acceptance and commitment therapy (ACT), cognitive behavioral therapy (CBT), trauma-focused CBT, dialectical behavior therapy (DBT), interpersonal therapy, motivational interviewing (MI), and parent-child interventions are offered in this rotation. This not only provides trainees with the opportunity to implement a broad range of evidence-based interventions, but also allows them to gain experience with case conceptualization and selection of the most appropriate therapy modality for the particular child they are treating. Interns also gain experience with using validated assessment tools to monitor progress and outcomes over the course of therapy to inform treatment planning. Faculty supervisors assist interns in selecting appropriate measures for the outcome of interest.

Children and adolescents in the clinic present with a broad range of psychiatric disorders, including externalizing behavioral disorders such as Attention Deficit Hyperactivity Disorder, Conduct Disorder and Oppositional Defiant Disorder, as well as internalizing emotional disorders such as anxiety disorders, mood disorders, phobias and stress/trauma related disorders.

Supervision of psychotherapy is provided by full-time licensed psychologists within the Department. Other professionals within the Department are available to provide additional supervision and therapy experiences at interns’ request and arrangement. There is also a potential for interns to participate in co-therapy experiences with faculty and/or staff. Other psychotherapy supervision is provided during scheduled appointment times, co-therapy sessions, and group supervision. Interns participate in group supervision of psychotherapy conducted by Emily Pisetsky, PhD, with the other four psychology interns on this rotation.

The Child and Adolescent Psychiatry Clinic includes the following specialty psychotherapy clinics in which interns may provide services:

- Anxiety Disorders Clinic
- Mood Disorders Clinic
- Dialectical Behavior Therapy Clinic
- Women’s Wellbeing Clinic

Interested interns also have the option of participating in the assessment and treatment of women with perinatal mood and anxiety disorders including delivering cognitive behavioral therapy and working with the mother/baby dyad.
Training Activities:

Didactics:

A. **Assessment Seminar.** Interns attend the Internship’s Assessment Seminar didactics from 9:00 a.m. to 10:00 a.m. on Tuesdays during the first half of the year.

B. **Psychotherapy Seminar.** Interns attend the Internship’s Psychotherapy Seminar didactics 10:00 a.m. to 11:00 a.m. on Tuesdays. The seminar includes review of literature, lecture, and discussion of therapeutic process, outcome, and other issues.

C. **Group Supervision/Case Consultation.** Psychotherapy group supervision/case consultation is held from 12:00 p.m. to 1:00 p.m. on Tuesday afternoons. This experience is intended to develop case presentation skills, to provide and receive case consultation on psychotherapy cases, and promote learning of psychotherapeutic and supervisory techniques related to psychotherapy.

D. **Diversity Seminar.** Interns attend twice-monthly seminars focused on issues related to equity, diversity, and inclusion which is typically held on Tuesdays from 8:00 a.m. to 9:00 a.m. during the first half of the year and from 9:00 a.m. to 10:00 a.m. during the second half of the year. These didactics are not meant to be inclusive or exhaustive but rather to highlight some aspects of identity, diversity, and inclusion and start conversations that we expect will continue. Aspects of equality, diversity & inclusion (EDI) are also incorporated into other seminars and didactics, but this series allows us to hold an intentional space for these conversations and to further the work and thought in other spaces.

E. **Topical Seminars.** Interns attend the Internship’s Topical Seminar didactics 1:00 p.m. to 2:00 p.m. on most Tuesdays.

F. **Case Conferences.** Interns attend the Internship’s Case Conferences one or two Tuesdays per month from 1:00 p.m. to 2:00 p.m.

G. Interns may be able to attend other training events in the Department of Psychiatry.

Rounds:

A. **Psychiatry Grand Rounds.** Interns attend Psychiatry Grand Rounds on Wednesdays from 11:00 a.m. to 12:30 p.m. (see schedule as it changes occasionally). Presentations include topics related to general psychiatry, psychopharmacology, epidemiology, diagnosis, and treatment.

B. **Psychiatry Complex Case Conference.** Interns attend Complex Case Conference once monthly on Wednesday from 11:00 a.m. to 12:30 p.m. This presentation takes the format of a Morbidity and Mortality case presentation and may include child and adolescent psychiatric issues.
Activities in the Child and Adolescent Psychiatry rotation comprise a balance of structured, assigned clinic responsibilities and didactics which have set days and times and unstructured responsibilities (primarily outpatient psychotherapy) which interns schedule and manage independently.

**Caseloads:**

**Psychological Assessment:**
Interns see a mean of approximately two patients per week for psychological assessments. Interns are assigned two evaluation clinics in the Psychiatry Outpatient Clinic each week.

**Psychotherapy:**
Interns see a minimum of 200 hours of psychotherapy/intervention during the rotation. Interns additionally are expected to schedule approximately 8 to 12 psychotherapy appointments per week.

**Research:**

The rotation’s training follows a scientist-practitioner model in which research and science inform clinical practice. Interns are expected to be familiar with literature related to clinical conditions they encounter as well as their assessment and intervention/psychotherapy practices so that psychological services they provide are evidence-based. Interns are expected to refine their ability to critically evaluate research and may have opportunities to participate in faculty research such as publications (e.g.,):


**Supervision:**

Throughout the rotation, interns receive a minimum of four hours of supervision (individual and group) per week. Supervision occurs both during scheduled evaluation clinics and at other scheduled appointment times. Interns receive weekly supervision from each supervisor.

**Situations where assistance is needed:** Whenever interns find themselves in doubt about how to proceed in a clinical situation, the first course of action should be to obtain immediate assistance from their supervisor, another faculty member, or other professional staff in the department. Supervisors are available by pager.

**Resources:**

The faculty in Child and Adolescent Psychiatry include:

**Child and Adolescent Psychologist Supervisors:**

Katie Lingras, Ph.D.,¹ University of Minnesota
Emily Pisetsky, Ph.D.,¹ University of North Carolina, Chapel-Hill
Observed Activities:

With the APA Standards of Accreditation, interns are required to be observed in supervision (case consultation) and in consultation/interprofessional/interdisciplinary interactions. The plan for these observations in the Pediatric Neuropsychology rotation is below. Interns are also observed in other activities that are part of their preparation for the Profession-Wide Competencies, such that evaluations are based on faculty-observed performance.

**Observed Supervision/Case Consultation:**
Interns are directly observed administering neuropsychological tests, child and parent interviews, and feedback sessions by Dr. Wozniak. Dr. Wozniak also observes the interns as they provide supervision to a practicum student (in person and in written reports).

**Observed Consultation/Interprofessional/Interdisciplinary Interactions:**
Interns regularly interact with psychiatrists, psychiatric residents, child and adolescent psychiatry fellows in clinical settings and in Departmental meetings (e.g., Grand Rounds), and in various treatment teams, especially the anxiety disorders.

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1 Denotes supervisor on the Child and Adolescent Psychiatry rotation
Support and Technical Staff:

The Division of Child and Adolescent Psychiatry office is staffed by a senior office manager and several clerical staff members who answer phones and assist in copying and dissemination of clinical work products. In addition, the Outpatient Psychiatry Clinic and Psychiatry billing office employ personnel who assist in obtaining prior authorization for services, schedule appointments, and assist in the administration of clinical work.

Physical Space:

The Department of Psychiatry moved into renovated space in 1999. The Child and Adolescent Psychiatry interns are provided with an office to share. Each intern is provided with an updated desktop computer. The Outpatient Psychiatry Clinic has 24 offices. In addition, interns are provided a cart of play materials that can be used in any office to facilitate work with child and adolescent patients. The Clinic has a separate child waiting room with child-focused magazines and children’s videos playing.

In July 2018, the Department opened a satellite clinic: The Behavioral Health Clinic for Families (BHCF). The newly-renovated space is less than ten minutes away from the Riverside Campus by car; it is within walking distance to a small park and popular ice cream shop. The clinic has four therapy rooms and one communal work area. Interns currently spend one day per week at BHCF doing individual therapy and receiving supervision. It is expected that by July 2020 the clinic will be outfitted with recording devices to allow for more precise supervision and feedback. Families love the new space since parking is convenient and the ambiance is calm.

Quality Assessment and Improvement:

Formative evaluation and feedback are provided throughout the rotation. Formal, summative evaluation of both interns and supervisors occurs at the midpoint and end of the rotation. The Minnesota Supervisory Inventory (MSI) and/or MSI-Neuropsychology version are used to evaluate interns based on their activities. Interns evaluate supervisors using the Supervisor Evaluation. A one-hour face-to-face evaluation session is scheduled to review evaluation forms and to provide time for discussion of training goals and expectations as well as to plan for future training needs and experiences.

Clinic Operations:

Psychotherapy Referrals:

The psychotherapy supervisors are responsible for distributing individual psychotherapy cases to trainees. Interns are encouraged to obtain as much psychotherapy experience as is reasonably possible during the Internship.
**Documentation of Services:**

Immediately following each patient contact, chart notes documenting the visit should be made in the patient's electronic medical record (EMR). Supervisors need to co-sign all medical chart notes, letters, and evaluation reports.

**Billing for Services:**

Interns are responsible for completing the appropriate billing sections of the electronic medical record after each patient contact, including identifying themselves and their supervisor as the providers.

**Treatment Plan:**

A treatment plan is required for each patient by the end of the second session. Interns are responsible for completing treatment plans for patients and reviewing them with patients and/or parents or guardians consistent with UMP policies.

**Release of Information:**

Efficiently obtaining release of information forms is central to providing effective and responsible patient services. Information regarding a patient cannot be obtained or given out without the express written permission of the parent or legal guardian of the child patient. This is a legal as well as an ethical issue. Not obtaining proper authorization for release of patient information could result in legal action taken against individual professionals, trainees, personnel, and/or the hospital. Interns are expected to be aware of ethical and legal standards (e.g., HIPAA) for releasing information.

**Completing Patient Information Releases:**

Release of Information forms need to be completely filled out prior to the parent or guardian signing the form. This includes identifying information, information on the provider and requestor, what information is being requested, medical condition, time period, and the purpose of the information release.

*Please Note:* It is of utmost importance that the parent/guardian understand and agree to the information being documented on this form. It is important that they sign and date this form after the requested information has been completed. Any information added after the parent/guardian originally signs the form should be initialed and dated by the parent/guardian.

**Handling of Patient Information:**

Information obtained during clinic visits and from other providers during the course of an evaluation should be submitted to medical records to become part of the patient's medical chart. Psychological test results should be placed in a manila file and given to the appropriate
supervisor. Interns check with outpatient supervisors for direction of handling of test data collected during outpatient evaluation.

**Interdepartmental Communication:**

Psychology interns are provided an individual mail slot in the Psychiatry Department. Interns should frequently check their mailbox since phone messages, departmental memos, and incoming mail is distributed in this manner. They also are responsible for checking their email. Patient information with identifying data is not to be communicated via email because it does not have the heightened security of other communication modalities.