SECOND POST-GRADUATE YEAR

CLINICAL ASSIGNMENTS

The primary clinical focus in the second post-graduate year is on emergency and inpatient Psychiatry. This is enhanced by outpatient experiences designed to allow limited follow-up of discharged inpatients. Significant exposure to forensic Psychiatry occurs during this year. Residents have the opportunity to directly observe faculty in their diagnostic, psychotherapeutic, psychopharmacological, and somatic treatment of patients.

PSYCHIATRY INPATIENT SERVICE

A. Rotation Description

The first and second year residents rotate a minimum of ten months on the inpatient services. Residents rotate on both the Adult General Psychiatry Unit as well as the Child Psychiatry Unit. The Inpatient Units are closely integrated with the emergency room and admissions unit, supervised by the Director of Inpatient Psychiatry.

The El Paso Psychiatric Center has a modern acute treatment unit that provides services in a multi-disciplinary environment. Admissions to the unit are initially evaluated by the PES Intake and Assessment Unit. Those patients who are admitted have acute psychiatric disturbances presenting a wide variety of psychopathology. Many of the cases are forensic in nature and under court order from the County Attorney’s office.

It is expected that experience on this service in providing short-term and/or symptom specific treatment of acutely ill and chronically ill patients will quickly expose the resident to a significant range of both psychopathology and treatment modalities. Some patients can be treated for up to 8-10 weeks with a treatment designed to impact on long term or recidivist, chronic cases.

All patients admitted to the unit have a resident and faculty member as their primary physicians. Each resident has a maximum patient load of 8 to 10 patients at any one time. The resident is expected to write a comprehensive admission note and begin treatment to assure continuity of care through the evening and the following morning.

Daily morning teaching rounds take place from Monday through Friday. The resident is expected to be prepared to present his/her cases by rounding with his/her patients before the morning multi-disciplinary rounds. Patients are seen through the week by faculty as well as by the residents. The resident is expected to do working rounds from 8:00 a.m. to 12:00 noon on Saturday or Sunday mornings, to interview any new patients admitted and to review the status of ongoing patients to assure care during the weekend.

After morning rounds, the residents spend the afternoon interviewing patients, updating charts, reviewing diagnostic and treatment procedures, interviewing families, being available for problems on the floor and coordinating care with the members of the multi-
disciplined team.

The resident is responsible for doing a careful psychiatric and medical history, a complete physical examination, the ordering of diagnostic procedures, applying screening instruments, formulating and implementing a treatment plan, and formulating post-discharge plans with the patient and the staff. The El Paso Psychiatric Center utilizes a predominantly paperless computer system. The resident is expected to write clear, useful notes and discharge summaries which are practical, comprehensive, and to the point.

The resident is responsible for presenting detailed case materials, plus discussing the relevant theoretical and practical issues during faculty rounds and case conferences. Residents are expected to attend group therapy meetings and family interviews with faculty, to evaluate family and marital structures and pathology, to do crisis interventions, and to do family education and short-term family interventions. Working with an assigned patient involves a resident in pharmacotherapy, directive psychotherapy, behavior modification, etc., whenever this is possible.

The resident is also responsible for presenting assigned forensic cases to the Probate Court Judge, in the presence of a faculty member. These patients are evaluated by the resident, faculty, social workers and nursing staff on Thursday morning court rounds, to determine which patients require a court hearing. At this time the proper documentation is issued and signed for formal presentation the following Monday afternoon, when the Probate Court Judge holds court.

B. Educational Objectives:

By the second year the resident will demonstrate the ability to:

1. Conduct a comprehensive psychiatric evaluation utilizing a biopsychosocial format.
2. Perform an appropriate physical examination.
3. Perform appropriate combined psychopharmacological and psychotherapeutic treatment plans.
4. Assess and manage patients with acute inpatient diagnoses including acute psychosis, homicidal ideation, suicidal ideation, substance abuse or dependence problems, concurrent medial diagnoses, medical illness with psychiatric symptoms, depression, anxiety, side effects of psychopharmacological agents, acute bereavement, acute psychiatric trauma, drug seeking behavior, malingering or factitious disorder, victims of various types of abuse, and situational problems.
5. Have appropriate listening skills to allow therapeutic contact with patients.
6. Have communication skills that allow for timely data, education, and other forms of treatment.
7. Conduct a skilled and comprehensive individual and family psychiatric interview.
8. Formulate an appropriate inpatient treatment plan using a biopsychosocial approach.
9. Be able to differentiate between psychiatric problems caused by structural or metabolic brain disease and those traditionally considered functional in nature.
10. Use psychopharmacologic agents and ECT skillfully.

11. Work skillfully within a treatment team and manage the multiple systems involved in the care of his/her patients.

12. Be able to provide basic supportive psychotherapy, brief psychotherapy, combined psychotherapy, and behavioral therapy techniques, as appropriate.

13. Obtain the appropriate knowledge objectives and attitudes as defined under the educational objectives for the PGY-II year as appropriate.

**EMERGENCY/TRIAGE ROTATION**

**Description of Rotation**

The Psychiatry Emergency Service/Intake Unit is part of an integrated system with continuity of clinical services provided by the El Paso Psychiatric Center. The resident has supervised responsibility on an organized 24-hour psychiatric emergency service which has clinical exposure to patients undergoing an acute psychiatric disorder. The resident is responsible for the evaluation, crisis management, and triage of psychiatric patients. Interface frequently occurs with the Thomason Hospital Emergency Medical Services, El Paso MHMR, NCED (private community psychiatric hospital), and other local agencies. This service and responsibility involves the resident in the initial evaluation, assessment and treatment process that often leads to a continuity of services on inpatient levels of care through different units in the El Paso Psychiatric Center. The residents participate in patient care as part of an interdisciplinary team.

**A. Intake and Assessment:**

The resident participates in evaluations of patients referred by the local mental health authority or patients who have been transferred from other facilities, including Thomason Hospital Emergency Room and El Paso MHMR Outpatient. All patients must be screened by the Mental Health Authority before admission. Patients can include individuals on mental illness affidavits or who are brought in by the police on emergency detention orders. All types of psychopathology are seen, including suicidal patients. The resident does an initial psychiatric evaluation, to include history of present illness, past medical history, social history and mental status examination. In addition, various instruments are administered including suicide risk forms and Brief Psychiatric Rating Skill (BPRS). All patients admitted to the inpatient services are given a physical examination.

Residents are trained to do focused evaluations that help reduce the risk to patients and caregivers. The training becomes proficient in assessing safety issues such as suicidal or homicidal potential. The residents are exposed to relevant issues in forensic Psychiatry. Under supervision they provide the patient with a disposition to the least restrictive environment. This clinical core of services occurs within a consumer oriented system utilizing managed care principles.

**B. Supervision:**
A faculty supervisor is responsible for the intake evaluation, triage, and crisis management services of the El Paso Psychiatric Center. The resident regularly consults with the Medical Director of the El Paso Psychiatric Center in managing interface problems with the various systems that relate to the El Paso Psychiatric Center.

C. Educational Objectives:

By the end of the second year the resident will have participated in a sufficient number of patients on the Emergency Psychiatry Rotation to:

1. Be able to understand the basics of the spectrum of psychiatric care at the emergency, crisis intervention and triage level.
2. Be familiar with the relationship that Psychiatry has with other medical specialties in transferring patients in acute psychiatric emergencies.
3. Be able to work with a multidisciplinary team.
4. To have acquired a forensic understanding of psychiatric emergency care, to include the assessment of patients who are showing danger to themselves or others.
5. Understand the indications and contra-indications for various types of hospitalization following the acute crisis management of patients.
6. Be capable of treating acute psychosis, suicidal attempts and other psychiatric emergencies.
7. Have a thorough understanding of the mental health commitment process.
8. Be able to properly use the various treatment modalities in an emergency Psychiatry clinical setting, including psychopharmacologic agents, crisis family therapy, and the short-term psychotherapy interventions.
9. Be able to have a thorough understanding of the proper disposition following the psychiatric treatment of the patient, to include an ability to relate to community agencies, family and other professionals who may be working with the resident’s patients.
10. Be able to utilize a biopsychosocial model that includes cultural aspects in patient assessment and care.

EDUCATIONAL OBJECTIVES FOR PGY-II YEAR

KNOWLEDGE OBJECTIVES:

By the end of the PGY-II year, the resident will demonstrate knowledge of:

1. The subtleties of the DSM-IV diagnostic nomenclature and its limitations in classifying psychiatric patients.
2. The rational use of polypharmacy in the treatment of the psychiatric inpatient.
3. The uses of various forms of psychotherapy in the treatment of the psychiatric inpatient.
4. The role of family interventions in preventing relapse and readmission of psychiatric inpatients.
5. The use of ancillary evaluative techniques, such as psychological testing, in the psychiatric inpatient.
6. The treatment of the dual-diagnosis patients.
7. The incidence, prevalence, and pathophysiology of common psychiatric disorders.
8. A beginning understanding of the psychodynamics of common psychiatric disorders.
9. The role of ECT in the treatment of specific psychiatric disorders.
10. A basic understanding of human development and child Psychiatry.
11. Common personality theories and family dynamics.
12. An elementary understanding of the principles of supportive psychotherapy, brief psychotherapy, cognitive behavioral psychotherapy, psychodynamic psychotherapy and combined psychotherapy and drug treatment.
13. An elementary understanding of the principles of group psychotherapy.

SKILL OBJECTIVES:

By the end of the PGY-II year, the resident will demonstrate the ability to:

1. Conduct a skilled and comprehensive individual and family psychiatric interview.
2. Be able to do a comprehensive biopsychosocial formulation of the patient’s problems and present a comprehensive treatment plan taking into account the patient’s own dynamics and the family system.
3. Treat all common psychiatric emergencies including psychosis, suicidality, violence due to psychiatric illness, and substance intoxications/withdrawal not requiring medical admission.
4. Present a thorough differential diagnosis for his/her patients.
5. Differentiate between psychiatric problems caused by structural or metabolic brain disease and those traditionally considered functional in nature.
6. Use psychopharmacological agents and ECT skillfully.
7. Work skillfully within a treatment team and manage the multiple systems involved in the care of his/her patients.
8. Begin using some supportive therapy techniques with his/her patients.
9. Provide culturally acceptable and appropriate treatment for patients of different backgrounds.

ATTITUDE OBJECTIVES:

By the end of the PGY-II year, the resident will have demonstrated the following attitudes:

1. Attention to their own personal reactions to their patients.
2. Attention to the maintenance of appropriate boundaries with patients.
3. An attitude of advocacy for the best interests of their patients.
4. Sensitivity to cultural differences.
5. Sensitivity to the importance of family relationships.
6. A willingness to seek and receive supervision.
ASSESSMENT TOOLS:

The PGY-II year general competencies and the PGY-II year specific goals and objectives will be assessed by:

1. Written evaluations of clinical care by assigned clinical supervisors.
2. Performance during clinical presentations to assigned supervisors.
3. Participation in PGY-II seminars as evaluated by the seminar director.
4. Bi-annual review of the resident’s performance by the Training Director and the Residency Training Committee.
5. Written documentation by individual (one hour weekly) supervisors.
6. Periodic psychotherapy skills assessment (particularly combined psychotherapy, supportive psychotherapy and behavioral therapy) utilizing live patient or chart exams by faculty, including the Training Director.
7. Bi-annual resident self-evaluation and plan for improvement.
8. Participation in PRITE examination.
9. Performance during case conferences, held weekly, on the inpatient service.
10. Seminar written exams.
11. Periodic resident skills assessment of systems based practice and cultural formulation skills.
12. Case logs.
13. 360° evaluations.
14. Record reviews.

PGY-II SEMINAR DESCRIPTIONS AND OUTLINES

Title: NOON CONFERENCES

Presented by: Various Faculty

Location: Neuro. Conf. Room

Date: July 2004 - June 2005

Time: Mon., Wed., Fri., 12:00 – 1:00 p.m.

Texts: Assigned Reading

Conferences are regularly scheduled during the noon hour throughout the year. These Regularly scheduled case conferences are programmed during the noon time hour. These include case conferences, journal clubs, grand rounds, and special topic presentations, such as Substance
Abuse and Neuropsychiatry. Case conference presentations are presented by residents in a format in which a chosen faculty will be the commentator. These conferences are intended to review clinical cases seen by the residents with faculty, residents and students in attendance. The cases presented are supported by a review of pertinent literature and theoretical discussions. The Training Director oversees the scope and nature of the cases presented. Through these conferences, the resident is expected to:

1. Learn to present a formal structured overview of the patient utilizing the chief complaint, history of present illness, past medical history, social history, substance abuse history, mental status examination, and diagnostic formulation. The resident will learn to present the specific treatment plan utilizing a biopsychosocial formulation. If appropriate, a cultural formulation will be generated.
2. Learn to give constructive feedback to peers and faculty members who present cases.
3. Learn to provide appropriate commentaries and suggestions regarding treatment and inject theoretical or research issues pertinent to the case.
4. Review cases underscoring general competencies, including practice based learning, systems based care and evidence based care.

The balance of the presentations are supervised by the Training Director and Residency Training Committee. Each year the following topics will be approached:

1. Neuropsychiatry.
2. General Neurology.
3. Regularly scheduled substance abuse case conferences or lectures designed to complement the patient population seen by residents on the various services.
7. Sleep Disorders Medicine.
8. General Medical topics (diabetes, hypertension, etc.).
9. Consultation Liaison.
11. Special topics appropriate to current timely clinical or socio-economic issues such as managed care, ECT update, ethics, partial hospitalization, community Psychiatry, and others such as legal/forensic Psychiatry).
12. The basic principals of psychometric testing and consultation.
13. Psychopharmacology.

These conferences are designed to complement the Journal Club and Grand Rounds presentations. Substance abuse case conferences are part of a structured curriculum and are regularly scheduled on approximately a monthly basis, with a primary focus on existing inpatient cases and include issues such as detoxification, alcohol and substance abuse treatment plans, dual diagnosis treatment, and appropriate treatment planning for outpatient or specialized chemical dependency programs.
There is regular participation by the Neurology Members of the department and general neurology cases are scheduled throughout the year focusing on neuropsychiatry, general neurology (epilepsy, degenerative and demyelinating disorders, dementias and others), and neurosurgical issues (head trauma). General medical topics that are important primary care issues relative to psychiatric practice are also presented. All topics are reviewed regularly by the Residency Training Committee, and include input from faculty and residents members of the Committee.

Title: INPATIENT CASE CONFERENCE

Presented by: Various Faculty  
Location: El Paso Psychiatric Center  
Dates: July 2004 to June 2005  
Time: Tuesday, 7:30 – 8:30 a.m.

Participants: Faculty mentor, residents and medical students. Required for PGY-I and PGY-II residents.


Description: In-dept review of a patient at EPPC (pediatric, adult or geriatric).

Learning Objectives:

1. Identify the pertinent positive and negative mental status exam findings.
2. Demonstrate “bedside” neurological/psychological testing.
3. State the differential diagnoses for the patient.
4. Outline the biopsychosocial and cultural aspects of the case.
5. Discuss psychodynamics and develop a formulation.
6. State the working diagnosis.
7. Formulate hypotheses that can be tested.
8. Recommend additional assessment(s): lab, psychological testing, etc.
9. Identify need for additional consultation.
10. Apply evidence-based interventions; guide additional self-directed learning.
11. Develop a multi-modal, collaborative treatment plan.
12. Review relevant pharmacological principles.
13. Identify risk behaviors and potential interventions.
14. Discuss milieu management and staff roles.
15. Review forensic aspects.
16. Review relevant hospital policies and community (system) issues.
17. Describe discharge criteria.
18. Delegate tasks for additional assessments and interventions.
19. Address counter-transference and sources of bias.
20. Provide peer review.
On a weekly rotational basis, a resident or student will:

1. Select a patient.
2. Give a concise presentation of the patient/case to the group (10 minutes).
3. Address questions by the group (5 minutes).
4. Interview the patient in front of the group (15 minutes).
5. Summarize the findings (5 minutes).

The faculty will then select one or more aspects of the case to discuss in detail with the group, addressing the (above) objectives (25 minutes).

**Evaluative Methods:**

1. Residents are expected to attend 80% of the conferences per academic year (sign-in sheet).
2. Evaluation form for the resident’s presentation, interview, and discussion.
3. Quarterly evaluation of the faculty by residents (per residency format).
4. Single evaluation of the faculty, per clerkship rotation, by medical students.

**Title:** INTERVIEWING SKILLS

**Presented by:** Nicolas Baida-Fragoso, M.D.  **Location:** Neuro. Conf. Rm.
**Dates:** July 2004 - Nov. 2005  **Time:** Tuesday, 3:00 – 4:00 p.m.

**Texts:** Othmer & Othmer, *The Clinical Interview Using DSM-IV*

**Outline:**

This course includes general principles of interviewing techniques: word-communication, empathy, respect, warmth and genuineness, self-disclosure, awareness of the process of interaction, interventions, note-taking and the telephone interview. Didactic, role-playing and live patient interview techniques are used.

**Objectives:**

By the end of this course the resident will be able to:

1. Understand the general principles of interviewing techniques.
2. Understand the principles and skills used in obtaining respect, warmth and genuineness in the clinical interview.
3. Be able to understand and obtain some skills necessary to develop word communication and empathy with patients.
4. To have an awareness of the process of interaction, intervention, and note taking in the clinical interview.
5. To have a beginning understanding of the management of very difficult patients and learning to develop some techniques in adjusting the interview process to deal with difficult patients.

6. To develop an understanding and techniques useful in doing telephone interviews or communication with patients.

Title:  INTRODUCTION TO GENERAL PSYCHIATRY

Presented by: Nicolas Baida-Fragoso, M.D. Location: Neuro. Conf. Rm.
Dates: Dec. 2004 – June 2005 Time: Tuesday, 3:00 – 4:00 p.m.

Texts: See reading list

Outline:

A year-long course in the essentials of general Psychiatry. Assigned readings, videos, and demonstrations are used to teach the fundamentals of psychiatric assessment, diagnosis and treatment.

Residents are periodically assessed with written examinations and observation by the faculty. Satisfactory mastery of the material is required before passing to the second year.

1. History, Examination, Formulation and Diagnosis
   Normal
   Psychiatric Emergencies
   Clinical Syndromes
   Other

2. Treatments
   Organic Therapies
   Psychotherapies
   Milieu Therapy
   Activity and Rehabilitation Therapies
   Behavior Therapies
   Other and Optional Therapies

3. Special Investigations
   Diagnostic Procedures
   Psychological Testing
   Psychophysiology Lab Measures

4. Special Topics
   Community Mental Health
   Home Visits
   Other Disciplines
   Agencies Contact
   Research
Journal Clubs choices

Goals and Objectives:

By the end of this seminar the resident will be expected to:

1. To have a thorough understanding of an adequate psychiatric history, examination, formulation, and diagnostic procedure.
2. Have an overview of the appropriate and current treatments used in Psychiatry, including organic therapies, psychotherapies, milieu therapies, activity and rehabilitation therapies, behavioral therapies and other optional therapies.
3. To have an understanding of special investigations that are used in Psychiatry including diagnostic procedures, psychological testing, psychophysiological lab measures.
4. To have covered and obtained a beginning understanding of concepts such as community mental health, home visits, allied health professionals and other disciplines that interact with Psychiatry, agencies and other community contacts and research.
5. To have a beginning understanding and have developed early skills in interviewing techniques.
6. To be able to identify the proper professional and ethical responsibilities towards patients, families, and co-workers.
7. To be able to have a beginning understanding of the importance of mechanisms of defense and coping skills in the assessment of patients.

Title: INTRODUCTION TO GEROPSYCHIATRY

Presented by: Martin Guerrero, M.D. Location: Neuropsych. Conf. Rm.
Dates: July 2004 - December 2004 Time: Wednesday, 1:00 – 2:00 p.m.

Texts: Assigned Reading

Outline:

1. Introduction to geriatric Psychiatry
2. Developmental aspects of aging
3. Statistical and demographic considerations
4. Geriatric nursing and social work
5. Geriatric general medicine
6. Syndromal diagnostics and pharmacotherapy issues in the elderly:
   A. Depression
   B. Mania
   C. Delirium
   D. Dementia
   E. Paranoid disorders, schizophrenia paraphrenia
7. Pharmacodynamics and pharmacokinetics
Goals and Objectives:

By the end of this course, the resident will be able to:

1. Have a general understanding of the basic principles of geriatric Psychiatry.
2. Have an understanding of the major developmental aspects of aging.
3. Have a preliminary overview of statistical and demographic considerations used in Psychiatry of the elderly.
4. Have an understanding of the role that is played in other professional disciplines in geriatric Psychiatry.
5. Have an understanding of the basic general medical issues that often present in elderly patients.
6. Understand the Syndromal diagnostics and pharmacotherapy issues in the elderly.
7. Have an understanding of the basic pharmacodynamics and pharmacokinetics useful in treatment of the elderly.
8. Understand the basic principles useful in interviewing the elderly patient.
9. Be acquainted with some basic screening and assessment instruments used in geriatric care.
10. Have an understanding of psychodynamic factors and psychotherapy in the elderly.
11. Be able to understand some of the critical issues important in developing community resource contacts and dispositions in the elderly.
12. Understand the basics of cultural anthropological and sociological aspects of aging.
13. Be able to understand some special techniques and procedures useful in the treatment of the elderly, such as ECT and polysomnography.

Title: FAMILY DYNAMICS AND FAMILY THERAPY

Rafael Aguirre, LMSW-ACP Time: Wednesday, 1:00 – 2:00 p.m.

Texts: Philip Barker, Basic Family Therapy
Murray Bowen, M.D., Family Therapy in Clinical Practice
Salvador Minuchin, M.D., Families and Family Therapy
Outline:

In this course the development of different forms of family therapy will be discussed. A major emphasis will be on Bowen Family Systems Theory and its application. A way of thinking that understands the family as an emotional unit and understands many behaviors as part of family emotional processes will be introduced. The concepts of family projection process, multi-generational transmission process, and the concept of differentiation of self in the context of a person’s functioning in the family system will be discussed.

Objectives:

By the end of this seminar the resident will be able to:

2. Understand the critical aspects of family dynamics.
3. Compare the Bowen Family Systems with other theoretical approaches to family therapy.
4. Understand various clinically appropriate strategies used in helping families in the treatment process.

Topics:

The Development of Family Therapy, Barker, Chp. 1
Healthy Families and Their Development, Barker, Chp. 2
Some Basic Theoretical Concepts, Barker, Chp. 3
Schools of Family Therapy, Barker, Chp. 4
Assessing Families, Barker, Chp. 5
Family Genograms (Handout Material)
Establishing Treatment Goals, Barker, Chp. 6
Indications and Contraindications for Family Therapy, Barker, Chp. 7
Practical Points in the Treatment of Families, Barker, Chp. 8
Common Family Problems and Their Treatment, Barker, Chp. 9
A Method of Therapy, Barker, Chp.
A Family Concept of Schizophrenia, Bowen, Chp. 4
Family Psychotherapy with Schizophrenia in the Hospital and Private Practice, Bowen, Chp. 8.

Title: INTRODUCTION TO GROUP PSYCHOTHERAPY

Presented by: David F. Briones, M.D. Location: Neuropsych. Conf. Rm.
Dates: April 2005 - June 2005 Time: Wednesday, 1:00 – 2:00 p.m.

Week 1: Definition and purpose of Group Psychotherapy
a. History and evolution
b. Treatment settings

Readings:
2. Rationale for Group Psychotherapy in Managed Care, from the Effective Use of Group Therapy in Managed Care; pgs. 1-25.

**Week 2:** Treatment Planning and Preparation
   a. Goal development
   b. Designing a Framework

**Readings:**

1. Forming a Group, from Groups: Process and Practice, 3rd Edition by Corey and Corey, pgs. 75-100
2. Group Psychotherapy with Patients with Coronary Heart Disease from Internal Journal of Group Psychotherapy, Volume 48, Number 2.

**Week 3:** Group Leadership
   a. Leadership roles and therapeutic style
   b. Transference and Counter-transference

**Week 4:** Ethics and Group Rules
   a. Establishing boundaries

**Readings:**

1. Ethical and Professional Guidelines for Group Leaders, from Groups: Process and Practice, 3rd Edition by Corey and Corey; pgs. 39-70

**Week 5:** Group Process
   a. Phases of group development

**Readings:**


**Week 6:** Group Process (Continued)
   a. Leadership style and group process

**Readings:**

Week 7: Major Therapeutic Paradigms in Group Psychotherapy
   a. Interpersonal
   b. Intrapsychic
   c. Cognitive-behavioral
   d. Psychoeducational

Readings:
1. The Model-Scene in Group Psychotherapy with Chronic Psychotic Patients from International Journal of Group Psychotherapy, Volume 48, Number 1.
2. Group Therapy for Seriously Mentally Ill Patient in a Manage Care System, from Effective Use of Group Therapy and Evaluation of Results.

Week 8: Termination and Evaluation of Results

Readings:

Title: INTRODUCTION TO CHILD PSYCHIATRY AND DEVELOPMENT

Presented by: Barry Irons, M.D. Location: Psych. Conf. Room
Invited Guest Presenters PRN Time: Wednesday, 2:00 – 3:00 p.m.
Dates: July 2004 to June 2005

Description: Discussion of clinically relevant and immediately applicable (review) articles addressing the common child psychiatric conditions seen in practice. Topics are selected to enhance the knowledge and confidence (skills) of PGY-II residents as they see children, adolescents, and their families in intake, on call, and while covering CAD at EPPC. The assigned readings are provided in hard copy or by electronic reserve prior to the seminar meetings, with case-based applications (occasionally meetings with live patients) during the discussion time. The content is not presented as a lecture. Rather, the material is chosen as a basis for discussion and an avenue for additional self-directed learning, literature searches, and clinical applications.

There will also be periodic reviews of content applicable to PRITE examination areas. In addition, residents will be asked to conduct videotaped patient interactions with pediatric patients and their families for peer review and discussion.

Learning Objectives:

1. Identify the core signs and symptoms of the most common child psychiatric conditions (ADHD, depression, anxiety disorders).
2. Conduct child/adolescent mental status examinations; state how the MSE should be adapted to the child’s developmental level.
3. State the typical initial treatment approaches for these conditions, including: pharmacology; psychotherapy; and school, social, and environmental interventions.
4. Recommend appropriate psychopharmacological strategies for the given clinical diagnosis, symptom profile, acuity, and related co-morbid concerns.
5. State the components of informed consent and assent for use of psychiatric medications in children and adolescents.
6. State the risk factors for suicide; recommend appropriate crisis management.
7. Provide family education regarding behavioral interventions for sleep disorders.
8. Provide therapeutic advice to families regarding the management of non-compliance/defiance.
9. Identify the components of a developmental and child neurological assessment.
10. Recognize signs and symptoms of global developmental delay(s).
11. Implement seclusion, restraint, and crisis medications appropriately; state and apply the applicable Texas Administrative Code and the EPPC policy.
12. Identify the type of aggression (e.g. reactive, predatory) and recommend appropriate pharmacological management.
13. Recommend interventions for the management of bulimia.
14. Interview families utilizing the Family Observation and Family History Interview formats as a guide.
15. State the relationship between family history (genetics), temperament, and the subsequent development of specific anxiety disorders. Recommend a general therapeutic approach to the management of childhood anxiety.
16. Distinguish (sort) signs and symptoms of acute vs. chronic PTSD.

**Evaluative Methods:**
Resident Competency Evaluation Form
Peer review of videotaped patient interactions
Review of evidence-based literature searches and discussions

**Required Textbooks:** None
Previous text: Lewis M, Volkmar F. Clinical Aspects of Child & Adolescent Development, 3rd edition, was published in 1990; a newer reference is being investigated.

**Literature Reviewed during the Seminar:**

**ADHD**
Power Point presentation on ADHD (review of assessment and treatment).

Oppositional-Defiant/Conduct Disorders

Seclusion and Restraint

Violence and Aggression

Sleep Disorders

Childhood-Onset Schizophrenia
PTSD, DID

Eating Disorders

Anxiety
5. Power Point presentation on Childhood Anxiety (review of assessment and treatment), presented as a Departmental Grand Rounds.

Depression
2. Power Point presentation on child/adolescent depression (review of assessment and treatment, with extensive references).

Childhood Bipolar Disorder

Suicide
5. Power Point presentation on Suicidal Behavior in Youth.

Temperament

Developmental Assessment

Family Assessment

Deception

Substance Use Disorders
1. Power Point presentation on Alcohol Use Disorders in Adolescents, with extensive references (presented as a Departmental Grand Rounds)

OCD
3. Kurlan R, Kaplan EL. The Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection (PANDAS) Etiology for Tics and Obsessive-


Tourette’s Syndrome

Title: INTRODUCTION TO PSYCHOMETRICS AND NEURO-PSYCHOLOGICAL TESTING

Presented by: Art Blume, Ph.D. Location: Neuropsych. Conf. Rm.
Dates: Jan. 2005 - Mar. 2005 Time: Wednesday, 3:00 – 4:00 p.m.


Materials: The residents are required to read articles from journals brought in for class discussion. Use of audio tapes, transparencies, films, handouts and assessment instruments as well as text will comprise course materials.

Outline:

This course examines the various frameworks for understanding the individual including, but not limited to, the following: methods of data gathering and interpretation, individual testing, case study approaches, study of individual differences.

Course Objectives:

1. To understand the major concepts of test construction.
2. To include understanding of validity and reliability.
3. To encourage broad familiarity with various types of assessment instruments and methods.
4. To understand the importance of the clinical interview.
5. To understand assessment instruments in the areas of intelligence, aptitude, personality, and vocational.

Competencies of Residents:

1. Each resident is expected to have a general understanding of psychological principles and concern for the ethical, administration, interpretation, and use of assessment instruments and methods.
2. The resident should have the willingness to participate in seminar exercises in evaluation
and measurement, including interviews and scoring of instruments.

3. The resident should demonstrate graduate level ability in communicating conclusions, both orally and in writing.

Schedule:

Overview and requirements, functions and origins of psychological testing.
The clinical interview, validity and reliability.
The assessment report.
Individual intelligence tests
Mental retardation assessment
Learning disabilities assessment
The assessment of personality
The assessment of special populations and conditions.

Title: INTRODUCTION TO COGNITIVE BEHAVIORAL PSYCHOTHERAPY
Presented By: Art Blume, Ph.D. Location: Neuropsych. Conf. Rm.
Dates: April 2005 - June 2005 Time: Wednesday, 3:00 – 4:00 p.m.

Text: Cognitive Therapy in Practice - Jacqueline B. Persons

Outline:

This course focuses on the general principles of cognitive behavioral therapy and its techniques. The resident will get familiarized with the case formulation model, learn how to obtain a problem list, learn some of the behavioral modification techniques and to develop Homework for their patients. Didactic lectures combined with live patient interviews with behind the mirror supervision.

Objectives:

1. Familiarize with the development of a problem list.
2. Learn to create a cognitive case formulation.
3. Apply some of the behavioral interventions.
4. Create effective homework within the treatment.

Title: PERSONALITY THEORIES, CHARACTER AND PATHOLOGY
Presented by: S.F. Aguirre-Hauchbaum, M.D. Location: Neuropsych. Conf. Rm.
Dates: July 2004 - Sept. 2004 Time: Wednesday, 4:00 – 5:00 p.m.

Texts: Assigned Readings
Outline:
1. The psychoanalytic psychology of Sigmund Freud
2. The individual psychology of Alfred Adler
3. The analytical psychology of Carl Jung
4. The interpersonal theory of Harry Stack Sullivan
5. Applied phenomenology: the client-centered psychology of Carl R. Rogers
6. Daseinanalysis: Binswanger and Boss
7. The psychology of personal constructs: George A. Kelly

Title: INTRODUCTION TO PSYCHODYNAMIC PSYCHIATRY IN CLINICAL PRACTICE AND ADVANCED PSYCHODYNAMIC PSYCHOTHERAPY & OBJECT RELATIONSHIPS THEORY

Presented by: S.F. Aguirre-Hauchbaum, M.D. Location: Neuropsych. Conf. Rm.
Dates: October 2004 – June 2005 Time: Wednesday, 4:00 – 5:00 p.m.

Texts: Psychodynamic Psychiatry in Clinical Practice, by Glen O. Gabbard, M.D.

Topics:

Oct. Introduction
Oct. Psychodynamic Assessment of the Patient, pp. 49-70
Oct. Treatments in Dynamic Psychiatry, I: Individual Psychotherapy, pp. 71-100
Nov. Treatments in Dynamic Psychiatry, II: Group Therapy, Family/Marital Therapy and Pharmacotherapy, pp. 101-124
Nov. Treatments in Dynamic Psychiatry, III: Dynamically Informed Hospital Treatment, pp. 125-148

Dynamic Approaches to AXIS I Disorders

Nov. Schizophrenia and Affective Disorders, pp. 149-176
Nov. Anxiety Disorders, pp. 199-226
Dec. Paraphilias and Sexual Dysfunctions, pp. 227-254
Dec. Psychoactive Substance Use Disorders and Eating Disorders, pp. 255-284

Dynamic Approaches to AXIS II Disorders

Jan. Cluster B Personality Disorders: Hysterical and Histrionic Personality Disorders, pp. 423-452
Jan. Cluster C Personality Disorders: Avoidant, Dependent, Obsessive-Compulsive and
Passive-Aggressive, pp. 453-480

Advanced Psychodynamic Psychotherapy - Object Relationships Theory


Feb. Melanie Klein, (Kaplan & Sadock, pp 820-832)
Object Relations Theory. Harry Guntrip, The Fairbairn-Guntrip Approach
British Psychoanalytic Schools, R.E. Money-Kyrle, The Kleinian School
Feb. An Approach to the Understanding of Borderline Disorders, Leon Grinberg, M.D.
Feb. The Borderline Syndrome. Review of a Psychiatric Concept by L.R. Kimsey, M.D.
The Borderline Phenomena, Darwin Dorr, Ph.D.
The Families of Borderlines, John G. Gunderson, M.D.

The month of March will be spent reviewing the presented material.

Learning Objectives:

The Personality Theories, Psychodynamic Psychiatry and Psychopharm/Psychotherapy courses are given as a continuum. By the end of these seminars the resident will be able to:

1. Define and understand the basic principles of dynamic oriented Psychiatry.
2. Define the difference between dynamic-expressive psychotherapy and psychoanalysis, as well as knowing the indications for each of these modalities.
3. Define the differences between dynamic-expressive psychotherapy and supportive psychotherapy and short-term psychotherapy, as well as the indications for each of these modalities.
4. Identify the precipitating events predisposing factors, and areas of psychological conflict.
5. Define and use the following terms:
   - ground rules
   - abreaction
   - clarification
   - sympathy
   - defense mechanisms
   - transference
   - confrontation
   - support
   - resistance
   - transferanceneurosis
   - interpretation
   - reassurance
   - rapport
   - countertransference
   - follow-through
   - termination
   - catharsis
   - intervention
   - empathy
6. Define and understand the different phases of dynamic-expressive psychotherapy.

Title: INPATIENT PSYCHIATRY

Presented by: Walter Aeschbach, M.D. Location: Neuro. Conf. Room
Dates: July 2004 – June 2005 Time: Thursday, 12:00 – 12:50 p.m.
Inpatient Psychiatry by Ole Thienhaus, M.D., APPI Press

Outline:

This course covers the process and general principles of inpatient psychiatry from the decision to admit until the time of discharge. It includes sections legal issues and on the role of the family in the treatment of psychiatric inpatients.

Objectives:

1. Understanding the reasons to admit someone to an inpatient psychiatric unit.
2. Understand the problems occasioned by admission.
3. Understand the elements of transition to inpatient status.
4. Understand the roles of the multidisciplinary treatment team.
5. Understand legal issues entering around inpatient treatment.
6. Understand milieu issues.
7. Understand the role of the family with psychiatric inpatients.
8. Understand the principles of handling inpatient emergency issues such as violence and elopement.
10. Understand the criteria for discharge of psychiatric inpatients.

Title: GRAND ROUNDS: PSYCHOMETRICS, ASSESSMENT AND APPRAISAL OF INDIVIDUALS

Presented by: Robin Hilsabeck, Ph.D. Location: Neuropsych. Conf. Rm. and Clinical Settings
Dates: July 2004 – June 2005 Time: 3rd Thursday, 12:00 – 1:00 p.m.


Objectives:

1. To provide psychiatric residents with a working knowledge of common psychological instruments utilized in the assessment of individuals. Instruments reviewed include Intelligence Scales, Self-Report Personality Inventories, and Neuropsychological Tests.
2. Introduce psychiatry residents to principles of individual psychotherapy, including cognitive-behavioral therapy, interpersonal therapy and family therapy.
3. Use live patient experience to demonstrate the application of the biopsychosocial model to case studies, including the clinical interview, mental status examination, and psychological and neuropsychological testing.
Title: PSYCHOPHARMACOLOGY

Presented by: Salvador F. Aguirre, M.D. Location: Neuro. Conf. Room
Dates: July 2004 - June 2005 Time: Thursday, 4:00 - 5:00 p.m.

Handbook of Psychiatric Drug Therapy, by George W. Arana and Jerrold F. Rosenbaum, 4th Edition

Outline:

A thorough review of the entire spectrum of psychopharmacologic management case material complements the didactic portion. The residents participate in this course over a 2 year period.
Advancement from PGY-2 to PGY-3

- Successful completion of PGY-2 rotations. The Residency Training Committee will be responsible for reviewing any unsatisfactory evaluations for determination of any necessary remediation.
- Has passed USMLE Step 3 examination.
- Competence to supervise PGY-I and PGY-2 residents and medical students.
- Demonstrated capacity to obtain appropriate consultation when indicated.
- Ability to perform resident duties with less intense supervision.
- Competence to make increasingly independent decisions based on previous clinical experiences.
- Demonstrated elements of basic psychotherapeutic skills in supportive and behavioral therapies.
- Demonstrated skills in utilizing psychopharmacotherapeutic interventions in a broad range of clinical problems.

At every level of advancement and at the time of completion of training, the resident must demonstrate the following:

- Interpersonal and communication skills that are satisfactory or superior, as documented by evaluators in inpatient and ambulatory settings.
- The ability to work well with patients and members of their support systems, fellow residents, faculty, consultants, ancillary staff and other members of the health care team in a manner that fosters mutual respect and facilitates the effective handling of patient care issues as demonstrated by satisfactory staff and faculty professional behavior evaluations. Any disciplinary action plans that result from unprofessional behavior must be successfully completed.
- Absence of impaired function due to mental or emotional illness, personality disorder, or substance abuse. Any disciplinary actions or treatment programs implemented on impaired function must have been successfully completed and reinstatement approved by the Program Director.