The Child and Adolescent Psychiatry Training Program

Stanford University School of Medicine
Academic Year 2004-2005

Shashank V. Joshi, MD
Director of Training

Dr. med. univ. Hans Steiner
Professor of Psychiatry
Director of Education

Tom Tarshis, MD, MPH
Chief Fellow (2004-05)

Residency Training Office
Division of Child & Adolescent Psychiatry
And Child Development
Department of Psychiatry and Behavioral Sciences
Stanford University School of Medicine
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NRMP # 1820
Introduction

The mission of The Stanford Division of Child and Adolescent Psychiatry and child Development is to provide leadership in the field of child and adolescent mental health by integrating research, clinical practice, and teaching. We are dedicated to:

- providing state-of-the-art patient care
- training future professionals in child psychiatry and psychology
- advancing knowledge in:
  - Neuroscience
  - Treatment and outcomes
  - Understanding of pathogenesis
  - Interactions between biology and environment
  - Prevention

The highest priority of the Child and Adolescent Psychiatry Training Program at Stanford University is the preparation of trainees for leadership roles in academic child & adolescent psychiatry, clinical practice and public service. Regardless of their career choices, we believe that all trainees must be thoroughly trained, first and foremost, as clinicians.

The Stanford training program is based on the principles of developmental psychopathology and developmental sciences. This theoretical framework views human development and its disturbances as flowing from the complex and reciprocal interactions between biology, the family, and the broader social and physical environments. It integrates information from developmental psychology, molecular biology and human genetics, developmental biology, neuroscience, the behavioral and social sciences, and epidemiology.

Fellows training at Stanford develop a professional identity as child psychiatrists who are comfortable diagnosing and treating children, adolescents, parents, and families. They build a firm foundation in the developmental sciences, while developing skills in evaluation, diagnosis, treatment, and in collaboration with professionals in related fields. Moreover, we promote academic achievement and strongly encourage fellows to pursue their individual goals in scientific research.

The Stanford University School of Medicine provides an ideal setting for psychiatrists who are interested in learning about human development and pathology. The Child and Adolescent Psychiatry Training Program is centered at Lucile Salter Packard Children's
Hospital at Stanford, with rotations through allied agencies. Our close relationship with the Department of Pediatrics is nationally regarded as a model for cooperation between the two disciplines. In addition, research programs and advanced seminars are available in other Stanford University departments, such as the Department of Psychology, the School of Education, the School of Law, and the Carnegie Center for the Study of Adolescents. Fellows may also apply for advanced fellowship positions upon completion of the program. Our program also educates medical students, along with pediatric, neurology and adult psychiatry residents, psychologists, post-doctoral fellows, and professional colleagues in the community through an extensive continuing medical education program.
The history of the first century of Child and Adolescent Psychiatry at the Stanford University School of Medicine reveals early ties to UCSF. Harold K. Faber, M.D., Emeritus Professor of Pediatrics, who had been associated with the School of Medicine since 1915, noted:

From 1907 until my arrival in 1915, the acting head of Pediatrics was R. Langley Porter, Clinical Professor of Pediatrics…The precursor of the present Child and Adolescent Psychiatry (Unit) was already established in 1915 by a psychologist, not an M.D., named Arthur J. Ritter, whose work was largely devoted to psychometry. In 1917, Dr. Mary H. Layman joined the staff and proceeded to develop a true child and adolescent psychiatry clinic, almost entirely at her own expense, there being no University funds for the purpose at that time. It was not until 1939 that Dr. Johnson and I responded to an appeal from Dr. Layman. We interested the Commonwealth Fund in beginning, and for a period of three years supporting, an enlarged program with a full-time pediatric psychiatrist (Dr. Hale F. Shirley) and an adequate ancillary staff, which the following year and since then had been quartered in a house on Webster Street across from the medical school building. Until 1957 this Child Guidance Unit was under the joint direction of the Department of Pediatrics and the Division of Neuropsychiatry, and since that time [subsumed under] the Department of Psychiatry, but keeping its close relation to Pediatrics. (Excerpt from The Stanford University Bulletin, Seventh Series, No. 44, July 2, 1942, Stanford University, California; School of Medicine Annual Announcement 1942-43, page 106; and Stanford University School of Medicine. The First Hundred Years, Stanford University, California.)

The Division Chiefs of Child & Adolescent Psychiatry at Stanford University School of Medicine

<table>
<thead>
<tr>
<th>Years</th>
<th>Name</th>
<th>Years</th>
<th>Name</th>
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<tr>
<td></td>
<td>(Acting)</td>
<td>1984-1994</td>
<td>Roland Ciaranello, M.D.</td>
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<td>1997-Present</td>
<td>Allan L. Reiss, M.D.</td>
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<tr>
<td>1971-1973</td>
<td>Alan J. Rosenthal, M.D.</td>
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<tr>
<td>1974-1976</td>
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The Division of Child and Adolescent Psychiatry Today*

http://www-cap.stanford.edu

The Division of Child and Adolescent Psychiatry is under the direction of Allan L. Reiss, M.D., Professor of Psychiatry and Director of Research. Dr. Reiss is responsible for overseeing the operation of the Division’s research, clinical, training and administrative
systems. The Division of Child and Adolescent Psychiatry is an integral part of one of the preeminent child and adolescent mental health treatment consortiums in the country, which includes Lucile Salter Packard Children’s Hospital at Stanford, Stanford Hospital & Clinics, and Stanford University School of Medicine. Research in the Division includes a Behavioral Neurogenetics Research Center, projects focused on the genetics of autism, the Eucalyptus Foundation School Program, the California Wellness Foundation – Violence Prevention Initiative Scholarship Program, and a Stanford Psychiatry Neuroimaging Research Laboratory. The Outpatient Specialty Clinics include Anxiety Disorders, Eating Disorders, Forensics, Mood Disorders, Trauma, Neuropsychiatry, Behavioral Neurogenetics, Pain, and the General Services Clinic (focusing on ADHD and disruptive behavior disorders). The Division has three parts to its training program: Child and Adolescent Psychiatry Training, Postdoctoral Psychology Fellowship, and Predoctoral Psychology Internship.

Shashank V. Joshi, M.D. is Director of the Child Psychiatry Training Program; Dr. med. univ. Hans Steiner is Director of Education; Mary Sanders, Ph.D., is Director of the Predoctoral Psychology Internship; and Sharon E. Williams, Ph.D., is Director of Postdoctoral Training. Academic faculty and staff of the Division include Carl Feinstein, M.D., Director of Clinical Services; James Lock, M.D., Ph.D., Medical Director of Hospital Based Services and the Comprehensive Pediatric Unit Program at El Camino Hospital; Richard J. Shaw, M.B., B.S., Medical Director, Pediatric Psychiatry Consultation-Liaison Service; Michelle Brown, PhD, Staff Psychologist; Jennifer Phillips, PhD, Staff Psychologist; Margo Thienemann, M.D., Director, Anxiety Disorders Clinic; Jacqueline Martin, PhD, Staff Psychologist; Victor Carrion, M.D., Director, Pediatric Post-Traumatic Stress Disorders Program; Kiki Chang, M.D., Director, Bipolar Disorders Clinic; Shashank V. Joshi, M.D., Director of School-based Services, Vinod Menon, PhD, Associate Professor (Research- Neuroimaging Lab), Joachim Hallmayer, MD, Associate Professor, Frances Wren, MD, Director, Depressive Disorders Program, Betsy Cregger, MD, Staff Psychiatrist, and Sujata Patel, MD, Staff Psychiatrist.

*See individual listings in this brochure for the administrative structure of the Division, separate listings of academic faculty, academic staff, core teaching staff, and specific information on clinics and trainees.

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**About the Psychiatry Department**

http://www.stanford.edu/dept/PBS/

The Department of Psychiatry and Behavioral Sciences at Stanford has gained considerable recognition for its investigations in psychiatry, in both clinical and basic science research. The academic faculty has a long history and continued commitment to scholarship, aimed at advancing the psychological and biological frontiers of the field. While basic science research thrives in the Department, it is well balanced in the context of an equally strong commitment to outstanding patient care and clinical research. Numerous advances in the psychological, sociological, and biological dimensions of psychiatry are attributed to leaders in the clinical areas, including behavioral medicine (eating disorders, panic disorders, smoking cessation, among others); individual, group
and existential therapies; affective disorders; obsessive-compulsive disorders; and geropsychiatry. The appointment of Dr. Alan F. Schatzberg, an authority on the biology and treatment of depression, as Chair of the Department in 1991, marked a new era in psychiatric care and research at Stanford University Medical Center. His leadership is integral to the continued development of the basic science programs in molecular biology, genetics and pharmacology, as well as to the expansion of clinical research programs in mood disorders (including depressive disorders and bipolar illnesses), sleep research, anxiety disorders, geropsychiatry and epidemiology. Most importantly, he is a great supporter and friend of the Division of Child & Adolescent Psychiatry!

About Stanford University Medical Center

http://www.med.stanford.edu/medcenter/

Stanford University School of Medicine is known throughout the world for outstanding achievements in teaching, research and patient care. It is comprised of the following facilities:

**Stanford Hospital & Clinics** (*formerly Stanford University Hospital*). The hospital is a 479- (active) bed non-profit facility offering general acute care and tertiary care for local, interstate and international patients. As a major component of the medical center, the hospital is central to the direct and immediate transfer of clinical and laboratory research to medical care. In 1997, approximately 23,765 patients (inpatient admissions) received care at Stanford. The medical staff of 1,825 physicians, and 565 interns and residents, includes full-time faculty, as well as physicians who practice in the community. Stanford nurses have earned a national reputation for the level of compassion and expert patient care they deliver. The hospital was originally co-owned by the City of Palo Alto and known as the Palo Alto Stanford Hospital Center. It was purchased by Stanford University and incorporated as Stanford University Hospital, a financially independent entity, in 1968. A major renovation was completed in 1989, and, in 1991, the Lucile Salter Packard Children’s Hospital, a 156-bed facility, opened its doors, consolidating all the patient services at the existing hospital and the pediatrics department.

**Stanford Healthcare** (*formerly Stanford University Clinic*). The clinic has grown to have more than 100 specialty clinics where medical school faculty members center their practices and education.

**Lucile Salter Packard Children’s Hospital.** The hospital is a non-profit, non-sectarian, freestanding 165-bed hospital which opened to the community in June 1991. It is a state-of-the-art regional referral center devoted exclusively to the care of children. The beds are organized by age group and medical needs into the General Medical, Comprehensive Pediatric Care, Oncology/Bone Marrow Transplant, Pediatric Intensive Care, Neonatal Intensive Care, and Intermediate Care Nursery units. Additionally, the Lucile Packard Children’s Hospital Ambulatory Care Center provides primary care and specialized pediatric services through more than two dozen clinics and a day hospital.
Stanford University School of Medicine. Originally located in San Francisco, the School of Medicine was moved to the University campus in 1959, and provides an educational environment that encourages intellectual diversity and fosters research among students and faculty. It is the oldest medical school in the Western United States. In fiscal year 1998, faculty members of the School of Medicine received grants and contracts totaling more than $177 million in support of research, teaching and patient care. The combination of scientists pursuing basic research questions and clinicians closely involved in patient care has lead to innovative and fruitful collaboration. Similarly, close ties among the Medical School and other schools and departments at Stanford University, such as Physics, Engineering, Chemistry and Computer Science have led to unique joint research programs. The Medical School’s affiliated teaching hospitals and their respective staff play a crucial role in many clinical studies.

Stanford Health Services*

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<td>Research Associates</td>
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<td>Student Enrollment (M.D., Ph.D. &amp; M.S.)</td>
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<td>Gifts to School of Medicine</td>
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<td>Total Funds</td>
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*(excluding plant improvements in 2000)*

*Statistics extracted from Stanford University Medical Center Facts 2000.*

The full-time faculty includes two Nobel Laureates, 24 members of the National Academy of Sciences, and 34 members of the Institute of Medicine, as well as recipients of numerous other honors and awards.

The quality of the faculty is also reflected in the high level of federal funding which its research activities receive.

About Stanford University

http://www.stanford.edu/home/stanford/history/

Stanford University is located on the San Francisco Peninsula, about a 45 minute drive southeast of San Francisco. The 8,180-acre campus stretches from Santa Clara Valley into the foothills of the Santa Cruz Mountains, beyond which lies the Pacific Ocean. Stanford was founded by Leland and Jane Stanford in 1885 as a memorial to their only child, Leland, Jr., who died of typhoid fever in 1884 at the age of fifteen. The University is on the site of the Palo Alto Stock Farm, a ranch operated by the Stanfords in the late 19th century. “The Farm,” as it is still affectionately known, at one time had extensive fields, orchards, and vineyards. One of California’s most prominent citizens, Leland Stanford was President of the Central Pacific Railroad and drove in the golden spike at
Promontory, Utah, completing the first Trans-continental railroad. He served as Governor of California during the Civil War, and was a United States Senator until his death in 1893. The design of the University grounds was the product of a unique collaboration between Jane and Leland Stanford, and Frederick Law Olmsted, designer of New York’s Central Park. The Stanfords decreed that the land could never be sold, although they envisioned that part of it should be used for such open-land uses as the Jasper Ridge Biological Preserve. About 1,000 acres are under lease for light industrial, commercial and other income-producing uses. The University also maintains the Hopkins Marine Station in Monterey Bay and a residential program in Washington, D.C.

The City of Palo Alto

**Location.** Palo Alto is in the northern section of Santa Clara County, 30 miles south of San Francisco and 15 miles north of San Jose. The city extends from the San Francisco Bay across flat lowlands, then climbs over the rolling, grassy flower foothills of the Santa Cruz mountain range. The flatlands are almost fully developed while the foothills are almost entirely undeveloped due to a deliberate city policy of preserving open space. Stanford borders Palo Alto and some University land is actually within the city limits.

**Climate.** Palo Alto has a temperate climate; winters are mild. The average winter high temperature is 58°F with a low of 39°F; the average summer high is 77°F with a low of 54°F.

**Population.** Palo Alto has a population of 61,500 (June 2000).

**General.** Santa Clara County, sometimes known as Silicon Valley, is among the fastest growing and wealthiest economies in the United States, ranking as one of the nation’s largest manufacturing centers. The high-technology industry that has made Santa Clara County famous has its roots in Palo Alto, partly because of its proximity to Stanford. Palo Alto, a long-time professional and financial center, with an abundance of law, accounting and investment advisory firms, has, in recent years, taken a leadership position in the biomedical research and technology industries. But, despite these developments, Palo Alto has retained its residential character and Palo Altans are proud of their thirty parks (which occupy about 20% of the land within the city limits), their architecturally diverse tree-lined neighborhoods, the excellent school system, and their city’s cultural and recreational human services programs.
The Child and Adolescent Psychiatry Training Program

Year I

The first year of Child and Adolescent Psychiatry Training focuses on the evaluation and treatment of children and teens with severe mental health conditions, and on school consultation and intervention. Fellows spend time working on the Consultation-Liaison (C-L) Service, an inpatient unit devoted to the treatment of eating disorders, and on the Stanford School Mental Health Team; Fellows also start treatment in longer-term therapies with 2-3 patients or families.

Pediatric Consultation-Liaison

Richard Shaw, M.B., B.S.
Medical Director

Michelle Brown, Ph.D.
Shashank V. Joshi, M.D.
Alan Rosenthal, M.D.

The Pediatric Consultation-Liaison Service (C/L) is a fulltime 6-month rotation. The service provides inpatient and outpatient psychiatric consultation to the general pediatric and subspecialty services at Packard Children’s Hospital. The service also manages the treatment of children with mixed medical and psychiatric disorders who are hospitalized on the Comprehensive Pediatric Care Unit, and is responsible for covering the emergency room at Stanford University Medical Center. The service is consulted on a diverse range of clinical questions related to the psychological adjustment of children and families with chronic and complex medical problems. Fellows gain experience in helping physicians and other care providers interact more effectively with their patients; in understanding the health care system and its psychological effects on children and families; and establishing and maintaining a consultative relationship.

The services provided include:
- Psychiatric evaluation of patients and families with acute and chronic medical illness.
- Evaluation of children and adolescents who are having difficulties adhering to their medical treatment regimen.
- Evaluation and treatment of infants with feeding disorders and growth deficiency.
- Routine pre-transplant evaluation of children scheduled for renal, liver and heart transplantation.
- Individual and family psychotherapy for patients or parents identified as needing additional support during inpatient hospitalizations.
- Behavioral interventions for pain management and anxiety related to medical procedures.
- Consultation to the General Pediatric Continuity Clinic on psychiatric issues including assessment and medication management.
The patient population includes children from infancy through adolescence from a broad range of cultural and ethnic backgrounds. Fellows work with medical inpatients on the renal, oncology, pulmonary, endocrine, GI, neurology, adolescent medicine and rheumatology services. Fellows also have the opportunity to evaluate patients in the pediatric pain clinic, and to pursue research interests in several areas related to children with physical illness.

**El Camino Hospital**

**Comprehensive Care Program (CCP)**

James Lock, M.D., Ph.D.

Medical Director

Mary Sanders, Ph.D.

Program Director

The Comprehensive Care Program and Eating Disorder Clinic of Lucile Packard Children’s Hospital is located at El Camino Hospital in Mountainview, California (about 12 miles off campus), and is a 6-month, part-time inpatient rotation, which occurs in conjunction with a part-time school consultation experience (see below). The unit serves children and adolescents with medical diagnoses occurring in the context of a debilitating mental health condition severe enough to require hospitalization. It is fully staffed for intensive psychiatric care of patients with pediatric and psychiatric co-morbidity.

During their CCP rotation, fellows also have the opportunity to do outpatient psychiatric evaluations of patients being evaluated at the multidisciplinary Eating Disorders Clinic, working with pediatricians, nutritionists, and social workers.

The Director and Associate Director supervise the activity of the fellows, a clinical psychology intern, general pediatric house staff, and psychiatry residents. The unit has a full complement of counseling and nursing staff. Teachers from the Palo Alto Unified School District (PAUSD) certified in special education are regular staff members and provide for the children’s education.

The patient population ranges in age from two to seventeen, from a wide range of ethnic backgrounds. There are over 200 admissions yearly. Fellows spend most of their time working work with patients with eating disorders, who are admitted for medical instability and malnutrition, in a carefully structured therapeutic milieu, working with both children and their families. They perform individual, family, and group therapy, testing, and diagnostics, in close collaboration with pediatrics, social workers, psychologists, nursing staff, and teachers. They also may get experience in disposition planning, consultation with teachers from the (PAUSD), and liaison work with community agencies and forensics.
School Consultation and Intervention

Shashank V. Joshi, M.D.,
Program Director

Beginning in the first year of training, fellows develop expertise in consultation with schools. This 6-month, part-time experience is part of their inpatient (CCP) rotation. They learn to consult with teachers and staff, observe classes in progress, and do individual interviews with pupils as necessary. They conduct psychiatric evaluations and support teachers in making referrals. Fellows have the opportunity to learn about legal issues involved in the provision of services to educationally handicapped students and become familiar with the school system, and there is a focus in the area of early identification and prevention. They may work interactively with teachers’ aides as consultants about students in the class. All clinical contact is done in the school setting itself, or in other areas within the context of children/teens’ daily lives, such as the home setting or group home setting.

Fellows consult in a variety of venues. During the first year of training, they provide consultation to teachers of the patients treated on the CPU, the C/L Service, and other medical services at the Children’s Hospital. The Palo Alto Unified School District (PAUSD) staffs the hospital school on site. They also spend a half-day at Achievekids, described further below. All fellows will be involved in other school systems as well, such as the PAUSD in Palo Alto and the Ravenswood City School District (RCSD) in East Palo Alto.

Achievekids, formerly known as Peninsula Children’s Center, has two sites, one in San Jose and the other in Palo Alto. Both schools provide special education for severely disabled children who cannot be accommodated in their local school district. These disabilities range from severe disruptive behavior disorders to learning disabilities with co-occurring psychiatric disorders, to severe developmental disorders (Autism, Asperger’s disorder, and other Pervasive Developmental disorders).

At both sites, residents function as psychiatric consultant to a multidisciplinary team made up of special education teachers, aides and direct care mental health staff. Residents are required to attend weekly team meetings, observe classroom activities, and interview students and their parents as needed to provide psychiatric consultation. These consultations may include behavioral and pharmacological recommendations and interventions, as well as liaison work with community health care providers (primary care providers and psychiatrists).
**Forensic Consultation**

Dr. med univ Hans Steiner, Co-director  
Anthony Atwell, M.D., Co-director  
Pilar Bernal, M.D.

In both first and second years, fellows have the opportunity to evaluate forensic cases under close supervision. Forensic consultation is taught in an intensive three-month course each Spring, culminating in a Mock Trial experience. Through the course, fellows are exposed to court proceedings, legal depositions, and other related activities, and have to produce forensic reports and make presentations to judges, lawyers and other legal bodies. The participation in this experience is mandatory.

**Year II**

The second year of Child and Adolescent Psychiatry training at Stanford is generally spent evaluating, diagnosing, and treating children in outpatient settings. Sites include the Outpatient Specialty Clinics at Stanford, the Children’s Health Council, and Kaiser Permanente Clinics (Santa Teresa and Santa Clara, California). Training may also include consultation with schools, courts, probation departments, California Youth Authority, and other community agencies. Other potential training opportunities include advanced ward administration assignments and the continuation of a research project designed in the first year. Second year Fellows will have at least _day of protected academic time to focus on career development and academic pursuits for most of the academic year.

**Pediatric Neurology Clinics**

Donald Olson, M.D.  
Maureen Sheehan, P.N.P.

This experience is designed to help Fellows solidify their skills in basic pediatric neurology examination, assessment and diagnosis. There is a special focus on epilepsy and the psychiatric co-morbidities associated with the epilepsies. Fellows spend 6-8 weeks on this rotation, located at the Harmon Clinic, Lucile Packard Children’s Hospital at Stanford (LPCH).

**Clinics in the Psychiatry Building located at 401 Quarry Road, and at Lucile Packard Children’s Hospital at Stanford**

**Outpatient Specialty Clinics**

The Division of Child & Adolescent Psychiatry  
Department of Psychiatry and Behavioral Sciences  
Stanford University School of Medicine

Sharon Williams, Ph.D.  
Director, Outpatient Services

Jennifer Phillips, Ph. D.  
Assistant Director

Carl Feinstein, M.D.  
Director of Clinical Services
Fellows in the Outpatient Specialty Clinics conduct evaluations and treatment of children, adolescents and their families. Treatment modalities include individual, family and group psychotherapies and parent training. Each fellow works in two clinics over the course of the year, each for six months, participating in both new evaluations and ongoing treatment. Ongoing research projects in all clinics provide opportunities for Fellows to develop academic expertise in these areas. There are a number of clinics which fellows may rotate through, or have an opportunity to experience, including the following:

**General Behavior Disorders Clinic**  
Carl Feinstein, M.D., Director

This clinic conducts evaluations and treatment for attention deficit disorders and behavior problems. Treatment specifically may address problems related to behavior at school as well as at home, through a variety of treatment modalities, including pharmacotherapy, behavioral therapy, family therapy, parent consulting, and individual psychotherapy.

**Anxiety Disorders Clinic**  
Margo Thienemann, M.D., Director  
Victor Carrion, M.D.  
Jackie Martin, Ph.D.

The Anxiety Disorders Clinic focuses on children and adolescents with childhood anxiety disorders, including Separation Anxiety, Phobias (including Social Phobia), Panic Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder and Posttraumatic stress disorder. Evaluation and treatment take into account many factors which may contribute to the diagnoses, such as: temperament, family history, past and present stresses and development, appraisal of situation and capacities, current symptoms and function, and comorbid physical and psychiatric conditions.

**Behavioral Neurogenetics**  
Allan L. Reiss, M.D., Director

The clinic focuses on the evaluation of psychiatric, behavioral and developmental problems of children with genetic disorders.

**Eating Disorders Clinic**  
James Lock, M.D., Ph.D., Director

This clinic focuses on the treatment of anorexia nervosa, bulimia and other eating disorders. This long-standing program includes participation by both pediatrics and psychiatry staff.

**Bipolar Disorders Clinic**  
Kiki Chang, M.D., Director

**Depressive Disorders Clinic**  
Frances Wren, M.D., Director
These clinics serve children and adolescents who have a primary diagnosis of mood disorders such as major depression, dysthymia, cyclothymia, or bipolar disorder. Services offered include psychiatric evaluation and consultation, medication management, and psychotherapy.

**Neuropsychiatry PDD Clinic**

Linda Lotspeich, M.D., Director  
Carl Feinstein, M.D.

This clinic provides evaluation, treatment and consultative services for children and adolescents who have developmental disabilities and pervasive developmental disorders (PDD) diagnoses. Youngsters from 2-18 who have delays in cognitive development, sensory or motor impairment, brain disorders, learning disabilities, delayed or impaired language and impaired social behavior are also seen in this clinic. The clinic emphasizes treatment and advocacy approaches that alleviate the underlying developmental disorder and target comorbid psychiatric conditions, which may include mood disorders, anxiety disorders, ADHD, or behavioral problems that are specific to children with developmental delays or central nervous system damage.

**Clinics at The Children’s Health Council**

Leon Wanerman, M.D., Director

The Children’s Health Council (CHC) is a community-based, multi-disciplinary diagnostic and treatment center for infants, children, adolescents and their families. Services are provided for children with psychiatric, behavioral, emotional, developmental, learning, language, and motor disorders. Specialty areas include: Attention Deficit Disorders, Pervasive Developmental Disorders (especially Asperger’s), neuropsychological disorders, and disorders of infancy (feeding and attachment disorders). Intensive diagnostic evaluations range from a single-discipline to a team evaluation with all disciplines represented. Therapeutic services include individual and family therapy, a group social skills program, educational, speech & language, and occupational therapy, and summer programs including a therapeutic day camp. The CHC also operates The Esther B. Clark School, a therapeutic special education school/day treatment program for children with combinations of behavioral, emotional, developmental, learning, and neurological difficulties.

The CHC provides preventive and outreach services through an extensive parent education and counseling program including consultation to day-care centers as well as public schools in the community. Several grant-funded programs provide prevention and therapeutic services to targeted populations, such as the Returning to School program for children with cancer or neurological issues. The Outcomes measurement and Research Department studies the interventions provided to accumulate data on effective interventions for children.

While fellows are members of a multidisciplinary diagnostic team, they also evaluate children independently. Each fellow uses a broad range of treatment options, including individual, group, family, couples and short and long-term therapy. Academic and clinical faculty members representing numerous psychiatric orientations supervise all diagnostic and therapeutic work. The child trainees spend approximately a third of their
time doing evaluations, another third in ongoing individual, group, or family therapy, and the final third performing pharmacotherapy.

**Clinics located at Kaiser Permanente**

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<tr>
<td>Kaiser Permanente</td>
<td>Michelle Ferrari, M.D., Chief Child &amp; Adolescent Psychiatry</td>
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<tr>
<td>Santa Clara</td>
<td>Sue Bishop, PhD, Chief Psychologist</td>
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<tr>
<td>Kaiser Permanente</td>
<td>June Reynolds, M.D., Chief Child &amp; Adolescent Psychiatry</td>
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<tr>
<td>Santa Teresa</td>
<td>Robert Hardy, Ph.D. Clinic Director</td>
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Kaiser Permanente Northern California covers 2,800,000 members, 25% of whom are children and adolescents. The two Santa Clara county clinics are located in Santa Clara (with a satellite in Milpitas) and San Jose; together they cover a member population of 500,000. The demographic breakdown includes a diverse socioeconomic and ethnic population. The clinics evaluate patients with a broad range of psychopathology, which may include family, school and/or behavioral problems. Monthly, each clinic averages 1,500 visits for children, adolescents and their caretakers.

The Child & Adolescent Psychiatry Department provides a wide range of services to children, teens and their families. The professional staff is multidisciplinary and consists of child psychiatrists, clinical psychologists, licensed clinical social workers and psychiatric nurses. The support staff consists of full-time and part-time receptionists and patient evaluation coordinators. The services provided within the unit are often program-oriented. The staff coordinate efforts to provide quality treatment to the patient population as well as access to that treatment. The services provided may include:

- Emergency and crisis intervention during business hours by staff and after hours through the General Psychiatry Department.
- Triage on-call system to assess and recommend the type of evaluation, which may include inpatient hospitalization or different levels of outpatient follow-up, including urgent, high priority or routine. A recommendation may be made to various groups, parenting classes or teen crisis intervention services.
- Intensive Outpatient Program (IOP).
- Individual, family and group therapy.
- Group programs for children and teens based on developmental ages, issues and clinical needs. Groups can be open-access, drop-in or time-limited.
- Chemical Dependency Services, including family awareness and education, triage evaluation, and dual diagnosis treatment.
- Psychoeducational parenting groups: Preschool, Latency, Teens and Spanish speaking; specialty groups for parents around ADHD, medication and special needs.
- Special Services/Programs: ADHD Program, Teen Crisis Program,
Post-Hospital Teen Program and Eating Disorders Services.
• Medication evaluation, follow-up and case management.
• Psychological testing.
• Consultation services to the emergency room, hospital and medical department.
• Education and training.
• Information and referral.

From 8:30 am to 5:30 pm, Monday through Friday, all requests for treatment services are triaged by an on-call therapist and recommendations made as to the appropriate treatment. Advice and information are also provided, such as articles, book lists, videos and specific interventions including referrals to outside resources. After 5:30 pm and on weekends, the General Psychiatry Department has an on-call system for emergencies.

Each fellow will be participating in outpatient evaluation and treatment, which includes medication management, individual, group and family psychotherapy. The program provides an excellent environment for learning short-term intervention on focused problems. Kaiser is also a very rich setting to pursue clinical research in general, and services and outcome research in particular.

<table>
<thead>
<tr>
<th>Research Training</th>
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<tbody>
<tr>
<td>All trainees in the training program are expected to participate in the didactic seminars pertaining to research education. During the first year, trainees meet with selected mentors in the area of their particular interests in order to commence the formulation of a small, but significant, project to be carried out during the second year. We generally expect that each fellow will find a mentor within the faculty, but other arrangements can be made. Mentors may be available in other departments at Stanford as well as at institutions such as the University of California, Berkeley, and University of California, San Francisco; interdisciplinary research is strongly encouraged.</td>
</tr>
</tbody>
</table>

The Division encourages presentations at national meetings. Many have received travel grants through various programs in the American Academy of Child & Adolescent Psychiatry. The goal is for most fellows to complete a publishable paper by the end of their fellowship. Some fellows will progress further than this and will pursue their own research projects beyond the scope of their fellowship. Advanced training grants are available on a competitive basis. (NIMH Research Training Grant, California Wellness Foundation Violence Prevention Initiative Scholars Program, Carnegie Center on Adolescence).

<table>
<thead>
<tr>
<th>Research Laboratories at Stanford</th>
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<tbody>
<tr>
<td><a href="http://www-cap.stanford.edu/research/index.html">http://www-cap.stanford.edu/research/index.html</a></td>
</tr>
</tbody>
</table>
Advanced trainees interested in research training can become affiliated with numerous research laboratories and projects in the Division of Child and Adolescent Psychiatry and the Department of Psychiatry and Behavioral Sciences as well as other University programs.

**Division**

<table>
<thead>
<tr>
<th>Name</th>
<th>Research Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hans Steiner, M.D.</td>
<td>Developmental Approaches to Psychopathology; Aggression and Violence; Eating Disorders</td>
</tr>
<tr>
<td>Allan L. Reiss, M.D.</td>
<td>Behavioral Neurogenetics Research Center; Stanford Psychiatry Neuroimaging Laboratory (SPNL)</td>
</tr>
<tr>
<td>Linda Lotspeich, M.D.</td>
<td>Genetics of Autism</td>
</tr>
<tr>
<td>James Lock, M.D., Ph.D.</td>
<td>Eating Disorders</td>
</tr>
<tr>
<td>Kiki Chang, M.D.</td>
<td>Bipolar Disorders</td>
</tr>
<tr>
<td>Victor Carrion, M.D.</td>
<td>Trauma and Psychopathology</td>
</tr>
<tr>
<td>Margo Thienemann, M.D.</td>
<td>Obsessive-Compulsive spectrum Disorders</td>
</tr>
<tr>
<td>Richard J. Shaw, M.B.B.S.</td>
<td>Psychological adjustment in Chronic Medical Illnesses</td>
</tr>
<tr>
<td>Shashank V. Joshi, M.D.</td>
<td>School-based Mental Health</td>
</tr>
</tbody>
</table>

**Department (Selected Faculty)***

<table>
<thead>
<tr>
<th>Name</th>
<th>Research Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alan F. Schatzberg, M.D.</td>
<td>Affective Disorders</td>
</tr>
<tr>
<td>Rudolph Moos, Ph.D.</td>
<td>Center for Health Care Evaluation</td>
</tr>
<tr>
<td>David Spiegel, M.D.</td>
<td>Psychosocial Treatment Laboratory</td>
</tr>
<tr>
<td>Stewart Agras, M.D.</td>
<td>Laboratory for Behavioral Medicine</td>
</tr>
<tr>
<td>Barr Taylor, M.D.</td>
<td></td>
</tr>
</tbody>
</table>

**Stanford Center on Adolescence**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Damon, Ph.D., Director</td>
<td></td>
</tr>
<tr>
<td>Chris Hayward, M.D., MPH</td>
<td>Associate Director</td>
</tr>
</tbody>
</table>
The Carnegie Corporation of New York supports this interdisciplinary center. Center activities include the evaluation and sponsorship of research at Stanford University and providing syntheses of the scientific knowledge base so that both public and private policy makers can develop and disseminate strategies for aiding adolescents. In addition to being a scholarly enterprise, the Center will be linked directly with agencies that are providing services to adolescents and their families. Overall, the Stanford Center on Adolescence seeks to serve as a national model for interdisciplinary training on research related to adolescence by enhancing collaboration among faculty from diverse departments and schools and developing a comprehensive, multidisciplinary approach. A limited number of pre-doctoral and post-doctoral fellowships will be granted to scholars pursuing careers in research related to adolescence.

*For additional detailed descriptions of projects in each laboratory, please refer to the Faculty Research Directory at the Stanford Web Site.

<table>
<thead>
<tr>
<th>Additional Training Features</th>
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<tbody>
<tr>
<td><strong>Advanced Administrative Duties</strong></td>
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<tr>
<td>All Fellows will have the opportunity to participate in teaching. Their responsibilities may include the supervision of medical students, PGY II-IV psychiatry residents, child neurology Fellows, participation in the developmental and behavioral pediatrics rotation of the Department of Pediatrics, participation in administrative meetings and Quality Assurance Committees, the drafting of memos pertinent to the functioning of the services, and the organization of didactic material for trainees.</td>
</tr>
</tbody>
</table>

| **Allied Training** |
| Stanford’s Child and Adolescent Psychiatry program is integrated with the general psychiatry residency training program. Four-to-six general psychiatry residents (PGY II-V) spend two months in the Child and Adolescent Psychiatry program. Medical students from Stanford University and other schools in the United States and abroad, select four-to-eight-week Child and Adolescent Psychiatry clerkships. Three post-doctoral, and four pre-doctoral clinical psychology interns from national graduate schools also participate in the training program on a yearly basis, offered within the American Psychological Association-approved internship program based in the Division. |

| **Didactic Courses and Individual Supervision** |
| Throughout their two years of training, Child and Adolescent Psychiatry trainees participate in approximately seven to ten hours of didactic sessions and supervision per week. The didactic curriculum covers assessment and diagnostic practices, the psychotherapies, neuroscience, collaborative treatment, the biological basis of clinical psychiatry, psychopharmacology, and both normal and abnormal development. The didactic program allows Fellows to become knowledgeable in all aspects of current child psychiatric practice and research methodology. |

| **Research Colloquia, Symposia and Conferences** |
| Residents and faculty meet in monthly meetings in which speakers describe the many research activities of the Department, and scientists from across the country describe their
work. Visiting speakers also present their work at research seminars held at regular intervals during the academic year. Clinical problems of particular teaching value are presented and discussed at weekly clinical rounds in the teaching hospitals. There is also an annual Symposium on Developmental Psychopathology, which includes topics on a variety of clinical and basic research issues.

**Grand Rounds**
Historically, Stanford has been able to attract world-renowned speakers as Grand Round speakers each week. This is an exciting time to see and hear leaders in the field. One week per month, the topic chosen is on a particular area within Child & Adolescent Psychiatry.

**Mock Board Exam, PRITE & Child PRITE Exams**
Each May, the Department provides a compulsory Mock Board Exam which trains and tests Fellows in the brief assessment and diagnosis of clinical cases in preparation for Part II of the Board exam. In addition, the Psychiatry Residency In-Service Training Exam is required each year during the first two weeks of October, and the Child PRITE in December.

**Libraries**
Fellows have access to all of the main Main Campus libraries, which include Lane Medical Library, Green Library, Meyer Memorial Library, as well as the School of Education Library.

Lane Medical Library’s research collections cover clinical medicine and its specialties, basic sciences, public health and related fields. With over 3,000 journal titles and approximately 300,000 volumes, the collection ranks among the best on the West Coast. The Library is automated and the databases, Lane-Medline and CD-Lane-Medicine, are networked and available 24 hours a day from labs, wards, offices and homes. The Library is open seven days, 104 hours a week. Information Service consultants are available Monday through Friday, 8 am to 6 pm.

http://www.med.stanford.edu/lane

The Green Graduate library specializes in research collections specifically related to Humanities and Social Sciences. Green Library has 4,492 serials, and approximately 1,900,000 volumes; the collection ranks among the largest on the West Coast. Hours of operation are Sunday, 1:00 pm – 9:00 pm; Saturday, 9:00 am – 8:00 pm; and Monday through Thursday 8:00 am – 12:00 midnight.
2003-2004 Benefits for Housestaff
Stanford Health Services and Affiliated Hospitals

Salaries are contingent upon proportion of clinical and research assignments; therefore, the following salary levels are approximate. Salaries provided by Stanford Health Services House Staff Office.

<table>
<thead>
<tr>
<th>PGY Year</th>
<th>Annual Salary (2004-2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY I</td>
<td>$45,444</td>
</tr>
<tr>
<td>PGY II</td>
<td>$48,199</td>
</tr>
<tr>
<td>PGY III</td>
<td>$51,162</td>
</tr>
<tr>
<td>PGY IV</td>
<td>$53,917</td>
</tr>
<tr>
<td>PGY V</td>
<td>$57,112</td>
</tr>
<tr>
<td>PGY VI</td>
<td>$59,936</td>
</tr>
</tbody>
</table>

The moving allowance is $3000.

- **Benefits at Stanford and Affiliated Hospitals.** Major medical insurance for house officers and dependents are provided; dental insurance is available for house officers and their children (coverage for spouses are at the house officer’s expense).

- **Benefits for all House Staff, regardless of institution of assignment.** Lab coats and their laundering, malpractice coverage, certain University privileges, disability insurance, paid time off for illness and vacation. Part of the cost of initial medical license, obtained after receipt of a valid Stanford University Hospital contract, is reimbursed. On-call meal arrangements are provided at Stanford for those required to be in-house all night (not applicable to Child Psychiatry).

- **Maternity Leave.** Up to four months per year with pay less any applicable state disability benefits is offered. In addition, the individual has the option of taking available personal time off for additional three weeks at the end of the period. A physician must authorize additional disability leave. Any other arrangements should be negotiated with the Department and cleared with the House Staff Administration.

Any pregnant House Staff member should notify the Program Director as soon as possible after discovery of pregnancy so that scheduling changes can be made to accommodate any leave. In accordance with California law, a female employee must be granted an “unpaid” Pregnancy Disability Leave for a period of time up to four months during which the employee is incapable of performing her job duties because of medical disability resulting from normal pregnancy, delivery, or post-childbirth recovery, as verified by a physician. The sick leave policy will apply during this extended period of disability.
• **Personal Time Off.** House Staff are permitted to take up to three weeks of personal time off with pay during each one-year period. Personal time off must be scheduled at least one month in advance with the following approvals: Service Chief, Chief Resident and the Director of Training Program. The Hospital believes that personal time away from the residency program is important to the welfare of House Staff, so unused personal time off does not accumulate from year to year and there is no provision for pay in lieu of time-off.

• **Sick Leave.** House officers will not accumulate sick leave credit, and no additional compensation will be paid for unused sick leave. They will be granted twenty days of sick leave (four weeks) per year if needed. Salary will continue, offset by state disability or worker’s compensation benefits.

• **Educational Leave.** One week of educational leave is allowed with prior approval of the Training Director, only after arrangements to cover ward and call responsibilities have been made.

• **Moonlighting Activities.** From time to time, Stanford interns and residents, as a part of their official Stanford duties, are required or desire to provide patient-related services at unapproved practice sites. Approved practice sites are limited to SUH, LPCH, VAH, and affiliated hospitals, clinics, or physicians with which there is a written agreement for the practice of the housestaff at that site. To obtain approval for off-site medical activities at a new practice site, a written agreement with the off-site entity that specifies responsibility for salary and malpractice insurance coverage must be obtained. *Unapproved moonlighting is not covered by Stanford malpractice.*

**Contacts:**

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Fax: 650-723-5531

**Tom Tarshis, M.D., M.P.H., Chief Fellow for 2004-2005**
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Fax : 650-723-5531

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Phone : 650-725-0957
Fax : 650-723-5531