SENIOR SELECTIVES - DIVISION OF CHILD AND ADOLESCENT PSYCHIATRY

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Email: daniel.gorman@sickkids.ca

Senior Selectives in Child and Adolescent Psychiatry

The Division of Child and Adolescent Psychiatry welcomed our first cohort of subspecialty residents in July 2012. A limited number of senior selectives may be available for senior General Psychiatry residents interested in extra training in Child and Adolescent Psychiatry. Interested residents are encouraged to contact Dr. Langley directly.

Rotations must be finalized with Dr. Langley, the site Postgraduate Education Coordinator, and with the primary supervisor for the proposed selective. The completed selective form must be signed by the proposed supervisor, the site PE Coordinator, and Dr. Langley and then submitted to the central postgraduate education office.

A brief description of the rotations, a minimum of THREE educational objectives for the rotation in CanMEDS format and the expected length of time required to complete the rotation, must be included.

1. Medical Expert / Clinical Decision Maker
   Practise medicine within their defined clinical scope of practice and expertise

2. Communicator
   Establish professional therapeutic relationships with patients and their families

3. Collaborator
   Work effectively with other physicians and other health care professionals

4. Manager (Leader)
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems

5. Health Advocate
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment
   Respond to the needs of a community or population they serve by advocating with them for system-level change

6. Scholar
   Engage in the continuous enhancement of their professional activities through ongoing learning

7. Professional
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
Training Sites and Contact Persons:
CAMH - Queen Street Site: Dr. Debbie Schachter
416-535-8501 x 36964 or email Debbie.Schachter@camh.ca

Credit Valley Hospital: Dr. K. Petruccelli
905-813-3871 or email KPetruccelli@cvh.on.ca

George Hull Centre for Children and Families: Dr. Greg Lodenquai
416-622-8833 x 228 or email glodenquai@georgehull.on.ca

Hincks-Dellcrest Centre for Children's Mental Health: Dr. Diane Philipp
416-972-1935 x3330 or email dphilipp@hincksdellcrest.org

The Hospital for Sick Children: Dr. Nicola Keyhan
416-813-1500 x7357 or email nicola.keyhan@sickkids.ca

Humber River Regional Hospital: Dr. Maged Kodsi or Dr. George Awad
Dr. Maged Kodsi: 416-658-4027 or email Maged.kodsi@sympatico.ca
Dr. George Awad: 416-658-2008 or email gawad@hrrh.on.ca

North York General Hospital: Dr Lara Propst
416-632-8740, Main Clinic: 416-632-8703, e-mail lpropst@nygh.on.ca

Ontario Shores Centre for Mental Health Sciences: Dr. Marc Fadel
905- 668-5881, email fadelm@ontarioshores.ca

St. Joseph’s Health Centre: Dr. Andrew Howlett
416-530-6486 x4518 or email howlean@stjoe.on.ca

St. Michael’s Hospital: Dr. John Langley
416-864-6060 x 6410 or email john.langley@utoronto.ca

Sunnybrook and Women’s College Health Science Centre: Dr. John Teshima
416-480-6100 ext. 3077 or email john.teshima@sunnybrook.ca

Toronto East General Hospital: Dr. Sylvia Lorefice
Email: sylor@tegh.on.ca

Youthdale Treatment Centres: Dr. Adam Enchin
416-363-3751 ext. 2931 or email aenchin@youthdale.ca
CAMH CHILD PSYCHIATRY RESIDENT TRAINING PROGRAM
A wide spectrum of child and youth syndromes can be seen in the program. Royal College requirements for core child psychiatry can easily be met in a six-month rotation. Residents are assigned a Primary Supervisor for assessments and some psychotherapy supervision. Residents may also be assigned a Secondary Supervisor for broader exposure and psychotherapy supervision. A list of supervisors and a description of clinical services follows.

<table>
<thead>
<tr>
<th>Supervisors (listed alphabetically):</th>
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<tbody>
<tr>
<td>Dr. Stephanie Ameis</td>
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<tr>
<td>Dr. Joe Beitchman</td>
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<tr>
<td>Dr. Miriam Byrne</td>
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<tr>
<td>Dr. Corine Carlisle</td>
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<tr>
<td>Dr. Darren Courtney</td>
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<tr>
<td>Dr. Rachel Kronick</td>
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<td>Dr. Marissa Leong</td>
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<td>Dr. Susan Mackenzie</td>
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<td>Dr. Jennifer Nguyen</td>
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<td>Dr. Susan Quesnel</td>
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<tr>
<td>Dr. Debbie Schachter</td>
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<tr>
<td>Dr. John Strauss</td>
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<td>Dr. Leon Sloman</td>
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<tr>
<td>Dr. Peter Szatmari</td>
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<tr>
<td>Dr. Oshrit Wanono</td>
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<tr>
<td>Dr. Lori Wasserman</td>
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<tr>
<td>Dr. Priya Watson</td>
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<td>Dr. Marcia Zemans</td>
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<th>Primary Supervisors (listed alphabetically):</th>
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<tr>
<td>Dr. Joe Beitchman (General Assessments and Forensic Assessments)</td>
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<tr>
<td>Dr. Susan Mackenzie (Youth Addiction Service, Better Behavior Service)</td>
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<tr>
<td>Dr. Susan Quesnel (Youth Addiction Service)</td>
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<tr>
<td>Dr. Debbie Schachter (Child Consultation Service, Mood &amp; Anxiety Disorders)</td>
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<tr>
<td>Dr. Priya Watson (Mood &amp; Anxiety Disorders, Trans-cultural Psychiatry)</td>
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<tr>
<td>Dr. Oshrit Wanono (Youth Addiction Service, Mood and Anxiety Service)</td>
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<tr>
<td>Dr. Marcia Zemans (Mood &amp; Anxiety Disorders; Child Consultation Service, community consultation/homeless youth)</td>
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Major Service Descriptions

Child Consultation Service: Residents participate in comprehensive general assessments of children & families. Children of all ages are seen with diverse conditions including Attention Deficit/Hyperactivity Disorder, Learning Disabilities, Autism Spectrum Disorder, Family problems, Oppositional Defiant Disorder, Conduct disorder, Mood or Anxiety Disorders, and Adjustment Disorders. Residents will get an excellent general child psychiatry experience working closely with the psychiatrists on the team. Short-term treatment opportunities are available.

Better Behavior Service: Residents participate in consultations to children and adolescents with Disruptive Behavior Disorders including youth with Attention Deficit/Hyperactivity Disorder. Consultations to the on-site behavioural classroom are included.

Mood and Anxiety Disorders: The Mood and Anxiety Disorders Service is an interdisciplinary, integrated service focusing on children and teens under the age of eighteen whose primary referral concern is related to a mood or anxiety disorder. We focus on providing consultation to community practitioners and, when available and appropriate, offering psychological and pharmacological treatments for these children and youth along with their families. Integral to our service is the teaching of trainees from a variety of disciplines and the wider dissemination of new knowledge to the community. Research opportunities may also be available.

Adolescent Service: Multidisciplinary consultation to courts, judges, probation officers, agencies, and parents of antisocial youth. Typical presenting behaviours include theft, assault, breach, truancy, arson, and sexual offences. Typical diagnoses may include Conduct Disorder, Oppositional Defiant Disorder, Substance Abuse, Executive Functioning deficits, depression/dysthymia, Learning Disabilities, or ADHD. Integration of a mental health and risk assessment protocol is central to the assessment process. In addition, many other ongoing research projects are pursued. Supervision provided by Dr. Joseph Beitchman.

Autism Spectrum Disorders: Residents may wish to obtain additional experience during their rotation in Autism Spectrum Disorders. An elective experience is offered in running groups for children or adolescents. These are run by experienced staff, such that there is a high staff to child ratio. Many residents have participated in the past and have described an excellent “hands on” experience. Residents gain both a better understanding of Autism Spectrum Disorders and learn how to respond to the very specific needs of these children.

Youth Addiction and Concurrent Disorders Service: This service helps youth, ages 16-24, who have problems with substance use with or without Concurrent Disorders (mood and anxiety, disruptive behaviour, personality disorders, eating disorders, psychotic disorders, learning disorders and adjustment disorders). The role of psychiatry varies, but typically involves consultation to the service, including diagnostic assessment and possible short-term follow-up of patients with a suspected concurrent disorder (in addition to substance use disorder). If desired, residents may also gain exposure to approaches specific to substance use disorders, including individual and group modalities. The service uses a harm reduction model and motivational interviewing to show youth to be safer in their practices.

After three months, residents can continue their rotations as is, or supplement with elective experiences at either CAMH on any service, or elsewhere in the Division of Child Psychiatry.
Other on-site CAMH experiences include:

**Gender Identity Service**

**SAPACCY** (Substance Abuse and Program for African Canadian and Caribbean Youth)

**Psychotherapy:**

Residents can readily meet Departmental Psychotherapy requirements during their rotation. All residents will have a Cognitive Behaviour Therapy Case and a Family Therapy Case. Child Psychotherapy cases can be supervised by either Primary or Secondary supervisor. Residents are assigned child psychotherapy supervisors. CAMH provides supervision for adult cases on-site by the adult psychotherapy coordinator, Dr. Malat.

**Child Psychiatry Resident Rounds and Seminars:**

*Family Therapy* – Fridays 1-2:15 weekly; led by Dr. Randy Gangbar.

*Dr. Beitchman’s Seminar* – Tuesday 12:00-1:00pm monthly

*Formulation Seminar* – Monday 12-1, by Dr. Peter Szatmari

*Child Psychiatry Division Seminars* - Thursdays 9:00-11:00 am at HSC (Room 1133).

Residents may also attend Grand Rounds Thursdays at HSC (11:00 am- optional).

*Advanced Child Psychopharmacology* – Thursdays 12:15 at HSC (after Grand Rounds)

**Child Psychiatry Research Opportunities:**

Many research possibilities exist in Child Psychiatry. Areas of research include Autism Spectrum Disorders, Disruptive behavior/aggression, Gender Identity Disorders, Genetics, Pharmacological trials, and Risk and recidivism in adolescents.

**Contact information for additional information:**

Residents are encouraged to call either Debbie Schachter at 416-535-8501 x 36964 or Debbie.Schachter@camh.ca for CAMH Child Psychiatry information for additional information.
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<td><strong>Dr. John Strauss</strong></td>
<td>The Mood and Anxiety Service will be available for senior selective residents and several supervisors are available. The clinical population is children and adolescents (chiefly 6 through 17 years) referred with possible mood or anxiety disorders. Presenting problems include: mood, anxiety, somatic, manic, psychotic and suicide-related symptoms; as well as academic, social/interpersonal and family problems. Typical diagnoses include: Generalized anxiety disorder, Social phobia, Specific phobia, Post-traumatic stress disorder, Panic disorder, Agoraphobia, Obsessive-compulsive disorder, Major depressive disorder, Dysthymic disorder, Bipolar disorder 1 and 2, and Cyclothymic disorder. The service provides clinical care, teaching and research and can provide the resident a range of experiences. The service provides direct care, shared care with referral sources and a consultation service. The resident would have the opportunity to be trained in CBT and will gain experience in using a variety of medications. Both clinical and genetic research experiences are readily available. In particular, the interested resident could learn about clinical trial methods. He/she could also receive supervision to support development of teaching skills. There is opportunity to be involved with teaching of medical students and allied health professionals. Involvement with Telepsychiatry is available. Supervisors include, Dr. Solomon Shapiro, Dr. John Strauss, Dr. Marcia Zemans and Dr. Priya Watson.</td>
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<td><strong>Autism Spectrum Disorders</strong></td>
<td><strong>Dr. Leon Sloman</strong></td>
<td>Those who are interested Autism Spectrum Disorders could participate in assessments, follow individual children in therapy under supervision, participate in social interaction groups or provide consultation to the community. Clinicians are Dr. Leon Sloman, Dr. Miriam Byrne, Dr.</td>
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<tr>
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<td>Acute Inpatient Care for Youth Concurrent Disorders</td>
<td>Dr. Corine Carlisle</td>
<td>The CAMH Youth Concurrent Unit is an acute inpatient unit serving youth 14 to 18 years old who have severe mental health issues and concurrent substance use/misuse/dependence. We are a 12-bed unit accepting voluntary, informal and involuntary admissions. Our Team is multidisciplinary in composition and trans-disciplinary in function. Our team consists of a manager, advance practice nurse, full-time and part-time registered nurses and child and youth counselors (CYCs), two staff psychiatrists, staff pediatrician, pharmacist, two social workers, psychologist, psychology associate, occupational therapist, recreation therapist and dietician. The Senior Resident Selective in Youth Concurrent Disorders provides opportunity for qualified, interested senior child psychiatry residents to take on fellowship-level care of acutely psychiatrically ill youth with concurrent substance use disorders. Youth clients typically have multiple medical and psychiatric co-morbidities as well as a wide variety of psychosocial stressors. Inpatient care involves acute crisis stabilization, medical withdrawal management, multidisciplinary assessment, diagnostic clarification, medication review/initiation/optimization, psychological and psycho-educational assessment, occupational and recreation therapies. Structured programming provides group, individual and family therapies informed by CBT, DBT, mindfulness and motivational interviewing. Direct supervision is provided by the staff child psychiatrists on the Youth Concurrent Disorders Unit. The team supports trans-professional learning. Care of this population requires strong knowledge of psychiatric disorders, substance use disorders and medical illnesses that can present with acute psychiatric symptoms. This selective provides opportunity for trainees to gain expertise in assessment, psychopharmacology, interviewing youth and families and inter-professional team functioning. There will be opportunity for professional development in each...</td>
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Acute inpatient care is a 24 x 7 endeavor. Learning opportunities are optimized when residents can assume primary daytime responsibility for the care of one or more patients. This requires seeing the patient(s) daily, liaising with multidisciplinary staff, keeping track of medical issues, lab work and clinical tests (in collaboration with the team pediatrician) and working closely with all team members to develop and implement the treatment plan. For this reason, this senior selective is only available as a full-time rotation of 2 to 6 months duration. It is best suited to highly motivated residents who are seeking fellowship-level clinical experience in a dynamic team environment.

Number of positions available: 1 resident

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<th>Clinical Controversies in Child Psychiatry</th>
<th>Dr. Joe Beitchman</th>
<th>416-535-8501 x 36813</th>
<th><a href="mailto:Joe.Beitchman@camh.ca">Joe.Beitchman@camh.ca</a></th>
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<td>Using complex clinical cases in which questions regarding the presenting diagnosis is at issue, such as in bipolar disorder, Asperger’s, and other diagnostic dilemmas, this selective is focused on developing incisive skills at diagnostic interviewing and treatment formulation with particular reference to current controversies in child and adolescent psychiatric diagnoses.</td>
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<td>Using a combination of active case material and critical readings, the evidence in support of particular diagnostic and treatment formulations will be reviewed and discussed. At the end of the selective the resident will have a more complete appreciation of existing diagnostic and treatment controversies in child and adolescent psychiatry and the tools to fully and competently address them.</td>
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<th>Transcultural Child and Adolescent Psychiatry</th>
<th>Dr. Priya Watson</th>
<th>416-535-8501 x 36544</th>
<th><a href="mailto:Priya.Watson@camh.ca">Priya.Watson@camh.ca</a></th>
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<td>This is a clinical elective in the assessment and treatment of immigrant and refugee children and adolescents. Residents will have the opportunity to develop skills in transcultural assessment and formulation, and in the development of treatment plans which include transcultural considerations (psychotherapy, pharmacology). A wide range of clinical disorders will be assessed and treated.</td>
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<td>Time: one half day per week, No. of Residents: 1</td>
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<td>Place: CAMH, Access Alliance Health Clinic</td>
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| Youth Forensic Psychiatry | Dr. Joseph Beitchman  
416-535-8501 x 36813  
Joe.Beitchman@camh.ca | Under the leadership of Dr. Joe Beitchman this multidisciplinary service offers the resident training experience in conducting consultations for the courts, judges and related personnel concerning youth charged with various offenses. This service is unique in offering, among other opportunities, experience in third party interviewing (i.e., interviews in which the client is the court and not the interviewee).

Youth present with a wide range of diagnostic issues including autism spectrum disorders, ADHD, substance abuse, and the precursors of antisocial behaviour disorders, such as oppositional behaviour and conduct disorder. Youth presenting with sexual offences provide diagnostic challenges to disentangle youthful experimentation and indiscretions from more serious sexual deviancy. The mitigating role of anxiety, low self esteem and depression to the youth’s behaviour and offence are assessed and factored into the recommendations to the court.

These typically complex cases constitute a range of diagnostic challenges that the resident will learn to master. The resident will learn how to conduct a risk assessment and to evaluate the youth’s emerging character and personality revealed through interviews and questionnaires.

He/she will learn to integrate information from multiple informants and use the results of questionnaires, and psychological test results to formulate recommendations regarding treatment, sentencing and the risk to reoffend. |
| Gender Identity | Dr. Ken Zucker  
416-535-8501 x 34040  
Ken.Zucker@camh.ca | The Gender Identity Service is led by Dr. Ken Zucker. Dr. Owen-Anderson, a psychologist, works full-time with the service. Presenting problems include: wish to be the opposite sex; cross-dressing; cross-gender emulation of roles in fantasy play; anatomic dysphoria; and paraphilic sexual arousal. Specialized assessments of children and adolescents with gender identity disorder are conducted; in addition, as adolescents with transvestic fetishism with or without co-occurring gender dysphoria are seen. Youngsters with psychosexual problems secondary to a physical intersex condition or youngsters with sexualized behaviour problems are also assessed. Numerous case consultations to professionals in Canada and the United States are done.

Clinical assessment is organized by a conceptual framework, which relates to phenomenology, natural history, associated familial factors, and biomedical risk factors. Standardized |
assessment tools are used as part of the clinical assessment, including psychological testing with the child or youth and parental assessment. Treatment is a combination of individual psychotherapy, parental counselling, interventions in the naturalistic environment and, when appropriate, pharmacotherapy for comorbid disorders. Residents may also participate in the multidisciplinary intersex clinic at HSC.

Our service has a strong interface of research with practice. Current projects include:

1. long-term follow-up of boys with gender identity disorder;
2. planning of a treatment study;
3. internet study with youth who identify as transgender;
4. planning of a dissertation study examining potential links between gender identity disorder and asperger’s syndrome;
5. continued analytic projects on co-morbidity;
6. continued development of standardized assessment tools.
The Credit Valley Hospital and Trillium Health Centre offers psychiatric residents clinical experience in a community-based mental health clinic.

The Department of Child and Family Services, CVH site, provides a comprehensive multidisciplinary approach to outpatient assessment and management of mental health concerns for children, adolescents and their families. Services are provided to patients and their families in a multidisciplinary fashion, using collaborative approaches of psychiatry, occupational therapy, psychology, speech and language pathology, and social work, with liaison to community resources and support within the schools. The resident, in addition to outpatient services, may also be able to participate in Consult Liaison opportunities to the inpatient wards, for child and adolescent patients with comorbid medical and psychiatric conditions.

The Department of Child and Family Services, THC site, provides an outpatient based comprehensive multidisciplinary service to the assessment and management of youth and their families with mental health concerns. The approach to care is team based and multidisciplinary. Collaborative case conferences and Rapid Response Services are also available. The emergency room has seen an increasing number of youth and their families with mental health concerns and is well integrated with the mental health system.

The outpatient Child and Family Services Clinic at both CVH and THC sites offer a variety of services, including:

- Psychiatric consultation
- Psychopharmacologic treatment and follow-up
• Multidisciplinary assessment for pervasive developmental disorders
• Individual therapy (Cognitive Behavioural therapy, Supportive Therapy)
• Family Therapy (Solution-focused family therapy)
• Group therapy (CBT for children and their families, OCD parent education group, Selective Mutism parent group, Supportive therapy for parents, Therapeutic Run Program for Adolescents with anxiety and depression, Mindfulness-based Stress Reduction Group for Adolescents)
• Speech and Language pathology

**Rounds:**

1. General Grand Rounds occur at both CVH and THC and are offered once per month.
2. Child and Family rounds, with clinical case discussion, occur on a weekly basis at both CVH and THC sites.
3. CAMH (The Centre for Addiction and Mental Health University of Toronto) Mental Health Grand Rounds are offered weekly at both the CVH and THC sites.
4. The Hospital for Sick Children Mental Health Grand Rounds are accessed through a video link at the THC site weekly

**Supervision:**
Psychiatric staff at Credit Valley Hospital and Trillium Health Centre hold Faculty appointments at the University of Toronto. The supervisors offer clinical expertise in a wide variety of mental health concerns facing children and adolescents, including mood and anxiety disorders, psychopharmacological management, neuropsychiatry, and developmental disorders. Students will be assigned supervision to one or more of the psychiatry staff. Students will partake in psychiatric consultation with observed supervision, and will be provided clinical cases for assessment and management, with supervision.

**Potential Supervisors:**

**CVH Site**

- Dr. Louis Peltz, Chief of Psychiatry and Medical Director of the Mental Health Program
- Dr. Karen Petruccelli, Staff Psychiatrist, Medical Education Lead CVH site

**THC Site**

- Dr. Jonathan Beard Transitional Aged Youth Program, Specialized Classroom for youth with mental health concerns, Child and Adolescent Services
- Dr. Sury Naidoo Team leader
- Dr. Ruth Stirtzinger Team leader
- Dr. Rose Geist Chief of Psychiatry and Lead in Child and Adolescent Psychiatry THC site
Teaching:
Residents will have the opportunity to participate in medical student teaching offered at both sites.

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<td>Dr. John Strauss 416-535-8501 x 34302 <a href="mailto:John.Strauss@camh.ca">John.Strauss@camh.ca</a></td>
<td>The Mood and Anxiety Service will be available for senior selective residents and several supervisors are available. The clinical population is children and adolescents (chiefly 6 through 17 years) referred with possible mood or anxiety disorders. Presenting problems include: mood, anxiety, somatic, manic, psychotic and suicide-related symptoms; as well as academic, social/interpersonal and family problems. Typical diagnoses include: Generalized anxiety disorder, Social phobia, Specific phobia, Post-traumatic stress disorder, Panic disorder, Agoraphobia, Obsessive-compulsive disorder, Major depressive disorder, Dysthymic disorder, Bipolar disorder 1 and 2, and Cyclothymic disorder. The service provides clinical care, teaching and research and can provide the resident a range of experiences. The service provides direct care, shared care with referral sources and a consultation service. The resident would have the opportunity to be trained in CBT and will gain experience in using a variety of medications. Both clinical and genetic research experiences are readily available. In particular, the interested resident could learn about clinical trial methods. He/she could also receive supervision to support development of teaching skills. There is opportunity to be involved with teaching of medical students and allied health professionals. Involvement with Telepsychiatry is available. Supervisors include, Dr. Solomon Shapiro, Dr. John Strauss, Dr. Marcia Zemans and Dr. Priya Watson.</td>
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<td>Dr. Leon Sloman</td>
<td>Those who are interested Autism Spectrum Disorders could participate in</td>
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<tr>
<td>Disorders</td>
<td>416-535-8501 x 36187</td>
<td><a href="mailto:Leon.Sloman@camh.ca">Leon.Sloman@camh.ca</a></td>
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individual and family therapies informed by CBT, DBT, mindfulness and motivational interviewing.

Direct supervision is provided by the staff child psychiatrists on the Youth Concurrent Disorders Unit. The team supports trans-professional learning. Care of this population requires strong knowledge of psychiatric disorders, substance use disorders and medical illnesses that can present with acute psychiatric symptoms. This selective provides opportunity for trainees to gain expertise in assessment, psychopharmacology, interviewing youth and families and inter-professional team functioning. There will be opportunity for professional development in each of the CANMEDS roles.

Acute inpatient care is a 24 x 7 endeavor. Learning opportunities are optimized when residents can assume primary daytime responsibility for the care of one or more patients. This requires seeing the patient(s) daily, liaising with multidisciplinary staff, keeping track of medical issues, lab work and clinical tests (in collaboration with the team pediatrician) and working closely with all team members to develop and implement the treatment plan. For this reason, this senior selective is only available as a full-time rotation of 2 to 6 months duration. It is best suited to highly motivated residents who are seeking fellowship-level clinical experience in a dynamic team environment.

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| **Youth Forensic Psychiatry** | **Dr. Joseph Beitchman**  
416-535-8501 x 36813  
Joe.Beitchman@camh.ca | Under the leadership of Dr. Joe Beitchman this multidisciplinary service offers the resident training experience in conducting consultations for the courts, judges and related personnel concerning youth charged with various offenses. This service is unique in offering, among other opportunities, experience in third party interviewing (i.e., interviews in which the client is the court and not the interviewee).  

Youth present with a wide range of diagnostic issues including autism spectrum disorders, ADHD, substance abuse, and the precursors of antisocial behaviour disorders, such as oppositional behaviour and conduct disorder. Youth presenting with sexual offences provide diagnostic challenges to disentangle youthful experimentation and indiscretions from more serious sexual deviancy. The mitigating role of anxiety, low self-esteem and depression to the youth’s behaviour and offence are assessed and factored into the recommendations to the court.  

These typically complex cases constitute a range of diagnostic challenges that the resident will learn to master. The resident will learn how to conduct a risk assessment and to evaluate the youth’s emerging character and personality revealed through interviews and questionnaires.  

He/she will learn to integrate information from multiple informants and use the results of questionnaires, and psychological test results to formulate recommendations regarding treatment, sentencing and the risk to reoffend. |
| Gender Identity | Dr. Ken Zucker | The Gender Identity Service is led by Dr. Ken Zucker. Dr. Owen-Anderson, a psychologist, works full-time with the service. Presenting problems include: wish to be the opposite sex; cross-dressing; cross-gender emulation of roles in fantasy play; anatomic dysphoria; and paraphilic sexual arousal. Specialized assessments of children and adolescents with gender identity disorder are conducted; in addition, as adolescents with transvestic fetishism with or without co-occurring gender dysphoria are seen. Youngsters with psychosexual problems secondary to a physical intersex condition or youngsters with sexualized behaviour problems are also assessed. Numerous case consultations to professionals in Canada and the United States are done.

Clinical assessment is organized by a conceptual framework, which relates to phenomenology, natural history, associated familial factors, and biomedical risk factors. Standardized assessment tools are used as part of the clinical assessment, including psychological testing with the child or youth and parental assessment. Treatment is a combination of individual psychotherapy, parental counselling, interventions in the naturalistic environment and, when appropriate, pharmacotherapy for comorbid disorders. Residents may also participate in the multidisciplinary intersex clinic at HSC.

Our service has a strong interface of research with practice. Current projects include:

1. long-term follow-up of boys with gender identity disorder;
2. planning of a treatment study;
3. internet study with youth who identify as transgender;
4. planning of a dissertation study examining potential links between gender identity disorder and Asperger’s syndrome;
5. continued analytic projects on co-morbidity;
6. continued development of standardized assessment tools. |
# Community Mental Health Experience

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<tr>
<td>Primary Supervisor</td>
<td>Dr. Greg Lodenquai</td>
<td>The George Hull Centre is a children’s mental health centre in the west end of Toronto serving the full developmental age range between 0 – 18, with a diverse population in terms of culture and social-economic background. An outpatient community clinic experience would offer a senior resident many opportunities to participate in our evidence based and innovative clinical programs.</td>
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traumatic events. We offer individual trauma focused C.B.T. as part of the treatment. Senior residents would have the opportunity to participate in trauma assessments as well as experience in trauma focused C.B.T.

We offer a parent and child C.B.T. group for children between 8 – 12 years of age who have anxiety symptoms. Clinicians here were trained by Dr. Katharina Manassis as part of the Coping Communities Project. The project was designed to transmit the expertise of a team specializing in the development and study of child CBT interventions to community partners committed to providing this modality to their clients. Selective residents would be welcome to participate in the running of the C.B.T. group.

Reem Abdul Qadir (M.S.W., R. S. W.) coordinates the Family Therapy Training Series for psychiatry residents and M.S.W. trainees. She offers a combination of didactic seminars, readings and live supervision. Senior selective residents would have the opportunity to further their family therapy skills.
The Migration Consultation Team provides consultation to mental health care providers who are treating families for whom migration and acculturation difficulties seem to play a significant role in either the presenting concerns or in difficulties managing/treating already identified concerns. The families we consult on include asylum seekers (those who are awaiting a hearing to establish refugee status), refugees, new immigrants to Canada, as well as 2nd-generation Canadians, for example, children born in Canada whose parents have migration histories.
Our team alternates between clinical case conferences and a seminar of selected readings in cultural psychiatry.

A selective on the Migration Consultation Team will provide

1) Experience in clinical consultation skills (providing indirect consultation to allied mental health professionals).
2) Exposure to clinical and theoretical aspects of migration and how these pertain to children, youth and families.
3) Participation in an ongoing dialogue about the role of Psychiatry in addressing mental suffering as it is experienced across cultures, particularly in the setting of systemic discrimination.

CanMeds roles that relate to an experience on the Migration Team include:

1. **Medical Expert / Clinical Decision Maker**
   Practise medicine within their defined clinical scope of practice and expertise
   Residents would be learning a model of clinical consultation and eventually be leading case consultations with other Hincks-Dellcrest staff.

2. **Collaborator**
   Work effectively with other physicians and other health care professionals
   Residents would be working collaboratively with other Hincks-Dellcrest staff.

3. **Manager (Leader)**
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems
   residents would participate in the Migration Team’s support of the Hincks-Dellcrest Centre in addressing the specific needs of culturally diverse families seen at the Centre.

4. **Health Advocate**
   Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment
   Respond to the needs of a community or population they serve by advocating with them for system-level change
   Residents would be continually involved in a discussion of system-level challenges to marginalized families with mental health concerns, as well as problem solving around these challenges.

5. **Scholar**
   Engage in the continuous enhancement of their professional activities through ongoing learning
   Residents would participate in an ongoing seminar of selected readings pertaining to our team.

6. **Professional**
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
   Residents would be required to function in a professional manner and adhere to high ethical standards.
**Senior Selective**

**Type/Title:** Clinical Research

**Infant & Preschool Assessment**

May be full or part-time

- ☑ Part-Time (Please indicate Part-Time Version of the Selective) NB resident may tailor part time
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### Hospital(s)

- The Hincks-Dellcrest Centre

### Supervisors(s)

- Drs. Diane Philipp, Therese Zarb, Lara Postl

### Time Commitment

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- the clinical infancy seminar
- consultation in a therapeutic day care and preschool

**NB this selective can be done part-time or full time.**

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

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   Practise medicine within their defined clinical scope of practice and expertise

   This selective would fulfill this category as residents would be functioning in the role of consultant and medical expert to the children and families as well as the staff of this program.
2. **Communicator**  
   Establish professional therapeutic relationships with patients and their families  
   Residents would be preparing reports and communicating to families and allied professionals.

3. **Collaborator**  
   Work effectively with other physicians and other health care professionals  
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**Senior Selective Type/Title:**

- [x] Clinical Research
- [ ] Infant & Preschool Assessment

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<tr>
<td>Dr. Johanne Roberge x 8941</td>
<td>The Crisis and Psychosis Unit is a multidisciplinary inpatient program involved with the comprehensive assessment and treatment of children and adolescents with severe psychiatric illnesses that cannot be adequately managed or investigated in an outpatient setting. The majority of patients will present primarily with mood disorders, psychotic disorders, suicide attempts, or risk of suicide related to mental illness. Additional comorbid conditions are not uncommon.</td>
</tr>
<tr>
<td><a href="mailto:johanne.roberge@sickkids.ca">johanne.roberge@sickkids.ca</a></td>
<td>Residents will gain experience and expertise with: thorough assessments of children and their families; psychoeducation; implementation of pharmacological interventions; implementation of psychosocial interventions; accessing community and school resources; and transition of care and consultation to outpatient family doctors, paediatricians and mental health practitioners.</td>
</tr>
<tr>
<td>Dr. Daphne Korczak x 8923</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:daphne.korczak@sickkids.ca">daphne.korczak@sickkids.ca</a></td>
<td></td>
</tr>
<tr>
<td>Dr. Corine Carlisle x 1453</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:corine.carlisle@sickkids.ca">corine.carlisle@sickkids.ca</a></td>
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#### Teaching/Research Opportunities:
Not applicable

#### Opportunities for Taking on Administrative Responsibilities:
Not applicable

#### Additional Supervision:
Not applicable

### Eating Disorders Program

<table>
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<tr>
<th>Dr. Leora Pinhas, Director ext: 719, <a href="mailto:leora.pinhas@sickkids.ca">leora.pinhas@sickkids.ca</a></th>
<th>The Eating Disorders Team can offer selectives on the inpatient unit, in the day treatment program and in our outpatient clinic. There may also be an opportunity to have experience in a linked community hospital program in Newmarket. Selectives can cover epidemiology, prevention, diagnosis, co-morbidity, evidence-based treatment options, psychiatric management, psychoeducation, and applied family therapy, psychopharmacology and program development. There is also the opportunity to do joint research projects with our psychiatric team and adolescent</th>
</tr>
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<tbody>
<tr>
<td>Ms. Heather Graham, Intake Coordinator</td>
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</tbody>
</table>
### Eating Disorder Program

**Primary Supervisors**
- Dr. Seena Grewal  
  ext: 7195,  
  seena.grewal@sickkids.ca
- Dr. Leora Pinhas

**Secondary Supervisors**
- Dr. Ahmed Boachie
- Dr. Pier Bryden

**Teaching/Research Opportunities:** Resident has the opportunity with supervision to assess patients and help the team determine a treatment protocol. They will then have the opportunity to follow patients in inpatient, day treatment and outpatient settings. They also will be able to co-lead groups. The program offers a variety of groups to patients and their families including psychoeducation CBT, IPT, parent skills groups and multi-family groups. The resident will also have the opportunity to follow a family in family therapy with an experienced family therapist. As well the resident will also treat patients psychopharmacologically. If interested, residents can participate in ongoing research in the department. The Eating disorder program can be flexible and can develop a selective that suites the resident's interests.

**Opportunities for Taking on Administrative Responsibilities:** Residents have the opportunity to participate in program development including learning about team development and dynamics. They also will be expected to coordinate and decide on patient care in a variety of settings including rounds. They will also have the opportunity to participate in teaching both as student and teacher. Residents will be responsible for all documentation on their patients.

**Additional Supervision:** Opportunity exists for both group therapy and family therapy supervision.

**Miscellaneous:** Opportunity exists to explore larger cultural and social issues and how they relate to the development and maintenance of eating disorders.

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**Neuropsychiatry**

<table>
<thead>
<tr>
<th>Dr. Alice Charach, Director, x 6203</th>
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<tr>
<td>The neuropsychiatry team follows an integrated inter-disciplinary model of clinical and research activities with a special interest in Attention Deficit-Hyperactivity and related disorders. Since these conditions rarely occur in a &quot;pure&quot; form, the resident...</td>
</tr>
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</table>
will be exposed to an ample variety of disorders affecting children and their families.

Through participation in clinic and academic activities the resident will develop expertise in the differential diagnosis and treatment of ADHD and common comorbid conditions. These include other disruptive disorders, developmental language and learning disorders, autism, mental retardation, anxiety and mood disorders, tic disorders, etc.

**Clinical Objectives:** Provision of comprehensive interdisciplinary diagnostic evaluations in a child with a suspected disruptive disorder, including:

- conducting interviews with parents, children and families
- liaison/communication with school
- use of standardized instruments for anxiety, depression, and self-esteem in children
- familiarity with the evaluation of language, learning and cognitive abilities in children
- formulation of comprehensive treatment recommendations based on a broad understanding of child, family and community-environmental factors
- implementation
- implementation of treatment recommendations when appropriate

The resident will develop a working knowledge of current psychopharmacological interventions for disruptive disorders and comorbid conditions. The resident will gain experience in provision of expert opinion, as a consultant, to paediatricians, family physicians and mental health practitioners with regards to the diagnosis and treatment of Disruptive Disorders, Anxiety, OCD, Tics, Tourette's Syndrome, and other Developmental Disorders.
| Medical Psychiatry | **Director**???? | **Ruth Taylor**, Senior Secretary  
x7533 [ruth.taylor@sickkids.ca](mailto:ruth.taylor@sickkids.ca)  
| **Primary Supervisors** | |  
| Dr. Rose Geist  
x7533 [rose.geist@sickkids.ca](mailto:rose.geist@sickkids.ca) |  
| Dr. Arlette Lefebvre  
x7526 [arlette.lefebvre@sickkids.ca](mailto:arlette.lefebvre@sickkids.ca) |  
| Dr. Claire De Souza  
x4056 [claire.desouza@sickkids.ca](mailto:claire.desouza@sickkids.ca) |  
| **Teaching/Research Opportunities** | **Medical Psychiatry** is the branch of psychiatry that liaises with paediatrics and paediatric surgery. Our major focus is in the management of unexplained medical symptoms and comorbid medical and psychiatric illness. Our medical psychiatry team can provide selectives involving non urgent and urgent consultations from the paediatric and surgical inpatient and outpatient services in the hospital, including specialty clinics. Dr. Arlette Lefebvre in addition can provide selectives to residents wishing to know more about self-esteem and disability as well as children's understanding of chronic illness. |  
| **Opportunities for Taking on Administrative Responsibilities** | Review of information available for parents and patients. |  
| **Additional Supervision** | Not applicable. |  
| **Full-time or Part-time** | Experience will be tailored to the personal objectives of the resident seeking the selective. |  
| **Teaching/Research Opportunities - Research Selective** | Team members are currently involved in several externally funded projects ranging in scope from molecular genetics and diagnostic imaging, to definition of cognitive endophenotypes, evaluation of medication, measurement of side effects, exploration of factors determining adherence to treatment, etc. For more information regarding a clinical or research selective contact Dr. Abel Ickowicz. |  
| **Opportunities for Taking on Administrative Responsibilities** | Not applicable. |  
| **Additional Supervision** | Not applicable. |  
| **Full-time or Part-time** | Experience will be tailored to the personal objectives of the resident seeking the selective. |  
|  |  |
### Infant Psychiatry Program

**Primary Supervisor**
- Dr. Jean Wittenberg

**Secondary Supervisors**
- Dr. Diane Benoit

**Miscellaneous:** Opportunities to attend multidisciplinary rounds.

The Infant Psychiatry Program provides assessments, consultations and treatments to children from birth to age five years and their families. Presenting problems range widely: problems with feeding and growing, disruptive and aggressive behaviours, anxiety, attachment disorders, parent-child relationship difficulties, developmental disorders, etc. We perform a standardized three-hour assessment at intake that includes a videotaped play observation session. We also offer some psychological testing in a few cases. Treatment interventions include four evidence-based treatments of which three were developed in this program. All four are being evaluated here. Residents and fellows are welcome to undertake selectives in any area of interest related to our ongoing activities.

**Teaching/Research Opportunities:** We have studies in progress in a number of areas, most to do with evaluating parent-child relationships and the influence of interventions on those relationships. These include studies of children with disruptive behaviour problems, attachment problems and children with psychotic mothers.

Teaching opportunities arise for residents who work with medical students or staff in other parts of the Hospital involved with our Program.

**Opportunities for Taking on Administrative Responsibilities:** Residents who become involved in research studies or consultation work often have to coordinate work with others.

**Additional Supervision:** Supervision is offered by all members of the Infant Psychiatry Team. This includes supervision in clinical assessment, developmental assessment, research, and treatment. Additionally, we offer residents the opportunity to become involved with the Suspected Child Abuse and Neglect Team.
| Anxiety and Mood Disorder Clinic | Dr. Katharina Manassis, Director  
Phyllis Earley, Senior Secretary  
*x7531 phyllis.earley@sickkids.ca*  
**Primary Supervisors**  
Dr. Katharina Manassis x7531  
*katharina.manassis@sickkids.ca*  
Dr. Nicola Keyhan x 5760  
*nicola.keyhan@sickkids.ca*  
Dr. Suneeta Monga x 8954  
*suneeta.monga@sickkids.ca*  
| The Anxiety and Mood Disorders Clinic at HSC is a busy, multi-disciplinary clinic that provides consultations, assessments and treatment to children, teens and their families aged 5 to 16 years old. Opportunities exist to participate in clinical and/or research assessments, medication consultations and follow-ups, and other consultations regarding disorders as diverse as Obsessive Compulsive Disorder, Selective Mutism, Generalized Anxiety Disorders, as well as Depression and other mood disorders. In addition, Cognitive Behavioural Therapy (CBT) is a focus of the clinic with various individual and group programs being offered to patients and families. A 6 month CBT seminar is offered Wednesday afternoons which provides didactic teaching as well as group supervision so that participants have an opportunity to have more 'hands on experience' with CBT.  
**Teaching/Research Opportunities:** Opportunities to be involved in medical student teaching are available as part of this selective opportunity. As well, numerous research projects in areas of CBT, Selective Mutism, Obsessive Compulsive Disorder and Depression are ongoing in the clinic as both primary supervisors of this selective are actively involved in research. Teaching and research opportunities can be discussed on an individual basis dependent upon the time allocated to the selective as well as the interest of the resident.  
**Opportunities for Taking on Administrative Responsibilities:** Not applicable.  
**Additional Supervision:** The clinic is made up of a multi disciplinary team which includes psychology, social work in addition to the psychiatrists who are the
Miscellaneous: This selective allows a unique opportunity to be involved in the assessment and treatment of children and adolescents with anxiety and mood disorders. Both disorders are highly prevalent and cause significant morbidity and mortality in the academic, social and family lives of children and adolescents. Goals of the selective include gaining insight into the recognition and assessment of psychiatric disorders in children and adolescents as well as developing a framework for the management and treatment, both psychological and pharmacological of childhood psychiatric illness.

<table>
<thead>
<tr>
<th>Child Telepsychiatry</th>
<th>Elizabeth Manson, Program Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>416-813-8570</td>
</tr>
<tr>
<td>Dr. Tony Pignatiello, Medical Director</td>
<td></td>
</tr>
<tr>
<td>416-813-7654 x2188</td>
<td></td>
</tr>
<tr>
<td>Dr. John Teshima, Education Coordinator</td>
<td></td>
</tr>
<tr>
<td>416-480-6100 x 3077</td>
<td></td>
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<tr>
<td>Bobbi Robinson, Administrative Assistant</td>
<td></td>
</tr>
<tr>
<td>416-813-7549</td>
<td></td>
</tr>
<tr>
<td>Primary Supervisors</td>
<td></td>
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<tr>
<td>Dr. Antonio Pignatiello</td>
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</table>

The Telepsychiatry Program offers services to 14 children’s mental health centres (and their satellites) across Ontario. We provide consultations and follow-ups on children and adolescents with a wide range of mental health issues. The consultations are consultee-centred, meaning they are directed towards the practitioner(s) providing mental health care at the distant site. Consultations often include multiple professionals along with the child and their family. We also provide program consultations in which a consulting psychiatrist meets regularly with a program (e.g., a day treatment program, a residential program) to discuss cases, answer questions, and provide guidance around different challenges that the program is experiencing. Lastly, we also provide educational seminars for staff at the child mental health centres.

The main goals of the selective are for the resident to:

- gain expertise in providing child psychiatry consultations via videoconferencing to distant, underserviced communities, for a wide range of clinical problems, in a
Residents will be participating in multiple consultations per week. Initially residents will observe staff psychiatrists providing consultations. Then residents can co-lead or lead consultations under the direct supervision of a staff psychiatrist. Residents can then progress to doing consultations on their own, with subsequent supervision by a staff psychiatrist. Residents will be encouraged to work with a variety of staff psychiatrists in order to experience a breadth of clinical cases and consultation approaches. However, specific clinical interests can be easily emphasised if the resident wishes. Residents will also have opportunities to participate in program consultations and sit in on education seminars being provided to the distant sites. The schedule of the program is fairly flexible and will allow for other resident commitments (psychotherapy patients and supervision, mandatory seminar series, half-day electives).
The *Child and Adolescent Psychiatry Program* is situated at the Keele Site campus of Humber River Regional Hospital, as part of the extensive Department of Psychiatry, Mental Health and Addictions. The Department of Psychiatry serves a population of over 750,000 in the northwest part of the city, and has a compliment of twenty-four psychiatrists, the majority of them are full-time hospital-based. The Child & Adolescent Program consists of a six-bed inpatient unit, extensive outpatient and consultative services, a transition program, and formal linkages to community agencies. The staffing is multidisciplinary and includes psychiatrists, nurses, child-youth workers, social workers, pharmacy, as well as a full-time teacher. The program has access to psychological services, addiction services, specialized services in psychopharmacology, mood and anxiety, dietician and concurrent disorders. The program is a major participant in the early intervention psychosis program. Research and clinical trials methodology training is available.

**Inpatient Child and Adolescent Unit:** The unit has six Schedule 1 beds and functions as a regional resource. Patients are admitted through the Emergency Department or Outpatient Services, as well as planned electives, particularly for complex clinical presentations. The program provides multisystem assessments that include individual and group services, as well as family assessments. The program is multidisciplinary and includes regular team meetings and case conferences. A teacher has been assigned to the program on a full-time basis, under Section 19 Classroom.

**Emergency and Crisis Intervention:** The Emergency Psychiatric Unit (EPU), situated in the Emergency Department at the Church Street site, provides emergency assessment and crisis intervention, provides twenty-four hours services including child and adolescent programs. A child and youth worker is available to EPU five days a week.

**Outpatient Services:** The program provides services to children and adolescents up to nineteen years of age, as well as their families. The outpatient clinic provides individual and family assessment, psychiatric consultation, and medication management. Referrals to the program cover a wide area that includes the community, the hospital, and schools.
The Transition Day Program: This program can accommodate up to eight to ten patients, with referrals coming from the inpatient and outpatient programs, as well as from the community. Patients in the transition program are included in the classroom, engage in broad therapeutic interventions that also include CBT and counseling.

Early Intervention in Psychosis: The Child and Adolescent Program participates as co-leader to the newly developed Early Intervention in Psychosis program. The outpatient child psychiatrist co-leads with an adult psychiatrist in providing primary assessments and follow-up for adolescents identified in their early experience of psychosis.

Teaching and Research Opportunities: Residents are expected to participate in morning clinical rounds, weekly team meetings, as well as case conferences. Residents are encouraged also to participate in the Department of Psychiatry’s extensive education opportunities that include Grand Rounds with invited speakers twice a month, and case conferences once a month. The Child and Adolescent Programs mount a clinical day once a year and also provides an annual seminar series for community Child and Adolescent workers in collaboration with Griffin Centre and the Toronto District Board of Education. Residents are expected to participate in the once monthly medical staff meeting for the entire department, as well as the quarterly continuing medical education evening meetings.

Senior residents can have the opportunity to participate in teaching students from other disciplines, as well as medical students, when available. Research opportunities are available which can include training in research methodology or participating in ongoing research.

Learning Objectives: Senior child career-track residents are encouraged to contact Dr. Kodsi and Dr. Awad to discuss particular areas of interests in designing their selectives. The program provides a broad spectrum of specialized experiences: Inpatient and Outpatient services, Anxiety and Mood Disorders, Early Intervention in Psychosis, Psychopharmacology and research methodology.

Residents are expected to participate and benefit from the educational activities of the Child and Adolescent program as well as the department of psychiatry’s extensive educational program.
**Child and Adolescent Mental Health Unit (CAMHU)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Title</th>
<th>Contact Info</th>
<th>Description</th>
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<tbody>
<tr>
<td></td>
<td>Primary Supervisor</td>
<td>Dr. Bob Stein</td>
<td>The CAMHU at NYGH provides mental health services to children and adolescents up to their nineteenth birthday. Components include a 6 bed locked inpatient unit, a 6 bed day hospital programme, an urgent care clinic and emergency services. The CAMHU is staffed by a multidisciplinary team with 2 psychiatrists, a psychologist, a social worker, a nurse manager, a teacher, nurses, child and youth counsellors, a consulting pharmacist and a consulting dietician. We provide assessment and treatment of a full spectrum of child and adolescent psychiatric disorders, including adjustment disorders, mood disorders, anxiety disorders, psychotic disorders, disruptive behaviour disorders, and developmental disorders. Teaching/Research Opportunities: There are biweekly clinical rounds, as well as weekly departmental grand rounds, monthly child psychiatry rounds, and other educational opportunities. There is also the option of becoming involved in the teaching of third year medical students and family practice residents, if desired. Opportunities for Taking on Administrative Responsibilities: To be discussed. Additional Supervision: Psychotherapy supervision (Dr. Bob Stein).</td>
</tr>
<tr>
<td></td>
<td>Secondary Supervisor</td>
<td>Dr. Leigh Solomon</td>
<td></td>
</tr>
<tr>
<td>Core Child/Adolescent Rotation - Adolescent Psychiatry at Ontario Shores</td>
<td>Primary Supervisor</td>
<td>Available to: Residents in Psychiatry in PGY3-6</td>
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<tr>
<td>Dr. Marc Fadel</td>
<td><a href="mailto:fadelm@ontarioshores.ca">fadelm@ontarioshores.ca</a></td>
<td>This Senior Selective rotation offers unique learning opportunities for residents in PGY 3-6 interested in Adolescent Psychiatry. Our inpatient programs are unique in the Province, provide a wonderful opportunity for refining diagnostic skills, and learn treatment strategies within a multidisciplinary setting reserved for adolescents with complex issues. The unit is a 12 bed facility that serves young people from Ontario aged 12-18 with complex and treatment refractory psychiatric illnesses (mood disorders, psychosis, self harm and suicide attempts, and PDD spectrum). Experience will be gained assessing patients and their families, and creating comprehensive treatment plans. Complex psychopharmacology (including clozapine) and psychotherapeutic interventions (CBT, DBT, individual and group) are commonly used. Outpatient experiences can include assessment and treatment of young people aged 12-18 living in the Durham area. Common presentations include difficulty with mood and anxiety syndromes, substance and self harm.</td>
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The Youth Division at Sunnybrook Health Sciences Centre focuses on seeing youth with mood disorders, anxiety disorders, and psychotic disorders. Youth are ages 14-19 at intake and are followed up to their 24th birthday. A range of clinical services are offered including a crisis service, an 8-bed inpatient program, a day program, and outpatient assessment and follow-up. Treatment modalities include psychopharmacology, CBT for depression, CBT for anxiety disorders, IPT, psychodynamic psychotherapy, and family therapy. Both the inpatient and day programs are run by interprofessional teams and the other outpatients services work in close collaboration with allied professionals within the Division and with community resources.

Residents have the opportunity to design their own selective according to their interests and needs. This could involve focusing primarily on one clinical service or involve a blend of several experiences. Residents can choose to work with multiple supervisors over the course of their selective to allow for exposure to a range of clinical issues and approaches.

Teaching Opportunities: Residents with an interest in teaching have a number of opportunities to be involved with medical student education, including teaching preclerkship courses, clerkship seminars, and clerkship supervision. Residents can receive supervision around their teaching.

Research Opportunities: Several of the Youth Division supervisors are actively involved in research and there may be opportunities for either exposure to research projects or more direct involvement.

Administrative Opportunities: Residents who plan to be at Sunnybrook for the full academic year can also apply to be the chief resident for all the residents (including non-child) at our site.

Additional Supervision: Residents can be supervised in several modalities of adolescent psychotherapy, including IPT-A, PE (prolonged exposure) for PTSD, and psychodynamic psychotherapy.

Outreach Opportunities: Residents interested in psychiatric outreach can accompany Dr. John Teshima on trips to New Liskeard to assess children and adolescents with a wide range of mental health issues.
SHSC has recently joined TEGH in order to provide a clinic for anxious children and youth throughout all developmental stages. The clinic provides outpatient treatment for children suffering from all anxiety disorders, with special expertise in Post Traumatic Stress Disorder (PTSD), and related conditions such as school avoidance and peer victimization.

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<th>Title</th>
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<tr>
<td>The Sunnybrook Health Science Centre/Toronto East General Hospital Child and Adolescent Anxiety Clinic</td>
<td>Primary Supervisors&lt;br&gt;Dr. Sharon Reiter&lt;br&gt;Dr. Gili Adler Nevo&lt;br&gt;Dr. Stephanie Wiesenthal</td>
<td>Residents will experience working in a multidisciplinary team including cognitive behavioral therapists, social worker and family therapists, with an emphasis on communication with the community. <strong>Clinical Objectives:</strong> Residents will have supervised experience that will include conducting clinical consultations with children, adolescents and their families, obtaining information from the community, use of standardized instruments for gathering clinical information, formulation of treatment plan, medication treatment, and Cognitive Behavioral Therapy (CBT). A special emphasis will be put on CBT. Residents will gain supervised experience in the varying implementation of cognitive behavioral theory in different developmental stages and in cognitive behavioral strategies tailored for different conditions, such as Prolonged Exposure (PE) therapy for PTSD and Exposure/Response Prevention (ERP) tailored for Obsessive Compulsive Disorder (OCD). <strong>Research Opportunities:</strong> Residents will have an opportunity to participate in both prospective clinical trials and retrospective chart reviews at varying levels of involvement according to their wishes and needs.</td>
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|      | Child & Adolescent Mental Health Program (CAMHP) | Dr. Andrew Howlett  
PG Education Coordinator  
Primary Supervisor | The CAMHP services children and adolescents, up to their 19th birthday, presenting with severe disabling psychiatric disorders, high suicide risk, and unusual or bizarre behaviours. The program is closely linked to Paediatrics, as well as Adult Mental Health Services, such as Detox, Day Hospital, Mobile Crisis, Emergency Psychiatry Team, Shared Care Program, and Adult Inpatient Psychiatry Unit etc. This linkage allows for a smoother transition to adult services and the availability of a wide array of services to the older adolescent population, as well as the patients’ families. The program is comprised of the following five components:  
**Child Emergency/Crisis Component:** In addition to the Psychiatry Emergency Crisis Team, the Child Crisis Team provides 8-hour weekday coverage in the Emergency Department. They will respond to any referral of patients presenting with a psychiatric emergency or psychological crisis, following a request for consultation made by the Emergency Department staff. An assessment will be completed in consultation with the psychiatrist-on-call, with back up, if necessary, from a child psychiatrist.  
**Inpatient Child and Adolescent Unit:** The unit has six Schedule I beds. Patients are usually admitted through the Emergency Department, although some may be admitted directly from Outpatient and few via direct transfers from other hospitals. Located on the unit is a Section 19 educational program. To enhance continuity of care, each patient and their family is assigned a case manager who coordinates the patient’s care, remains involved following discharge until follow-up is arranged in the community, and follows the patient during future admissions. The unit is located adjacent to the Paediatric Inpatient Unit, thus allowing for better care for patients who require specialized medical care.  
**Transitional Outpatient Support:** The Transitional Outpatient Support provides follow up for up to six-to-eight weeks for those discharged from the Inpatient Unit. Patients are followed by the same case manager and attending psychiatrist for better continuity of care.  
**Outpatient Clinic:** The Outpatient Clinic runs one afternoon a week and provides consultations to paediatricians and family practitioners. Consultations are available only for patients with major psychiatric disorders. |
|      | Dr. Nagi Ghabbour  
Primary Supervisor |  |
|      | Dr. Michelle Marshall  
Secondary Supervisor |  |
Urgent Care Clinic: This clinic runs four days a week, Monday to Thursday, and provides one 75 minutes slot for an urgent referral and/or follow-up from the Emergency Room.

Teaching/Research Opportunities: There are daily one and one half hours morning clinical rounds, weekly Debates and Formulation seminars in Psychiatry, as well as monthly departmental grand rounds, difficult case review, and other educational opportunities. The resident will be involved in teaching of students from other disciplines who are part of the interdisciplinary inpatient team e.g. nursing, child and youth worker and at times pediatric residents and medical students.

Opportunities for Taking on Administrative Responsibilities: Interested residents are welcome to participate in child and adolescent program as well as the wider departmental (Psychiatry Program) administrative meetings. Psychiatry residents are welcome to spend anywhere from one day a week to full time in any or more than one component of the program. Based on their own interest and the design of the rotation, the resident could be working with more than one of the three child psychiatrists and will receive weekly supervision from each of the psychiatrists they are working with. Arrangements that are more flexible could be made to accommodate residents in consultation with their primary supervisor at their academic setting. To enhance the educational experience, only one resident can be accommodated at one time.

Learning Objectives
The acquired knowledge and refining of skills will of course depend on the component of the program the resident chooses for placement; however the following are some of the primary objectives.
Provide individual, family and group psychotherapy on the Inpatient Unit.
Gain expertise in managing a variety of disorders, both acute and chronic, in patients of different age groups in an Inpatient Schedule I Facility.
Develop a level of comfort in the applications and procedures of the Mental Health Act, Substitute Decisions Act, Health Care Consent Act, and the Child & Family Services Act, in both the Emergency Room and the Inpatient Unit.
Work closely with a special education teacher and other support staff in a section 19 educational program in undertaking educational assessments, and assisting community school staff and parents in devising a suitable remedial program and placement.
Understand the role of the psychiatrist as a physician leader and part of an interdisciplinary team of nurses, social workers, child and youth counselors, crisis
workers, and child psychiatrists. Understand the challenges and rewards of a child psychiatrist working in a community general hospital psychiatry department, interacting with colleagues of many medical backgrounds in a variety of settings.
ST. MICHAEL’S HOSPITAL
Dr. John Langley
PG Education Coordinator
Tel: 416-864-6060 x 6410
Email: john.langley@utoronto.ca

<table>
<thead>
<tr>
<th>Senior Selective Type/Title:</th>
<th>X Clinical Research</th>
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<tbody>
<tr>
<td>□ Part-Time (Please indicate Part-Time Version of the Selective)</td>
<td>X Full-Time (Please indicate Full-Time Version of the Selective)</td>
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<tr>
<th>Inquiries</th>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
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<tbody>
<tr>
<td></td>
<td>Dr. A. Nakhost</td>
<td>416-864-5137</td>
<td><a href="mailto:nakhos@smh.ca">nakhos@smh.ca</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr. M. Levy</td>
<td>416-864-5137</td>
<td><a href="mailto:Levym@smh.ca">Levym@smh.ca</a></td>
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<tr>
<th>Hospital(s)</th>
<th>St Michael’s Hospital</th>
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<tbody>
<tr>
<td>Supervisors(s)</td>
<td>Dr. A. Nakhost and Dr. M. Levy</td>
</tr>
<tr>
<td>Time Commitment</td>
<td>Full Time (6 months or 1 year)</td>
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**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**

Description: This rotation will emphasize the development of clinical and leadership skills relevant to working in the community with individuals with serious mental illnesses as part of a multidisciplinary team. Many of the individuals followed by this team are also homeless and have concurrent substance use disorders as well as experiencing other complex psychosocial challenges.

During this rotation the resident will work with the Focus Mental Health Outreach Service, an innovative FACT team (flexible assertive community treatment team) of St. Michael’s Mental Health Service. This model combines different aspects of ACT (assertive community treatment) and ICM (intensive case management). This rotation will provide a unique opportunity for the resident to function close to a staff physician level on a comprehensive outreach community program, under direct supervision of experienced and dedicated staff physicians who specialize in community psychiatry.

This rotation will equip the resident with skills to become an expert in the most important clinical, medical-legal, sociological and ethical aspects of intensive community treatment. It will enable the resident to assume future leadership roles in this exciting model of service delivery. There will also be opportunities to teach junior residents and medical students, develop an individualized research project or to join one of the already established projects in the community psychiatry program and participate in biweekly journal clubs.
1. **Medical Expert / Clinical Decision Maker**  
   Practise medicine within their defined clinical scope of practice and expertise

2. **Communicator**  
   Establish professional therapeutic relationships with patients and their families

3. **Collaborator**  
   Work effectively with other physicians and other health care professionals.

4. **Manager (Leader)**  
   Contribute to the improvement of health care delivery in health care teams, organizations, and systems

5. **Health Advocate**  
   Respond to the individual patient's complex health needs by advocating with the patient within and beyond the clinical environment  
   Respond to the needs of a community or population they serve by advocating with them for system-level change

6. **Scholar**  
   Engage in the continuous enhancement of their professional activities through ongoing learning

7. **Professional**  
   Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
Please provide a **Tentative Schedule** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

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<tr>
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<th>MONDAY</th>
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<tr>
<td>MORNING</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
<td><strong>PGY5 Core Curriculum</strong>&lt;br&gt;Sept-May, Mount Sinai, 9-11:30am</td>
<td>Morning Team meeting (8:30-9:30 am)</td>
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<td><strong>Advanced Psychotherapy Seminar Series</strong>&lt;br&gt;July-Aug, Mount Sinai, 9-12pm</td>
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<td>Weekly Supervision&lt;br&gt;10:00-11:00</td>
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<td>Journal Club- Biweekly&lt;br&gt;11:15-12:00</td>
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<td>Grand Rounds 12:00 pm-1 pm</td>
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<td>Time</td>
<td>Activity 1</td>
<td>Activity 2</td>
<td>Activity 3</td>
<td>Activity 4</td>
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<tr>
<td>AFTERNOON</td>
<td>Patient follow up in the community (1:00-4:30 pm)</td>
<td>Patient follow up in the community (1:00-4:30 pm)</td>
<td>ADVANCED PSYCHOTHERAPY SEMINAR SERIES (Sept-Oct, Mount Sinai, 1-2:30pm)</td>
<td>Drop in clinic (1:00-4:30)</td>
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<tr>
<td>Drop in clinic (1:00-4:30 pm)</td>
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<td>SUGGESTED PGY5 STUDY HALF-DAY</td>
<td></td>
<td>Patient follow up in the community (1:00-4:30 pm)</td>
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**Senior Selective Type/Title:**
- X Clinical
- [ ] Research
- X Part-Time (Please indicate Part-Time Version of the Selective)
- X Full-Time (Please indicate Full-Time Version of the Selective)

**Inquiries**

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<tr>
<th>Name</th>
<th>Tel</th>
<th>Ext</th>
<th>e-mail</th>
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<tbody>
<tr>
<td>Mara Goldstein</td>
<td>416-864-6060</td>
<td>5120</td>
<td><a href="mailto:GoldsteinM@smh.ca">GoldsteinM@smh.ca</a></td>
</tr>
<tr>
<td>Chris Willer</td>
<td>416-864-6060</td>
<td>3809</td>
<td><a href="mailto:WillerC@smh.ca">WillerC@smh.ca</a></td>
</tr>
</tbody>
</table>

**Hospital(s)**
- St. Michael's Hospital

**Supervisors(s)**
- Dr. Mara Goldstein, Dr. Ilana Shawn, Dr. Chris Willer

**Time Commitment**
- Part time is 1-2 days per week, Full time is 3-4 days per week

**SENIOR SELECTIVE DESCRIPTION (must be in CanMEDS format)**
Description:

This rotation will emphasize the development of a resident skilled in the provision of emergency psychiatric care. This is a rotation with a graduated developmental trajectory for the junior consultant.

In the beginning of the rotation, the junior consultant will see cases, review with staff, work with medical students and other trainees in a supportive educational role and shadow the staff in morning and evening rounds. Through graduated exposure and based on comfort and competency of the junior consultant, they will attempt to run rounds with support from the staff, provide direct supervision of cases by junior trainees and make disposition decisions, and review cases seen by junior trainees with the staff prior to executing dispositions. The junior consultant will be able to run rounds in the absence of the staff and review all cases with junior trainees and also sign off on dispositions. The junior consultant will work with staff to understand the dynamics of the team as they change each month with trainee turnover. Near the end of the elective, the junior consultant will take over as leader with support and oversight by the staff. All cases will require review by staff. However this may be done at arms-length.

8. Medical Expert / Clinical Decision Maker
   Demonstrates medical knowledge and skills required to care for adolescents and adults in an Emergency Room setting including those complex cases that relate to concurrent disorders and inner city health issues in our client population.

9. Communicator
   Develops rapport and trust as well as ethically, therapeutically, and culturally informed relationships with clients who present with high acuity medical and psychiatric needs.

10. Collaborator
    Work effectively with other physicians and other health care professionals in our multi-disciplinary psychiatry ER service team. Through this rotation, the junior consultant will develop skills in teaching and managing an interdisciplinary team. Skills in supervising interview techniques, plan development and pharmacotherapy in the emergency setting will be developed. The junior consultant will learn to teach others at various stages in their training.

11. Manager (Leader)
    Contribute to the improvement of health care delivery in health care teams, organizations, and systems and manage their team effectively.

12. Health Advocate
    Respond to the individual patient’s complex health needs by advocating with the patient within and beyond the clinical environment for an inner city population where poverty, homelessness, addictions issues, and major mental health ailments intersect.

13. Scholar
    Engage in the continuous enhancement of their professional activities through ongoing learning. Critically appraises medical information and integrates information from a variety of sources as it applies to the practice decisions in an ER setting. Facilitates the learning for medical students and junior residents.
14. Professional
Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards.

**SAMPLE OF A TENTATIVE SCHEDULE**

The PES schedule can be any day of the week. It can be combined with our Urgent Care Program senior selective.

Please provide a **TENTATIVE SCHEDULE** for your proposed selective rotation (note: this schedule does not need to be finalized and does not need to include details of all psychotherapy supervision, apart from with your primary +/- secondary supervisors).

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<tr>
<td><strong>MORNING</strong></td>
<td>ER rounds 8:15-10am</td>
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<td><strong>PGY5 CORE CURRICULUM</strong> (Sept-May, Mount Sinai, 9-11:30am)</td>
<td>ER rounds 8:15-10am</td>
<td>ER rounds 8:15-10am</td>
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<td>ER assessments 10am-5pm</td>
<td>ER assessments 10am-5pm</td>
<td><strong>ADVANCED PSYCHOTHERAPY SEMINAR SERIES</strong> (July-Aug, Mount Sinai, 9-12pm)</td>
<td>ER assessments 10am-5pm</td>
<td>Grand Rounds 12:00noon-1pm</td>
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Syl Apps Youth Centre is located in Oakville, just north of the QEW at Trafalgar Road. The centre is operated by Kinark Child and Family Services and provides secure residential mental health care to youth from the age of 12 years. The centre provides mental health treatment to three distinct populations:

- Youth justice clients with identified mental health problems ordered to a secure custody/detention setting under the Youth Criminal Justice Act.
- Youth held for secure treatment under the Child and Family Services Act.
- Youth found not criminally responsible or unfit to stand trial, held under the purview of the Ontario Review Board.

The centre’s secure treatment program is designated as a hospital under Part XX.1 / Mental Disorder of the Criminal Code (Canada) and the Youth Criminal Justice Act and is the only facility so-designated in the province of Ontario. The centre is the only facility in Ontario with capacity to assess and treat youth in the justice system with serious and complex mental disorders and substantial mental health needs.

Increasingly the centre has received youth with acute mental disorders. Approximately 50 percent of admissions are diagnosed as suffering with acute psychotic disorders, which have often resulted in their involvement with the youth justice system. Youth are typically in the facility for several months for stabilization and treatment, a sharp distinction from the acute care, schedule-1 hospital environment.

As the facility has a provincial scope, many youth are from remote parts of Ontario and videoconferencing is used commonly to enhance communication with family and partners in the community.
The centre operates using a multidisciplinary, multi-skilled mental health team approach and provides assessment and treatment of youth with serious and complex mental disorders. Dialectical Behavior Therapy has been in place at the centre for several years and forms the basis for milieu treatment. Section 23 classrooms are located on-site, operated by the Halton District School Board and are integrated into the overall program with teachers working in collaboration with centre staff.

The centre has three full-time psychiatrists and three psychologists as well as nurses, social workers and an art therapist. Psychiatric residents and fellows from McMaster have participated as learners in the facility for the last two years and more recently forensic residents from University of Toronto. In the centre there is the opportunity for learners to gain exposure to the youth forensic mental health system, to participate as members of a treatment team working with youth and to gain proficiency in working in a DBT milieu environment. In addition, residents will have exposure to an unique and diverse subset of the youth population and the opportunity to better understand the prevalence and impact of mental health illness in at-risk youth and their trajectory through the mental health and youth justice systems. Forensically-minded residents will have the opportunity to complete assessments ordered for fitness and criminal responsibility and under Section 34 of the Youth Criminal Justice Act and to potentially participate in Ontario Review Board, Consent and Capacity Board, and Child and Family Service Review Board hearings. For forensic residents, there may also be opportunities to testify in court.
Youthdale Treatment Centres (YTC) is located five minutes from Toronto’s Eaton Centre and provides a wide range of services for youth in South Central Ontario and therefore rich opportunities for residents. YTC offers both inpatient and outpatient experience and the exact nature of the elective can be negotiated for each resident.

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<th>Contact Info</th>
<th>Description</th>
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|      | Pediatric Neuropsychiatry and Crisis Intervention | Primary Supervisor
Dr. Nathan Scharf
Dr. Susan Reddick
Dr. James Deutsch | The inpatient segment focuses on the crisis assessment, diagnosis, stabilization and treatment planning for “high risk” youth with complex psychiatric and psychosocial needs. Resident will participate in a full range of clinical services, as a members of an interdisciplinary team and follow a limited number of patients starting with crisis assessment, through admission to community/family placement and/or outpatient follow up thus learning about a continuum of care – from urgent “first response” in the community, to crisis resolution and aftercare support in the community. |

The Acute Support Unit (ASU), a secure treatment setting provides inpatient care to about 200 high risk youth annually, operating as a quaternary referral centre. About 30% of referrals are from other hospital inpatient services. Average admission length of 3 weeks allows for diagnostic assessment, stabilization and treatment planning, working in concert with families and community service providers such as Children’s Aid, Schools, Probation Services and Mental Health Agencies.

The Transitional Psychiatric Unit (TPU) admits about 100 children annually, either directly from the community or in “step-down” from the ASU. The voluntary nature of this service allows for 4 to 7 week stays and supports work with families and community services to successfully “transition” youth back home or into a variety of residential, community-based longer term placements.

During the outpatient segment residents will have an opportunity to participate in outpatient consultations in:

The Neuropsychiatry clinic assessing children with neurodevelopmental disorders e.g. Asperger Syndrome, ADHD, OCD and Tourette Syndrome
The Psychopharmacology Clinic that provides diagnostic review and advice regarding pharmacological management of children and adolescents with a variety of diagnoses.

The York Region Assessment and Consultation Services operated by YTC. There are also opportunities to train in Multi-Systemic Therapy and to learn about the diagnosis and treatment of sleep disorders in our Child and Adolescent Sleep Centre.

Clinical Objectives

The residents will have the supervised experience that includes both inpatient and outpatient components:
- conducting interviews with parents, children and families;
- obtaining information from community agencies, foster parents and case workers;
- liaison/communication with educational institutions;
- use of standardized instruments for gathering clinical information;
- familiarity with the evaluation of language, learning and cognitive abilities in children;
- formulation of comprehensive treatment recommendations based on integration of; information about child, family and community factors informed by knowledge of neuropsychiatric conditions;
- initial implementation of treatment recommendations.

Resident Learning Goals: Through participation in the clinical work the resident will develop expertise in the differential diagnosis and treatment of a variety of pediatric disorders and behaviours.

The resident will develop a working knowledge of current psychopharmacological interventions for a wide range of conditions and behaviours.

In the outpatient clinics the resident will gain skills as a consultant and increase their knowledge of neuropsychiatric aspects of pediatric disorders.

The residents will also gain an understanding of the network of children support services in Ontario and learn how to work within a multidisciplinary team with families and social service agencies to coordinate care.

Residents will gain familiarity with child protection legislation and mental health as
it applies to youth.

**Teaching Opportunities:** The resident will be invited to participate in presentations to health care providers at various community agencies with a focus on assessment and collaborative treatment of children with various neuropsychiatric disorders.

Each resident will be expected to make one Grand Rounds presentation at Youthdale on a topic of their choice however related to work at Youthdale.

**Research Opportunities - Research Selective:** The residents have an opportunity to participate in one of several areas of research in progress at Youthdale. These include genetics of aggressive behaviour, polysomnographic investigations of childhood sleep disorders and the treatment of these sleep disorders, development of a comprehensive data base for longitudinal recording of clinical information and attendant data analysis, psychopharmacological studies and an outpatient study of multi-system therapy for young offenders. To discuss your interest in a research selective, please contact Dr. Paul Sandor.

**Opportunities for Taking on Administrative Responsibilities:** Not applicable.

**Additional Supervision:** Not applicable.

**Full-time or Part-time:** This is negotiable. Experience may be tailored to the personal objectives of the resident seeking the selective.