The University of Arizona Pediatric Residency Program

Primary Goals for Rotation

Child and Adolescent Psychiatry

1. **GOAL**: Understand the role of the pediatrician in the prevention of developmental and behavioral problems in children.
2. **GOAL**: Develop a working knowledge of typical development and behavior for childre and families and apply this knowledge in the clinical setting to differentiate normal from abnormal states.
3. **GOAL**: Provide appropriate anticipatory guidance related to common developmental a behavioral issues.
4. **GOAL**: Evaluate and manage common developmental-behavioral signs and symptoms infants, children, and adolescents.
5. **GOAL**: Recognize and manage common developmental and behavioral conditions that generally do not require referral.
6. **GOAL**: Recognize, provide initial management, appropriately refer, and provide primary care case management for common developmental or behavioral conditions that often need additional diagnostic and/or management support from other specialties or disciplines.
7. **GOAL**: Diagnose and manage uncomplicated cases of ADHD and refer refractory cases.
8. **GOAL**: Depression. Understand the pediatrician's role in screening, diagnosing, managing and/or referring children and parents with depression.
9. **GOAL**: Understand the pediatrician's role in screening, diagnosing, managing and/or referring children with developmental disabilities and mental retardation.
10. **GOAL**: Understand the pediatrician's role in screening, diagnosing, managing and/or referring children with oppositional defiant disorder.
11. **GOAL**: Understand the pediatrician's role in screening, diagnosing, managing and/or referring children with autism spectrum disorders.
12. **GOAL**: Assess, evaluate and manage nutritional problems in adolescents.
13. **GOAL**: Demonstrate high standards of professional competence while working with patients under the care of a subspecialist.

1. GOAL: Understand the role of the pediatrician in the prevention of developmental and behavioral problems in children.

A. Describe the common prenatal influences that impair typical development.

B. Describe the common postnatal influences that impair typical development.

C. Describe the common environmental, social and family influences that promote optimal development and behavior of a child.

D. Describe the common environmental, social and family influences that interfere with the typical development and behavior of a child.

E. Refer patients at risk to appropriate early intervention services and specialists.

F. Advocate for patients with special developmental, behavioral, and educational needs.

2. GOAL: Develop a working knowledge of typical development and behavior for children and families and apply this knowledge in the clinical setting to differentiate normal from abnormal states.

A. For each of the domains of child development:

1. Describe the spectrum of age-appropriate development and variations from typical for children from birth through adolescence.
2. Identify major theories of development.
3. Discuss how different developmental domains interact and influence one another at different stages of development.
4. Counsel families on the variations within typical development.
5. Identify "red flags" of abnormal development.

B. Describe a child's typical progress in each of the following developmental domains, identify signs of abnormal development, and provide parents with counseling concerning:

1. Cognitive skills
2. Fine and gross motor skills
3. Receptive and expressive language
4. Social/emotional development
5. Self-help and adaptive behaviors

C. For the common domains of child behavior:

1. Describe the spectrum of age-appropriate development and variations from typical for children from birth through adolescence.
2. Identify major theories of behavioral development.
3. Discuss how different developmental and behavioral domains interact and influence one another at different stages.
4. Counsel families on the variations within typical behavior.
5. Diagnose "red flags" of abnormal behavior.

D. Describe a child's typical progress in each of the following behavioral domains, identify signs of abnormal development, and provide parents with counseling concerning:

1. Attachment (bonding)
2. Autonomy
3. Elimination
4. Eating
5. Sexuality

6. Sleep
7. Temperament

E. Counsel parents about typical parenting issues (related to child development, behavior, health and safety, family adjustment).

F. Diagnose and manage specific pediatric behavioral, developmental and medical problems using knowledge and insight about family development and family systems theory.

G. Recognize and differentiate between developmentally-appropriate coping strategies used by children and their families to contend with illness and medical interventions, and common ineffective coping strategies, including non-compliance.

H. Use standardized, validated and accurate developmental and behavioral screening instruments, plus skills in interview, exam and medical knowledge to identify patterns of atypical development, such as:

1. ADHD home and school questionnaires (e.g., Vanderbilt, Connors)
2. Behavioral screening questionnaire (e.g., Eyberg Child Behavior Inventory, Pediatric Symptom Check List, PEDS, ASQ-SE)
3. Developmental screening tools reliant on parental report (e.g., ASQ, PEDS, CDIs)
4. Developmental screening tools requiring direct elicitation and measurement of children's behavior (e.g. Brigance, Battelle, Bayley Infant Neurodevelopmental Screener, SWILS)
5. Hearing screening (general, pure tone audiometry, otoacoustic emissions)
6. Language screening
7. Home and parent risk assessment tools to screen for social concerns, e.g., alcohol abuse, domestic violence, depression (e.g., Family Psychosocial Screen, Edinburgh Depression Inventory)

I. Select, perform and/or interpret appropriate clinical tests to establish a medical etiology of identified developmental and/or behavioral problems, such as:

1. Blood tests to rule out organic or genetic conditions (such as thyroid function, lead screen, genetic testing, metabolic screening)
2. Neuroimaging studies and others (such as head MRI)

J. Demonstrate familiarity with commonly used clinical and psychoeducational testing used by specialists to evaluate and monitor children with developmental and behavioral problems.

1. Identify common measures of intelligence used with infants, preschool and school age children (e.g., WPPSI, WISC-III, K-ABC).
2. Recognize common diagnostic measures of achievement, speech-language, and adaptive behavior (e.g., WRAT-R, Vineland Adaptive Behavior Scales, Preschool Language Scale-IV).
3. Understand the meaning of quotients and percentiles, the range of possible scores, common averages and standard deviations.
4. Know the scores typically observed in children with specific developmental conditions such as mental retardation, learning disabilities, giftedness, etc.

3. GOAL: Provide appropriate anticipatory guidance related to common developmental and behavioral issues.

A. Provide anticipatory guidance to parents about expected behaviors or milestones at a child's next developmental level.

B. Provide anticipatory guidance to families about developmental aspects of injury prevention, common behaviors (i.e., feeding), discipline, and child's approach to the physical exam and interview.

C. Provide anticipatory guidance, developmental promotion, and counseling for the following issues and problems:

1. Adoption
2. Children at risk due to poverty, abuse or neglect, etc.
3. Behavioral management and positive disciplinary techniques
4. Normal independence seeking and limit testing behaviors
5. Positive attention
6. Warnings and punishment
7. Day care
8. Death of a family member
9. Developmental disabilities, including transition needs from infancy through adolescence and young adulthood
10. Divorce
11. Early intervention programs
12. Eating problems
13. Exposure to violence
14. Gifted children
15. Habits (thumb sucking and nail biting)
16. Typical sleep patterns
17. Parenting in a variety of settings, such as adoptive, foster, single parents, step or "blended" families, etc.
18. Peer relationships and social skills
19. Resiliency
20. School success and failure
21. Self-esteem
22. Sexuality (typical patterns of sexual behavior, masturbation, sexual preference, sexually transmitted diseases, birth control)
23. Sibling rivalry
24. Sleep problems
25. Substance abuse
26. Television, video, computer and media
27. Toilet training
28. Preschool and kindergarten readiness
29. Study skills and home work assistance
30. Promoting speech and language development
31. Literacy promotion
32. Separation issues
33. Bullying

4. GOAL: Evaluate and manage common developmental-behavioral signs and symptoms in infants, children, and adolescents.

A. For developmental-behavioral signs and symptoms in infants, children, and adolescents:

1. Perform an appropriate problem-oriented interview and physical examination.

2. Obtain additional information from other related sources (e.g., day care, school).

3. Formulate a differential diagnosis, including typical variants where appropriate.

4. Use structured screening instruments as appropriate.

5. Formulate and carry out a plan for evaluation.

6. Develop a management plan with the patient and family.

7. Demonstrate effective communication to insure accurate history-taking, patient and family understanding, mutual decision-making, and adherence to therapy.

8. Provide appropriate follow-up, including case management, when multiple disciplines are involved.

B. Evaluate and manage the following developmental-behavioral signs and symptoms, provide appropriate counseling to parents or patients, and identify appropriate referral resources:

1. Inattention
2. Hyperactivity
3. Delay in a single developmental domain
4. Delay in multiple developmental domains
5. Sleep disturbances
6. Elimination disturbances
7. Feeding disturbances
8. Poor academic performance
9. Loss of developmental milestones
10. Regression of behavioral self-control
11. Excessive out-of-control behaviors (e.g., anger outbursts)
12. Abrupt change in eating, sleeping, and/or socialization
13. Anxiety
14. Depressed affect
15. Grief
16. Sexual orientation issues
17. Gender identity issues
18. Somatic complaints
19. Obsessive-compulsive symptoms
20. Separation anxiety
21. Tics
22. Somatic complaints
23. Violence
24. Excessive concerns about body image

5. GOAL: Recognize and manage common developmental and behavioral conditions that generally do not require referral.

C. For the common developmental-behavioral problems commonly observed in infants, children, and adolescents:

1. Describe diagnostic criteria, applying DSM-PC codes that determine variation, problem, or condition.

2. Discuss environmental and biologic risk factors.

3. Explain alternative or co-morbid conditions.

4. Describe natural history and common variations.

5. Implement assessment appropriate to the primary care setting, including input from home, school and other environments as necessary.
6. Implement individualized case management.
7. Counsel parents in age-appropriate intervention.
8. Describe indications for referral to other professionals for evaluation or treatment.
9. Execute appropriate referrals to mental health and other professionals and other community resources.

D. Recognize and manage, and counsel parents and patients concerning the following common developmental and behavioral problems that do not generally require referral:

1. Adjustment reactions
2. Attention deficit hyperactivity disorder, uncomplicated
3. Breath-holding spells
4. Physiologic crying in infancy and colic
5. Oppositional behavior
6. Difficulties with parenting and discipline
7. Encopresis
8. Enuresis
9. Failure to thrive
10. Fears and anxiety
11. Habits (nail biting, hair twirling, etc.)
12. School avoidance/refusal
13. Sleep-wake cycle disturbances
14. Stress reactions
15. Temper tantrums
16. Head banging
17. Simple motor tic
18. Typical separation anxiety
19. Functional pain
20. Mild depression

6. GOAL: Recognize, provide initial management, appropriately refer, and provide primary care case management for common developmental or behavioral conditions that often need additional diagnostic and/or management support from other specialties or disciplines.

A. For the more complex developmental-behavioral problems that require referral for diagnostic or management support:

1. Describe diagnostic criteria.
2. Discuss environmental and biologic risk factors.
3. Identify alternative or co-morbid conditions.
4. Describe natural history.
5. Organize initial assessment, consultation, and ongoing management as the primary care pediatrician.

B. Recognize, provide initial management, appropriately refer and provide primary care case management for the following developmental-behavioral conditions:

1. Developmental-behavioral disorders associated with chronic physical health conditions (e.g., spina bifida, cleft lip, cleft palate, paraplegia, amputation, sensory impairment, Tourette's disorder, prematurity)
2. Cognitive disabilities (e.g., mental retardation)
3. Language and learning disabilities
4. Motor disabilities (e.g., cerebral palsy, muscular dystrophy)
5. Autistic spectrum disorders
6. Attention problems, moderate to severe
7. Externalizing disorders (e.g., violence, conduct disorder, antisocial behavior, oppositional defiant disorder, school failure, school phobia, excessive school absences, firesetting)
8. Internalizing disorders (e.g., adjustment disorder, anxiety disorder, conversion reactions, somatoform disorders, depression, mood disorders, suicide contemplation or attempt, PTSD)
9. Substance abuse
10. Social and environmental morbidities (e.g., physical abuse, sexual abuse, parental health disorders such as depression and substance abuse)
11. Problems of feeding, eating, elimination, sleep
12. Atypical behaviors (e.g., post traumatic stress disorder, psychosis)
13. Problems of gender identity, sexuality, or related issues
14. Psychosis/Schizophrenia, borderline personality

C. Serve as case manager or active team participant for individuals with developmental and behavioral disorders through the primary care setting, demonstrating skills including, but not limited to:

1. Communication and record-sharing with other disciplines
2. Maintenance of a complete problem list
3. Managing the "whole patient"
4. Family empowerment and communication
5. Maintain patient and family confidentiality (HIPAA)

D. Discuss interventions and specialists that assist with the diagnosis or ongoing management of children with developmental-behavioral disorders, demonstrate knowledge of referral sources, and demonstrate ability to work collaboratively with a variety of these professionals.

1. Audiologist
2. Behavior modification specialists
3. Child Life
4. Child psychiatry
5. Child psychology
6. Community resources/support systems (Boys and Girls club, Family Resource Centers)
7. Developmental-behavioral pediatrician
8. Early intervention services
9. Educational intervention (preschool and school age)
10. Family counseling
11. Feeding specialists
12. Hypnosis, relaxation, and self-control techniques
13. Interdisciplinary team for evaluation

14. Neurodevelopmental pediatrician
15. Pediatric neurology
16. Occupational therapy
17. Physical therapy
18. Physical medicine and rehabilitation
19. Pharmacotherapy
20. Social work services
21. Speech and language therapy
22. Teachers
23. Vision specialist
24. Other (play therapy, music therapy, support groups, parent training, etc.)

7. GOAL: Diagnose and manage uncomplicated cases of ADHD and refer refractory cases.

A. Develop a differential diagnosis for the symptoms of hyperactivity and/or inattention.

B. Interpret parent, teacher and patient information (history and questionnaires) that documents symptoms of ADHD and co-morbid conditions.

C. Use DSM-PC or DSM criteria to diagnose ADHD.

D. Explain to parents the issues surrounding the diagnosis, with implications for medications and other therapies, and impact on family and school life.

E. Initiate appropriate pharmacotherapy, monitoring for therapeutic effect of medication as well as side effects. Use ongoing feedback from parents and teachers to make appropriate changes in medication, consider additional therapy and/or reconsider the possibility of co-morbid conditions not originally diagnosed.

F. Understand the indications for referral for behavior therapy and appropriately refer.

G. Recognize co-morbid conditions (e.g., depression, bipolar disorder, anxiety, cognitive problems, learning disabilities) and refer when appropriate.

H. Continuously monitor and follow-up patients with ADHD. Obtain periodic information in standardized form (questionnaires) from parents and teachers to evaluate progress. Identify when changes in current medication regimen are indicated.

I. Work with the family and schools to optimize school success and self-esteem.

8. GOAL: Depression. Understand the pediatrician's role in screening, diagnosing, managing and/or referring children and parents with depression.

A. Identify family history of mood disorders and other psychiatric conditions to enhance identification of children with these disorders.

B. Recognize the differences in presentation of depression and other mood disorders during the developmental course of childhood.

C. Assess environmental contributors to the development of mood disorders (abuse, neglect, family psychiatric symptoms).

D. Screen for anxiety and depression at all appropriate health maintenance visits, including early childhood.

E. Recognize vegetative and non-specific symptoms that may be due to depression (e.g., sleep disturbances, irritability, anhedonia, hopelessness, isolation).

F. Screen and monitor carefully for signs of potential suicidal behavior.

G. Consider the initiation of appropriate pharmacologic interventions for children with uncomplicated depression. Demonstrate familiarity with the pharmacologic treatment of depression (e.g., SSRIs).

H. Refer for psychotherapy and collaborate with the mental health provider in monitoring clinical course.

9. GOAL: Understand the pediatrician's role in screening, diagnosing, managing and/or referring children with developmental disabilities and mental retardation.

A. Generate a differential diagnosis for the child with persistent global developmental delay, persistent motor delays, with abnormalities in speech and language development, and with persistent learning difficulties.

B. Coordinate an evaluation of a child with persistent developmental symptoms.

C. Know the effects that developmental disabilities have on child and family functioning and how to assist with them.

D. Know the common medical complications associated with the more common developmental disabilities such as cerebral palsy, mental retardation, Down's syndrome and meningomyelocele.

E. Know effective therapies available for children with cerebral palsy, mental retardation, genetic disorders and meningomyelocele.

F. Coordinate comprehensive care for children with cerebral palsy, various degrees of mental retardation, genetic disorders and meningomyelocele.

10. GOAL: Understand the pediatrician's role in screening, diagnosing, managing and/or referring children with oppositional defiant disorder.

A. Generate a differential diagnosis for children presenting with negative emotional behaviors, aggressive emotional behaviors, and secretive or antisocial emotional behaviors.

B. Discuss the physiological (temperament) and environmental antecedents of negative or antisocial behavior patterns.

C. Devise an evaluation and intervention strategy for a child exhibiting negative or antisocial behavior.

D. Counsel families of children with milder forms of negative or antisocial behavior and monitor the effectiveness over time.

E. Determine when a child with negative/antisocial behavior needs to be referred to appropriate professionals and community resources and continue to participate in the child's ongoing primary care.

11. GOAL: Understand the pediatrician's role in screening, diagnosing, managing and/or referring children with autism spectrum disorders.

A. Use history and observation to identify children with social interaction difficulties and communication impairments.

B. Recognize developmental milestone red flags for autism spectrum disorders (e.g., absence of joint attention by 9-12 mo of age, absence of pretend play by 18 mo of age, language delays).

C. Generate a differential diagnosis for ASD.

D. Screen and refer identified children with the possibility of ASD.

E. Be familiar with appropriate long-term management techniques and necessary components of an effective educational and habilitation program for children with autism spectrum disorders.

12. GOAL: Assess, evaluate and manage nutritional problems in adolescents.
A. Discuss the epidemiology and prevalence of obesity, nutritional deficiencies and eating disorders in adolescents, and discuss the evidence for effective intervention strategies.
B. Demonstrate appropriate use of normative growth curves, body mass index (BMI), percent ideal body weight (IBW) and special growth curves (e.g., Turners, Down syndrome).
C. Conduct screening of adolescents to evaluate growth and nutrition and recognize the results for patients at risk for nutritional problems (e.g., anemia, insufficient calcium or vitamin D, type 2 diabetes, hypertension) and eating disorders.
D. When caring for patients with potential nutritional or eating problems, obtain and interpret an appropriate history: 1. Use trigger questions to assess risk for obesity, poor nutrition, and eating disorders. 2. Assess time spent in physical activity vs. sedentary activities. 3. Obtain an exercise history from both adolescents and parents. 4. Assess satisfaction with eating patterns, perception of body image, adherence to food fads and diets, eating in secret, binging, purging, and use of laxatives, diuretics or dietary supplements. 5. Obtain a family medical history and use it with the dietary history to assess risk for obesity or other hereditary problems (e.g., hypertension, hyperlipidemia, PCOS, type 2 diabetes). 6. Assess adequacy of calcium intake. 7. Assess use of nutritional and herbal supplements.
E. Recognize physical examination and laboratory findings that could indicate an eating disorder (e.g. low BMI, bradycardia, dental erosions, lanugo-type hair over face/upper trunk, alkaline urine).
F. Discuss the workup and differential diagnosis for adolescents with weight loss, eating disorders, excessive exercise, and/or athlete's triad; describe criteria for primary care management and situations warranting referral to specialists.
G. Be sensitive to situations where adolescents are likely to use performance enhancing drugs (e.g., steroids) or nutritional supplements (e.g., creatine) and respond with appropriately sensitive history, evaluation and intervention.
H. Diagnose, manage and counsel adolescents with common deficiencies or excesses in their diet (e.g., low dietary iron, low dietary calcium, unusual fad diet, excess simple sugars, excess fat).
I. Recognize, evaluate and manage the overweight or obese teenager.
J. Educate vegetarian and vegan patients about requirements for a healthy diet.
K. Provide preventive and anticipatory counseling to patients and families about the importance of good nutrition and physical activity, the consequences of obesity and poor eating habits, and strategies for improving their diet and exercise.
13. GOAL: Demonstrate high standards of professional competence while working with patients under the care of a subspecialist.
A. **Competency 1:** Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1. Use a logical and appropriate clinical approach to the care of patients presenting for specialty care, applying principles of evidence-based decision-making and problem-solving.
2. Describe general indications for subspecialty procedures and interpret results for families.

B. **Competency 2:** Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

1. Acquire, interpret and apply the knowledge appropriate for the generalist regarding the core content of this subspecialty area.
2. Critically evaluate current medical information and scientific evidence related to this subspecialty area and modify your knowledge base accordingly.

C. **Competency 3:** Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

1. Provide effective patient education, including reassurance, for a condition(s) common to this subspecialty area.
2. Communicate effectively with primary care and other physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.
3. Maintain accurate, legible, timely and legally appropriate medical records, including referral forms and letters, for subspecialty patients in the outpatient and inpatient setting.

D. **Competency 4:** Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

1. Identify standardized guidelines for diagnosis and treatment of conditions common to this subspecialty area and adapt them to the individual needs of specific patients.
2. Identify personal learning needs related to this subspecialty; systematically organize relevant information resources for future reference; and plan for continuing acquisition of knowledge and skills.

E. **Competency 5:** Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

1. Demonstrate personal accountability to the well-being of patients (e.g., following up on lab results, writing comprehensive notes, and seeking answers to patient care questions).
2. Demonstrate a commitment to carrying out professional responsibilities.
3. Adhere to ethical and legal principles, and be sensitive to diversity.

F. **Competency 6:** Systems-based Practice. Understand how to practice high-quality health care and advocate for patients within the context of the health care system.

1. Identify key aspects of health care systems as they apply to specialty care, including the referral process, and differentiate between consultation and referral.

2. Demonstrate sensitivity to the costs of clinical care in this subspecialty setting, and take steps to minimize costs without compromising quality.
3. Recognize and advocate for families who need assistance to deal with systems complexities, such as the referral process, lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.
4. Recognize one's limits and those of the system; take steps to avoid medical errors.

Procedures

A. GOAL: Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

1. ADHD home and school questionnaires
2. Behavioral screening questionnaire
3. Developmental screening test
4. Language screening test

Adapted From

Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb.