



PGY 4 ELECTIVE BOOK 2020-2021



Department of Psychiatry
NYU GROSSMAN SCHOOL OF MEDICINE

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Department of Psychiatry Residency Training Program

AOT/NYC Department of Health and Mental Hygiene

Faculty/Staff

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Sites:

- Main office: NYC Department of Health and Mental Hygiene, 42-09 28th Street, 20th floor, Queens, NY 11101
- Exam site: NYC Department of Health and Mental Hygiene, Central Harlem Clinic Building, 3rd floor, New York, NY 10035
- Court: Bellevue Hospital, 19th floor court room

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Assisted Outpatient Treatment (AOT) Program is New York State's outpatient psychiatric commitment law, charged with assisting mentally ill clients consistently adhere to a court ordered community treatment plan and addressing obstacles to obtaining appropriate care. Each county in the state administers the AOT program for its mentally ill clients. In New York City, the AOT Program is run by the Department of Health and Mental Hygiene and is staffed with evaluating and consulting psychiatrists. Participating residents will become part of the AOT team for the duration of their rotation, assisting in preparing and conducting forensic psychiatric examinations of AOT clients and in making recommendations for court mandated treatment. Residents will have the opportunity to interact with a variety of mental health service providers/agencies in the city and may attend AOT Directors meetings, special incident reviews, and case conferences.

Number of Residents on the elective at any given time: One

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

PGY1/2 residents: full time for 2 weeks

PGY4 residents: Ideally at least 3 days a week (9-5) for 4 weeks for the resident to get a full experience.

Residents would spend 1-2 days per week (exams take place Mondays, Wednesdays, and Thursdays) at the exam site for the AOT exams and 1-2 days per week at the main office preparing AOT and participating in any meetings. Residents would also attend AOT court hearings every other Friday morning at Bellevue. This full experience will include senior staff meetings and special reviews of cases.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care

Goal: Navigate the dual role of AOT evaluator and advocate for client's mental health

Objectives:

- Prepare for AOT evaluation by a review of the AOT record
- Tailor the AOT evaluation to the particular challenges that a given AOT client faces in maintaining adherence to psychiatric treatment
- Engage the AOT client through psychoeducation
- Utilize recovery-oriented principles to assist in engaging the client and in identifying facets of a treatment plan that will address client's goals

Medical Knowledge

Goal: Strengthen knowledge of standards of care for a variety of mental illnesses

Objectives:

- Apply knowledge of DSM and other sources to appropriately diagnose clients
- Use treatment guidelines to direct treatment planning
- Use findings from AOT files and evaluation to make psychopharmacologic recommendations
- Investigate the appropriateness of mandating specific biological (e.g. long-acting injectable medications) and psychological interventions

Interpersonal and Communication Skills

Goal: Interact effectively with clients, mental health providers from a variety of disciplines, and non-medical professionals (e.g. attorneys)

Objectives:

- Integrate psychoeducation and recovery-oriented principles into AOT evaluations and case conferences
- Consult with case managers and ACT teams to get updates on clients, recommendations regarding AOT, and to ascertain barriers to treatment
- Consult with treating psychiatrists regarding treatment regimens for AOT clients
- Work with attorneys to document for the court why AOT is or is not recommended for a given client
- Translate clinical information obtained in evaluations into lay language for use in court petitions

Systems Based Practice

Goal: Understand how AOT fits within the system of community psychiatric care

Objectives:

- Participate in team meetings to review AOT's role in its client's care
- Attend meetings at NYC Department of Health and Mental Hygiene and NYS Office of Mental Health regarding AOT
- Participate in multidisciplinary case conferences and special reviews
- Participate in review of AOT referrals from the community, inpatient and forensic settings

Practice-Based Learning and Improvement

Goal: Incorporate data from a variety of sources into treatment planning and decisions regarding pursuit or non-pursuit of AOT

Objectives:

- Review published studies and data collected by NYC DOHMH and NYS OMH regarding AOT's effectiveness
- Write reports for the file and court and edit those reports with AOT psychiatrist supervision
- Participate in feedback sessions after direct evaluation of clients by AOT psychiatrists and forensic psychiatry fellows
- Discuss AOT clients at special reviews and case conferences in the context of reviews of the literature for specific illnesses/behaviors

Professionalism

Goal: Use the multidisciplinary team structure and requirement of collaborating with a variety of community treatment providers and non-mental health professionals to elevate

Objectives:

- Demonstrate respect for AOT clients of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Prepare for interactions with outside providers and non-mental health professionals in order to present information and to ask questions in an organized and appropriate way, respectful of confidentiality limits.

Supervision: (Please indicate the number of hours of supervision per week.)

Direct supervision on all work from the Manhattan AOT Director and other psychiatrists. At least one hour/week dedicated supervision with Manhattan AOT Director.

Readings:

1. Rosner, R (ed.) (2003). *Principles and Practice of Forensic Psychiatry*, Chapter 15: Involuntary Civil Commitment to Outpatient Treatment
2. Special full issue of *Psychiatric Services*, Oct 2010; 61 (10)
3. Website: <http://bi.omh.ny.gov/aot/about>

Method of Evaluation: Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.

Reviewed & Revised by Dr. Scott Soloway, 2/7/20 (no changes)



NYU SCHOOL OF MEDICINE, DEPARTMENT OF PSYCHIATRY

Asian Inpatient

Faculty/Staff

- **Angela Lee, MD (212)562-6207** angela.lee@nyulangone.org

Description:

This elective offers opportunities to evaluate and treat psychiatric patients from a diverse Asian American population, with the additional option of doing so in another language. Residents learn firsthand experience of assessment, psychopharmacology, psychotherapy, family intervention, and community service referrals for this unique population. Residents gain a deeper understanding that psychiatric conditions are subject not only to biological factors, but also the patterns and influence of cultural and social factors. The option to do academic work especially focused on cultural psychiatry is also available. The program is flexible and designed to fulfill each resident's individual needs and objectives best fitting their career interests.

Schedule:

Residents are expected to be able to adjust outpatient schedule to accommodate to be available for at least half a day five days a week, similar to senior elective and C/L schedule during fourth year.

Number of Residents on the elective at any given time: one resident (PGY IV)

Goals, & Objectives by Core Competencies:

A. Patient Care: Integrate culturally-sensitive care for diverse Asian patients.

- Work with a multi-disciplinary team that addresses mental illness, psychosocial stressors, and medical aspects of treatment.
- Formulate biopsychosocial model of diagnosis based on DSM-IV/DSM-V.
- Outline appropriate treatment plans for patients including psychotropic medication, psychotherapy, crisis management, family intervention and aftercare referral.

B. Medical Knowledge: Provide residents with knowledge of Asian subcultures and mental illness.

- Expand knowledge of Asian culture such as immigration patterns, moral standards, values, rituals, customs, religious beliefs, and societal expectations.
- Understand psychiatric conditions are subject not only to biological factors, but also to the patterns and influence of cultural and social factors.

- Incorporate cross-culture knowledge into the clinical practice of psychiatry.
 - Explain the risks/benefits of medication to patients.
 - Observe the common side effects of medication among the Asian population.
- C. Interpersonal and Communication Skills:** Demonstrate the ability to communicate with Asian mentally ill patients, their families, a multidisciplinary team, and staff at outpatient services.
- Display a deeper understanding of language barriers, culture barriers and stigma among Asian mentally ill patients.
 - Receive collateral information from families and providers of outpatient services.
 - Attend family meetings.
 - Learn skills of teamwork and problem solving.
 - Utilize the resources of interpreter services.
- D. Systems Based Practice:** Understand special mental health services for Asian population.
- Be familiar with special resources of mental health services for the monolingual Asian population.
 - Display awareness of the limited mental health resources for undocumented and uninsured individuals.
 - Learn how to make appropriate out-patient referrals for Asian patients including Chinese speaking chemical dependency/gambling addiction services, day programs, and other community services.
- E. Practice-Based Learning and Improvement:** Work closely with the medical consult service to identify health issues and co-morbid medical conditions that are important to this particular group.
- Obtain a thorough medical history and psychotropic medication history.
 - Increase awareness of common co-morbid medical illnesses such as the high prevalence of hepatitis B in the Asian population and the effect that these illnesses have on psychiatric medications.
 - Understand there are racial differences in the metabolism of psychotropic medications and that this difference can increase the risk of treatment related adverse events.
- F. Professionalism:** Prepare mental health professionals to provide services that are effective and valued by patients and families.
- Demonstrate respect, compassion, integrity, and accountability in interactions with mentally ill patients, their families, multidisciplinary staff and staff in the community.
 - Demonstrate sensitivity and responsiveness to each patient's ethnicity, culture, religion, and disabilities.
- G. Supervision:**
- Program provides mentoring and daily work supervision for each resident. There is once a week discussion about relevant books, articles or special cases.

Readings:

Book: *The Spirit Catches You and You Fall Down*: 1997 by [Anne Fadiman](#)

<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.0030294>

Method of Evaluation: Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.

Reviewed by Dr. Angela Lee, 03/2020



Department of Psychiatry Residency Training Program

Catch/Addiction Consult Service

Faculty/Staff

Andrea Kondracke, MD

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Description: Residents will gain exposure to the complex process of delivering medical care focusing on the treatment of Addictions on the Medical/Surgical/Forensic/ICU's and Obstetric inpatient units. During this elective residents learn how to treat patients with acute medical conditions and concomitant addictions. Often patient's medical conditions are complications of their substance use. In addition, Residents will learn to conduct interviews that focus on Addiction Use Disorders, learn the pharmacological treatment of complex withdrawal, to initiate the treatment of long term treatment and specifically Suboxone inductions. There will be discussion of the diagnosis and treatment of both common substances of abuse and uncommon substances. Lastly, residents will learn how to deliver substance abuse treatment in the medical setting when there are many barriers to the care.

Number of Residents on the elective at any given time: 2 each are able to spend 4-20 hours/weekly.

Schedule: 4 of hours/week, 2 of weeks/year and the minimum amount of time to make the elective viable.

- Resident should anticipate a minimum requirement of 4 hours/week
- Elective availability based on interest

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies:**

- A. Patient Care:** Residents will learn how to deliver treatment of Addictions to patients on the medical/surgical and obstetric units, particularly in cases where active Substance use may act as a barrier to treatment.
- B. Medical Knowledge:** Elective will explore the ways in which substance use contribute to the development and progression of disease, as well as preclude patients from receiving adequate treatment. In addition, Residents will learn to conduct addiction focused interviews, review physical examination findings specific to withdrawal and or intoxication of specific substances of abuse. The

short and long term treatment will be reviewed with specific focus on the initiation of treatment on initiation of care.

- C. Interpersonal and Communication Skills:** Residents will hone their interpersonal and communication skills with other medical teams and disciplines. Residents will have one-on-one attending supervision on every case.
- D. Systems Based Practice:** Residents will be expected to work on the addictions consult service/CATCH of Bellevue Hospital, be able to advocate for their patients in a complex system when their SUD interferes with their ability to get care.
- E. Practice Based Learning & Improvement:** Residents will learn to provide treatment of SUD on the inpatient setting through the various consults that arise. Opportunities to attend regular CATCH service programming will also be available. This includes rounds and biweekly case conference with other H and H CATCH services.
- F. Professionalism:** A high degree of professionalism, in both demeanor and appearance, is required for this elective. Residents will be expected to engage patients in a manner that is both tactful and sensitive, and in a way that fosters the alliance between the co-therapists and the patient.

Supervision: Residents will have individual one on one supervision by an attending on each case.

Readings: Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

Reviewed by, Andrea Kondracke 2/27/20, no changes



Department of Psychiatry Residency Training Program

Cognitive Behavioral Therapy

Faculty/Staff

- Danielle Kaplan, Ph.D. Dkaplanphd@gmail.com
- Cory Chen, Ph.D. Corykchen@gmail.com

The elective builds on the didactics and CBT supervision offered in the third year of residency, with an increased emphasis on case conceptualization and honing residents' CBT skills as employed across a variety of diagnoses.

Ongoing clinical supervision is provided throughout the year, with directed readings focusing in diagnosis, treatment, and residents' areas of interest provided on an ongoing basis. There are two supervision groups available, scheduled on Mondays at 3 pm and Tuesdays at 2pm.

Each supervision group can accommodate up to 3 residents at any given time. The elective can be taken for a full or half year depending on resident interest and availability of space.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- Patient Care:** Residents will improve their ability to identify appropriate patients for CBT and select appropriate psychotherapeutic techniques for addressing presenting problems, as evidenced by selection of appropriate patients for the elective and development of a patient-specific treatment plan
- Medical Knowledge:** Residents will increase familiarity with both disorder-specific CBT protocols and techniques for transdiagnostic intervention as evidenced by the ability to identify the major presenting issues within a CBT framework and create a session-by-session intervention strategy to address these issues.
- Interpersonal and Communication Skills:** Residents will demonstrate the necessary interpersonal and communication skills to establish therapeutic rapport with patients, as evidenced by the ability to successfully partner with patients in the assignment and completion of out-of-session homework assignments as appropriate (e.g. thought logs, exposure).

- D. **Systems Based Practice:** Residents will partner with multidisciplinary care team as appropriate, as evidenced by frequent communication with other members of care team
- E. **Practice-Based Learning and Improvement:** As above
- F. **Professionalism:** Residents will fulfill all administrative requirements relevant to the care of their patients, including charting

Supervision: (Please indicate the number of hours of supervision per week.) 1

Readings:

- Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision. All residents should become familiar with Cognitive Therapy: Basics and Beyond

Method of Evaluation: (Online evaluation system: *New Innovations*, discussion of feedback with the resident, etc.)

- New Innovations and ongoing discussion and feedback with the resident. Residents are also invited and encouraged to provide feedback to the supervisor!

Reviewed: 2/25/20, Danielle Kaplan, Ph.D. (no changes)



Department of Psychiatry Residency Training Program

Cognitive Behavioral Therapy for Adolescents Group on the Adolescent Inpatient Service

Faculty/Staff

- ***Paul Sullivan, PhD, Psychologist, Inpatient Adolescent Psychiatry, Bellevue Hospital***
 - 212-562-4525 Paul.Sullivan@nyumc.org
- ***Tzvi Furer, MD, Inpatient Adolescent Psychiatry, Bellevue Hospital***
 - 212-562-7387 Tzvi.Furer@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

- Residents implement a manualized group protocol based in Cognitive Behavioral Therapy (CBT) principles on the adolescent inpatient service at Bellevue Hospital. This modular group protocol utilizing CBT and Behavioral Activation (BA) skills has been developed here at Bellevue, in conjunction with joint efforts from Dr. Eric Lewandowski at the New York University Child Study Center, for the short-length of stay that is seen in our inpatient units and that was targeted to increase the utility and applicability of coping skills for the Bellevue adolescent inpatient population. The modular protocol is composed of six discrete modules from the BA with Adolescents protocol as well as modules from MATCH-ADTC protocol. Residents will become familiar with running all six of these modules over the course of their rotation. Residents will co-lead one of the groups per week (the groups occur on the unit three afternoons per week). Additionally, they will attend weekly supervision – ideally, residents can attend the group supervision time but if this is not possible supervision may be arranged directly with Dr. Sullivan. Supervision will assist in assisting the resident increase their competencies of applying CBT to adolescents as well as model skills to residents on how to implement group materials. Also, if residents are available, participate in monthly collaborative BA consultation calls with members of the NYU Child Study Center team.

Number of Residents on the elective at any given time: 3

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Group one hour per week on either Tuesday or Wednesday or Thursday afternoon plus prep time before and after group (approximately 10 minutes before group and 5 minutes after – total 1 hour 15 minutes)
- Supervision 30 minutes per week ideally during the group supervision time. Supervision time will be used to model implementation of running group skills and to provide didactics on evidence-based practices for adolescents.
- Residents are expected to commit to at least 6 months of the elective and ideally can commit to the entire year. PGY-3 or PGY-4 residents are encouraged to consider this elective as applicable within their schedule.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care

Goal: Increase competency in providing a group based in Evidence-Based Practice for adolescents in an inpatient setting.

Objectives:

- Develop skills for delivering information about CBT, BA, and mood symptoms to adolescents that is acceptable to the patient population.
- Develop ability to encourage discussion and thoughtfulness amongst the adolescents as they increase their understanding and utilization of CBT skills.
- Identify and manage the specific challenges relevant to working with adolescents in a group setting.
- Increase competencies in providing CBT skills for patients of varying socio-economic status as well as adolescents of varying cultural and gender minorities.

Medical Knowledge

Goal: Become increasingly familiar with information about pediatric mood symptomatology and presentation within an adolescent population.

Objectives:

- Through thorough understanding of the CBT/BA curriculum, residents will increase knowledge of how mood symptoms present in adolescents populations, and how these symptoms are influenced by co-morbid mental health/health problems and other factors in the life of the adolescent.

Interpersonal and Communication Skills

Goal: Ability to communicate effectively with adolescents' psychoeducation about their symptoms and engage them in skills application.

Objectives:

- As noted above, one of the main goals is to develop the ability to engage adolescents in a meaningful way about their symptoms and how implementation of CBT skills can increase mood as well as decrease symptoms.

- Encourage in-session practice as way to assist the adolescent in learning how/when to use their skills.

Systems Based Practice

Goal: Understand the stage of life and environmental risk factors faced specifically by adolescents in an urban setting and how this impacts their symptoms.

Objectives:

- Based on the readings and modules included within the group, residents will increase their knowledge their understanding in how multiple systems (family, school, peer relationships) can shape depressive and anxiety symptoms within an adolescent population.

Practice-Based Learning and Improvement

Goal: To improve clinical and leadership skills by incorporating feedback from supervisors.

Objectives:

- Integrate supervisory feedback and suggestions into the management of group sessions

Professionalism

Goal: To be able to maintain appropriate boundaries with adolescent population in discussion about symptoms and skills while also maintaining an adequately open environment to facilitate group discussion and thinking.

Objectives:

- Demonstrate respect for patients and encourage respect between group members
- Set specific behavioral expectations for group participation and follow-through within context of group protocols if behavioral expectations are not met
- Ensure adequate preparation for each group in order to present material effectively
- Present material from group coherently in supervision sessions
- Complete group paperwork (attendance records)
- Communicate effectively with unit staff should any patient issues arise in the group context

Supervision: (Please indicate the number of hours of supervision per week.)

- Thirty minutes weekly

Readings:

1. **Behavioral Activation with Adolescents- A Clinician's Guide (McCauley et al.)** a manualized protocol discussing the implementation of BA with adolescents.
2. **MATCH-ADTC- Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Disorder Problems (Chorpita & Weiss)** a manualized modular protocol for adolescents presenting with various mood and behavioral problems.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- Ongoing face-to-face feedback with the resident, in addition to *New Innovations Evaluation*.

Reviewed by, Dr. Paul Sullivan 2/14/2020 & Dr. Tzvi Furer 2/19/2020



Department of Psychiatry Residency Training Program

Child & Adolescent Psychiatry Emergency Service (C-CPEP) Goals and Resident Competencies

GOALS:

The goal of this rotation is to introduce residents to the requisite knowledge, skills, attitudes, and behaviors necessary to competently assess, stabilize, and find appropriate disposition for acutely disturbed children and adolescents requiring emergency psychiatric evaluation. Inherent in this aim is to expose residents to their unique role as a collaborator with these patients' caretakers and with other systems (schools, child protection agencies, courts, outpatient practitioners, etc.) involved in their lives.

Number of Residents on the elective at any given time: 2 (September – June) 1 (July & August) Schedule:

A range of CCPEP pgy4 electives are available (including brief clinical experiences, broader elective experiences and research projects); interested residents should contact Dr. Lang directly to explain their goals and interests and determine the schedule and hours that would be required.

COMPETENCIES:

Patient Care		
Learning Objectives <i>The resident will:</i>	Methods	Assessment
Assess suicidality in children and adolescents	<ul style="list-style-type: none"> Teaching rounds Supervision 	<ul style="list-style-type: none"> Attending assessment
Assess potential for violence in children and adolescents	<ul style="list-style-type: none"> Teaching rounds Supervision 	<ul style="list-style-type: none"> Attending assessment
Assess child abuse/ neglect issues, including domestic violence	<ul style="list-style-type: none"> Teaching rounds Supervision 	<ul style="list-style-type: none"> Attending assessment
Implement crisis intervention techniques as indicated to address agitated children and adolescents (e.g. de-escalation strategies, reduction of stimuli, emergency PRN use, and restraint use) to assure the safety of the children and adolescents being evaluated as well as Others	<ul style="list-style-type: none"> Teaching rounds Supervision 	<ul style="list-style-type: none"> Attending assessment
Obtain indicated emergent laboratory and ancillary (e.g.	<ul style="list-style-type: none"> Teaching 	<ul style="list-style-type: none"> Attending assessment

drugs of abuse screening, EEG, MRI) tests to evaluate and manage patients	<ul style="list-style-type: none"> • rounds • Supervision 	
Integrate data from psychiatric evaluations, clinical interactions, and testing into biopsychosocial formulations, differential diagnoses, and disposition plans	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Be exposed to a variety of therapeutic modalities including supportive, cognitive-behavioral, psychoeducational, family, parent training, and pharmacologic therapies as applicable to an emergent Setting	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Discuss evaluations and treatment recommendations with patients and their families	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment

Medical Knowledge

Learning Objectives <i>The resident will:</i>	Methods	Assessment
Demonstrate a basic understanding of normal child and adolescent development	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment •
Identify and describe psychopathology, including epidemiology, etiology, DSM diagnostic criteria, and prognosis	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Identify and describe appropriate indications for laboratory and ancillary (e.g. EEG, MRI, drugs of abuse screening) testing	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Understand and comply with NYS Mental Hygiene Law (Sections 9.13,9.39,9.40)	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Demonstrate appropriate use/ documentation of chemical and physical restraints in the management of agitated/ violent children and adolescents	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Describe the indications for inpatient admission	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment

Practice-Based Learning and Improvement

Learning Objectives <i>The resident will:</i>	Methods	Assessment
	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
Use evidence-based methodology to improve patient care	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment
Collaborate with ER house staff	<ul style="list-style-type: none"> • Teaching 	<ul style="list-style-type: none"> • Attending

	rounds • Supervision	assessment
Critically appraise patient care practices in consultation with the attending psychiatrist	• Teaching rounds • Supervision	• Attending assessment •

Interpersonal and Communication Skills		
Learning Objectives <i>The resident will:</i>	Methods	Assessment
Understand the indications for requesting/providing information from/to schools, child welfare agencies, ER clinicians, and others involved with patients while maintaining appropriate confidentiality	• Teaching rounds • Supervision	• Attending assessment
Learn to provide timely and appropriate feedback to referring ER clinicians	• Teaching rounds • Supervision	• Attending assessment
Write concise notes that provide psychiatric assessment and treatment recommendations	• Teaching rounds • Supervision	• Attending assessment/chart review

Professionalism		
Learning Objectives <i>The resident will:</i>	Methods	Assessment
Maintain professional and therapeutic relationships with patients and their families	• Teaching rounds • Supervision	• Attending assessment
Demonstrate behaviors that reflect an ongoing commitment to continuous professional development, ethical practice, sensitivity to diversity, and responsible attitudes (respectful, compassionate, honest, responsible, considerate)	• Teaching rounds • Supervision	• Attending assessment
Liaison between parents, ER clinicians, and hospital staff when conflicts of interest arise	• Teaching rounds • Supervision	• Attending assessment

Systems-Based Practice		
Learning Objectives <i>The resident will:</i>	Methods	Assessment
Advocate for quality patient care and assist patients in dealing with system complexities	• Teaching rounds • Supervision	• Attending assessment
Assist non-mental health medical professionals in understanding the mental health needs of their	• Teaching rounds • Supervision	• Attending assessment

Patients		
Actively pursue disposition planning.	<ul style="list-style-type: none"> • Teaching rounds • Supervision 	<ul style="list-style-type: none"> • Attending assessment

Reviewed by Dr. Qortni Lang, 3/9/2020 (no changes)

Division of Correctional Health Services

Elective Opportunities in Correctional Psychiatry

Location

Rikers Island Jail Complex, NYC Department of Correction
19-19 Hazen Street
East Elmhurst, NY 11370

NYC Health + Hospitals
55 Water St, 18th floor
New York, NY 10041

Faculty/Staff

- Bipin Subedi, M.D. 347-774-7080, Bipin.subedi@nychhc.org
Medical Director of Mental Health, CHS
- Virginia Barber-Rioja, PhD 347-774-7131, barberv@nychhc.org
Clinical Director of Mental Health, CHS
- Lauren Stossel, M.D. 347-774-7083, lstossel@nychhc.org
Senior Psychiatrist and Director of Psychiatric Education, CHS
- Danielle Kushner, MD; Joseph Otonichar, DO; Nadia Oryema, MD; Rachel Zinns, MD
Senior/Supervising Psychiatrists, CHS

Correctional Psychiatry for Licensed General Psychiatry Residents

Brief Description: This elective introduces residents to important differences between community and correctional psychiatry, including the environment of care, diagnosis and treatment (both psychopharmacologic and psychotherapeutic), patient populations, and maintaining a patient-centered health mission in a jail setting. Each resident will be assigned a primary clinical site within the jail complex (a mental health clinic, a general housing unit for those with mental illness, a specialty mental health housing area) and will provide care in that setting under the supervision of appropriate faculty. Additional didactic, case conference, and QI/QA opportunities may also be available.

Schedule: This elective is most effective when scheduled one day per week for 3-6 months. Alternately, it may be scheduled as a month-long elective at least 3 days/week, from 9am -5pm. A Monday-Friday schedule is encouraged if possible. Any elective will include individual supervision and some didactics. Interested residents should contact Dr. Lauren Stossel to discuss possibilities after first consulting with the residency program.

Goals & Objectives by ACGME Core Competencies:

• Patient Care

Goal: Understand the unique clinical and biopsychosocial issues that face patients with mental health issues in the criminal justice system

Objectives:

- Conduct at least 3 comprehensive psychiatric assessments per week
- Provide ongoing psychiatric treatment for up to 5 patients at a time
- Work with multi-disciplinary staff, including physician extenders and discharge planning, to formulate and carry out appropriate treatment plans
- Document all relevant information in the electronic medical record in a timely way
- Interact effectively and in accordance with confidentiality standards with correction officers, attorneys, family members, parole personnel, and other non-health care staff

• Medical Knowledge

Goal: Become familiar with the psychopathology present in incarcerated populations and the efficacy of various treatment options

Objectives:

- Employ DSM (latest version) diagnostic categories correctly to all patients evaluated
- Recognize the high incidence of co-morbidity with substance use, intellectual impairment and trauma in correctional settings
- Understand the reasoning behind certain medication choices in a jail setting, including diversion, efficacy and institutional restrictions
- Learn how to conduct supportive psychotherapy, CBT and group psychotherapy in a jail setting
- Recognize the impact of incarceration on symptom presentation

Interpersonal and Communication Skills

Goal: Ability to communicate effectively with patients, clinical staff, security staff and legal personnel to help improve the quality of holistic patient care and advance the health care mission

Objectives:

- Establish a therapeutic alliance with patients and appreciate the different challenges they face compared to community care settings
- Communicate effectively with clinical staff of all disciplines, including nurses, physician assistants, nurse practitioners, social workers, treatment aides, mental health clinicians and physicians
- Communicate effectively and appropriately with custody staff to insure safety of inmates and staff

Systems Based Practice

Goal: Understand the differences between correctional psychiatry and community psychiatry

Objectives:

- Understand the structure, function and staffing of the Rikers Island jail complex
- Recognize the ethical conflicts related to dual loyalty in the criminal justice system
- Adhere to and understand the basis for practice related to litigation (e.g. *Brad H.* stipulation)
- Understand the available community resources for patients released from jail

Practice-Based Learning and Improvement

Goal: To improve clinical and leadership skills by incorporating feedback from supervisors

Objectives:

- Improve clinical skills through case discussion in supervision
- Improve assessment and documentation skills through case review
- Present a brief overview of a relevant topic to the multi-disciplinary staff
- Increase comfort with seeking supervision

Professionalism

Goal: To be able to interact respectfully with patients, multi-disciplinary health staff and security staff

Objectives:

- Demonstrate respect for patients of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Dress appropriately for clinical interactions
- Respect and adhere to all safety and security guidelines

Supervision: One hour/week dedicated supervision with designated MD faculty; ad hoc supervision on daily basis with site supervisors.

Readings:

1. Oxford Textbook of Correctional Psychiatry, Edited by Trestman, Appelbaum and Metzner, 1st Edition, 2015
2. Psychiatric Services in Jails and Prisons, 3rd Edition, American Psychiatric Association, 2015

Method of Evaluation:

- Discussion of feedback with the resident
- Written evaluation at the end of the elective

Correctional Psychiatry Rotation for 4th year Medical Students

Brief Description: This elective introduces medical students to important differences between community and correctional psychiatry, including the environment of care, diagnosis and treatment (both psychopharmacologic and psychotherapeutic), patient populations, and maintaining a patient-centered health mission in a jail setting. Each medical student will choose a primary clinical site within the jail complex (a mental health clinic, a general housing unit for those with mental illness, a specialty mental health housing area) and will observe care in that setting under the supervision of appropriate faculty. In addition to the clinical work, didactics related to correctional psychiatry will be conducted in conjunction with other residents and fellows on rotation. Case conference and QI/QA opportunities may also be available.

Schedule: This is a month-long elective best accomplished at least 3 days/week, from at least 9 am -2 pm, although full days are encouraged. Some didactics will also be included. Interested students should contact Dr. Lauren Stossel to discuss possibilities after first consulting with the residency program.

Goals and Objectives:

- **Patient Care**

Goal: Understand the unique clinical and biopsychosocial issues that face patients with mental health issues in the criminal justice system

Objectives:

- Observe at least 1 comprehensive psychiatric assessments per week
- Observe ongoing psychiatric treatment for up to 5 patients at a time

- Work with multi-disciplinary staff, including physician extenders and discharge planning, to formulate and carry out appropriate treatment plans
- Review relevant documentation in the electronic medical record in a timely way
- Interact effectively and in accordance with confidentiality standards with correction officers, attorneys, family members, parole personnel, and other non-health care staff

• **Medical Knowledge**

Goal: Become familiar with the psychopathology present in incarcerated populations and the efficacy of various treatment options

Objectives:

- Employ DSM (latest version) diagnostic categories correctly to all patients evaluated
- Recognize the high incidence of co-morbidity with substance use, intellectual impairment and trauma in correctional settings
- Understand the reasoning behind certain medication choices in a jail setting, including diversion, efficacy and institutional restrictions
- Learn how to conduct supportive psychotherapy, CBT and group psychotherapy in a jail setting
- Recognize the impact of incarceration on symptom presentation

Interpersonal and Communication Skills

Goal: Ability to communicate effectively with patients, clinical staff, security staff and legal personnel to help improve the quality of holistic patient care and advance the health care mission

Objectives:

- Establish a therapeutic alliance with patients and appreciate the different challenges they face compared to community care settings
- Communicate effectively and appropriately with clinical staff of all disciplines
- Communicate effectively and appropriately with custody staff to insure safety of inmates and staff

Systems Based Practice

Goal: Understand the differences between correctional psychiatry and community psychiatry

Objectives:

- Understand the structure, function and staffing of the Rikers Island jail complex
- Recognize the ethical conflicts related to dual loyalty in the criminal justice system
- Adhere to and understand the basis for practice related to litigation (e.g. *Brad H.* stipulation)
- Understand the available community resources for patients released from jail

Practice-Based Learning and Improvement

Goal: To improve clinical and leadership skills by incorporating feedback from supervisors

Objectives:

- Improve clinical skills through case discussion in supervision
- Present a brief overview of a relevant topic to the multi-disciplinary staff
- Increase comfort with seeking supervision

Professionalism

Goal: To be able to interact respectfully with patients, multi-disciplinary health staff and security staff

Objectives:

- Demonstrate respect for patients of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members
- Dress appropriately for clinical interactions

- Respect and adhere to all safety and security guidelines

Supervision: One hour/week dedicated supervision with designated MD faculty; ad hoc supervision on daily basis with site supervisors.

Readings:

1. Oxford Textbook of Correctional Psychiatry, Edited by Trestman, Appelbaum and Metzner, 1st Edition, 2015
2. Psychiatric Services in Jails and Prisons, 3rd Edition, American Psychiatric Association, 2015

Method of Evaluation:

- Discussion of feedback with the medical student
- Written evaluation at the end of the elective

Correctional Psychiatry Quality Improvement/Quality Assurance Elective for Medical Students, Residents or Fellows

Brief Description: This elective is designed to introduce medical trainees at all levels to the literature related to correctional psychiatry, important concepts and standards of care, and gaps in knowledge that require further study. Using the Quality Improvement process that CHS employs to increase the level of mental health care provided at Rikers Island, each trainee will have the opportunity to design, implement, and analyze the results of a study created in collaboration with Senior Psychiatry staff. Examples of possible projects include best practices for managing various psychiatric disorders in a jail setting, the impact of new programming on clinical outcomes, staff safety, trauma in jail settings, and non-traditional psychiatric practices (e.g. exercise, yoga, meditation).

Schedule: This elective can be individualized based on resident availability and specific interest. For example, literature-based projects do not require on-site involvement (except for at least one visit to the jails) while comprehensive data analysis will require significantly more dedicated time. Interested residents should contact Dr. Lauren Stossel to discuss possibilities after first consulting with the residency program.

Goals and Objectives:

Goal: Understand the role of quality improvement in correctional settings

Objectives:

- Learn about previously implemented and ongoing QI projects and how they have affected correctional health care
- Understand why prisoners are considered protected subject populations
- Read the Belmont Report and the Code of Federal Regulations concerning prisoner research

Goal: Participate in a QI project designed to provide results that can be used to improve the quality of mental health care for incarcerated individuals in New York City

Objectives:

- Work under supervision to pick a topic of interest to the trainee and of importance in correctional psychiatry
- Conduct a literature review related to the topic and the gaps in knowledge
- Work with QI team and mentor on all aspects of project design and implementation

Goal: Presents results of work internally to Correctional Health Service Staff (Note: QI projects cannot be presented externally, including at home institution)

Objectives:

- Understand how to craft a succinct and powerful abstract
- Practice communicating project design and results to a broad audience in language they will understand
- Develop a presentation for CHS staff

Supervision: One hour/week dedicated supervision with designated research mentor; ad hoc supervision either in-person or remotely as needed

Readings:

1. Dronet T. (2016) Quality Improvement and Management in Correctional Mental Health. In: O'Donohue W., Maragakis A. (eds) Quality Improvement in Behavioral Health. Springer, Cham
2. Wakai, S., Shelton D., Trestman RL, and Kesten, K. 2009. Conducting research in corrections: challenges and solutions. *Behavioral Sciences and the Law* 27: 743–752

Method of Evaluation:

- Discussion of feedback with the resident
- Written evaluation at the end of the elective

Created by: Elizabeth Ford, MD, 4/2016

Updated by: Lauren Stossel, MD, 2/11/2020

Dialectical Behavior Therapy (DBT)

Faculty/Staff

- Ariela Vasserman, Psy.D.
 - Phone: (646) 754-4833
 - E-mail: ariela.vasserman@nyulangone.org
- Rachel Guerrero, Ph.D.
Phone Number: (646) 754-5465
E-mail: Rachel.guerrero@nyulangone.org

Description: Residents will participate in co-leading a Dialectical Behavior Therapy (DBT) skills training group for individuals experiencing high levels of emotion dysregulation. Residents will carry one or more DBT individual patients. Moreover, residents will have didactic lectures on DBT and participate in a DBT consultation team.

DBT is a treatment originally developed by Marsha Linehan in 1993 with the goal of treating chronic suicidality and non-suicidal self-injurious behaviors. It is currently being used to treat borderline personality disorder, eating disorders, substance abuse, trauma, and mood disorders. DBT has four modes of treatment: weekly or bi-weekly individual sessions, DBT skills training group, telephone consultation, and team consultation. Residents will have the opportunity to be exposed to skills training group and consultation team when participating in the rotation.

Number of Residents on the elective at any given time: 1 to 2

Schedule Residents will need 3 hours per week for 12 months in order to participate in this elective. There is a 1-hour 6-month DBT skills group commitment (Groups are on Tuesdays from 5-6 or Wednesdays from 5:45-6:45), 1 hour of individual DBT patient care, and 1 hour of DBT consultation team (Wednesdays from 11-12). Given the nature of the pathology (e.g., fear of abandonment, chronic and persistent chaotic interpersonal relationships, difficulties regulating emotions, and impulsivity), it is recommended that residents work with patients for a minimum of 6 months.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care: Residents will demonstrate skills necessary to:

- a) Lead DBT skills training group
- b) Provide individual DBT
- c) Gain an understanding of disorders of severe emotion dysregulation and evidence-based practices to treat them
- d) Assess for risk and manage crises on an outpatient basis
- e) Boundary-setting while treating personality disorders

Medical Knowledge: Residents will acquire knowledge of:

- a) The diagnostic criteria and course of personality disorders, specifically borderline personality disorder
- b) The biosocial model of the development of emotion dysregulation
- c) The interplay between personality traits and mood disorders, trauma, substance abuse, and others
- d) The integration of DBT into other psychiatric practices

Interpersonal and Communication Skills: Residents will learn to:

- a) Lead a skills training group
- b) Effectively work with patients with chronic histories of interpersonal difficulties
- c) Balance validation and change techniques
- d) Work within a consultation team

Systems Based Practice: Residents will:

- a) Understand when to recommend DBT for patients
- b) Learn to advocate for patients with long standing, chronic personality disorders
- c) Determine when to treat patients who are chronically unstable in an outpatient setting versus when to refer patients for a higher level of care
- d) Work with clinicians from different disciplines

Practice Based Learning and Improvement: Residents will learn:

- a) Psychotherapeutic strategies that enhance other medical practices
- b) The values of a consultation team when working with personality disorders
- c) Provide and receive feedback to and from fellow clinicians

Professionalism: Residents will:

- a) Demonstrate a non-judgmental stance and interactions with patients with chronic difficulties regulating emotions
- b) Engage with patients and co-therapists in a sensitive, validating, and tactful manner

Supervision: Residents will receive 1 hour of supervision (DBT team consultation) per week and on an as-needed basis.

Readings:

- Linehan, M. (2015). *DBT Skills Training Manual Second Edition*. New York. The Guilford Press.
- Linehan, M. (2015). *DBT Skills Training Handouts and Worksheets – Second Edition*. New York. The Guilford Press.
- Linehan, M. (1993). *Cognitive-Behavioral Treatment of Borderline Personality Disorder*. New York: The Guilford Press.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.):

- Residents are formally evaluated at the end of the semester with direct feedback from supervisor and other team members. They will also have opportunities to provide feedback to supervisor.

Reviewed: February 20th, 2020, Ariela Vasserman, Psy.D.



Department of Psychiatry Residency Training Program

Eating Disorders Clinical

Faculty/Staff

Dr. Henry Cheng

hcheng@renfrewcenter.com

212-685-6856, x 5309

Description: The Renfrew Center-New York offers Partial Hospital and Intensive Outpatient levels of care for female patients (minimum 14 years of age) with eating disorders. Residents will participate in the psychiatric evaluation and treatment of eating disorder patients. In addition, residents will provide medical oversight and participate in multidisciplinary treatment planning. Residents will have the opportunity to observe therapy groups.

Schedule: 3.5 hours minimum per week (1 to 2 hours of direct patient care). Minimum 8 weeks.
Elective will be offered at mutually agreed upon time by residents and supervisor.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. Patient Care:** Residents will learn to provide psychiatric assessment and treatment for patients with eating disorders admitted to Partial Hospital and Intensive Outpatient levels of care.
 - a.** Residents will learn about different levels of care and how to determine the appropriate level of care.
 - b.** Residents will learn to provide psychiatric treatment for eating disorder patients as part of a multidisciplinary team.
 - c.** Residents will learn appropriate monitoring of medical/laboratory parameters in order to identify and address medical complications of eating disorder symptoms.
- B. Medical Knowledge:** Residents will acquire an understanding of the potential medical complications associated with eating disorder symptoms. Residents will also acquire knowledge of common psychiatric comorbidities and the appropriate use of psychopharmacology to treat certain eating disorders and comorbid conditions.
 - a.** Residents will learn to assess medical and psychiatric complications of eating disorders.

- b. Residents will learn about medication to address symptoms as well as well as comorbid conditions.
 - c. Residents will learn about psychotherapeutic approaches to eating disorder patients.
- C. Interpersonal and Communication Skills:** Residents will enhance their interpersonal and communications skill in a treatment setting that involves multiple disciplines and patients who are often struggling with insight and motivation for change.
 - a. Residents will communicate and coordinate with treatment team members and outside providers.
 - b. Residents will address patient motivation in sessions with patients.
 - c. Residents will provide psycho-education for patients and supporters.
- D. Systems Based Practice:** Residents will work with a treatment team within a larger company that includes multiple sites and levels of care. Residents will also collaborate with outside providers and other professionals and may need to engage patient supporters and family.
 - a. Residents will participate in multidisciplinary treatment planning.
 - b. Residents will collaborate with other providers and supporters as needed.
- E. Practice-Based Learning and Improvement:** Residents will function as the psychiatric provider in an interdisciplinary treatment team.
 - a. Residents will evaluate and provide psychiatric follow-up for eating disorder patients.
 - b. Residents will receive supervision and feedback on an ongoing basis.
- F. Professionalism:** Residents will function within the structure of the program and maintain appropriate demeanor, appearance and behavior.
 - a. Residents will adhere to program standards, expectations and schedules.

Supervision: Residents will receive at least 30minutes of dedicated supervision time per week. In addition, staff will be available for assistance and supervision, as needed. Some patient contacts and family meetings will be conducted with a supervisor present. Residents will also observe some assessments and follow-up sessions. Supervision will also be provided during interdisciplinary treatment team meeting.

Readings: Residents will be assigned or given readings as deemed appropriate to issues discussed in supervision or presenting issues of patients in treatment.

Method of Evaluation:

- Online evaluation system: *New Innovations*; discussion of feedback with the resident.
- Direct feedback as appropriate
- Residents will also be expected to give ongoing feedback to supervisors.

Reviewed: 2/11/2020 (no changes)

Outpatient Screening/Advanced Evaluation

Faculty/Staff

- *Seth Kleinerman, M.D.*
- **212-263-7419**
- *seth.kleinerman@nyumc.org*

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This elective focuses on the initial contact in the outpatient setting, and provides experience with telephone screening for suitability and preparation for an outpatient evaluation.

Number of Residents on the elective at any given time: up to 3.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Approximately 2 hours per week, for two months. One hour is used for phone calls with potential patients for the outpatient resident practice, and the other for supervision about those phone calls as well as other issues pertinent to setting up an individual or private practice after graduation. Additional time can be used for evaluations if a case would be a good addition to your own roster as a PGY4.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care

Goals:

- PC1: 3.2/A Performs efficient interview and examination with flexibility appropriate to the clinical setting and workload demands
- 4.1/A Routinely identifies subtle and unusual findings
- 4.2/B Follows clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances
- Objective: The resident will be able to screen and identify appropriate patients for the outpatient program and perform more difficult evaluations.

Medical Knowledge

Goals:

- MK2 - 4.4/C Demonstrates sufficient knowledge to systematically screen for, evaluate, and diagnose common medical conditions in psychiatric patients, and to ensure appropriate further evaluation and treatment of these conditions in collaboration with other medical providers
- MK6 - 2.3/C Describes how to keep current on regulatory and practice management issues

- 3.2/B Describes applicable regulations for billing and reimbursement
- Objective: Residents will be able to understand practice management at the level of an individual practitioner.

Interpersonal and Communication Skills

Goals:

- ICS2- 4.1/A, B Demonstrates effective verbal communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent
- 4.3/C Uses discretion and judgment in the inclusion of sensitive patient material in the medical record
- 4.4/C Uses discretion and judgment in electronic communication with patients, families, and colleagues
- Objective: Resident will be able to appropriately speak to patients and coordinate with the third year residents doing evaluations.

Systems-Based Practice

Goals:

- SBP2 - 2.2/A Knows the relative cost of care (e.g., medication costs, diagnostic costs, level of care costs, procedure costs)
- 3.2/A Coordinates patient access to community and system resources
- 4.2/A Balances the best interests of the patient with the availability of resources
- Residents will be able to identify and recommend resources in the community when screened patients are not appropriate for this program.

Practice-Based Learning and Improvement

B. Professionalism

Goals

- PROF2 - 3.2/A Routinely displays sensitivity to diversity in psychiatric evaluation and treatment
- 3.3/B Recognizes ethical issues in practice and is able to discuss, analyze, and manage these in common clinical situations
- Objective: Residents will be able to perform advanced evaluations with the highest of ethical standards.

Supervision: (Please indicate the number of hours of supervision per week.)

- 45 minutes/week of indirect supervision.

Readings:

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

Reviewed: Seth Kleinerman, MD, 3/4/2020



Department of Psychiatry Residency Training Program

Forensic Psychiatry, Inpatient

Faculty/Staff

Jeremy Colley, M.D. 212-562-3626, jeremy.colley@nychhc.org or jeremy.colley@nyumc.org

Catherine Mier, M.D. Catherine.mier@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Bellevue Hospital Center Forensic Inpatient Psychiatry Service is the only hospital-based jail facility for men in New York City and one of only several in the country. As such, it provides an opportunity for residents to become familiar with the types of psychopathology and stressors (especially legal and environmental) common to the growing population of incarcerated mentally ill. The elective involves responsibility for the care and management of up to 5 patients at a time, always under close attending supervision. Issues related to solitary confinement, high profile and/or serious crimes, gang activity, jail/prison culture, navigating the criminal justice system, and barriers to mental health care in a jail environment are dealt with on a daily basis on the service. Residents will be given the opportunity to consolidate general inpatient psychiatry skills, including management of acute agitation and treatment of severe forms of psychosis, mood episodes and personality disorders. There is an added focus on documentation and exposure to competency and treatment over objection evaluations. Rotators will be encouraged to observe mental hygiene court on Tuesday mornings at Bellevue.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

This elective is best accomplished for at least 4 consecutive weeks, 5 days/week, from at least 9-12pm, for PGY-IVs. Full-time is preferred.

Full-time two-week electives are permitted for PGY Is and IIs.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care

Goal: Understand the unique issues specific to treating incarcerated mentally ill individuals

Objectives:

- Identify the treatment concerns working within a correctional setting
- Learn the standard of care for managing aggressive and/or violent patients
- Formulate appropriate treatment plans utilizing a multi-disciplinary approach
- Understand the scope of legal issues facing forensic patients and the impact that these issues may have on patients' mental illness and compliance with treatment
- Formulate the interaction between personality, temperament, culture, clinical symptoms and the patient's functioning

Medical Knowledge

Goal: Become familiar with the psychopathology present in incarcerated populations and treatment paradigms within a restricted therapeutic environment

Objectives:

- Apply DSM-5 diagnostic categories of major psychiatric syndromes and personality pathology to the patient population
- Appreciate the complex interaction between SPMI and personality disorders, specifically related to antisocial and borderline character pathology
- Recognize the psychiatric medications that have "street value" in a correctional setting and understand the potential implications of prescribing such medications
- Be familiar with the high prevalence of substance abuse disorders as co-morbid conditions in forensic populations and be able to recognize substance-induced clinical symptoms
- Understand the treatment goals for patients admitted for competency to stand trial evaluations or court-ordered psychiatric evaluations
- Understand the difference in civil commitment and correctional commitment statutes and how/when to apply each of these
- Understand and effectively implement knowledge of the treatment over objection and retention standards in New York State

Interpersonal and Communication Skills

Goal: Ability to communicate effectively with criminal justice and legal personnel to help further patient care

Objectives:

Establish rapport and therapeutic alliance with the patient population

- Interact effectively with unit officers from the Department of Correction in order to maintain as therapeutic an environment as possible for the patients
- Be aware of confidentiality policies regarding HIPAA and Department of Correction
- Be able to effectively communicate, both in writing and verbally, with jail psychiatric staff at Rikers Island

Systems Based Practice

Goal: Understand the differences between the legal requirements that govern civil commitment of civilians and criminal detainees

Objectives:

- Be aware of the different services that are involved in the care of incarcerated patients, including city, state and federal agencies (including Bellevue Hospital and HHC, City and State Departments of Correction, City and State Offices for Mental Health, Rikers Island psychiatric and administrative staff).
- Understand the procedures involved when patients are taken to court hearings while hospitalized on the service
- Understand the requirements of care as outlined by case law, specifically the Reynolds and Brad H. stipulations

Practice-Based Learning and Improvement

Goal: To improve clinical and leadership skills by incorporating feedback from supervisors

Objectives:

- Improve clinical skills by case discussion in supervision with assigned attending
- Integrate supervisory feedback and suggestions into the management of cases
- Perform literature searches and seek consultation as indicated for complex cases
- Improve ability for interdisciplinary dialogue and leadership by participating in morning rounds, community meetings, weekly lectures, and by managing a treatment team

Professionalism

Goal: To be able to maintain appropriate boundaries and advocate for patient care within an inherently punitive environment

Objectives:

- Demonstrate respect for patients and staff, regardless of criminal charges or background
- Display an empathic attitude towards patients and their family members
- Be reliable, punctual, honest, and respectful in all interactions with staff
- Dress appropriately for the population served (i.e. no large or dangling jewelry, no short skirts or low-cut blouses) and safety risks present
- Be able to discuss frustrations in appropriate settings (i.e. supervision) and not in front of patients or other staff
- Demonstrate an understanding of the countertransference that frequently develops with this population

Supervision: (Please indicate the number of hours of supervision per week.)

- One hour/week dedicated with primary attending; ad hoc supervision on daily basis

Readings:

1. Foucault, M. (1977). *Discipline and Punish: The Birth of the Prison*. New York: Random House.
2. *Estelle v. Gamble*, 429 U.S. 97 (1976)

3. Olley MC, Nocholls TL, Brink J. (2009). *Mentally-ill individuals in limbo: obstacles and opportunities for providing psychiatric services to corrections inmates with mental illness*. Behavioral Sciences and the Law. 27(5):811-31.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

Reviewed and Revised by Dr. Catherine Mier, 2/12/20 (no changes)



**Forensic
Psychiatry, New
Court Clinic**

Faculty/Staff

- **Daniel S Mundy, M.D.**
 - 646-357-2900, daniel.mundy@nychhc.org
 - 646-801-1246, dsm@danielmundymd.com

Address:

100 Centre Street, 5th floor - Room 500
New York, NY 10013

- *Transportation: #3 Train, #4 & 5; N, R, & Q*
- *Report for Rotation at 9:00 a.m.*

Description:

This elective teaches residents to perform comprehensive forensic psychiatric examinations of criminal defendants and to write concise reports. Adult male and female offenders, as well as adolescent male and female offenders being charged as adults, are referred to the clinic for competency to stand trial examinations, pre-sentencing mental health assessments, recommendations for mental health and substance use treatment for persons on probation, and other evaluations as requested by the judge in a particular case. During the rotation, trainees will have an opportunity to attend the weekly forensic psychiatry seminars.

Number of Residents on the elective at any given time: One resident Schedule:

Subject to availability of desired dates, the elective is open to PGY-1/2 and PGY-4 residents. PGY-1/2 residents may apply for a full-time (Mon-Fri, 9am-5pm) two-week elective. PGY-4 residents may apply for a part-time elective ranging from one day per week, 9am-2pm, for 4 weeks, up to a full-time commitment.

Goals & Objectives by Core Competencies:

A Clinical Evaluation (in lieu of Patient Care)

Goal: Understand the unique issues specific to performing competence to stand trial and court-ordered forensic psychiatric evaluations

Objectives:

- Organize the relevant information into a well-reasoned forensic report
- Formulate forensic psychiatric conclusions and recommendations that are responsive to the issues presented in the particular case
- Interact effectively with attorneys and judges

B Medical Knowledge

Goal: Become familiar with the psychopathology present in incarcerated populations and the legal standards relevant to specific forensic psychiatric evaluations

Objectives:

- Employ DSM-5 diagnostic categories correctly to all offenders examined
- Understand the legal criteria for competence to stand trial in New York
- Understand the indications for psychological testing in forensic cases and be able to make appropriate referrals for testing

C. Interpersonal and Communication Skills

Goal: Ability to communicate effectively with criminal justice and legal personnel to help improve the quality of the forensic evaluation

Objectives:

- Establish rapport with offenders to be examined, with careful attention to the lack of a treatment relationship and lack of confidentiality
- Collaborate effectively with both clinic staff and legal and court personnel
- Communicate effectively with Correction Officers to ensure safety of inmates and staff
- Consult with judges and attorneys to clarify issues in difficult cases

D. Systems Based Practice

Goal: Understand the differences between forensic psychiatric evaluations and psychiatric treatment

Objectives:

- Understand legal and clinical relationships between the clinic, inpatient service, jails at Rikers Island, courts, probation department, and outside treatment providers
- Relate effectively with defense attorneys and district attorneys in competency cases, both to gather information from them and to provide answers to their inquiries

E. Practice-Based Learning and Improvement

Goal: To improve clinical and leadership skills by incorporating feedback from supervisors

Objectives:

- Improve clinical skills through case discussion in supervision with psychiatric attendings
- Improve report-writing skills through review of each case with supervisor
- Seek consultation with psychiatric attending or staff psychologist for guidance in difficult cases

F. Professionalism

Goal: To be able to interact respectfully with multi-disciplinary staff and criminal defendant/probationer population

Objectives:

- Demonstrate respect for criminal defendants and probationers of all cultural backgrounds
- Demonstrate honest, reliable, and punctual behavior in interactions with all staff members

NYU School of Medicine
Department of Psychiatry

- Dress appropriately for clinical interactions

Supervision:

- One hour/week dedicated supervision with the Director of the Manhattan Court Clinic; additional ad hoc supervision is generally available.

Readings:

1. Appelbaum, P. (1997). *A theory of ethics for forensic psychiatry*. Journal of the American Academy of Psychiatry and the Law. 25(3): 233-247.
2. Rogers, R. and Johansson-Love, J. (2009). *Evaluating competency to stand trial with evidence-based practice*. Journal of the American Academy of Psychiatry and the Law, 37(4): 450-460.
3. Mossman, D. et al. (2007). *AAPL Practice Guideline for the Forensic Psychiatric Evaluation of Competence to Stand Trial*. Journal of the American Academy of Psychiatry and the Law. 35(4 Suppl): S3-72.

Method of Evaluation:

- Online evaluation system: *New Innovations*; and discussion of feedback with the resident.

Reviewed by Daniel S Mundy, MD, 2/11/30 (no changes)



Department of Psychiatry Residency Training Program

LGBT Youth and Young Adult Mental Health

Faculty/Staff

- *Samantha Busa, PsyD*
- *646-754-5071 (office)*
- *Samantha.busa@nyulangone.org*

Description:

This elective provides general psychiatry residents with an experience working with Lesbian, Gay, Bisexual and Transgender (LGBT) youth and young adults through NYU's Gender and Sexuality Service. Residents are given a chance to follow their own patients, with supervision by Dr. Busa, to participate in group therapy, and to become involved in the academic and administrative life of the clinical service.

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

This elective will be scheduled over the entire fourth year with a minimum amount of time of approximately 3 hours per week plus 2 additional 3 hour blocks for supervised/observed evaluations.

See one to two clinic outpatients for the course of the year, for one hour a week of therapy and medication management, with group supervision with Dr. Busa

- **Observe/participate in at least two intake interviews for the clinic over the course of the year**
- **Participate in weekly group therapy for transgender youth**
- **Participate in monthly clinic Journal Club, and present on a paper or case presentation**
- **Lecture as a guest speaker once during the year to Dr. Busa's undergraduate class at NYU**
- **Present once during the year on gender/sexuality in a community setting**

Goals & Objectives by Core Competencies:

- A. **Patient Care:** The resident will learn to work with patients across the LGBT spectrum and become familiar with the range of medical and psychiatric interventions tailored to this population. By the end of the elective, residents will be competent providers of LGBT care and will be able to assess all patients for sexuality and gender identity issues.
- B. **Medical Knowledge:** Residents will investigate the contemporary scientific literature about LGBT mental health and demonstrate an increased fund of knowledge through presentations at journal club and in the community.
- C. **Interpersonal and Communication Skills:** Residents will be part of an interdisciplinary outpatient team, in which they will learn how to interface with other service providers including endocrinologists, gynecologists, teachers, lawyers and other mental health practitioners. They will learn to advocate for their patients and their patients' families in multiple domains.
- D. **Systems Based Practice:** To successfully treat the LGBT youth population, one must learn to assess for community supports and pitfalls. Residents will learn to interface with the systems involved in the child/adolescent's care including their family, school, online and faith community.
- E. **Practice-Based Learning and Improvement:** Residents will demonstrate capacity for excellent mental care of the LGBT population throughout the lifespan and identify areas within the field that require further academic inquiry.
- F. **Professionalism:** Residents will learn how to work with a minority population in a professional and ethical manner. These issues can and will be discussed in the individual supervision with Dr. Busa as well as during our team meetings.

Supervision: (Please indicate the number of hours of supervision per week.)

- One hour of supervision weekly with Dr. Busa
- Weekly Team meetings with the Gender and Sexuality Service

Readings:

Formal syllabus will be tailored to the interests of the students but will include readings from researchers including but not limited to Peggy Cohen-Kettenis, Kenneth Zucker, and Egardo Menvielle.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- Residents will be evaluated using *New Innovations* as well as provided with semi-annual in person feedback.

Reviewed by Samantha Busa no changes 2/12/20



Global Mental Health: Psychiatry in Ghana

Course Coordinators

- Lianne Morris Smith, MD, MA, lianne.smith@nyulangone.org
- Rubiahna Vaughn, MD, MPH, rubiahna.vaughn@nyulangone.org

Faculty/Staff

- Helena Hansen, MD, PhD (Associate Professor, NYU Department of Anthropology) helena.hansen@nyulangone.org
- Sammy Ohene, MBChB, sammy.ohene@gmail.com (Chair, Department of Psychiatry, University of Ghana School of Medicine & Dentistry)

Description:

This international elective is the product of a pilot away-rotation in 2013-2014 spearheaded by two NYU psychiatry residents (Dr. Morris Smith and Dr. Vaughn) and the former residency program director, Dr. Carol Bernstein. It is an integral part of a collaborative institutional relationship between the NYU Department of Psychiatry and the Department of Psychiatry at the University of Ghana Medical School (UGMS). As in many low and middle-income countries, Ghana suffers from a severe shortage of mental health specialists: there are currently 32 consultant psychiatrists for a population of over 31 million. The pipeline for Ghanaian psychiatrists remains restricted for the foreseeable future given recent trends and low interest in the field by junior medical trainees. The few senior psychiatric specialists are over-extended with clinical and other professional duties leaving them with minimal time to spend with trainees. This limits opportunities for teaching, mentorship, modeling, and curricular development, which impacts trainees' motivation to enter a highly stigmatized and under-resourced field. The primary goals of the NYU-UGMS Undergraduate Medical Educational Initiative, and this NYU elective are (1) to provide educational support to teach medical students, house officers, and residents at the University of Ghana Medical School and (2) to provide an international experience for NYU residents with a strong interest in leadership in global mental health and underserved populations.

The elective will allow a selected group of PGY-2 and PGY-4 residents the opportunity to spend 2 - 4 weeks together on-site in Accra, Ghana. Selected PGY-2 residents will be expected to have a strong interest in maintaining their involvement in the Initiative following the on-site elective as well as in returning to Ghana in their PGY-4 year. In Accra, residents will spend 50% of their time engaged in clinical observation at both Korle Bu Teaching Hospital (KBTH) and Accra Psychiatric Hospital, and the remainder of the time teaching UGMS medical students, residents, and rotating house officers. There will also be teaching expectations for these residents on-site at NYU as they will be actively involved in the continued development of the NYU-UGMS Undergraduate Medical Educational Initiative.

Specifically, the elective requires:

Residents will attend 100% of the Global Mental Health Seminar Series (3 seminars with associated readings) to gain the theoretical background and logistical information required for the time spent on-site in Ghana.

Residents will take an active role in the planning, implementation and evaluation of the NYU-UGMS Educational Initiative. This may include preparing lectures and other learning materials for medical students and residents in Ghana, providing in-person and distance teaching and supervision for medical students and residents, and developing and/or collecting metrics to evaluate the initiative.

Residents will spend 2- 4 weeks in Accra, Ghana with 50% of their time doing clinical observation and 50% of their time doing teaching and supervision.

Residents are expected to keep a patient case-log, which is to be emailed to the elective coordinators at the end of the resident's on-site rotation.

Residents are expected to present on a topic relevant to their experience upon their return from Ghana and to document the experience in a reflection paper and/or scholarly article.

The elective is intended to foster the following skills:

Cultivate a basic understanding of the global mental health literature and of mental health care in Ghana

Attain experience as well as develop resourcefulness and creativity in team-based curriculum development and teaching on basic topics in psychiatry in a lesser-resourced, cross-cultural setting

Develop leadership skills appropriate for inter-departmental and international collaborations

Hone diagnostic and therapeutic skills in a differently resourced setting

Gain clinical experience and a systems-based perspective in addressing the health care needs of underserved communities through exposure to alternative modes of healthcare delivery and resource allocation

Increase cultural awareness and cultural humility

Understand differences in medical education and health care systems

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Minimum commitment (over a one year period):

3 hour of didactics in Global Mental Health Seminar Series at One Park.

1-4 hours per week for planning and creating educational materials (lectures, review sheets, test questions etc.) for the NYU-UGMS Educational Initiative.

8-hour clinical days for 5 days per week over 2 - 4 weeks spent at KBTH and Accra Psychiatric Hospital for clinical observation, teaching and supervision of medical students, house officers, and junior residents. This includes on-site and teleconferencing-based clinical supervision.

Total weekly time commitment over one year: 40 hours/week while in Ghana; 0-4 hours/week while at NYU.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. **Medical Knowledge:** Resident will gain knowledge of the global mental health literature and interventions used to address the global shortage of mental health providers. Resident will also learn to contextualize this knowledge by clinic observations in Ghana and collaboration with UGMS faculty, staff, residents and students.
- B. **Interpersonal and Communication Skills:** Resident will practice and demonstrate a flexible vocabulary and set of culturally and professionally appropriate approaches not only for interaction with patients in an international setting, but also for effective interactions and coordination with health care providers in a differing system of care.
- C. **Systems Based Practice:** This elective will uniquely prepare residents for conceptualizing and acting upon clinical and educational problems on a systems-level (institutional/international) by participating in the development of the international, inter-departmental collaboration between NYU and UGMS.
- D. **Professionalism:** Residents will demonstrate enhanced leadership skills as psychiatrists and leaders in global mental health, by addressing a shortage in the global mental health workforce. Additionally, residents will develop an enhanced appreciation for and sensitivity to the ethics of international collaborations with lower and middle income countries.

Supervision: (Please indicate the number of hours of supervision per week): 1-2 hours/ week with on-site NYU faculty elective coordinator while in Ghana. Weekly to biweekly 1-hour Skype calls with the residency program director and other faculty and residents involved in the elective.

Readings:

Course readings for the Global Mental Health Seminar Series (available online on Google Drive).

Method of Evaluation:

Online evaluation of elective via New Innovations; focus group with residents mid-year and at the end of the elective year.

Reviewed by Lianne Morris Smith, 3/4/20



NYU School of Medicine, Department of Psychiatry

Inpatient Geriatric / Medical Psychiatry

Faculty/Staff

Dr. Dennis Popeo

Dr. Aimy Rehim

Dr. Sharmin Kahn

Dr. Leo Lopez

Description:

Assessing and managing psychiatric problems in elderly patients or in medically ill patients can be challenging. With an aging population, it is critical that psychiatrists become familiar with these patients, whose clinical presentation and psychosocial issues may be very different than younger patients. Also, more academic psychiatrists are being called upon to treat more patients with complex medical illnesses in both inpatient and outpatient settings.

During this elective, the resident will have the opportunity to assess and manage older patients and patients of all ages with complex medical and / or traumatic illness who have been hospitalized for their psychiatric problems.

The elective will take place on Bellevue's 12South, where the resident will function as a junior attending (under close supervision by an attending psychiatrist) caring 3-4 inpatients. The unit has 26 beds and specializes in the acute psychiatric problems of elderly patients or patients with co-occurring medical and psychiatric problems. Many of the patients on 12 South have survived traumatic, near-lethal suicide attempts with significant bodily damage.

The resident will have the opportunity to effectively incorporate psychiatric, neurological, medical and psychosocial evaluations and treatment in a time-effective manner within the inpatient setting. The resident will also have the opportunity to participate in Bellevue's Electroconvulsive Therapy (ECT) program, run by Dr. Popeo.

During this rotation, residents are encouraged to participate in or design their own QI project during and beyond the rotation. Dr. Lopez assists in supervision of this. Also, Dr. Popeo is an excellent resource for residents interested in polishing their teaching skills.

Finally, the team on 12 South is also open to assisting residents create a unique experience to meet their specific goals and objectives.

Number of Residents on the elective at any given time: 2

Schedule:

- PGY1/2 Residents: full time rotation (Monday-Friday) minimum of 2 weeks.
- PGY4 Residents: The optimal and minimum time for this elective is for 20 hours/week, but we are open to be as flexible as possible.

Goal: At the end of this rotation, the resident will have gained the specific knowledge, skills, attitudes, needed to competently treat and manage acutely ill elderly or medically complex psychiatric inpatients with a wide range of psychiatric and comorbid medical disorders.

Objectives:

A. Patient Care

- Adapt your interview style, to communicate effectively with older adults, compensating for hearing, visual and cognitive deficits.
- Demonstrate awareness of key concepts related to aging that impact the physician's relationship with the older patient, including:
 - a. The concept of resilience with aging, and how adaptation to change is correlated with successful aging.
 - b. The concept of cohort effects related to the events/values/experiences of the time period during which the older patient matured.
 - c. The concept of co-morbidity with aging, and how multiple medical co-morbidities impact the evaluation of the older patient.
- Recognize and manage psychiatric comorbid disorders, as well as manage other disturbances often seen in the elderly (such as agitation, wandering, changes in sleep patterns and aggressiveness) and the medically complex (drug-drug interactions, pain).
- Prescribe medication for psychiatric and cognitive disorders with particular attention to the indications, side effects and therapeutic limitations of psychoactive drugs and the pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication and problems with compliance.
- Describe the psychiatric manifestations of iatrogenic influences such as the multiple medications frequently taken by the elderly or the medically complex.
- Evaluate caregivers for caregiver stress

Medical Knowledge – The rotation will focus on making the trainee better acquainted with

- Normal aging changes in organ systems, sensory systems, and cognition.
- Principles of pharmacology and aging / medically complex patients with attention to:
 - Pharmacokinetics and pharmacodynamics
 - Psychotropic use in older adults
 - Side effect occurrence in older adults
 - Risks of polypharmacy, and recognition and prevention of drug interactions

- Psychopathology in late life as compared to younger populations.
- Discuss the various presentations of psychiatric disorders in the elderly, and the impact on functional status, morbidity and mortality.
- Describe the interplay between general medical conditions and psychiatric illness.
- Recognize maladaptive responses to psychosocial changes
- Screen for elder abuse.
- Describe the role that chronic illness has in psychopathology
- Discuss and provide trauma focused care to patients who have survived near lethal suicide attempts

Interpersonal and Communication Skills

- Create and sustain a therapeutic and ethically sound relationship with psychiatric patients and their families from a spectrum of available ethnic, racial, cultural, gender, socioeconomic, and educational backgrounds.
- Work effectively with others as a member of a psychiatric mental health care team.

Practice-Based Learning and Improvement

- Locate, critically appraise, and assimilate evidence from scientific studies and literature reviews related to geriatric patients' mental health problems to determine how quality of care can be improved in relation to practice.

Professionalism

- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of geriatric / medically complex psychiatric patients and society that supersedes self-interest; accountability to such patients, society, and the profession; and a commitment to excellence and ongoing professional development.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, disabilities, ethnicity, socioeconomic background, religious beliefs, political leanings, and sexual orientation.
- Demonstrate teamwork.

Systems-Based Practice

- Understand how geriatric psychiatric care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect the fellow's own practice.
- Become familiar with the diverse systems involved in the care of older patients and their families, and how to use and integrate these resources into a comprehensive psychiatric treatment plan.
- Demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services.
- Demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients within and across such settings.

Supervision:

- One hour case conference a week with Dr. Popeo
- Ongoing on-site supervision by attending staff at Bellevue's 12South.
- Participation in the biweekly Geriatric Psychiatry Journal club with Dr. Balasubramaniam and the medical students on rotation.
- Optional participation in the didactic sessions for the Geriatric Psychiatry Fellow
- Optional participation in the Geriatric medicine- Geriatric Psychiatry weekly case conference

Readings:

- Selected readings from DC Steffens, DG Blazer & ME Thakur (Eds.), Textbook of Geriatric Psychiatry, 5th edition. Arlington, VA: American Psychiatric Publishing, Inc. 2015

Method of Evaluation:

- We aim to provide formative feedback throughout the elective on a daily basis grounded in the entrustable professional activities tied to milestones. (Ref: Weiss A, Ozdoba A, Carroll V, DeJesus F. Entrustable professional activities: enhancing meaningful use of evaluations and milestones in a psychiatry residency program. Academic Psychiatry. 2016 Oct 1;40(5):850-4.)
- Summative feedback will be given at the end of the rotation and will focus on the growth of the trainee throughout the elective.

Reviewed: 3/29/19 (no changes), Dr. Meera Balasubramaniam & Dr. Dennis Popeo

Modified: 3/5/20 by D. Popeo, MD



Department of Psychiatry Residency Training Program

Integrated and Collaborative Care

Faculty/Staff

- **Gordon Frankle, MD, Chief of Psychiatry, NYU Langone Hospital - Brooklyn**
 - 718-630-7174, William.Frankle@NYULangone.org
- **Tim Stroupe, MD, Deputy Chief of Psychiatry, NYU Langone Hospital - Brooklyn**
 - 718-630-8431
- **Jabari Jones, MD, Medical Director, Ambulatory Behavioral Health Services, Family Health Centers at NYU Langone**
 - 718-431-2606
- **Elizabeth Allan, MD, Psychiatrist, Family Health Centers at NYU Langone**
 - 718-431-2675, Elizabeth.Allan@NYULangone.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Family Health Centers (FHC) at NYU Langone comprises eight clinics in Brooklyn that together represent one of the largest Federally Qualified Health Center networks in the country. Individuals in need of mental health treatment may be referred to the FHC's freestanding behavioral health clinic (Sunset Terrace Behavioral Health) or may be offered care in an integrated/collaborative care model within their home clinic. This elective provides unique exposure to psychotherapy within primary care settings and offers training in psychiatric consultation to primary care clinicians.

The elective may be tailored to the individual interests and skills of residents. It works well as a full-day elective: In the morning, the resident will be embedded in a primary care clinic with a psychologist or social work-level clinician, where they may assist with evaluations, provide feedback on the treatment plans, and provide clinical and patient education about psychiatric medication treatment. The patient population of the FHCs reflects the diversity of Brooklyn, and opportunities are available to work with young adults, Spanish-speaking individuals, medically complex patients, and children. In the afternoon, the resident will work directly with the FHC's collaborative care psychiatrist, to review cases and provide targeted treatment recommendations to primary care patients. Opportunities exist for quality improvement projects as well.

Number of Residents on the elective at any given time: 1-2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- PGY-4 schedules are flexible and based on the resident's goals. At minimum, residents should be able to commit to 1 day/week for 3 - 6 months, but a range of schedules is possible.
- Note that this elective takes place in Brooklyn, largely in the Sunset Park neighborhood, with opportunities in Park Slope and Flatbush as well.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care

- Interview patients and perform psychiatric assessments as needed. Upon review of the caseload with the psychologist or behavioral health social worker, residents will determine which cases may need further assessment by a psychiatrist. Residents will perform assessments they deem necessary and provide feedback to the primary care team. In collaboration with the attending supervisor, residents may elect to directly refer cases to a higher level of care based on review of the case with the psychologist/behavioral health social worker.
- In collaboration with the psychologist/behavioral health social worker and the primary care team, develop and add to the treatment plans for patients in the clinic

Medical Knowledge

- Gain experience in working with other mental health care professionals and primary care physicians to provide mental health care to patients in a primary care setting
- Increase experience in facilitating communication, collaboration and treatment between providers
- Gain experience in working with other health care providers to enable them to better benefit from the expertise of trained behavioral health specialists
- Increase knowledge of standard psychiatric rating scales for depression, anxiety and psychosis

Interpersonal and Communication Skills

- Interact with patients with mental illness and communicate effectively with their primary care treatment team, serving as a liaison to the psychiatric service, when needed
- Work effectively with a multidisciplinary team including primary care physicians, behavioral health social workers, psychologists, nurses, and medical social workers

Systems Based Practice

- Understand the role of co-located behavioral health providers in the primary care setting
- Demonstrate competency in the Collaborative Care model of psychiatric treatment

Practice-Based Learning and Improvement

- Receive one-on-one attending supervision and feedback
- Develop an appreciation for behavioral health issues that arise for patients, staff, and families in the primary care setting

Professionalism

- Engage patients in a manner that is both tactful and sensitive
- Demonstrate compassion, respect, and integrity in interactions with patients, families, staff, and other providers
- Demonstrate sensitivity and responsiveness to each patient's gender, age, ethnicity, culture, sexual orientation, religion, and disabilities.

Supervision: 1-2 hours per week

Readings: Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision. Residents will also be expected to complete core training using the APA's Collaborative Care training modules

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

Reviewed and updated by: Elizabeth Allan, MD -02/12/2020



Introduction to Clinical Research

Faculty/Staff

- J.P. Lindenmayer, MD 646 672 6004 Lindenmayer@NKI.rfmh.org
- A. Khan, PhD 646 672 6005 akhan@NKI.rfmh.org
- T. Abad, RN 646 672 6188 Abad@nki.rfmh.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The resident learns basic clinical research design, methodology and research statistics in the context of ongoing clinical research projects of the Psychopharmacology Research Unit-Nathan Kline Institute for Psychiatric Research at the Manhattan Psychiatric Center. The resident learns how to design a research project, covering the process from an idea to a study.

They will learn to use psychiatric rating scales (PANSS, CGI, Hamilton-Depression and Young Mania Scale), receive exposure to neuro-cognitive evaluation techniques (MCCB-MATRICES battery). There is also opportunity to learn about brain plasticity interventions based on neuro-cognitive computerized remediation and virtual reality assessments of patients with chronic schizophrenia and schizoaffective disorder, which also includes social cognition interventions.

At the beginning of the elective the resident chooses a scholarly topic, which may be a literature review, or a clinical case report and writes up the topic to the level for publication readiness.

The MPC research unit conducts clinical research in three domains. (1) Testing novel antipsychotic mechanisms in patients with sub-optimally responsive schizophrenia. (2) Testing novel mechanisms for the treatment of negative symptoms. (3) Testing novel mechanisms in cognitive deficits in patients with chronic schizophrenia or schizo-affective disorder.

Number of Residents on the elective at any given time: 2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable):

Minimum time is 8 weeks; preferably full time with exception of teaching day.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. **Patient Care:** Residents will learn the (1) methodologies used for patient screening for research; (2) the consent process and methods to protect patients' rights; (3) how to assess capacity for consent within research protocols; and (4) how to administer in a reliable fashion psychiatric rating scales.

This goal will be achieved by introducing residents to specific inclusion/exclusion criteria of ongoing protocols on the Psychopharmacology Research Unit; by demonstration of the consent process and the evaluation of capacity for consent by research staff and by the performance of residents of these activities under supervision. Psychiatric rating scales (PANSS, Hamilton-Depression, Young Mania scale, CGI, extrapyramidal rating scales) will be demonstrated in patient interviews by research staff and will be administered by residents. Scoring will be discussed in detail with the supervising psychiatrist.

- B. **Medical Knowledge:** Residents will get familiar with mechanisms of action of new antipsychotic drugs (glutamatergic and gaba-ergic mechanisms), pro-cognitive interventions, both pharmacological and non-pharmacological. Residents will learn the application of computer based cognitive remediation as well as computer based social cognition remediation with patients.

This goal will be achieved by demonstrating to residents the specific rationale of new psychopharmacological compounds used in research protocols. They will participate in ongoing computer based neuro-cognitive remediation on both the inpatient and outpatient units.

- C. **Interpersonal and Communication Skills:** Residents will learn to interact with research patients as well as with the interdisciplinary members of the research team.

This goal will be achieved by participating in interdisciplinary meetings with the research staff and in interactions with the treating clinicians of the research patients. They will also present their scholarly project to the research team in coherent and understandable language.

- D. **Systems Based Practice:** Residents will learn how a multidisciplinary research setting fits into a complex hospital system and how communication from research staff to clinical staff functions.

This goal will be achieved by exposing residents to the multiple layers of in- and outpatient staff and the respective communications between research staff and clinical staff.

- E. **Practice-Based Learning and Improvement:** Residents will learn the (1) ethics principles used in clinical research and the principles of protection of human subjects in clinical research. They will learn the functioning of the Institutional Review Board, how to consent patients for specific protocols and how to improve their practice with this process; (2) the administration of psychiatric rating scales and through supervisor feedback improve their scoring practice. (3) They will attend a Journal Club to review recently published research and to evaluate research design and methodology.

This goal will be achieved by presentations and practice of the ethics principles of clinical research, the administration of consents, the administration of rating scales together with discussion of scoring and the attendance at the weekly Journal Club.

- F. **Professionalism:** Residents will learn to maintain a professional attitude in all interactions with both clinical-research staff and research patients. **This goal** will be achieved by observation by supervising psychiatrist in research meetings and in clinical interviews with potential research patients.

Supervision: (Please indicate the number of hours of supervision per week.)

- Research Mentorship: 1 hour per week and twice weekly research meetings
- Clinical Rating scale supervision: 2 hours per week
- Statistical Introduction: 1 hour per week
- Journal Club: 1 hour per week

Readings:

- TBA

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident and evaluation of the scholarly project.

Reviewed by: Dr. Jean-Pierre Lindenmayer, February 2020.



Department of Psychiatry Residency Training Program

Latino Inpatient Unit (20 North)

Faculty/Staff

- R'el Rodriguez, MD phone (212) 562-4492 Rachel.Rodriguez@bellevue.nychhc.org
- Daniel Kestelman, MD phone (212) 562 4084 KestelmD@nychhc.org

Description

This elective offers opportunities to evaluate and treat psychiatric patients who are Spanish speaking or have families who are Spanish speaking. Residents taking this elective will acquire experience in the assessment, psychopharmacology, psychotherapy, family intervention, and community service referrals for this unique population. Residents will gain a greater understanding of how cultural factors influence diagnosis, doctor-patient relationship, and treatment. This elective is flexible and designed to fulfill each resident's individual needs and objectives.

Number of Residents on the elective at any given time: 1 Schedule:

PGY1/2 Residents: full time (Monday-Friday) for 2 weeks

PGY4 Residents: 1 month, 20 hours per week, at a minimum

Goals & Objectives by Core Competencies:

- A. Patient Care:** Integrate culturally-sensitive care for Latino patients and their families.
 - Work with a multi-disciplinary team that addresses mental illness, psychosocial stressors, and medical aspects of treatment.
 - Formulate biopsychosocial model of diagnosis based on DSM5.
 - Outline appropriate treatment plans for patients including psychotropic medication, psychotherapy, crisis management, family intervention and aftercare referral.

- B. Medical Knowledge:** Provide residents with knowledge of the interaction between cultural factors and mental illness in the Latino subcultures.
- Expand knowledge of Latino culture such as immigration patterns, moral standards, values, rituals, customs, religious beliefs, and societal expectations.
 - Understand psychiatric conditions are subject not only to biological factors, but also the patterns and influence of cultural and social factors.
 - Understand the strong role of religion and family in the life of Latino patients
 - Incorporate cross-culture knowledge into the clinical practice of psychiatry.
 - Explain the risks/benefits of medication to patients.
- C. Interpersonal and Communication Skills:** Demonstrate the ability to communicate with Latino patients, their families, a multidisciplinary team, and staff at outpatient services.
- Display a deeper understanding of language barriers, culture barriers and stigma among Latino patients.
 - Demonstrate ability to communicate in culturally and linguistically competent way with Latino patients and their families in Spanish.
 - Receive collateral information from families and providers of out-patient services.
 - Attend family meetings.
 - Learn skills of team work and problem solving.
- D. Systems Based Practice:** Understand special mental health services for Latino patients.
- Be familiar with special resources of mental health and social services for Latino patients
 - Display awareness of the limited resources for undocumented and uninsured individuals.
 - Learn how to make appropriate out-patient referrals for housing, mental health treatment, and substance abuse treatment for Latino patients taking into consideration insurance and language barriers.
- E. Practice-Based Learning and Improvement:** Work closely with the medical consult service to identify health issues and co-morbid medical conditions that can be unique to this patient population or shared with non Latino patients.
- Obtain a thorough medical history and psychotropic medication history.
 - Increase awareness of common co-morbid medical illnesses
- F. Professionalism:** Prepare mental health professionals to provide services that are effective and valued by patients and families.
- Demonstrate respect, compassion, integrity, and accountability in interactions with patients, their families, multidisciplinary staff and outside agencies.
 - Demonstrate sensitivity and responsiveness to each patient's ethnicity, culture, religion, and disabilities.
- G. Supervision:**
Program provides mentoring and daily work supervision for each resident. Also, the resident will meet with attending MD weekly for 1 hour for formal supervision.

Method of Evaluation: Online evaluation system: *New Innovations*; in person discussion of resident's work

Reviewed by, R'el Rodriguez, 2/28/20 (updated)

The Psychodynamics of Leadership and Organizations

Faculty/Staff

- Kerry J. Sulkowicz, MD
- 917-607-2770 (C)
- kjs@boswellgroup.com (e-mail)
- As of July 12th, the elective will meet every other week on Fridays, 3:30 – 5:00 p.m. (revision of time).

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This full-year elective will introduce PGY IV residents to the application of psychodynamic principles to leadership and organizational life. Residents will learn basic principles of group dynamics in the organizational setting, including the psychology of leadership, and will then study the impact of leaders on organizational culture, common dynamic problems that arise in organizations, and the intersection of individual and group psychodynamics. Residents will study factors that lead to successful leadership as well as to leadership failures. Residents will have the opportunity to conduct an actual organizational assessment, and possibly consult to that organization, under my supervision. They will gain exposure to the alternate career path of working as a clinically trained consultant to leaders of various organizations.

Number of Residents on the elective at any given time: No limits

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- 90 minutes every other week, throughout the year (July-June)
- Minimum requirement: 36 hours

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. **Patient Care:** Residents will learn to assess the dynamics of a small organization, or a group or team within a larger organization, from the perspective of the intersecting individual roles, culture, and leadership, with a focus on whether the organization is achieving its stated aims.
- B. **Medical Knowledge:** Residents will acquire a deeper understanding of central psychodynamic concepts of groups and leadership.
- C. **Interpersonal and Communication Skills:** Residents will hone their interpersonal and skills in the group setting, including their ability to “read” a group, to manage multiple simultaneous transferences and projections in the group, and to lead a complex group meeting or discussion. Residents will also develop their communication skills (spoken and written) with individuals in positions of authority. Residents will acquire skills that enhance their effectiveness in various organizational settings.
- D. **Systems Based Practice:** Residents will incorporate family systems approaches in their work with groups and organizations.
- E. **Practice-Based Learning and Improvement:** Residents will have the opportunity to apply their didactic learning in an actual group consulting experience or leadership assessment.
- F. **Professionalism:** A high degree of professionalism, in demeanor and appearance, is required for this elective.

Supervision: (Please indicate the number of hours of supervision per week.)

Readings:

Selections from:

1. Bion, W.R. (1961). Experiences in Groups. London/New York: Routledge.
2. Kets de Vries, Manfred F.R. (1993). Leaders, Fools, and Imposters: Essays on the Psychology of Leadership. San Francisco: Jossey-Bass, Inc.
3. Czander, William M. (1993). The Psychodynamics of Work and Organizations: Theory and Application. New York/London: Guilford Press.
4. Shapiro, Edward R. (1991). Lost in Familiar Places: Creating New Connections between the Individual and Society. New Haven/London: Yale University Press.
5. Kernberg, Otto F. (1998). Ideology, Conflict, and Leadership in Groups and Organizations. New Haven/London: Yale University Press.

Other articles from the Harvard Business Review and elsewhere

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

Reviewed by Dr. Kerry Sulkowicz, 2/10/20 (no changes)



Department of Psychiatry Residency Training Program

Medical Consults to Psychiatric Inpatients

Faculty/Staff

Andrea Kondracke, MD

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Description: Residents will gain exposure to the complex process of delivering medical care to psychiatric inpatients, in both civilian and forensic settings. Elective will explore the ways in which chronic mental illness contribute to the development and progression of disease, as well as preclude patients from receiving adequate treatment. In addition, Residents will learn to conduct medical interviews & review the skills of physical examination. There will be discussion of the diagnosis and treatment of both common and rare medical conditions, with specific attention paid to medical conditions common in the psychiatric setting. Lastly, residents will learn how to deliver medical care to psychiatric patients, particularly in cases where active psychiatric illness may act as a barrier to treatment.

Number of Residents on the elective at any given time: 2 each are able to spend 4 hours/weekly.

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.

- Resident should anticipate a minimum requirement of 4 hours/week
- Elective availability based on interest

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. Patient Care:** Lastly, residents will learn how to deliver medical care to psychiatric patients, particularly in cases where active psychiatric illness may act as a barrier to treatment.
- B. Medical Knowledge:** Elective will explore the ways in which chronic mental illness contribute to the development and progression of disease, as well as preclude patients from receiving adequate treatment. In addition, Residents will learn to conduct medical interviews & review the skills of physical examination. There will be discussion of the diagnosis and treatment of both common and rare medical conditions, with specific attention paid to medical conditions common in the psychiatric setting.

- C. Interpersonal and Communication Skills:** Residents will hone their interpersonal and communication skills through the use of one-on-one attending supervision.
- D. Systems Based Practice:** Residents will be expected to work on the medical consult service of Bellevue Hospital, be able to advocate for their patients in a complex system, and integrate care with a patient's individual medical and psychiatric treatment.
- E. Practice Based Learning & Improvement:** Residents will learn to provide medical care to psychiatric patients on the inpatient setting through the various consults that arise. Opportunities to attend regular CL programming will also be available.
- F. Professionalism:** A high degree of professionalism, in both demeanor and appearance, is required for this elective. Residents will be expected to engage patients in a manner that is both tactful and sensitive, and in a way that fosters the alliance between the co-therapists and the patient.

Supervision: based on interest 4-20hours

Readings: Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

Reviewed by, Andrea Kondracke 2/26/20, no changes



The Steven A. Cohen Military Family Center Elective

Faculty/Staff:

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Description: The Steven A. Cohen Military Family Center provides pro bono mental health care to veterans (regardless of their discharge status), as well as their families. The clinic is physically located in the Department of Psychiatry at NYU Langone, at One Park Ave., 8th Floor. The clinic is staffed by 13 licensed clinicians including two psychiatrists and 10 psychologists, who work collaboratively to treat over 450 patients per year.

The PGY-4 elective at the Cohen Military Family Clinic is a yearlong training opportunity with a focus in working with veterans and military families through individual or couples therapy as part of a multi-disciplinary team. The resident will have the opportunity to provide individual psychotherapy to veterans members and their family members for treatment of a variety of concerns including but not limited to trauma and posttraumatic stress (combat and noncombat related), TBI, and dual diagnosis (substance use disorders and comorbid psychopathology). Specific training in Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), STAIR, and emotionally focused couples therapy (EFT) available. The clinic provides time-limited treatment, between four to six months in duration. Cases will be assigned based on the training interests of the resident. The caseload will be approximately 1-2 cases or more depending on resident's interest.

The resident will have the option to attend weekly case presentations, couples therapy group supervision, training didactic seminar, and journal clubs when able. This experience is limited to 5 residents per year.

Number of Residents on the elective at any given time: up to 5

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.

- This elective will be 2-3 hours per week, although hours could increase depending on residents interest during months when resident has more elective time (i.e. months when not in inpatient unit or C/Lrotation).
- Elective will be a full year- July thru June
- Elective will be offered at a mutually agreed upon time by the residents and supervisors.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by

Core Competencies:

- A. Patient Care:** The resident will have the opportunity to enhance their general interview skills through thorough intake assessments, provide individual psychotherapy to veterans and their family members for treatment of a variety of concerns including but not limited to:
- Trauma and posttraumatic stress (combat and noncombat related)
 - Dual diagnosis (substance use disorders and comorbid psychopathology)

- Relationship Distress

Cases will be supervised based on:

- Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), STAIR, and emotionally focused couples therapy (EFT)

- B. Medical Knowledge:** Residents will acquire a deeper understanding of psychotherapies particularly those to treat trauma related disorders and substance use disorders and will learn how to integrate these practices into a more traditional psychiatric practice.
- C. Interpersonal and Communication Skills:** Residents will enhance their therapeutic and communication skills through the use of supervision, often using audio and video recordings of sessions.
- D. Systems Based Practice:** Residents will work within a multidisciplinary team of psychiatrists and psychologists along with other trainees from both psychology and psychiatry training.
- E. Practice Based Learning & Improvement:** Residents will learn to provide therapy to veterans and their family members with the benefit of case conference and group supervision.
- F. Professionalism:** A high degree of professionalism, in both demeanor and appearance, is required for this elective. Residents will be expected to engage patients in a manner that is both tactful and sensitive, and in a manner that fosters the alliance between the co-therapists and the patient.

Supervision: (Please indicate the number of hours of supervision per week):

- 1 hour/week

Readings: Individualized readings on theoretical conceptualization and intervention strategies will be assigned as deemed appropriate to the presenting issues of the patients under supervision.

Method of Evaluation: (online evaluation system: *New Innovations* www.new-innov.com/nyu; discussion of feedback with the resident, etc.)

- Regular feedback in discussion with the resident along with a final *New Innovations* evaluation based on observation of clinical interactions and on supervisory discussions.

Created: Feb 8, 2017, Dr. Amanda Spray

Updated: Feb 7, 2020, Dr. Amanda Spray



Department of Psychiatry Residency Training Program

Behavioral Neurology & Neuropsychiatry

Faculty/Staff

Lindsey Gurin, MD

Phone: 212-263-3210

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Description:

Patients with comorbid neurologic and psychiatric illness remain an underserved population with complex needs that are often not met by standard approaches to medical and mental health treatment. In this elective, residents will become familiar with the disorders of mood, thought, and behavior that accompany such neurologic disorders as traumatic and non-traumatic brain injury; stroke; movement disorders; autoimmune and other encephalitides; and progressive neurocognitive disorders, among others. Residents will learn evaluation and management strategies for the unique clinical challenges of this population, including complex psychopharmacology and approaches to psychotherapy.

The elective is flexible, offering exposure to a broad range of patients across two primary clinical sites. Inpatient neuropsychiatric consultation to the acute neurorehabilitation unit at NYU Langone Orthopedics Hospital (NYULOH) offers a unique opportunity for residents to participate in the multidisciplinary care of patients admitted to acute rehabilitation with a wide range of neuropsychiatric disturbances following structural brain injury. The outpatient experience, based at the NYU Pearl Barlow Memory Evaluation Center, offers exposure to the management of chronic neuropsychiatric and cognitive disorders.

Number of Residents on the elective at any given time: 1

Schedule: # of hours/week, # of weeks/year and the minimum amount of time to make the elective viable.

- PGY-1, 2: 4-5 days/week
 - Monday 9a-3p: LOH consultation
 - Tuesday 9a-4p: cognitive neurology / neuropsychiatry clinic at the Barlow Memory Center
 - Wednesday 9a-3p: participate in neuropsychiatry teaching rounds with rehab residents (can teach a topic of interest if desired); participate in multidisciplinary neurobehavioral patient conference; LOH neuropsychiatry consultation.

- Thursday 9a-12p: LOH consultation / reading afternoon or follow up on inpatients.
- Friday 9a-2p: LOH consultation / occasional add-on clinic patients. If the resident has a specific clinical interest, selected outpatients can be added here to gain experience with performing new neuropsychiatric assessments.
- Electives as short as one week are possible, though a minimum of two is desirable to see the breadth of the patient population as well as the longitudinal course for different patient subtypes in the inpatient setting.
- PGY-4 schedules are flexible and based on the resident's goals. At minimum, residents should be able to commit to 4 hours/week for 2 weeks but a range of schedules is possible.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

A. Patient Care: The resident will

- Interview patients and perform neuropsychiatric mental status and focused neurologic examinations
- Develop biopsychosocial formulations taking into account specific brain pathology as well as the unique psychosocial issues common to this population, and develop treatment plans based on these formulations

B. Medical Knowledge: Residents will

- Develop and use neuroanatomic localization skills to interpret a focused neurologic exam
- Improve skills in reading commonly encountered neuroimaging studies.
- Gain experience connecting neuropsychiatric symptoms to underlying neuroanatomy through exposure to patients with a variety of focal brain lesions.
- Become familiar with the evidence base for off-label use of psychotropic medications to promote neurorecovery in neurorehabilitation patients
- Develop familiarity with the use of psychotropic medications for management of disorders of mood, thought, and behavior in patients with neurological impairments across the care continuum.
- Gain experience identifying and navigating the complex psychodynamic issues that arise with patients and families and within the inpatient and outpatient clinical teams caring for patients with neurobehavioral disorders.

C. Interpersonal and Communication Skills: The resident will learn to

- Interact with patients with varying degrees of cognitive impairment and neuropsychiatric disability and communicate effectively with their families and other care providers.
- Work effectively with a multidisciplinary team including rehabilitation physicians, physical therapists, speech therapists, occupational therapists, neuropsychologists, nurses, and social workers.
- Communicate complex neuropsychiatric and psychodynamic principles to non-psychiatrists through participation in teaching rounds and clinical liaison with primary rehabilitation teams.

D. Systems Based Practice: Residents will

- Understand the role of acute neurorehabilitation in the care pathway for patients with acute neurologic injuries

- Work alongside the primary rehabilitation team, psychologists and rehabilitation therapists to coordinate medical and neuropsychiatric care and develop appropriate treatment plans for patients.
- Appreciate the important role a psychiatrist familiar with neurologic disorders can play in long term outpatient management of patients with complex neuropsychiatric disturbances

E. Practice Based Learning & Improvement: The resident will

- Receive one-on-one attending supervision and feedback in real time while seeing inpatients and outpatients
- Develop teaching skills through participation in educational rounds discussing psychiatric topics with rotating medical students and rehabilitation medicine residents

F. Professionalism: Residents will

- Engage patients in a manner that is both tactful and sensitive
- Demonstrate compassion, respect, and integrity in interactions with patients, families, staff, and other providers
- Demonstrate sensitivity and responsiveness to each patient's gender, age, ethnicity, culture, sexual orientation, religion, and disabilities.

Supervision: 4-8 hours

Readings: Individualized readings on case conceptualization and intervention will be suggested as appropriate for the presenting issues of the patients under supervision. Some potentially relevant papers include:

Berthier, M. L., et al. "A randomized, placebo-controlled study of donepezil in poststroke aphasia." *Neurology* 67.9 (2006): 1687-1689.

Chollet, François, et al. "Fluoxetine for motor recovery after acute ischaemic stroke (FLAME): a randomised placebo-controlled trial." *The Lancet Neurology* 10.2 (2011): 123-130.

Fleet, W. Shepherd, et al. "Dopamine agonist therapy for neglect in humans." *Neurology* 37.11 (1987): 1765-1765.

Giacino, Joseph T., et al. "The minimally conscious state: definition and diagnostic criteria." *Neurology* 58.3 (2002): 349-353.

Giacino, Joseph T., et al. "Placebo-controlled trial of amantadine for severe traumatic brain injury." *New England Journal of Medicine* 366.9 (2012): 819-826.

Kim, Edward, et al. "Neuropsychiatric complications of traumatic brain injury: a critical review of the literature (a report by the ANPA Committee on Research)." *The Journal of Neuropsychiatry and Clinical Neurosciences* 19.2 (2007): 106-127.

Schiff, Nicholas D. "Recovery of consciousness after brain injury: a mesocircuit hypothesis." *Trends in neurosciences* 33.1 (2010): 1-9.

Schmahmann, Jeremy D. "Disorders of the cerebellum: ataxia, dysmetria of thought, and the cerebellar cognitive affective syndrome." *The Journal of neuropsychiatry and clinical neurosciences* 16.3 (2004): 367-378.

Whyte, John, et al. "Zolpidem and restoration of consciousness." *American journal of physical medicine & rehabilitation* 93.2 (2014): 101-113.

Wortzel, Hal S., and David B. Arciniegas. "Treatment of post-traumatic cognitive impairments." *Current treatment options in neurology* 14.5 (2012): 493-508.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

Created: Lindsey Gurin, MD

Updated: March 5, 2020



NYVA Opiate Treatment Program

Faculty/Staff

Brian F Sands MD

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Jim Dhrymes MD

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Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This elective is an opportunity for the Resident to gain a thorough understanding of substance dependence disorders and pharmacology-based treatment. The clinic is located at the Manhattan campus of VHA NY Harbor Healthcare. Our approach to the treatment of addiction is patient-focused, with a primary goal of full recovery which includes abstinence. This is informed by a realization that harm reduction is often a necessary initial step and that time spent in treatment is a predictor of treatment success. We also believe that recovery (as defined by patient and treatment team) will likely consist of a succession of many small steps. Ultimately, all patients are able to (and must) make some movement towards recovery of those aspect of their life lost to addiction. Our treatment community milieu has a ZERO tolerance for abusive anti-social behaviors and we maintain a safe environment.

The Goal of the Elective is to expand the resident's knowledge and experience in treating opiate and other drug dependence and, in particular, the role of Medication Assisted Treatment (MAT). As a vital part of this, residents will learn the pharmacology, use and history of methadone and buprenorphine in the treatment of opiate addiction. Residents will learn about the genetic and environmental antecedents of drug and alcohol dependence, stages of change and drug and alcohol dependence across the lifespan. We will review all currently validated pharmacotherapies for substance related disorders. Based on level of interest, the resident can learn about overall behavioral pharmacology of addictive drugs, prevention and the role of public policy. The resident will have the opportunity to manage co-morbid psychiatric and medical disorders.

The supervised clinical work will include diagnosis and ongoing treatment of addictive and psychiatric disorders that are present on admission or emerge after stabilization. The resident will develop skills to manage the multiple family, social, legal, employment and medical problems associated with addiction. There is also a potential for the development of research projects.

Other tasks: Intake Assessment of new patients, management of initial problems bringing the patient into treatment, assessing and choosing methadone or buprenorphine to stabilize a new patient, evaluation of adverse effects and adjustments of medication, and addressing other drug dependence, including tobacco. Carry a caseload of patients (4-5) with psychiatric and addictive disorders.

Learn alternative therapies that move patients to rehabilitation.

Elective would include individual supervision, didactic lectures on addiction, review and discussion of journal articles.

Designated supervisor: Brian Sands MD. Backup supervisors include Grace Hennessy MD and Jim Dhrymes MD. Onsite clinic management supervisors Nona S Lynch, CSW (with years of management experience and teaching skills)

Number of Residents on the elective at any given time: 1

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

Two days per week for 3 months or two half-days per week for 6 months. Flexibility of schedule is an advantage if the resident intends to evaluate patients daily during methadone and buprenorphine induction.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**: See above

- A. **Patient Care** - Manage treatment of opioid dependence, co-morbid medical, psychiatric and associated social/legal problems.
- B. **Medical Knowledge** - Learn intake substance abuse assessment, determination of medication choice, management of induction, stabilization, taper, evaluation of adverse effects.
- C. **Interpersonal and Communication Skills** - Our clinic is an extended family for patients and staff, and is a relaxed place to learn. Our nursing, pharmacy and counseling staff are enthusiastic to help train physicians in the treatment of opiate, alcohol, tobacco and other drug dependence.

However a special skills-set is required to effectively learn to assess veracity of patient complaints, engage in treatment, establish trust and a working relationship. Staff are expert on site supervisors to help the resident learn different approaches.

- D. **Systems Based Practice** - The resident will be expected to work in the Clinic as part of the VA Hospital System, be able to advocate for patients at the clinic, integrate care with medical care at the hospital and understand methods of safe management of addictive disorders.
- E. **Practice-Based Learning and Improvement.** The Resident will be the primary care physician for a caseload of patients with medical, addictive and psychiatric disorders.
- Clinic Demographics
 - Current Census is 150
 - Illicit opiate use ranges 5-10% monthly; cocaine use 7-12%, Alcohol, benzodiazepine, THC about 6%
 - 35% African American
 - 35% Latino
 - 30% Caucasian
 - 40% are in treatment for the full range of primary psychiatric disorders, including schizophrenia, bipolar and affective disorders.
 - Medical disorders requiring attention include hypertension, diabetes and an increasing incidence of cancers.
- F. **Professionalism:** The resident will learn to relate to addicts without the associated stigma or negative counter-transference, how to set limits without being punitive

Supervision:

- 4 hours of direct supervision with patients present at times.
- Supervision will be flexible and dynamic based on workload and crisis level at the clinic, with the resident participating in every decision for patient care. The resident will learn to work independently as the period of the elective continues.
- Daily onsite supervision with patient.

Readings: Scientific articles, Substance Abuse textbooks, Attendance at Bellevue Grand Rounds.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- Onsite supervision and immediate feedback.

Reviewed: Dr. Brian Sands, 3/6/2020 (no changes)



Department of Psychiatry Residency Training Program

Adult Palliative Care

Faculty/Staff

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Mimi MERkin
Elective Coordinator
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Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Psychiatry residents will join a multidisciplinary team of physicians, nurse practitioners, social worker and chaplain to provide inpatient palliative care consultation services to adults admitted to Bellevue Hospital. Residents will hone skills related to supporting patients with chronic medical conditions at various stages of treatment and planning, from initial diagnosis to end of life care. They will work closely alongside the team in evaluating new consults, facilitating goals of care discussions, providing pain and symptom management, assessing psychiatric comorbidities, conducting family meetings, and generally supporting and communicating closely with primary and secondary teams to establish a unified approach to care.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- 1 Resident at a time
- 2 weeks minimum
- Average of 40 hrs/wk

Typical hours are Monday through Friday 9:00am through 5/6:00pm, though exact hours will vary based on patient volume. There are no weekend or night coverage responsibilities. There is an expectation that the resident will be reading literature provided on palliative care and ethics topics, fiction literature that is used to add depth to the study of narrative medicine and end-of-life care, as well as reading based on their specific patients.

Dedicated palliative care didactics will take place for minimum of 90 minutes per week and will be conducted with all of the residents and fellows at each clinical site convening together for these sessions. Included in the didactic sessions will be seminars on communication skills, pain and non-pain symptom management, and ethical dilemmas near the end-of-life. Debriefing and processing of difficult cases will occur at the clinical sites and during weekly interdisciplinary team meetings.

Most rotation times can be accommodated through approval via Dr. Cohen. However the best times for resident rotators are when palliative fellows are not on service. Please contact Dr Cohen and or Kelly McNamee for scheduling

Additionally, a proportion of staff will be unavailable for teaching during the AAHPM conference which takes place in March each year

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care :

Goal: Residents will evaluate and treat patients demonstrating the knowledge, skills, and attitudes most conducive to providing thoughtful and safe palliative care treatment with close collaboration and effective communication with all involved in the patient's care.

Objectives:

- Clarify reason for consultation request
- Review medical record for pertinent medical and psychosocial information, focusing on important medical diagnoses as contextualized within the trajectory of illness
- Obtain collateral history as needed
- Perform evaluations and assessments of patients with advanced and/or life limiting illness, including performing a physical, psychological, social and spiritual assessment
- Perform a complete pain and symptom assessment using validated tools, and understand the basic science and physiology behind various symptom complexes which are common in advanced illness (e.g. pain, nausea, cachexia, dyspnea)
- Formulate the case characterizing the core problem and additional current or future needs, with prognostication as appropriate
- Recommend medications as appropriate for treating physical and psychological symptoms

- Communicate evaluation and recommendations effectively (see “Interpersonal and Communication Skills” for further details)

Medical Knowledge

Goal: Residents will develop and demonstrate knowledge in core areas of palliative care, including pain assessment and management, physical symptom assessment and management, psychiatric assessment and management, advanced care planning, capacity assessment, among others.

Objectives:

- Use validated tools to assess systematically for pain, dyspnea, nausea, anorexia, depression, anxiety, fatigue, presence of delirium, constipation, diarrhea, secretions, insomnia
- Perform a thorough evaluation of multiple aspects of pain including functional assessments, evaluation of past treatment responses, identification of the underlying etiology of pain, and clear documentation of whether the pain is a) acute or chronic, b) malignant vs non-malignant, c) somatic vs neuropathic, d) controlled versus non-controlled
- Assess substance use/abuse history and assessment of other risk factors for chronic opioid use through evaluation and use validated tools
- Recommend opioid and non-opioid pain medication as appropriate with understanding of initiating doses, factors for titration, duration, and adjuvant treatments
- Recommend psychotropic medication as appropriate in the context of palliative care practice
- Understand the criteria for capacity and use resulting capacity determination when needed to indicate the patient’s ability to engage in care decisions and to appoint a health care proxy
- Assist patient and family members in medically and psychologically sensitive discussion of code status, values and priorities for patient and family, worries and hopes of patient and family, understanding of illness and treatments, and current goals of care
- Recognize and identify psychological coping styles used by patient, family members, team members and adjust approach accordingly

Interpersonal and Communication Skills

Goal: Residents will practice and develop greater facility in having difficult discussions, including delivering bad news, discussing goals of care during different illness stages, and communicating effectively with other medical teams.

Objectives:

- Demonstrate sophisticated communication strategies related to caring for patients with advanced illness, including inpatients with limited capacity for whom surrogates are involved by participating in family meetings, breaking bad news, participating in goals of care discussions, advance care planning and other communications with patients, families and providers related to patients they follow longitudinally over a hospital course

Systems Based Practice

Goal: Residents will gain proficiency and ease in functioning as a consultant on a medical service that interfaces with a variety of medical specialties as well as social workers, chaplains, and hospice services. Additionally, residents will develop comfort in discussing and navigating medico-legal practices within the framework of New York state and the United States, such as facilitating and documenting health care proxies, DNR-DNI statuses, completing MOLST forms, etc.

Objectives:

- Effective collaboration with medical residents, fellows and attendings in the range of specialties requesting palliative consultation (including general medicine and general surgery, cardiology, hematology-oncology, neurology, cardiovascular surgery, neurosurgery, etc) in order to clarify consult requests, assess patients longitudinally, and execute treatment recommendations
- Demonstrate basic ethical principles required to understand issues related to complex medical decision making, DNR, Family Health Care Decision Act, and withdrawal of life sustaining treatment

Practice-Based Learning and Improvement

Goal/Objective: During this rotation residents will develop evidence-based questions regarding the diagnosis, prognosis, and treatment of their patients, search and evaluate information available to answer such questions, present information to their colleagues during rounds or lectures, and apply this information to making clinical decisions.

Professionalism

Goal: Residents will demonstrate and develop professional comportment in a variety of patient-care situations, including working within a multidisciplinary team and other medical services, interfacing with patients and families from varied socioeconomic and cultural backgrounds, and representatives of ancillary programs providing services for patients in the resident's care.

Objective:

- Demonstrate a commitment to patient care through actions and communication (eg, being reliable, responsible and punctual)
- Collaborate well with other clinicians and staff involved in each patient's care
- Collaborate and integrate work on an interdisciplinary team
- Display openness to constructive feedback from the supervising attending regarding performance
- Foster an empathic attitude towards patients and their family members

Supervision: (Please indicate the number of hours of supervision per week.)

- Direct and indirect supervision will be provided daily through team rounds, observed interviews, and review of individual consult cases, each of which will be staffed by an attending physician (approximately 10-15 hours of direct supervision weekly)

Method of Evaluation:

- Throughout the rotation residents will receive informal and regular feedback regarding their proficiency in the above areas
- Formal feedback about strengths and areas for improvement will be given at the half-way point
- Feedback will be solicited from the resident both informally during the rotation and more formally at the completion of the rotation regarding the quality of the training experience

Readings:

- <http://vitaltalk.org/clinicians/>
- Baile WF, Buckman R, Lenzi R et al. "SPIKES – A Six Step Protocol for Delivering Bad News: Application to the Patient with Cancer." *The Oncologist*. 2000; 5: 302-311.
- Temel JS, Greer JA, Muzikansky A, et al. "Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer." *The New England Journal of Medicine*. 2010. 363; 8: 733-742.
- The SUPPORT Principal Investigators. "A controlled trial to improve care for seriously ill hospitalized patients. The study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). *JAMA*. 1995. Nov 22-29; 274(20): 1591-8.
- Fairman N, Hirst J, Irwin S. *Clinical Manual of Palliative Care Psychiatry*. American Psychiatric Association: Arlington, VA. 2016
- Levenson J, Ferrando S. *Clinical Manual of Psychopharmacology in the Medically Ill, Second Edition*. American Psychiatric Association: Arlington, VA. 2016.
- Connors AF, Dawson NV, Desbiens NA, et al. "A controlled trial to improve care for serious ill hospitalized patients: the study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT)." *JAMA*. 1995; 274 (20): 1591-1598. <http://jamanetwork.com/journals/jama/article-abstract/391724>
- Breitbart W, Rosenfeld B, Pessin H, et al. "Depression, hopelessness, and desire for hastened death in terminally ill patients with cancer." *JAMA*. 2000; 284 (22): 2901-2911. <http://jama.jamanetwork.com/pdfaccess.ashx?url=/data/journals/jama/4763/joc00500.pdf>
- Appelbaum PS, Grisso T. "Assessing patients' capacities to consent to treatment." *NEJM*. 1988. 319: 1635-1638. <http://www.nejm.org/doi/10.1056/NEJM198812223192504>

Reviewed by: Susan E. Cohen, MD, 2/10/2020



NYU School of Medicine, Department of Psychiatry

Project for Psychiatric Outreach to the Homeless (PPOH)

Please note: This is an out-elective, which will require approval by the NYU GME Office and an application process in advance of doing the elective. Please connect with the Training Office.

Faculty/Staff:

Glen P. Davis, MD

Medical Director for Education & Training

Janian Medical Care – Project for Psychiatric Outreach to the Homeless (PPOH)

198 East 121st Street, 5th Floor, New York, NY 10035

E-Mail: glen.davis@janianmed.org | Office Tel: 212.803.2727 | Fax: 646.335.0667

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The PPOH Clinical Rotation in Homeless Psychiatry offers New York State-licensed 4th year residents in psychiatry exposure to community-based psychiatry focused specifically on treating homeless and formerly- homeless individuals. Our residents work collaboratively with PPOH-contracted agencies to provide treatment to patients and consultation and training to site staff, thereby becoming an integral part of the onsite treatment team. During the rotation, residents assess and treat people where they live—in the street, shelters, drop-in centers, residences—accessing people whose ability to pursue standard avenues of treatment has been significantly limited by mental illness, homelessness, and poverty. This experience challenges the resident to tailor the frame and goals of psychiatric practice to the individual patient, who exists within the larger mental health care and housing system.

Number of Residents on the elective at any given time: Flexible.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

PGY-4 psychiatry residents participating in the PPOH Clinical Rotation must commit a ***minimum* of 4 hours per week** (preferably 7 hours per week) to a program for a ***minimum* of four months (preferably 6 months)**.

Although there may be some flexibility around scheduling, your time at the agency will need to coincide with a time when clinical staff is also on-site so that services can be easily coordinated. **NOTE: The resident contact the Medical Director for Education at Janian / PPOH at least four months prior to the anticipated start date of the rotation to allow for sufficient time to coordinate a placement.**

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. **Patient Care.** The resident will demonstrate skills necessary to:
 - a. Interview patients, perform mental status examinations, and assess risk in non-traditional clinical settings
 - b. Perform a differential diagnosis of psychiatric disorders informed by the patient's social and housing circumstances
 - c. Devise and implement a comprehensive treatment plan to address recognized psychiatric, addiction, social, and medical issues
- B. **Medical Knowledge.** The resident will demonstrate knowledge of:
 - a. The pathophysiology, epidemiology, diagnostic criteria, and clinical course for psychiatric disorders, particularly those common to the homeless population, including psychotic, mood, substance abuse, and personality disorders
 - b. Appropriate, feasible treatment options for homeless patients with mental illness, factoring in the limitations of homeless service setting and risks and benefits of potential therapies
 - c. General concepts in the phenomenology, demographics, and psychiatric care of homeless individuals
- C. **Interpersonal and Communication Skills.** The resident will learn to:
 - a. Create and sustain ethically-sound relationships with patients by utilizing open communication, empathy, and appropriate boundaries
 - b. Work effectively with other members of the multidisciplinary team and mental health and medical providers and social workers in the community
 - c. Elicit information and present it to coworkers and supervisors effectively
- D. **Systems Based Practice.** The resident will:
 - a. Understand the community psychiatrist's place and the patient's presentation within the larger mental health care system
 - b. Advocate for quality patient care with other providers
- E. **Practice-Based Learning and Improvement.** The resident will be able to:
 - a. Evaluate and improve patient care practices through feedback with supervising attending and site staff
 - b. Discuss evidence-based practices in psychopharmacology, psychotherapy, and psychosocial rehabilitation
 - c. Engage in techniques used by the community psychiatrist that foster life-long learning
- F. **Professionalism.** The resident will learn to:

- a. Demonstrate respect, compassion, integrity, and accountability in interactions with patients, site staff, and other providers
- b. Demonstrate sensitivity and responsiveness to each patient's age, gender, ethnicity, culture, sexual orientation, religion, and disabilities

Supervision: (Please indicate the number of hours of supervision per week.)

Rotating residents are provided face-to-face supervision with a PPOH attending at least once a month. More frequent supervision is available depending on the site placement and the resident's interest. Resident supervisors will also review medical records and countersign written documentation within one business day of writing. Supervisors are available for back-up between supervision sessions.

Method of Evaluation: (Online evaluation system: *New Innovations*, Discussion of Feedback with the resident, etc.)

- Residents are evaluated semi-annually by their supervisor in a face-to-face feedback session and in an evaluation form reflecting the goals of the rotation framed within the core competencies. This evaluation will include input from the resident's placement site.
- Residents are also asked to evaluate the elective, the site, and their supervisors.

Reviewed: Glen P. Davis, MD 02/10/2020



Department of Psychiatry Residency Training Program

Primary Care Consultation Elective

Faculty/Staff:

Joseph Lux, MD

Joseph.Lux@nyumc.org

212-562-2283

Description:

The objective of this elective is to obtain experience providing psychiatric consults to medical patients in the primary care setting. Each participant will be expected to see a broad range of patients in the Bellevue primary care clinic under the supervision of Dr. Joe Lux.

Schedule: The elective is expected to run one morning per week for two months.

Learning objectives:

Patient care:

- a. Learn how to provide consultative psychiatric assessment and treatment recommendations for ambulatory medical patients

Medical knowledge:

- b. Expand consult-liaison knowledge, especially for drug-drug interactions and medical comorbidities commonly encountered in the ambulatory setting

Interpersonal and communication skills:

- c. To effectively communicate with patients and PCPs during brief outpatient visits

Systems based practice:

- d. Learn to function as a mental health consultant embedded in an outpatient medical system of care

Practice based learning:

- e. To analyze appropriate evidence and literature that supports clinical management.

Professionalism:

f. To effectively manage primary care cases in the primary healthcare milieu

Number of Residents on the elective at any given time: 1

Supervision: 2-3hrs/week

Readings: TBD

Method of evaluation:

- Direct discussion with resident
- New Innovations

Reviewed: Dr. Joseph Lux, 2/10/20 (no changes)



Department of Psychiatry Residency Training Program

Psychiatric Publishing

Faculty/Staff

- Benjamin Sadock M.D.
- Phone: 212-263-6210
- Email: bjs6@nyu.edu

Description:

The ability to write about psychiatric subjects is a core skill of academic psychiatrists. This elective helps develop those skills including how to pick topics, how to organize data and present information and how to get one's writing published.

Number of Residents on the elective at any given time: 1

Schedule:

52 weeks per year or until project is completed. Resident works at his/her own pace. Hours are flexible. Pace of work will be up to the resident who will set deadlines in collaboration with Dr. Sadock. Some projects can be completed with 4 to 6 weeks.

Goals:

- Accumulation of medical knowledge about a particular psychiatric topic accrues as a result of research in that topic.
- Communication skills improve using the written word in journal articles and/or online media (including blogs).
- Professionalism recognized by virtue of using replicated data, crediting of work of others properly and honesty in communication.

Supervision:

- Supervision by Dr. Sadock in tutorial format 52 weeks per year or less depending on when project is completed.

Readings:

- None assigned; but depending on topic resident will be required to review a history of the literature as it relates to the subject chosen.

Method of Evaluation:

- No grades are assigned. Evaluation is based on collaborative discussion and agreement between Dr. Sadock and resident.

Reviewed & Revised by Dr. Benjamin Sadock, 2/10/20



Department of Psychiatry Residency Training Program

Psychoanalytic Psychotherapy

Faculty/Staff

Arthur Lew, M.D.

Clinical Professor of Psychiatry

212-410-5344 ALewNR@AOL.com

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The core element of this elective will be a seminar, which will be held weekly on Mondays at 1:30 P.M. beginning in September. The seminar will focus on cases being currently treated, including some cases that the residents have already had some length of time with, so that the material discussed will serve to illustrate principles of psychoanalytic psychotherapy that had been introduced earlier in the residency, but now offering the chance to observe and consider them as they unfold in actual clinical situations. At this point in educational progression, this experience should help senior residents in integrating concepts such as the therapeutic alliance, transference, resistance, countertransference, symptomatic improvement vs. resolution of conflict, work with dreams, the role of oedipal and pre-oedipal issues, and termination. The relevance of these concepts to treatments other than psychotherapy per se will also be addressed. There will not be a set reading list; readings will be recommended according to the particular matters under discussion.

Participants in this elective will also have the opportunity to take on additional psychotherapy cases and to have an additional psychoanalytic supervisor assigned for those cases. The extra supervision will be offered either on site at NYU during regular NYU hours, or at the supervisors' offices if possible to arrange so as not to conflict with regular hours.

Any interested residents are invited to contact Dr. Lew either by phone at 212-410-5344, or by e-mail at alewnr@AOL.com.

Number of Residents on the elective at any given time: Flexible

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- Mondays 1:30 – 2:30 P.M.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. **Patient Care:** Residents will improve their competency in providing patient care through an amplified understanding of psychoanalytic principles applicable to their work with patients. This will apply to patients in psychotherapy as well as in other treatment modalities.
- B. **Medical Knowledge:** A more in-depth appreciation for the meaning of psychiatric diagnosis will be achieved through understanding of the meanings of various symptoms and behaviors to patients and the mechanisms of defense involved in different clinical states.
- C. **Interpersonal and Communication Skills:** Focused discussion of elements of treatment such as the establishment of a meaningful therapeutic alliance, the choice of phrasing of interpretations, and the handling of resistances and acting out will improve interpersonal and communication skills.
- D. **Systems Based Practice:** Deeper appreciation of the therapeutic alliance, transference, and the experience of termination will increase the residents' understanding of what it means for patients to receive treatment in a clinic setting.
- E. **Practice-Based Learning and Improvement:** The ongoing consideration of actual clinical experiences of each other's patients will provide relevant experience in these areas.
- F. **Professionalism:** The appreciation of psychoanalytic principles in clinical work will add a unique dimension to the residents' understanding of proper professional behavior with patients. Such concepts as boundary violations, transference and countertransference enactments, neutrality, and therapeutic tact will help residents in consolidating their professional identity.

Supervision: (Please indicate the number of hours of supervision per week.)

- Optional, by arrangement, one hour per week.
- Additional supervision by arrangement between resident and supervisor.

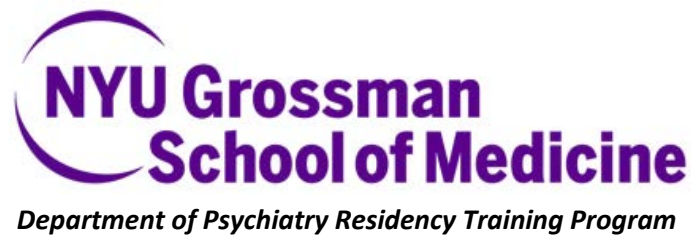
Readings:

- As is relevant to the cases and principles under discussion at any given time.

Method of Evaluation: (Online evaluation system: *New Innovations* www.new-innov.com/nyu. Discussion of feedback with the resident, etc.)

- Ongoing feedback throughout the course, supplemented by discussion at the end of the course.

Reviewed by Dr. Arthur Lew, 2/20/20 (no changes)



Reproductive Psychiatry

Faculty/Staff

- **Allison Deutch, MD, Site Director of Women's Mental Health, NYU Langone Health**
 - 347-541-1261, Allison.Deutch@nyulangone.org
- **Marra Ackerman, MD, Director of Consultation-Liaison Psychiatry, NYU Langone Health**
 - 646-754-4750, Marra.Ackerman@nyulangone.org
- **Rachel Caravella, MD, Associate Director of Consultation-Liaison Psychiatry, NYU Langone Health**
 - 347-852-3763, Rachel.Caravella@nyulangone.org
- **Cathy Kondas, MD, Program Director, NYU Women's Mental Health Fellowship**
 - 212-562-2526, Cathy.Kondas@nyumc.org

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

Residents will see women with psychiatric disorders that present in relation to the reproductive life cycle. This includes women with antenatal and postpartum disorders, as well as those with premenstrual syndromes, infertility issues, and perimenopausal mood disorders, though the majority of patients seen will have perinatal psychiatric disorders. This elective gives residents an opportunity to develop an in-depth understanding of this subspecialty. Residents have the opportunity to see patients alone and in conjunction with an attending at the 1 Park Ave site (supervised by Dr. Marra Ackerman or Dr Rachel Caravella). Residents will also have the option to see perinatal psychiatric consults with the Tisch CL service if interested. Residents will participate in weekly Women's Mental health Rounds with alternating case discussion, didactics, and journal club at NYU Langone HCC-10. Goals for the conference series include developing confidence and competency in medication management during pregnancy and understanding the epidemiology and clinical presentation of psychiatric disorder across the reproductive lifespan. Residents are also encouraged to develop their teaching skills so that they can share their new knowledge with colleagues and students.

Number of Residents on the elective at any given time: Flexible

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- There will be weekly Women's Mental Health Rounds at Tisch – HCC-10 CL Suite on Monday afternoons 4:15-5:30 PM
- At 1 Park, consultations will be scheduled by the residents directly, and cases will then be followed longitudinally and supervised by Dr. Ackerman or Dr. Caravella.
- Residents are also expected to spend 1-2 hours per week on reading and clinical case management.
- This is a year-long elective

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care: At the conclusion of this elective, the resident will be able to:

1. Diagnose psychiatric disorders that present in relation to the reproductive lifecycle.
2. Outline a treatment plan, including psychotherapy and psychopharmacologic options, to the patient and family.
3. Coordinate care with the patient's OBGYN, and other healthcare providers, both orally and in writing.

Medical Knowledge: At the conclusion of this elective, the resident will be able to:

4. Discuss key features of reproductive- related psychiatric disorders
5. Discuss the data available on the use of medications and different types of psychotherapy in pregnancy and lactation.
6. Present and critique important articles in the field.

Interpersonal and Communication Skills. At the conclusion of this elective, the resident will be able to:

7. Establish a therapeutic alliance with the patients and their support system.
8. Explain complicated risk/benefit decision making with patients and their support system.
9. Discuss clinical concerns and recommendations with the patient's other physicians and members of the treatment team.

Systems Based Practice: At the conclusion of this elective, the resident will be able to:

Use the principles of evidence-based medicine in order to:

10. Locate and discuss the best data available for particular patient problems
11. Develop individualized treatment plans based on the available data and clinical experience.

Practice-Based Learning and Improvement: At the conclusion of this elective, the resident will be able to:

12. Develop their academic and clinical skills in the context of direct patient care, with direct attending supervision during patient encounters.

B. Professionalism: Our residents are encouraged to follow the highest standards of professionalism to prepare them for their careers beyond residency. In order to ensure the highest standards of teaching, we encourage the residents to provide critical feedback to the faculty on administrative, clinical, and academic matters.

Supervision: (Please indicate the number of hours of supervision per week.)

- At 1 Park, supervision occurs during weekly conference and as needed individually with Dr Caravella and Dr Ackerman
- At Tisch, supervision will occur during weekly conference and as needed with Dr Deutch, Dr Caravella, and/or Dr Ackerman

Readings:

- Each week, the resident will read an article relevant to the field of reproductive psychiatry.
- In addition, at the start of the elective, residents will read chapters from various sources on reproductive psychiatry, which will provide a good foundation for the elective.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- Ongoing face-to-face feedback with the resident, in addition to *New Innovations*.

Reviewed: Marra Ackerman and Allison Deutch 1/27/20



Department of Psychiatry Residency Training Program

School-Based Mental Health Care

Faculty/Staff

- ***Za Janopaul-Naylor, MD, Attending Psychiatrist, NYU Langone Hospital - Brooklyn***
 - *Elizabeth.janopaul-naylor@nyumc.org*
- ***Aaron Reliford, MD, Director Child & Adolescent Psychiatry NYU Brooklyn***
 - *Aaron.Reliford@nyulangone.org*
- ***Gordon Frankle, MD, Chief of Psychiatry, NYU Langone Hospital - Brooklyn***
 - [*William.frankle@nyulangone.org*](mailto:William.frankle@nyulangone.org)

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

This elective will provide PGY4 residents the opportunity to participate in one of NYU-Brooklyn's school-based mental health clinic. These clinics include social workers in over 20 schools throughout Brooklyn.

These include the following clinics:

- Boys & Girls High School
- South Shore Educational Complex
- PS 1
- PS 10
- PS 15
- PS 24
- PS 172
- PS 188
- PS 282
- PS 307
- PS 503 - PS 506
- PS 329
- MS 88
- Erasmus High School

- Sunset Park High School
- (Abraham) Lincoln High School
- Sheepshead Bay - Frank J. Macchiarola Education Campus
- Juan Morel Campos Secondary School
- Wingate Educational Campus

Residents will collaborate with the behavioral health social workers in these school-based clinics, spending 1 day per week at a clinic, with the option to rotate through different schools week-to-week. Residents will complete new evaluations of patients referred by social workers for medication consultation. Residents will have the opportunity to follow these cases for medication management and coordinate care with the social workers at that site.

Number of Residents on the elective at any given time: 1-2

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- PGY-4 schedules are flexible and based on the resident's goals. At minimum, residents should be able to commit to 1 day/week for 3 - 6 months, but a range of schedules is possible.
- The clinics open at 9am and often close at 3pm

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

Patient Care

- Interview patients and perform psychiatric assessments in collaboration with the attending supervisor. Residents may elect to continue care with these patients at the site or refer them to telepsychiatry for continued medication management.
- In collaboration with the behavioral health social worker, develop and add to the treatment plans for patients in the clinic

Medical Knowledge

- Gain experience in working with other mental health care professionals to provide mental health care to patients in a school based setting.
- Increase experience in facilitating communication, collaboration and treatment between providers and schools.
- Gain experience in working with patients in schools enables school administrators and teachers to better benefit from the expertise of trained behavioral health specialists
- Increase knowledge of standard psychiatric rating scales for depression, anxiety and psychosis

Interpersonal and Communication Skills

- Interact with patients with varying degrees of mental illness and communicate effectively with their families, teachers and school administrators.

- Work effectively with a multidisciplinary team including behavioral health social workers, teachers, school administrators and nurse practitioners.

Systems Based Practice

Understand the role of co-located school based behavioral health providers

- Gain experience in understanding the power of expanding psychiatric services to patients via the integrated school based clinic model.

Practice-Based Learning and Improvement

- Receive one-on-one attending supervision and feedback
- Develop an appreciation for behavioral health issues that arise for patients, staff, and families in the school setting

Professionalism

- Engage patients in a manner that is both tactful and sensitive
- Demonstrate compassion, respect, and integrity in interactions with patients, families, staff, and other providers
- Demonstrate sensitivity and responsiveness to each patient's gender, age, ethnicity, culture, sexual orientation, religion, and disabilities.

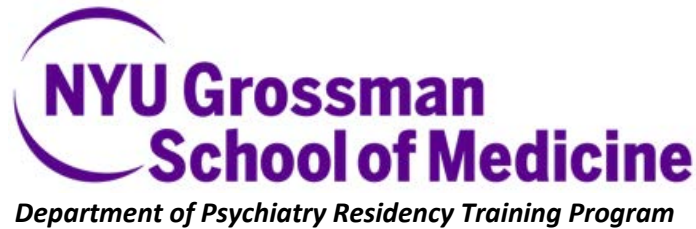
Supervision: 1 – 2 hours per week

Readings: Individualized readings on case conceptualization and intervention will be assigned as appropriate for the presenting issues of the patients under supervision.

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.).

- *New Innovations* and ongoing discussion and feedback with the resident. Residents will also have an opportunity to provide feedback to the supervisor.

Reviewed and updated by: Za Janopaul-Naylor 2/7/2020



Sex Therapy Training

Faculty/Staff

- Virginia Sadock, M.D., Director
212-427-0885
virginia.sadock@nyumc.org
vsadock@msn.com
- Amy Rosenberg, LCSW, Co- Director
212-535-3271
Amyrosenb@gmail.com

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The program is designed to offer residents skills in sex therapy, a behavioral approach to the treatment of sexual dysfunctions. Trainees treat sexually dysfunctional individuals and couples and are assigned to a supervisor. The resident attends a weekly seminar, run by the director and is assigned reading of advanced texts and other works covering the full spectrum of sexuality. Guest lecturers are invited to the seminar.

Number of Residents on the elective at any given time: 6 (# can stretch as needed)

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- The elective will run from September 14, 2020
- through June 7, 2021. A minimum participation of 3 hours/week is necessary.

Goals (overall learning aims for the elective) & **Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. **Patient Care:** Residents learn the dynamics of treating individuals and couples and develop the ability to diagnose and treat sexual dysfunctions such as desire problems, arousal and orgasmic problems and dysfunctions associated with pain.
- B. **Medical Knowledge:** Learn to distinguish between psychological, physiological and mixed etiologies of sexual disorders. Learn the effects of medications on sexual function and the use of medication in the treatment of dysfunctions. Learn the appropriate behavioral exercises to apply to dysfunctions.
- C. **Interpersonal and Communication Skills:** Develop the ability to clearly explain exercises, deal with excessive dependency, competitiveness, withdrawal between partners, and offer communication skills for partners to use with each other.
- D. **Systems Based Practice:**
- E. **Practice-Based Learning and Improvement:** Each resident receives hour for hour supervision of their treatment cases. Additionally, cases are shared and discussed in the weekly seminar.
- F. **Professionalism:** Residents learn to elicit information in the sensitive, sometimes secretive area of sexuality; respect varied cultural mores and maintain appropriate boundaries. Residents learn to pace the introduction of new behavioral exercise according to the patients' progress.

Supervision: (Please indicate the number of hours of supervision per week.)

- Hour for hour supervision/weekly depending on the caseload: Usually 1-2 hours of individual supervision and group supervision during the seminar hour. Treatment hours are dependent on the number of cases being treated.

Readings:

Bibliography

Required:

- V. Sadock: Normal Sexuality and Sexual Dysfunctions. In *Comprehensive Textbook of Psychiatry*, B.J. Sadock, V.A. Sadock, P. Ruiz, editors, Wolters Kluwer, Baltimore, 2017

Recommended:

- A Goldstein, C Pukall, I Goldstein: *When Sex Hurts*, Decapo Press, 2011
- G Fletcher, JA Simpson, et al: *The Science of intimate Relationships*, Wiley-Blackwell, Hoboken 2013
- WH Masters, VE Johnson: *Human Sexual Responses*, Little Brown, Boston, 1966
- A.K. Offit: *Night Thoughts; Reflections of a Sex therapist*, Congden & Weed, New York, 1981
- R. Rosen, S Lieblum: *Case studies in Sex Therapy*, Guildford press, New York 1995
- V. Sadock, *Sexual Addiction, Substance Abuse: A Comprehensive Textbook Ed, P. Ruiz*, Lippincott, Williams and Wilkins, Baltimore, MD; 2011

Method of Evaluation: (Online evaluation system: *New Innovations*, Discussion of Feedback with the resident, etc.)

- Residents receive ongoing feedback throughout the elective from supervisors and the directors.

Reviewed & Revised: Dr. Virginia Sadock, 2/17/20

Transference Focused Psychotherapy for Personality Disorders Supervision Group (TFP)

- Mark J. Petrini, M.D.
- 646-265-9952 (ph)
- mp19@caa.columbia.edu (e-mail)

Overview:

Personality Disorders are among the most difficult treatments in psychiatry; given their prevalence and the dysfunction they create, they also are among the most common disorders to present for therapy. This elective will teach the theory and technique of Transference Focused Psychotherapy through in-class discussion of readings and videotaped clinical material. Each participant will also have the opportunity to present clinical material from his or her psychotherapy with a patient in the borderline spectrum and will learn strategies from TFP to help structure their treatment. We will also address the clinical management of borderline and narcissistic features in inpatient settings.

Learning Objectives:

A. Patient Care: Participants will learn.....

- a. The theory of personality organization that informs the psychodynamic treatment of personality disorders.
- b. The technique of structural interviewing and the assessment of personality organization.

B. Medical Knowledge / Clinical Science: Participants will learn.....

- a. How to establish and exploratory psychodynamic framework for the treatment of personality disorders.
- b. How to conduct Transference-Focused Psychotherapy.

C. Interpersonal and Communication Skills: Participants will learn.....

- a. How to discuss issues of diagnosis and treatment planning with personality disorder patients and their families.

- b. How to work collaboratively in a peer consultation group, consulting on matters of diagnosis, suitability for treatment, and technique.

D. Practice Based Learning and Improvement: Participants will learn.....

- a. How to consult on cases that pose challenges with regards to crisis management / patient safety, management of boundaries, and the therapist's recognition and use of countertransferences.
- b. The current state-of-the-art therapies for the treatment of personality disorders, including present-day controversies related to diagnosis and technique.

E. Professionalism: Participants will learn.....

- a. To recognize ethical / legal issues which arise in the treatment of personality disorder patients and how to manage the same.
- b. To recognize the expectable strains associated with working with personality disorder patients and how to manage the same so as to avoid ethical breaches and to more consistently and effectively work in the best interests of the patient.

F. Systems-Based Practice: Participants will learn.....

- a. How to determine the appropriate level of care for personality disorder patients, i.e., which patients are suitable for outpatient psychotherapy versus more intensive care.
- g. When to refer patients to adjunctive treatments (e.g., psychopharmacology, group, diagnosis-specific adjunctive treatments such as AA or eating disorder support groups).

Number of Residents on the elective at any given time:

No limit on number or residents in the elective

Schedule of Meetings (subject to change):

The date and time of the elective has not yet been determined. The goal will be to include as many residents as possible. The course will consist of 60 minutes every other week.

Overview of Borderline Personality Organization (BPO)

1. July 11th Overview of Course

Reading: Zerbo, E., Cohen, Bielska, W., Caligor, E. (2013): Transference-Focused Psychotherapy in the General Psychiatry Residency: A Useful and Applicable Model for Residents in Acute Care Settings. *Psychodynamic Psychiatry*, 41(1) 163-181

2. July 18th TFP Training in Residency

Reading: Bernstein, J., Zimmerman, M. & Auchincloss, E. (2015): Transference-Focused Psychotherapy Training During Residency: A Guide to Learning Psychodynamic Psychotherapy. *Psychodynamic Psychiatry*, 43 (2) 201-222

Chambers, J.E. (2015): Discussion of Transference-Focused Psychotherapy Training During Residency: An Aide to Learning Psychodynamic Psychotherapy. *Psychodynamic Psychiatry*, 43 (2) 223 -0 228

3. August 15th Borderline Personality Organization - Assessment

Reading: Kernberg, O. (1984). The Structural Interview, in *Severe Personality Disorders*, p. 27-51. New Haven: Yale University Press.

4. August 22nd Borderline Personality Organization - The Syndrome

Reading: Kernberg, O. (2006). Identity: Recent Findings and Clinical Implications. *Psychoanalytic Quarterly*, p. 969-1003.

Transference-Focused Psychotherapy for Personality Disorders

5. August 29th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2002). *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Who Are the Patients? p. 3 -33. Northvale, New Jersey: Jason Aronson.

6. September 5th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2002). *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, What is the Essence of the Treatment? p. 39 - 51, Northvale, New Jersey: Jason Aronson

7. September 12th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2002). *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Treatment Strategies, p. 55 - 63 Northvale, New Jersey: Jason Aronson.

8. September 19th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2002). *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Treatment Tactics: Contract Setting, p. 67 - 104. Northvale, New Jersey: Jason Aronson.

9. October 3rd

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2002). *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Choosing the Priority Theme to Address, p. 107 – 121, Northvale, New Jersey: Jason Aronson.

10. October 10th

Reading: Yeomans, F., Clarkin, J. & Kernberg, O. (2002), *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Remaining Tactics (Incompatible Realities), p. 125 – 133, Northvale, New Jersey: Jason Aronson

11. November 7th

Reading: Yeomans, F., Clarkin, J. & Kernberg, O. (2002), *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Treatment Techniques, p. 137 – 160, Northvale, New Jersey: Jason Aronson

12. November 14th

Reading: Yeomans, F., Clarkin, J. & Kernberg, O. (2002), *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Course of Treatment After the Contract, p. 163 – 181, Northvale, New Jersey: Jason Aronson

13. November 21th

Reading: Yeomans, F., Clarkin, J. & Kernberg, O. (2002), *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Some Typical Treatment Trajectories, p. 185 – 209, Northvale, New Jersey: Jason Aronson

14. November 28th

Reading: Yeomans, F., Clarkin, J. & Kernberg, O. (2002), *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Common Complications of Treatment, p. 213 – 234, Northvale, New Jersey: Jason Aronson

15. December 5th

Reading: Yeomans, F., Clarkin, J. & Kernberg, O. (2002) *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*, Requirements for Doing TFP and Practical Questions in Delivering the Treatment, p. 237 – 251, Northvale, New Jersey: Jason Aronson

Narcissistic Pathology

16. December 12th

Reading: Caligor, E., Levy K.N., Yeomans, F.E., (2015). Narcissistic personality disorder: diagnosis and clinical challenges. *American Journal of Psychiatry* 172 (5), 415 – 422.

17. January 2nd 2018

Reading: Stern, B. (In Press). Transference-Focused Psychotherapy for Narcissistic Personality Disorder, in Ogrodniczuk, J. (Ed.) *Treating Pathological Narcissism*, American Psychiatric Publishing.

18. January 9th

Reading: Diamond, D., Yeomans, F., & Levy, K. (In Press). Psychodynamic Psychotherapy for Narcissistic Personality Disorder. *The Handbook of Narcissism and Narcissistic Personality Disorder: Theoretical Approaches, Empirical Findings*, in Campbell, K., Miller, J. (eds), New York: Wiley

19. January 23rd

Reading: Kernberg, O.F. (2007). The Almost Untreatable Narcissistic Patient. *Journal of the American Psychoanalytic Association*, 55:2, 503-539.

Alternative Approaches

20. February 6th Mentalization-Based Therapy (MBT)

Reading: Batemen, A., Fonagy, P. (1999) The effectiveness of partial hospitalization in the treatment of borderline personality disorder – A randomized controlled trial. *Am J. Psychiatry* 156: 1563-9

21. February 13th Dialectical-Behavioral Therapy (DBT)

Reading: Linehan, M.M., Armstrong, H. & Suarez, A. et al (1991) Cognitive behavioral treatment of chronically parasuicidal borderline patients. *Arch Gen Psychiatry*, 48:1060- 4

22. February 20th General Psychiatric Management (GPM)

Reading: Gunderson, J., Palmer, B. (2014) *Good Psychiatric Management for BPD: Overview for NEABPD*

23. March 6th Supportive Psychotherapy

Reading: Appelbaum, A. (2005) Supportive psychotherapy. *Psychiatry Online FOCUS*; 3: 438-449.

24. March 13th Commonalities of Treatments

Reading: Weinberg, I., Ronningstam, E., Goldblatt, M.J. et al. (2011) Common factors in empirically supported treatment of borderline personality disorder. *Curr Psychiatry Rep* 12: 60 - 8

Transference-Focused Psychotherapy, Revisited

25. March 20th

Reading: Interpretation, Caligor E., Diamond D, Yeomans F, Kernberg O. (2009). The Interpretive Process in the Psychoanalytic Psychotherapy of Borderline Personality Pathology. *J Am Psychoanal Assoc*, 57:271-301.

26. March 27th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). The Nature of Normal and Abnormal Personality Organization in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 1 - 26. Washington, D.C.: American Psychiatric Publishing.

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Empirical Development of Transference-Focused Psychotherapy: A Clinical Research Process, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 27 - 58. Washington, D.C.: American Psychiatric Publishing.

28. April 3rd

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Strategies of Transference-Focused Psychotherapy, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 59 - 82. Washington, D.C.: American Psychiatric Publishing.

29. April 10th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Assessment Phase: Clinical Evaluations and Treatment Selection, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 83 - 98. Washington, D.C.: American Psychiatric Publishing.

30. April 17th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Establishing the Treatment Frame: Contracting, Medication, and Adjunctive Treatments, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 99 - 148,. Washington, D.C.: American Psychiatric Publishing.

31. April 24th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Techniques of Treatment: Moment to Moment Interventions and Mechanisms of Change, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 149 - 212,. Washington, D.C.: American Psychiatric Publishing.

32. May 1st

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Tactics of Treatment and Clinical Challenges, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 213 - 270,. Washington, D.C.: American Psychiatric Publishing.

33. May 8th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Early Treatment Phase: Tests of the Frame, Impulse Containment, and Identifying Dyads, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 271 - 298,. Washington, D.C.: American Psychiatric Publishing.

34. May 15th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Midphase of Treatment: Movement Toward Integrations with Episodes of Regression, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 299 - 344,. Washington, D.C.: American Psychiatric Publishing.

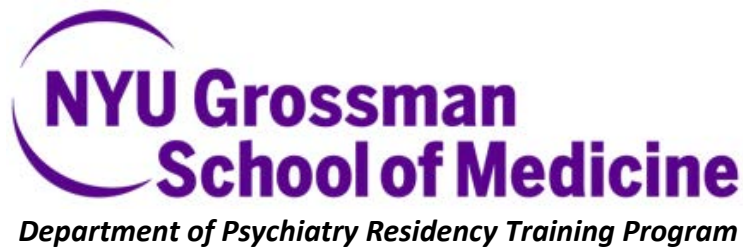
35. May 29th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Advanced Phase of Treatment and Termination, in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 335 - 366. Washington, D.C.: American Psychiatric Publishing.

36. June 5th

Reading: Yeomans, F., Clarkin, J., & Kernberg, O. (2015). Trajectories of Change in Transference-Focused Psychotherapy in *Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide*, p. 367 - 382. Washington, D.C.: American Psychiatric Publishing.

Reviewed & Revised by Dr. Mark Petrini, 3/4/2020



Treatment Resistant Mood Disorders

Faculty/Staff

- **Dan V. Iosifescu, MD, dan.iosifescu@nyumc.org**
- **Location: One Park Avenue, 8th Floor**
- **Time: Thursdays 12:00 noon – 4:00 pm and/or Fridays 8:00 am – 12:00 noon; evening hours maybe possible on an ad hoc basis with advance notice.**

Description (In a few sentences, please describe what the elective is and what the opportunities are for the participating residents):

The Treatment Resistant Mood Disorders Program at the NYU School of Medicine aims to provide comprehensive, state of the art assessments and second opinions for individuals with mood disorders who have not responded to multiple therapeutic interventions. The initial consultation is an in-depth evaluation of an individual's current and past psychiatric history, including prior treatment, precipitating and perpetuating factors, and psychosocial aspects of the presenting condition. This comprehensive assessment guides the treatment plan that typically includes medications, psychotherapeutic and/or neuromodulation (e.g., ECT, TMS) interventions. This service is targeted in particular to individuals and/or their treating physicians who have concerns about the accuracy of their diagnoses, their level of response to current treatments, side effects, or inadequate functional recovery.

One educational benefit for residents who elect to participate in this elective is exposure to treatment-resistant patients, an increasing proportion of patients presenting in clinical psychiatric practice, since treatment-naïve patients are usually seen in primary care settings. Because these patients have failed to improve on standard treatment regimens, residents will learn about the use of state-of-the art pharmacologic interventions, many of which are borrowed from other specialties. When indicated, NYU Department of Psychiatry resources such as neuroimaging, ECT, TMS and experimental protocols will be used to provide clarify diagnoses and/or cutting-edge next-step treatment.

Resident responsibilities include doing an intake evaluation that will then be presented to a senior attending. The resident will have a completed patient packet that includes a clinical history and history of treatments. The case will be presented to an attending physician and then both resident and attending physicians will meet with the patient. The initial encounter should take up to three hours (60-90 min for the 1:1 encounter of the resident with the patient, 15-30 min to present the case to the attending, and 30-60 min for the attending

interview of the patient and discussion of recommendations). If the resident and patient are interested, follow-up meetings will be scheduled for one hour each. These visits will be arranged to work within the schedule of the resident. Residents will have additional 1:1 discussions with the attending focusing on the relative merits of multiple treatment options. This elective aims to be a practical review and preparation for the challenging aspects of clinical psychopharmacology.

Number of Residents on the elective at any given time: Maximum of 2 residents at the same time.

Schedule: (Number of hours/week, number of weeks/year and please include the minimum amount of time to make this elective viable).

- 1 - 2 new patient evaluations/month, and additional follow-up visits if necessary. Additional supervision will be scheduled to discuss existing cases.
- Residents can sign up for the entire year or for half of the year
- The average amount of resident time per week would be 4-6 hours the weeks with new patient intakes, and 0-2 hours the weeks with no new patient intakes and only supervision and/or follow-ups.

Goals (overall learning aims for the elective) **& Objectives** (indicate specific learning objectives to meet the goals) by **Core Competencies**:

- A. Patient Care:** -- Residents will learn how to
 - a. comprehensively evaluate the differential diagnosis of treatment-resistant mood disorders
 - b. manage the psychopharmacology of TRD
 - c. utilize supervision to help guide management of complex cases.
- B. Medical Knowledge:** --Develop greater familiarity with complex psychopharmacology and other modalities for refractory depression (such as ECT, TMS etc.)
- C. Interpersonal and Communication Skills:** --To effectively communicate with patients, family members and referring clinicians regarding the relevant history and details of alternate treatment regimens
- D. Systems Based Practice:** --To interact with and appropriately refer to a broad range of health care professionals with varying approaches to the management of TRD
- E. Practice-Based Learning and Improvement:** --To analyze appropriate evidence and literature that supports clinical management decisions
- F. Professionalism:** -To effectively manage complex cases in an effective manner in the current health care milieu.

Supervision: (Please indicate the number of hours of supervision per week): 0-1 (depending on the number of evaluations). Supervision will include all residents active in the elective and discuss all patients evaluated since the last meeting.

Readings: TBD (based on cases presented)

Method of Evaluation: (Online evaluation system: *New Innovations*; discussion of feedback with the resident, etc.)

- Direct discussion with resident
- New Innovations

Reviewed: 2/14/20, Dr. Dan Iosifescu (no changes)