Echo Glen
33010 S.E. 99th Street
Snoqualmie

Description of Service
Echo Glen is one of four institutions for juvenile offenders managed by JRA (Juvenile Rehabilitation Administration), which is under the DSHS umbrella. It is the correctional facility for younger male offenders and female offenders 11-21 years of age. The facility has resources for juvenile offenders with significant medical and/or psychiatric concerns, and is the closest institution to a major urban area (30 miles east of Seattle). The Echo Glen rotation focuses on learning the skills of assessment, differential diagnosis, treatment plan development, and treatment management of adolescents. The general psychiatry resident is expected to become skilled in history taking, developing rapport, and learning the differences, subtle and sometimes not so subtle, between working with adult patients and adolescents. General psychiatry residents are assigned new patients, generally on every other week schedule, and will usually have a carryover caseload from the preceding resident rotation. Supervision is provided by the attending, Terry Lee, M.D., who will supervise the residents on all the cases they have seen on a particular Tuesday. The rotation is an all-day Tuesday rotation.

CSTC (Child Study and Treatment Center)
8805 Steilacoom Blvd, S.W. Tacoma, WA

Description of Services
Child Study and Treatment Center is the state psychiatric hospital for children and adolescents with intensive long-term treatment needs (average length of stay 9-12 months). It serves children from all over the state. The experience here is for 2 days per week (Wednesdays and Fridays) for 6 months. The time is divided equally between the adolescent cottage, Orcas, and the younger cottage, Camano. CSTC provides long-term care for 31 adolescents and 16 children in residential units.

Child Psychiatry Outpatient
At Children’s Hospital and Regional Medical Center
4800 Sand Point Way, N.E.
Phone: 987-2164

Description of Service
The Outpatient Clinic serves children and youth ages 1 – 18 with a wide variety of diagnoses. Many patients seen in the clinic have co-occurring medical disorders or developmental disabilities. General psychiatry residents attend clinic on Tuesdays. Most patients are seen in the context of a multidisciplinary team consisting of psychiatrists, psychologists, mental health therapist/case managers, a psychiatric nurse practitioner, psychology residents, and medical students. The clinic provides comprehensive child and family assessment and treatment planning including psychopharmacological evaluations and treatment, parent/family interventions, cognitive-behavioral treatments, school consultations, parent and child groups, case management, and limited community-based
services for eligible families. Supervision consists of direct observation, joint participation with attendings in diagnostic work-ups, videotaped review with attendings of treatment sessions, weekly team discussions of case presentations, consultations with clinic case managers, and weekly individual meetings with clinic attendings (faculty psychiatrists and psychologists). Residents are expected to average about 4 scheduled patient hours per day. This typically involves a total caseload of about 10-15 patients, given the usual mix of monthly medication patients, short-term evaluation cases, and longer-term weekly therapy cases. All scheduling is done by clinic staff.

**Inpatient Child and Adolescent Psychiatry Unit (IPU)**

**Location:**
Children’s Hospital and Regional Medical Center  
2nd floor – Train (T) Wing

**Medical Director:**  
Jeffrey Kaiser, MD  
jeffrey.kaiser@seattlechildrens.org  
206-987-3239

**Description of Service/Rotation:**  
Approximately 400 children between the ages of 2 and 18 years (and sometimes up to age 21 years) are admitted per year and approximately, 10% of our patients are involuntarily detained. The inpatient psychiatry unit has a 20-bed capacity and a 95% occupancy rate. The mean length of stay is 15.6 days. Gender ratio of the population is 2:5 girls to boys. Children have a broad range of severe psychopathology which has not responded to less restrictive care, including disruptive behavior disorders, mood disorders, anxiety disorders, psychoses, pervasive developmental disorders and organic brain disorders. Approximately 50 children with mental retardation are served annually. The unit includes a special program for children with eating disorders and for deaf children. Approximately ten children with life threatening medical conditions are served annually. The majority of the cases are children with multiple Axis I diagnoses with both affective and behavioral components. More than half of the children are victims of abuse and/or neglect. Additional opportunities to broaden one’s experience/survey of child and adolescent psychiatry are available during this inpatient rotation. These opportunities include spending half days in the outpatient clinic with your team’s attending(s) and/or the team’s child and adolescent psychiatry fellow, working with the consultation-liaison service for several half days and attending educational forums such as the child fellowship didactics, grand rounds, team walking rounds, patient reviews and our quarterly psychiatry movie night which focuses on documentaries and films reflecting child and adolescent development and psychopathology. This is a two month full-time rotation.

**Consultation/Liaison Service**  
Children’s Hospital and Regional Medical Center  
4800 Sand Point Way, N.E.  
**Kathleen Myers, M.D.**  
**Description of Service**
Demographic variables follow CHMC patient statistics. Proportions of patient referrals are roughly even by sex; 80% Caucasian; full spectrum of DSM-IV child and adolescent diagnostic categories in youth with medical illnesses and those with psychosomatic illnesses. The medical illnesses experienced by youth referred to the Psychiatry Consultation-Liaison Service are diverse. The most common referrals involve youth with life threatening illnesses, especially malignancies. We are also very involved with youth suffering severe chronic disorders such as Crohn’s Disease, renal disease and diabetes. Sub acute problems include reactions to medical care, such as delirium or prednisone-induced mood disorders. Increasingly, the Psychiatry Consultation-Liaison Service is involved with patients receiving transplants. Psychiatric disturbances predominantly include mood and anxiety disorders associated with medical illness. Behavioral disturbances are also common as youth act out psychological disturbances through lack of adherence to their medical care thereby challenging their providers in both the hospital and outpatient settings. Clinical work includes assessment, short-term psychotherapy, medication management; behavioral management, and liaison with medical, nursing, and social work teams. Selected outpatient consultations or follow-up are also provided.

Elective rotations are also available in **Child and adolescent telepsychiatry** (Tues, Wed or Friday morning or afternoon; Kathleen Myers MD)

**Eating Disorders Clinic**
CHRMC Outpatient Psychiatry Whale wing 3rd floor
4800 Sand Point Way NE

Clinical Director and Primary Supervisor: Rose Calderon, Ph.D.
Medication Management Supervisor: Kathleen Myers, MD

The Eating Disorders Program focuses on diagnosis and treatment of anorexia and bulimia, mainly anorexia or restrictive eating. Currently we are not treating compulsive eating or obesity. Clients are mainly female with the occasional male adolescent (ratio for anorexia in females to males is about 9:1) between the ages of 13 and 20 with eating disorders of Anorexia Nervosa or Bulimia Nervosa with likely other co-morbid psychiatric disorders such as depression, anxiety, OCD and/or dysregulated affect problems. Involvement in this elective necessitates prior completion of a required child rotation. The resident should be of advanced standing since they will see patients independently for therapy but also work closely with me around initial interviews with clients and their families. Residents should have training in cognitive behavioral therapy, DBT skills are a definite plus, comfort and some familiarity working with parents/families, and need to have a well developed sense of empathy and acceptance to highly challenging clients and families. Must be able to have good organizational skills to coordinate clients’ treatment with other professional disciplines. Residents should also have familiarity working with adolescent clients and understanding typical issues of development during the adolescent years. The Resident must also be willing to do a fair amount of independent reading on Eating Disorder topics. The resident needs to be available 2 afternoons per week but not back to back weekdays (clients and families often
need to be seen twice a week), 8 hours per week is requested. It is also very helpful if the resident can attend two Monday morning precare evaluations early on in the elective year. The main clinical activities for the resident are 1) Individual and family therapy with two to three clients, includes medication management and case management with coordination of care with nutritionist and adolescent medicine provider. And 2) medication management for 2 to 3 clients followed by other clinicians in the ED outpatient clinic.

Other opportunities for the general resident to participate:

Precare conference-this is a combination of psychiatric interview, eating disorders assessment, consultation, and information sharing about services at Children's hospital for eating disorders. Those happen on Mondays from 8:30 to 10:30am with feedback session around 1:30 pm (in between client and family meet with nutritionist, parent support staff, tour the IPU, and have a physical exam plus take a 30 minute break)

Outpatient ED team meeting - Noon on Mondays, interdisciplinary team meeting to discuss the ED program development and outpatient cases and relevant inpatient cases

Involvement in an IPU group therapy may also be a possibility.

*All reviewed/edited and/or okayed by site coordinators 1/2008*