



Preface

This issue of the *Child and Adolescent Psychiatric Clinics of North America* is devoted to child and adolescent psychiatry training. An overarching goal of training is to promote development in our residents of an orientation to life-long learning, with the capacity to recognize, evaluate, and then integrate new information regarding the field as it emerges, with an understanding that there are significant additions to our knowledge base every year. Teaching a commitment to the provision of quality care, provided in the context of complex systems of care and multiple other providers, is another important dimension of training, helping residents fully appreciate that all of the work that we do is imbedded in a developmental framework.

The authors who contributed to this issue are affiliated with important training programs from across the country, and many are—or have been—training directors of child and adolescent psychiatry residencies. We are fortunate to have several residents contributing to this project. Several articles are devoted specifically to recruitment, competencies, and evidenced-based medicine; however, readers will find these themes recurring within the context of numerous other articles. Training new child and adolescent psychiatrists is the life blood of our discipline, and the authors are passionate about this generative process. Entry of young people into our field invigorates the discipline and is essential to meet the pressing national mental health care needs for children and adolescents.

This issue begins with an overview by Sandra Sexson. Four sections then follow. The first section begins with consideration of entry into our field. Creative efforts at Yale Child Study Center to encourage medical students to enter into child and adolescent psychiatry are described in the article by Andrés Martin and colleagues. An article by Dr. WunJung Kim on recruitment follows. The American Academy of Child and Adolescent Psychiatry (AACAP) initiative to expand portals of entry into child and adolescent psychiatry training is described by Doug Gray and colleagues, with a focus on the triple board initiative.

The issue shifts in the second section to key foundational areas of training. This section begins with an article by Geri Fox and colleagues on teaching growth and development, which includes a description of a unique video

series created by Dr. Fox. The next article reviews a key seminar for residents on psychopathology, and is written by Cynthia Santos and colleagues, who have developed a case-based curriculum.

An article follows on teaching formulation in the modern era by Nancy Winters and Graeme Hanson, along with a child and adolescent psychiatry resident, Veneta Stoyanova, recognizing that each child has an individual narrative history that is informed by diagnosis and by the child's unique history.

Teaching the critical social and societal contexts in which children live is next described in an article by Michael Storck and Ann Vander Stoep. These important systems include the ecology surrounding a child, issues on family, cultural, and ethnic identity, poverty, abuse, and racism. Specific systems that affect children are also discussed, including schools, the legal system, and foster care. Dr. Storck chairs the AACAP Work Group on Native American Children.

The third section discusses the teaching of specific treatment modalities, beginning with an article on teaching evidence-based psychopharmacology by Allan Chrisman and residents from his program at Duke, Drs. Enderlin, Landry, Colvin, and DeJohn.

Next is an article on evidence-based psychotherapy by Margo Thieneman and Shashank Joshi, followed by an article on psychodynamic psychotherapy in the modern era by Martin Drell.

The last section addresses the requirements we have to ensure that residents are fully and adequately trained. Arden Dingle and Eugene Beresin describe the current ACGME competencies. Finally, Dorothy Stubbe and colleagues review the process of monitoring resident progress and intervening when a resident has performance problems.

This issue attempts to recognize the best of the old and the new in training, with historical foundations in areas such as formulation discussed in the article by Winters and Hanson and psychodynamic psychotherapy discussed in the article by Drell. The articles venture into the modern era of evidence-based teaching, clarify training goals and objectives, and measure outcome in our trainees to ensure that at the end of their training they learn what we believe is essential and that they become competent and safe practitioners, providing the highest quality of care to children and adolescents. Proper training also should orient residents to a life-long commitment to continuing education. New pedagogical strategies are described, as are new methods for establishing that our teaching goals are met and our residents are competent.

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