

The Child & Adolescent Psychiatry Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education

and

The American Board of Psychiatry and Neurology



October 2014

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The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGME-accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other content.

Child and Adolescent Psychiatry Milestone Group

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Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program's fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow's current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

Selection of a level implies that the fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

- Level 1:** The fellow demonstrates milestones expected of an incoming fellow.
- Level 2:** The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.
- Level 3:** The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.
- Level 4:** The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.
- Level 5:** The fellow has advanced beyond performance targets set for fellowship and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.

Additional Notes

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

Definitions used in this document:

Systems – includes schools, courts, community based organizations (advocacy, community mental health), governmental agencies (e.g. child protective agencies), health care (primary care, etc.).

Families – includes parents, foster parents, legal guardians

Developmental domains – includes social/emotional, cognitive, behavioral, gross motor, fine motor, speech and language development

Answers to Frequently Asked Questions about the Next Accreditation System and Milestones are posted on the Next Accreditation System section of the ACGME website.

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow’s performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow’s performance in relation to those milestones.

PC3 — Treatment Planning and Management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Sets treatment goals in collaboration with the patient and family	2.1 Incorporates a clinical practice guideline or treatment algorithm when available	3.1 Applies an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection	4.1 Devises individualized, developmentally sensitive, and systems-informed treatment plan for complex presentations	5.1 Supervises treatment planning of other learners and multidisciplinary providers
1.2 Manages patient crises and safety concerns with supervision	2.2 Links treatment to formulation	3.2 Applies an understanding of family strengths and vulnerabilities in the treatment plan	4.2 Integrates multiple modalities and systems as appropriate in a comprehensive approach	5.2 Integrates emerging neurobiological and genetic knowledge into treatment plan
1.3 Monitors treatment adherence and response	2.3 Recognizes need for consultation and supervision for complicated or refractory cases		4.3 Integrates neurobiological and genetic knowledge into treatment plan*	5.3 Demonstrates ability to mobilize appropriate systems of care to optimize patient outcomes
	2.4 Re-evaluates and revises treatment approach based on new information and or response to treatment		4.4 Appropriately modifies treatment techniques and flexibly applies practice guidelines to fit patient need	
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Comments:				Not yet achieved Level 1 <input type="checkbox"/>

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as **some** milestones in the higher level(s).

PC1 — Psychiatric Evaluation				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 For adolescents, acquires accurate history and mental status examination findings, customized to the patient’s complaints</p> <p>1.2 Assesses patient safety, including suicidal and homicidal ideation, and considers the potential for trauma, abuse, aggression, and high-risk behaviors</p> <p>1.3 Demonstrates a respectful manner with children and adolescents and their families</p> <p>1.4 Seeks supervision appropriately</p>	<p>2.1 For adolescents, obtains information that is sensitive and not readily offered by the patient</p> <p>2.2 Considers the structure and functioning of the family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child</p> <p>2.3 Conducts assessment that includes observation of child’s interaction with caretakers</p> <p>2.4 Conducts basic assessment of the child’s development</p> <p>2.5 Selects laboratory and diagnostic tests (medical work-up) appropriate to the clinical presentation</p> <p>2.6 Uses hypothesis-driven information-gathering techniques</p> <p>2.7 Begins to use the clinician's emotional responses to the patient and family as a diagnostic tool</p>	<p>3.1 Evaluates the structure and functioning of the family, including strengths, vulnerabilities, and cultural factors, as they pertain to the child</p> <p>3.2 Assesses development across all domains</p> <p>3.3 For school-age and adolescent patients, obtains information that is sensitive and not readily offered by the patient</p> <p>3.4 Selects and uses appropriate diagnostic tests (screening instruments, rating scales, psychoeducational testing) appropriate to the clinical presentation</p> <p>3.5 Regularly uses the clinician's emotional responses to the patient and family as a diagnostic tool</p> <p>3.6 Demonstrates ability to shift focus when verbal and non-verbal information is conflicting</p>	<p>4.1 Acquires efficient, accurate, thorough and relevant history for preschool, school-age, and adolescent patients, customized to each patient’s complaints</p> <p>4.2 Modifies interview approach to assess patients at different developmental levels, including use of non-verbal techniques and play</p> <p>4.3 Effectively assesses development, including atypical development (intellectual disability, etc.)</p> <p>4.4 Collects information from the pertinent systems</p> <p>4.5 Assesses the family in a sophisticated and culturally-sensitive manner</p>	<p>5.1 Incorporates therapeutic interventions as part of the evaluation patients and families</p> <p>5.2 Utilizes creative use of evaluation techniques, both verbal and non-verbal</p> <p>5.3 Serves as a role model for gathering subtle and reliable information from the patient</p> <p>5.4 Independently teaches and supervises other learners in clinical evaluation</p>
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<p>Comments:</p>				<p>Not yet achieved Level 1 <input type="checkbox"/></p>

PC2 — Psychiatric Formulation and Differential Diagnosis ¹				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Organizes and accurately summarizes, reports, and presents information from the patient, family, and collateral sources to colleagues 1.2 Develops a working diagnosis based on patient evaluation	2.1 Develops comprehensive differential diagnosis for common syndromes, synthesizing data from the patient, family, and collateral sources 2.2 Describes patients' symptoms and problems, precipitating stressors or events, predisposing life events or stressors, perpetuating and protective factors, and prognosis	3.1 Describes how development influences the presentation of psychopathology 3.2 Develops a comprehensive differential diagnosis while avoiding premature closure 3.3 Organizes formulation in a systematic manner that follows a conceptual model ²	4.1 Efficiently synthesizes all information into a concise but comprehensive formulation 4.2 Incorporates subtle, unusual, or conflicting reports into hypotheses and formulations, including developmental, family, and systems factors 4.3 Includes the interaction between contributing factors in the diagnostic formulation	5.1 Formulates a case based on different conceptual models 5.2 Expands the differential diagnosis to include subtle or rare presentations or disorders 5.3 Serves as a role model of efficient and accurate formulation 5.4 Teaches formulation to advanced learners
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Comments:				Not yet achieved Level 1 <input type="checkbox"/>
Footnotes: ¹ A psychiatric formulation is a theoretically-based conceptualization of the patient's mental disorder(s). It provides an organized summary of those individual factors thought to contribute to the patient's unique psychopathology. This includes elements of possible etiology, as well as those that modify or influence presentation, such as risk and protective factors. It is therefore distinct from a differential diagnosis that lists the possible diagnoses for a patient, or an assessment that summarizes the patient's signs and symptoms, as it seeks to understand the underlying mechanisms of the patient's unique problems by proposing a hypothesis as to the causes of mental disorders. ² Models of formulation include those based on either major theoretical systems of the etiology of mental disorders (such as behavioral, biological, cognitive, cultural, psychological, psychoanalytic, sociological, or traumatic), or comprehensive frameworks of understanding (such as bio-psycho-social or predisposing, precipitating, perpetuating, protective, and prognostic outlines). Models of formulation set forth a hypothesis about the unique features of a patient's illness that can serve to guide further evaluation or develop individualized treatment plans.				

PC3 — Treatment Planning and Management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Sets treatment goals in collaboration with the patient and family 1.2 Manages patient crises and safety concerns with supervision 1.3 Monitors treatment adherence and response	2.1 Incorporates a clinical practice guideline or treatment algorithm when available 2.2 Links treatment to formulation 2.3 Recognizes need for consultation and supervision for complicated or refractory cases 2.4 Re-evaluates and revises treatment approach based on new information and or response to treatment	3.1 Applies an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection 3.2 Applies an understanding of family strengths and vulnerabilities in the treatment plan and its implementation	4.1 Devises individualized, developmentally-sensitive, and systems-informed treatment plans for complex presentations 4.2 Integrates multiple modalities and systems, as appropriate, with a comprehensive approach 4.3 Integrates neurobiological and genetic knowledge into treatment plan 4.4 Appropriately modifies treatment techniques and flexibly applies practice guidelines to fit patient needs	5.1 Supervises treatment planning of other learners and multidisciplinary providers 5.2 Integrates emerging neurobiological and genetic knowledge into treatment plan 5.3 Demonstrates ability to mobilize appropriate systems of care to optimize patient outcomes
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Comments:				Not yet achieved Level 1 <input type="checkbox"/>

PC4 — Psychotherapy				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 For all child and adolescent age groups, approaches the therapeutic encounter with curiosity and empathy, and substantially recognizes and starts to manage own anxiety</p> <p>1.2 Begins to identify patient emotions across the developmental spectrum</p> <p>1.3 Able to use non-verbal techniques to start to build an alliance with children and adolescents</p> <p>1.4 Establishes appropriate professional boundaries and avoids boundary violations</p>	<p>2.1 Recognizes that overt affect and behavior may mask underlying feelings</p> <p>2.2 Selects and implements a psychotherapeutic modality based on an appropriate formulation</p> <p>2.3 Discusses the structure/frame of psychotherapy, including the limits of confidentiality, with patient and family</p> <p>2.4 Maintains developmentally-appropriate professional boundaries in psychotherapeutic relationships while being responsive to the patient and family</p> <p>2.5 Establishes and maintains a therapeutic alliance with both patients and families</p>	<p>3.1 Establishes and maintains a therapeutic alliance with, and provides psychotherapies to, patients with uncomplicated problems</p> <p>3.2 Uses verbal and non-verbal strategies to access internal processes of the patient</p> <p>3.3 Links feelings, behavior, recurrent/central themes/schemas, and their meaning to the patient as they shift within and across sessions</p> <p>3.4 Successfully guides the patient and family through the different phases of psychotherapy in a developmentally-appropriate way</p> <p>3.5 Balances autonomy with need for consultation and supervision</p> <p>3.6 Integrates the selected psychotherapy with other treatment modalities and other treatment providers</p>	<p>4.1 For all child and adolescent age groups, demonstrates capacity to listen and observe and use information obtained this way in psychotherapy</p> <p>4.2 Substantially manages the structure/frame of psychotherapy with patient and/or family</p> <p>4.3 Anticipates and appropriately manages potential boundary crossings and avoids boundary violations</p> <p>4.4 Consistently uses developmentally-appropriate psychotherapeutic techniques, including non-verbal strategies</p> <p>4.5 Provides different modalities of psychotherapy (including family or supportive therapy and at least one psychodynamic or cognitive behavioral therapy) to patients with moderately complicated problems</p> <p>4.6 Recognizes and manages treatment impasses</p> <p>4.7 Appropriately manages own feelings elicited by work with patients and families</p>	<p>5.1 Creatively integrates different therapy modalities tailored to the individual patient and family</p> <p>5.2 Provides psychotherapies to patients with very complicated and/or refractory disorders/problems</p> <p>5.3 Personalizes treatment based on awareness of one's own skill set, strengths, and limitations</p> <p>5.4 Provides psychotherapy supervision to others</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

PC5 — Somatic Therapies, including Psychopharmacology and Other Somatic Treatments				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 With supervision, selects and prescribes commonly used psychopharmacologic agents targeting specific child and adolescent psychiatric disorders</p> <p>1.2 Engages in an informed consent/assent process with family and patient, including general indications, dosing parameters, and common side effects for commonly prescribed medications</p> <p>1.3 Obtains basic physical exam and lab studies necessary to initiate treatment with commonly prescribed medications</p>	<p>2.1 Discusses medication use with children in a developmentally-appropriate manner</p> <p>2.2 Applies appropriate judgment about off-label use of somatic treatments with supervision</p> <p>2.3 Describes contraindications and adverse effects of commonly prescribed medications</p> <p>2.4 Titrates medication dosage and prevents or manages side effects with a single medication</p> <p>2.5 Incorporates basic knowledge of mechanisms of action and metabolism across development in treatment selection</p> <p>2.6 Monitors and responds to relevant lab studies throughout treatment</p>	<p>3.1 Independently applies appropriate judgment about off-label use of somatic treatments</p> <p>3.2 Manages pharmacokinetic and pharmacodynamic drug interactions when using multiple medications concurrently</p> <p>3.3 Appropriately selects evidence-based somatic treatment options and incorporates evidence into psychoeducation of patient and family</p> <p>3.4 With supervision, uses evidenced-based augmentation strategies when primary pharmacological interventions are only partially successful</p>	<p>4.1 Appropriately titrates dosage and prevents and manages side effects, including when patients are on multiple medications</p> <p>4.2 Appropriately selects evidence-based somatic treatment options and safely manages patients when the evidence base is limited</p> <p>4.3 Follows practice guidelines for management of multiple medications, and if deviating from guidelines, provides appropriate rationale</p> <p>4.4 Engages in a fully-informed consent/assent process with families and patients, including off-label use, specific contraindications, level of evidence, etc.</p> <p>4.5 Recognizes limitations of psychopharmacological treatment</p>	<p>5.1 Integrates emerging studies of somatic treatments into clinical practice</p> <p>5.2 Skillfully demonstrates management of complex patients using multimodal somatic treatments</p>
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Comments:				Not yet achieved Level 1 <input type="checkbox"/>

MK1 — Development in Infancy, Childhood, and Adolescence, Including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Describes the basic stages of normal physical, social, and cognitive development from infancy to young adulthood	2.1 Demonstrates basic knowledge of the major developmental theories across all developmental domains 2.2 Describes the effects of trauma, neglect, and early adverse events on development 2.3 Recognizes deviation from normal development, including arrests and regressions 2.4 Utilizes developmental concepts in case formulation 2.5 Describes family development	3.1 Explains developmental tasks and transitions throughout the life cycle, utilizing multiple conceptual models 3.2 Gives examples of gene-environment interaction influences on development and psychopathology 3.3 Describes the influence of psychosocial factors (gender, ethnic, cultural, economic), medical conditions, perinatal factors, and neurological illness on development 3.4 Describes interaction between family organization and development and developmental stages of all family members	4.1 Describes in detail the stages of normal physical, social/emotional, speech and language, sexual, gender identity, and cognitive development from infancy to young adulthood 4.2 Describes how developmental capacities and limitations influence the differing presentation of psychopathology from infancy to young adulthood 4.3 Describes the impact of cultural factors on development 4.4 Interprets the impact of major life events in the context of the patient’s developmental stage	5.1 Teaches or develops curricula on the stages of normal physical (gross motor, fine motor, sensory integration), social/emotional, speech and language, sexual, gender identity, and cognitive development from infancy to young adulthood 5.2 Incorporates new neuroscientific knowledge into his/her understanding of development
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

MK2 — Psychopathology and Wellness, including Knowledge of Diagnostic Criteria, Epidemiology, Risk and Protective Factors, Pathophysiology, Course of Illness, Co-morbidities, and Differential Diagnosis of Psychiatric Disorders				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Lists common Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) diagnoses that begin in infancy, childhood, and adolescence</p> <p>1.2 Lists major risk and protective factors for danger to self and others and abuse/neglect</p> <p>1.3 Gives examples of interactions between medical and psychiatric symptoms and disorders</p> <p>1.4 Lists examples of interactions between psychiatric symptoms and psychosocial stressors</p>	<p>2.1 Demonstrates sufficient knowledge to identify and treat common psychiatric conditions in youth in a variety of settings</p> <p>2.2 Demonstrates sufficient knowledge to identify co-morbid medical conditions in psychiatric patients</p> <p>2.3 Identifies factors that contribute to wellness</p>	<p>3.1 Demonstrates sufficient knowledge to identify and treat most psychiatric conditions from infancy to young adulthood and in a variety of settings</p> <p>3.2 Displays knowledge to conduct a risk assessment and determine the appropriate level of care for older children and adolescents</p> <p>3.3 Shows sufficient knowledge to identify and treat common psychiatric manifestations of medical illness</p> <p>3.4 Demonstrates sufficient knowledge to include relevant medical and neurological conditions in the differential diagnoses of psychiatric patients</p>	<p>4.1 Demonstrates sufficient knowledge to identify and treat complex psychiatric conditions from infancy through young adulthood and in a range of settings</p> <p>4.2 Demonstrates the knowledge of the appropriate level of care for patients at risk of harm to self or others from infancy to young adulthood and in a full range of treatment settings</p> <p>4.3 Shows knowledge sufficient to identify and treat a wide range of psychiatric conditions in patients with medical disorders</p>	<p>5.1 Displays knowledge sufficient to teach risk assessment</p> <p>5.2 Demonstrates a sophisticated understanding of current controversies in diagnosis</p> <p>5.3 Shows sufficient knowledge to identify and treat uncommon psychiatric conditions in patients with medical disorders</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

MK3 — Clinical Neuroscience and Genetics, including Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings

Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Demonstrates knowledge of commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them</p> <p>1.2 Lists common factors in neural development that may impact the overall development and the presentation of psychiatric symptoms</p>	<p>2.1 Demonstrates knowledge of general indications for structural neuroimaging, magnetic resonance imaging [MRI], and neurophysiological testing</p> <p>2.2 Describes common neuropsychological tests and their indications</p> <p>2.3 Describes psychiatric disorders co-morbid with common neurologic disorders and neurological disorders frequently seen in psychiatric patients</p> <p>2.4 Identifies the brain areas thought to be important in social and emotional behavior</p>	<p>3.1 Describes neural development from infancy to young adulthood</p> <p>3.2 Recognizes the significance of abnormal findings in routine neurodiagnostic test reports in psychiatric patients</p> <p>3.3 Demonstrates knowledge of indications for specific neuropsychological tests and understands meaning of common abnormal findings</p> <p>3.4 Describes neurobiological and genetic hypotheses of common psychiatric disorders and their limitations</p>	<p>4.1 Explains the significance of routine neuroimaging, neurophysiological, neuropsychological testing, and genetic abnormalities to patients and families</p> <p>4.2 Demonstrates knowledge of clinical indications and limitations of functional neuroimaging</p> <p>4.3 Explains neurobiological hypotheses and genetic risks of common psychiatric disorders to patients</p> <p>4.4 Describes psychiatric co-morbidities of less common neurologic and genetic disorders and less common neurologic co-morbidities of psychiatric disorders</p> <p>4.5 Demonstrates sufficient knowledge to incorporate pertinent neuroscientific and genetic hypotheses of emotions and social behaviors into case formulation</p>	<p>5.1 Integrates recent neurodiagnostic research into understanding of psychopathology</p> <p>5.2 Flexibly applies knowledge of neuropsychological findings to the differential diagnoses of complex patients</p> <p>5.3 Explains neurobiological hypotheses and genetic risks of less common psychiatric disorders to patients</p> <p>5.4 Integrates knowledge of neurobiology into advocacy for psychiatric patient care, prevention, and stigma reduction</p>

Comments: **Not yet achieved Level 1**

MK4 — Psychotherapy: Refers to knowledge regarding: 1) individual psychotherapies, including psychodynamic¹, IPT, cognitive-behavioral², and supportive therapies³; 2) family and group therapies; 3) dyadic therapies (PCIT, etc.); and 4) integrating psychotherapy and psychopharmacology

Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Identifies psychodynamic, cognitive-behavioral, family, dyadic, and supportive therapies as major psychotherapeutic modalities in relationship to child and adolescent patients 1.2 Recognizes the core differences in therapeutic approaches when working with children vs. adults	2.1 Describes the basic principles of each of the psychotherapy modalities ⁴ 2.2 Discusses common factors across psychotherapy modalities ⁵ 2.3 Lists the basic indications, contraindications, benefits, and risks of each of the psychotherapy modalities, including whether to use individual vs. family-based approaches	3.1 Describes the basic techniques of the core psychotherapy modalities ⁴ 3.2 Summarizes the evidence base for the core psychotherapy modalities ⁴	4.1 Describes proposed mechanisms of therapeutic change 4.2 Discusses the evidence base for combining different psychotherapies and psychopharmacology 4.3 Critically appraises the evidence for efficacy of the core psychotherapies	5.1 Incorporates new theoretical developments into knowledge base 5.2 Demonstrates sufficient knowledge of psychotherapy to teach and supervise others effectively

Comments: **Not yet achieved Level 1**

Footnotes:
¹This includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to understand the concepts of resistance/defenses, and transference/countertransference.
²This includes the capacity to generate a case formulation, and to demonstrate techniques of intervention, including behavior change, skills acquisition, and addressing cognitive distortions.
³This includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to strengthen the patient’s adaptive defenses, resilience, and social supports.
⁴Throughout this subcompetency, the three “major” or “core” individual psychotherapies refer to supportive, psychodynamic, and cognitive-behavioral therapies.
⁵“Common factors” refers to elements that different psychotherapeutic modalities have in common and that are considered central to the efficacy of psychotherapy. These include accurate empathy, therapeutic alliance, and appropriate professional boundaries.

MK5 — Somatic Therapies: Medical Knowledge of Somatic Therapies, including Psychopharmacology, ECT, and Emerging Somatic Therapies, such as Transcranial Magnetic Stimulation (TMS) and Vagal Nerve Stimulation (VNS)

Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Describes general indications and common side effects for commonly prescribed psychopharmacologic agents for children and adolescents</p> <p>1.2 Accesses practice parameters and other appropriate resources to answer questions about somatic treatments</p>	<p>2.1 Describes hypothesized mechanisms of action and metabolism for commonly prescribed psychopharmacologic agents</p> <p>2.2 Describes less frequent, but potentially serious, adverse effects for commonly prescribed psychopharmacological agents</p> <p>2.3 Describes practical issues for initiation or maintenance of medications for children and adolescents</p> <p>2.4 Describes the physical and lab studies necessary to initiate treatment with commonly prescribed medications</p>	<p>3.1 Demonstrates an understanding of developmental impacts on pharmacokinetics and pharmacodynamic drug interactions</p> <p>3.2 Demonstrates an understanding of the potential impact of medication on development</p> <p>3.3 Demonstrates an understanding of psychotropic selection based on current practice guidelines or treatment algorithms for common psychiatric disorders in children and adolescents</p> <p>3.4 Describes indications for second- and third-line pharmacologic agents</p> <p>3.5 Lists indications, evidence-base, and how to implement non-medication somatic treatments</p>	<p>4.1 Describes the strengths and limitations of the evidence supporting the use of medications and other somatic therapies in certain treatment situations in children and adolescents</p> <p>4.2 When deviating from practice guidelines, demonstrates knowledge of the potential risks and appropriate management for children and adolescents</p>	<p>5.1 Integrates emerging studies of somatic treatments into knowledge base</p> <p>5.2 Effectively teaches evidence-based or best somatic treatment practices</p>

Comments:

Not yet achieved Level 1

MK6 — Practice of Psychiatry				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Lists common ethical issues in child and adolescent psychiatry 1.2 Recognizes and describes institutional policies and procedures	2.1 Demonstrates knowledge of the regulatory compliance requirements of his/her own jurisdiction (e.g., mandatory reporting, age of consent, etc.) 2.2 Lists and discusses sources of professional standards of ethical practice 2.3 Describes how to keep current on regulatory and practice management issues 2.4 Demonstrates knowledge of telehealth as a modality of care	3.1 Discusses potential conflicts of interest related to having multiple professional roles 3.2 Discusses potential conflicting interests and obligations of the patient, family, and systems of care 3.3 Describes applicable regulations for billing and reimbursement 3.4 Demonstrates familiarity with the American Academy of Child and Adolescent Psychiatry (AACAP) Code of Ethics 3.5 Demonstrates knowledge of educational laws	4.1 Understands that there are state and regional differences regarding practice, involuntary treatment, health regulations, and psychiatric forensic evaluation 4.2 Describes ways to advocate for patients and the profession 4.3 Describes how to seek out and integrate new information on the practice of child and adolescent psychiatry	5.1 Describes evolving issues regarding practice, involuntary treatment, and health regulations 5.2 Proposes advocacy activities, policy development, or scholarly contributions related to professional standards
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Comments:				Not yet achieved Level 1 <input type="checkbox"/>

SBP1 — Patient Safety and the Health Care Team				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Describes the common system causes for errors</p> <p>1.2 Follows institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses</p> <p>1.3 Actively participates in conferences focusing on systems-based errors in patient care</p>	<p>2.1 Describes systems and procedures that promote patient safety</p> <p>2.2 Effectively and regularly utilizes all appropriate forms of communication to ensure safe transitions of care and optimize communication across systems and the continuum of care</p> <p>2.3 Follows regulatory requirements related to prescribing practices</p>	<p>3.1 Recognizes special patient or family circumstances that will affect discharge planning</p> <p>3.2 Negotiates patient-centered care among multiple care providers and systems</p>	<p>4.1 Participates in a team-based approach to medical error or root-cause analysis, including quality improvement projects</p> <p>4.2 Takes a leadership role in ensuring safe transitions of care and optimizing communication across systems and the continuum of care</p> <p>4.3 Participates in a patient safety presentation or a critical case conference focusing on systems-based errors in patient care</p>	<p>5.1 Leads multidisciplinary teams (e.g., human factors engineers, social scientists) to address patient safety issues</p> <p>5.2 Provides consultation to organizations to improve the health care team and patient safety</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

SBP2 — Resource Management				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Recognizes disparities in health care access at individual and community levels 1.2 Knows the relative costs of care and reimbursement	2.1 Coordinates, or oversees the coordination of, patient access to community and system resources 2.2 Is aware of health care funding and regulations related to organization of health care services	3.1 Balances the best interests of the patient and family with the availability of resources 3.2 Uses available resources (e.g., Electronic Medical Record [EMR]) to improve patient safety and quality	4.1 Practices cost-effective, high-value clinical care, using evidence-based tools and information technologies to support decision making	5.1 Designs measurement tools to monitor and provide feedback to providers/teams on resource consumption to facilitate improvement 5.2 Advocates for improved access to and additional resources within systems of care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Not yet achieved Level 1 <input type="checkbox"/>				

SBP3 — Community-based Care				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Understands the local health care delivery systems and other community organizations, including advocacy groups	2.1 Understands cultural and community differences in use of systems 2.2 Recognizes role and explains importance of self-help groups and community resource groups (e.g., family-based and disorder-specific support and advocacy groups) 2.3 Identifies community-based systems of care for the chronically mentally ill and disabled	3.1 Participates in planning care with community mental health agencies, schools, and community organizations 3.2 Incorporates self-help groups, community resources, and social networks in treatment and clinical care	4.1 Demonstrates capacity to provide medical-psychiatric leadership to health care facilities 4.2 Assists families in coordinating long-term treatment and care of patients in a community setting	5.1 Participates in the administration of community-based treatment programs 5.2 Participates in creating new community-based programs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			Not yet achieved Level 1 <input type="checkbox"/>	

SBP4 — Consultation to and Integration with Non-psychiatric Medical Providers and Non-medical Systems (e.g., primary care providers, schools, community-based agencies, forensics)				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Describes various consultative approaches and the basic consultative frame	2.1 Provides basic consultation to non-psychiatric medical providers 2.2 Discusses methods for integrating mental health and medical care in treatment planning	3.1 Describes consultative frames across a variety of community-based systems 3.2 Identifies systems issues and provides basic recommendations for change in the settings where consultation occurs	4.1 Skillfully provides consultation to non-psychiatric medical providers, including in complex cases 4.2 Provides integrated care for psychiatric patients and families through collaboration with physicians and other health care providers at community-based sites 4.3 Skillfully provides consultation to a variety of community-based systems (e.g., schools, courts)	5.1 Designs novel ways to improve mental health care delivery to other systems 5.2 Leads a consultation team 5.3 Supervises junior learners in consultation to other systems
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				Not yet achieved Level 1 <input type="checkbox"/>

PBL1 — Development and Execution of Lifelong Learning through Constant Self-evaluation, including Critical Evaluation of Research and Clinical Evidence				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Regularly seeks and incorporates feedback to improve performance</p> <p>1.2 Identifies self-directed learning goals and periodically reviews them with supervisory guidance</p> <p>1.3 Formulates a searchable question from a clinical practice problem [see 3.3] and conducts a basic online search to answer it</p>	<p>2.1 Demonstrates a balanced and accurate self-assessment of competence, using clinical outcomes to identify areas for continued improvement</p> <p>2.2 Selects an appropriate, evidence-based information tool to meet self-identified learning goals</p>	<p>3.1 Critically appraises different types of research, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and practice guidelines</p> <p>3.2 Demonstrates improvement in clinical practice based on continual self-assessment and evidence-based information</p> <p>3.3 Independently searches for and discriminates among evidence relevant to clinical practice problems</p>	<p>4.1 Identifies and meets self-directed learning goals with little external guidance</p> <p>4.2 Demonstrates use of a system or process for keeping up with relevant changes in medicine</p> <p>4.3 Sustains a practice of self-assessment and keeping up with relevant changes in medicine, and applies the evidence appropriately to practice</p>	<p>5.1 Teaches others techniques to efficiently incorporate evidence gathering into clinical workflow</p> <p>5.2 Contributes to the knowledge base and disseminates new information through peer-reviewed publication and other scholarly activity</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Comments:</p>			<p>Not yet achieved Level 1 <input type="checkbox"/></p>	

PBLI2 — Teaching				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Assumes a role in the clinical teaching of early learners 1.2 Communicates goals and objectives for instruction of early learners	2.1 Participates in activities designed to develop and improve teaching skills 2.2 Provides feedback to early and advanced-level learners 2.3 Describes basic principles of adult learning	3.1 Teaches groups and individuals in clinical settings 3.2 Teaches in formal didactic presentations to groups (e.g., grand rounds, departmental case conference) 3.3 Participates in and contributes to educational program review (e.g., resident retreat, annual program evaluation, education committees)	4.1 Develops and gives specialty- and subspecialty-specific presentations to groups 4.2 Effectively uses feedback on teaching to improve teaching methods and approaches 4.3 Implements basic principles of adult learning in his/her teaching	5.1 Educates broader professional community and/or public (e.g., presents at regional or national meeting) 5.2 Organizes, develops, and delivers curricular materials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: Not yet achieved Level 1 <input type="checkbox"/>				

PROF1 — Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, Adherence to Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Demonstrates respect for trainees and other members of the treatment team</p> <p>1.2 Demonstrates capacity for self-reflection, empathy, curiosity about patient and family, and openness to different beliefs and points of view</p> <p>1.3 Provides examples of the importance of attention to diversity in psychiatric evaluation and treatment</p> <p>1.4 Recognizes basic ethical conflicts in practice and seeks supervision to manage them</p>	<p>2.1 Elicits beliefs, values, and diverse cultural practices of patients and their families, and understands their potential impact on patient care</p> <p>2.2 Routinely displays sensitivity to diversity in psychiatric evaluation and treatment</p> <p>2.3 Recognizes ethical issues in practice and is able to discuss, analyze, and manage them in common clinical situations</p>	<p>3.1 Discusses, in educational settings, his/her own cultural background and beliefs and the ways in which these affect interactions with patients</p> <p>3.2 Recognizes ethical conflicts in child psychiatry practice and seeks supervision to manage them</p>	<p>4.1 Adapts clinical approach to meet the needs of diverse patients and populations</p> <p>4.2 Incorporates ethical issues into case discussion and clinical care</p> <p>4.3 Recognizes and skillfully manages ethical conflicts in child psychiatry practice and seeks consultation appropriately</p> <p>4.4 Develops a mutually agreeable care plan in the context of conflicting physician and patient and/or family values and beliefs</p>	<p>5.1 Leads educational activities and case discussions regarding ethical issues specific to child psychiatry</p> <p>5.2 Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations</p> <p>5.3 Identifies emerging ethical issues within subspecialty practice, and can discuss opposing viewpoints</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

PROF2 — Accountability to Self, Patients, Colleagues, and the Profession				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Follows procedures for coverage for clinical and non-clinical responsibilities</p> <p>1.2 Follows institutional policies for physician conduct and responsibility</p> <p>1.3 Accepts the role as the patient’s physician and takes responsibility (under supervision) for ensuring that the patient receives the best possible care</p> <p>1.4 Demonstrates ability to accept professional feedback from supervisors</p>	<p>2.1 Identifies and manages situations in which maintaining personal emotional, physical, and mental health is challenged, and seeks assistance when needed</p> <p>2.2 Describes the importance of participating in one’s professional community</p> <p>2.3 Is recognized by self, patient, patient’s family, and medical staff members as an active member of the clinical team</p> <p>2.4 Displays increasing autonomy and leadership in taking primary responsibility for patient care</p>	<p>3.1 Knows appropriate steps for addressing impairment in self and colleagues</p> <p>3.2 Prepares for obtaining and maintaining board certification</p> <p>3.3 Covers professional duties for colleagues when appropriate</p>	<p>4.1 Appropriately prioritizes and balances conflicting interests of patient, family, self, co-workers, and others to optimize clinical care and the work environment</p> <p>4.2 Participates in the professional community (e.g., house officer association, professional societies, patient advocacy groups, community service organizations)</p> <p>4.3 When relevant, takes appropriate steps in addressing impairment in self and colleagues</p> <p>4.4 Applies ethical principles to practice based on AACAP’s Code of Ethics</p>	<p>5.1 Demonstrates leadership in covering professional duties for colleagues when appropriate</p> <p>5.2 Participates in physician wellness programs or interventions and organizations that address physician wellness</p> <p>5.3 Develops professionalism policies, programs, or curricula for child psychiatry</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

ICS1 — Relationship Development and Conflict Management with Patients and Families, Colleagues, Members of the Health Care team, and Other Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1 Develops therapeutic relationship with patients and their families in uncomplicated situations 1.2 Describes and respects cultural and linguistic diversity in communicating with people of different backgrounds 1.3 Recognizes communication conflicts in work relationships	2.1 Develops working relationships across specialties and systems in uncomplicated situations 2.2 Manages simple patient/family-related conflicts 2.3 Actively participates in and supports activities of team-based care	3.1 Develops therapeutic relationships with patients and families in complicated situations 3.2 Sustains working relationships with co-workers in the face of conflict 3.3 Takes a leadership role in a multidisciplinary care team 3.4 Recognizes differing philosophies within and between different disciplines in care provision	4.1 Skillfully manages therapeutic and working relationships during complex and challenging situations, including transitions of care 4.2. Sustains relationships across systems of care and with patients and families during long-term follow-up 4.3 Takes a leadership role in managing team conflicts 4.4 Effectively leads multidisciplinary patient care and family meetings	5.1 Develops models/approaches to managing difficult communications 5.2 Effectively mentors other health care providers in leadership, communication skills, and conflict management 5.3 Leads and facilitates meetings within the organization/system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>

ICS2 — Information Sharing and Record Keeping				
Level 1	Level 2	Level 3	Level 4	Level 5
<p>1.1 Ensures transitions of care are optimally communicated across systems and continuums of care</p> <p>1.2 Sufficiently documents clinical encounters in the medical record in an accurate and timely way consistent with institutional policies</p> <p>1.3 Effectively communicates information with patients and families in clinical encounters</p> <p>1.4 Maintains appropriate boundaries in sharing information by electronic communication and in the use of social media</p>	<p>2.1 Uses developmentally-appropriate language in all phases of communication with patients</p> <p>2.2 Communicates with families at an appropriate level of sophistication</p> <p>2.3 Consistently demonstrates communication strategies to ensure patient and family understanding</p>	<p>3.1 Demonstrates written communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent</p> <p>3.2 Appropriately balances patient confidentiality and the family’s right to know information</p> <p>3.3 Appropriately balances patient confidentiality and communication with the treatment team</p> <p>3.4 Consistently engages patients and families in shared decision making</p> <p>3.5 Demonstrates appropriate face-to-face interaction while using EMR</p>	<p>4.1 Demonstrates skillful communication that is appropriate, efficient, concise, and pertinent with patients and families, colleagues, and co-workers</p> <p>4.2 Recruits appropriate assistance from external sources when cultural differences create barriers to patient care</p> <p>4.3 Thoroughly and efficiently documents patient encounters and uses discretion and judgment in the inclusion of sensitive patient material in the medical record</p> <p>4.4 Uses discretion and judgment in electronic communication with patients, families, and colleagues</p>	<p>5.1 Participates in the development of changes in rules, policies, and procedures related to technology</p> <p>5.2 Engages in scholarly activity regarding effective communication and documentation</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				Not yet achieved Level 1 <input type="checkbox"/>