

American Board of Psychiatry and Neurology Child and Adolescent Psychiatry Core Competencies Outline

I. Child and Adolescent Psychiatry Patient Care and Procedural Skills Core Competencies

- A. General: Child and adolescent psychiatrists shall demonstrate the following abilities:
 - 1. To obtain and document relevant histories and conduct psychiatric evaluations of culturally diverse child and adolescent patients¹ to include as appropriate:
 - a. Chief complaint
 - b. History of present illness
 - c. Medical history
 - d. A comprehensive psychiatric review of systems and past treatment history
 - e. A biological family history
 - f. A sociocultural history²
 - g. Prenatal, perinatal, and developmental history
 - h. An educational and relevant employment history
 - i. A relevant risk behavior history (e.g., substance abuse, sexual behaviors, impulsive risk taking)
 - j. Risk factors
 - k. Mental status examination
 - 2. To delineate appropriate differential diagnoses
 - 3. To develop comprehensive treatment plans

- B. For Child and Adolescent Psychiatry: Based on the accurate integration of information from the history and assessment, child and adolescent psychiatrists shall demonstrate the following abilities:
 - 1. To develop and document, in infants, children, and adolescents:
 - a. An appropriate DSM5 differential diagnosis
 - b. An integrated case formulation that includes neurobiological, phenomenological, psychological, developmental, and sociocultural issues involved in diagnosis and management
 - c. An evaluation plan, including appropriate laboratory, imaging, medical, and psychological examinations, and the obtaining of additional information from pertinent sources (e.g., teachers)
 - d. A comprehensive treatment plan addressing biological, psychological, educational, family, and sociocultural domains

2. To comprehensively assess and document a patient's potential for self-harm or harm to others, and an appropriate therapeutic approach to any risk factors. This shall include:
 - a. An assessment of risk
 - b. Knowledge of involuntary treatment standards and procedures
 - c. Ability to intervene effectively to minimize risk
 - d. Ability to implement prevention methods against self-harm and harm to others
3. To assess, document, and intervene in situations of suspected or actual child abuse and neglect
4. To conduct developmentally appropriate interviews with children and adolescents and their families (e.g., enhance the ability to collect and use clinically relevant material through supportive and exploratory interventions, clarifications, empathic listening, and non-verbal techniques, including play)
5. To conduct a range of individual, group, and family therapies using standard, accepted models, including behavioral, cognitive behavior, and psychodynamic modalities, and to integrate these psychotherapies into multimodal treatment, including biological, family, educational, and sociocultural interventions
6. To recognize and treat psychiatric disorders, including developmental disorders and other psychiatric disorders with onset in childhood and adolescence
7. To develop, document, and carry out, when indicated, an integrated psychopharmacological treatment plan while recognizing special considerations in childhood and adolescence, including:
 - a. Age/weight-specific dosaging for children and adolescents
 - b. Potential effects of psychopharmacological agents on a developing central nervous system
 - c. Potential impact of medication side effects on developmental trajectories (e.g., sedation interfering with knowledge acquisition in the school setting)
 - d. Recognition of differential responses to medications in children and adolescents compared to adults
 - e. Recognition of how family involvement impacts consent/assent and compliance issues
 - f. Psychoeducation of patients and families regarding the evidence-based use of medications
8. To continuously monitor progress of the patient and integrate new information and changes in clinical presentation into an updated differential diagnosis and revised treatment plan
9. To monitor the development of the child/adolescent and to

appropriately integrate this knowledge into the treatment plan

II. Child and Adolescent Psychiatry Medical Knowledge Core Competencies

- A. General: Child and adolescent psychiatrists shall demonstrate the following:
1. Knowledge of major disorders, including considerations relating to age, gender, race, and ethnicity, based on the literature and standards of practice. This knowledge shall include:
 - a. The epidemiology of the disorder
 - b. The etiology of the disorder, including medical, genetic, and sociocultural factors
 - c. The phenomenology of the disorder
 - d. An understanding of the impact of physical illness on the patient's functioning
 - e. The experience, meaning, and explanation of the illness for the patient and family, including the influence of cultural and spiritual factors and culture-bound syndromes
 - f. Effective treatment strategies
 - g. Course and prognosis
 2. Knowledge of health care delivery systems
 3. Knowledge of the application of ethical principles in delivering medical care
 4. Ability to reference and securely utilize electronic systems to access medical, scientific, and patient information
- B. For Child and Adolescent Psychiatry: Child and adolescent psychiatrists shall demonstrate knowledge of the following:
1. Human growth and development, including normal biological, cognitive, and psychosexual development, including sociocultural factors
 2. Behavioral science and social psychiatry, including:
 - a. Learning theory
 - b. Theories of normal family organization, dynamics, and communication
 - c. Theories of group dynamics and process
 - d. Anthropology, ethology, sociology, religion, and spirituality as they pertain to clinical psychiatry
 - e. Transcultural psychiatry
 - f. Community mental health
 - g. Epidemiology
 - h. Research methodology and statistics
 - i. Psychodynamic theory
 3. Patient evaluation and treatment selection, including diagnostic and therapeutic studies, including:

- a. Diagnostic interviewing
- b. Mental status examination
- c. Psychological and educational testing
- d. Medical/laboratory testing
- e. Imaging studies
- f. Use of clinical rating scales
- g. Treatment comparison and selection
- h. Various therapies, including:
 - (1) Specific forms of psychotherapies
 - (a) Brief therapy
 - (b) Cognitive behavior therapy
 - (c) Psychodynamic therapy
 - (d) Psychotherapy combined with psychopharmacology
 - (e) Behavioral therapy
 - (f) Play therapy
 - (g) Parent training
 - (h) Parent-child interaction therapy
 - (i) Psychoeducation
 - (j) Social skills training
 - (k) Multisystemic therapy
 - (2) All delivery systems of psychotherapies
 - (a) Individual
 - (b) Group
 - (c) Family
 - (d) Wraparound/outreach services
 - (e) Day treatment/partial hospitalization/therapeutic nursery
 - (f) Residential
 - (g) Inpatient
 - (3) Somatic treatments, including:
 - (a) Pharmacotherapy, including the antidepressants, antipsychotics, anxiolytics, mood stabilizers, sedatives, hypnotics, and stimulants, including their:
 - i) Pharmacological action
 - ii) Clinical indications
 - iii) Side effects
 - iv) Drug interactions, including over-the-counter, herbal, and alternative medications
 - v) Toxicities
 - vi) Appropriate prescribing practices including age, gender, and ethnocultural

- variations
 - vii) Complementary and alternative treatments for behavioral conditions
 - viii) Cost effectiveness
 - (b) Electroconvulsive therapy
 - i. Emergency psychiatry, including:
 - (1) Suicide ideation and/or attempt
 - (2) Crisis interventions
 - (3) Differential diagnoses in emergency situations
 - (4) Treatment methods in emergency situations
 - (5) Homicide, rape, child and domestic abuse, and other violent behavior
 - j. Substances of abuse, including the:
 - (1) Pharmacological actions of substances of abuse
 - (2) Signs and symptoms of toxicity
 - (3) Signs and symptoms of withdrawal
 - (4) Management of toxicity and withdrawal
 - (5) Epidemiology, including sociocultural factors
 - (6) Prevention and treatment
 - 4. Child and adolescent psychiatrists shall demonstrate knowledge of other psychiatric subspecialties and other areas of psychiatric endeavor as they relate to children and adolescents, including:
 - a. Addiction psychiatry
 - b. Forensic psychiatry
 - c. Pain medicine
 - 5. Child and adolescent psychiatrists shall demonstrate a knowledge of pediatric neurology and neurodevelopmental disabilities, including but not limited to:
 - a. Pathophysiology, epidemiology, diagnostic criteria, and clinical course of common neurologic disorders, including:
 - (1) Movement disorders, stroke, traumatic brain injury, seizure disorders, and delirium
 - (2) Mental retardation and related developmental disorders (e.g., neurodevelopmental disabilities)
 - (3) Neurologic manifestation/complications of common psychiatric disorders
 - (4) Psychiatric manifestations of common neurologic disorders
 - b. Neuropharmacology
 - (1) Medications (e.g., anticonvulsants, antiparkinson agents)
 - (2) Adverse effects (e.g., delusions, mood changes)
 - (3) Neurologic complications (e.g., movement disorders)
 - 6. Child and adolescent psychiatrists shall demonstrate a

knowledge of pediatrics and relevant issues related to:

- a. Developmental behavioral pediatrics
- b. Adolescent medicine
- c. Genetics
- d. Endocrinology
- e. Medical illness and procedures

7. Child and adolescent psychiatrists shall demonstrate a knowledge of the principles of quality improvement in practice.

C. Development

1. Normal child development
2. Child developmental theories (e.g., psychodynamics)
3. Developmental psychopathology
 - a. Risk factors
 - b. Protective factors
 - c. Longitudinal course
 - d. Parent-child interaction
4. Family systems/development

D. Biological science

1. Neuroscience
 - a. Neuroanatomy/neurophysiology
 - b. Neurotransmitters/neuroreceptors
 - c. Developmental neurobiology
 - d. Molecular genetics
2. Basic pharmacology
 - a. Pharmacokinetics
 - b. Pharmacodynamics
 - c. Developmental neurotoxicity
3. Animal models

E. Clinical science

1. Epidemiology
2. Statistics
3. Genetics
4. Research paradigms
5. Research ethics

F. Psychopathology/classification

1. Neurodevelopmental disorders
 - a. Intellectual disabilities
 - b. Communication disorders
 - c. Autism spectrum disorder
 - d. Attention-deficit/hyperactivity disorder (ADHD)

- e. Specific learning disorder
- f. Motor disorders
- g. Other neurodevelopmental disorders
- 2. Schizophrenia spectrum and other psychotic disorders
- 3. Bipolar and related disorders
- 4. Depressive disorders
- 5. Anxiety disorders
- 6. Obsessive-compulsive and related disorder
- 7. Trauma- and stressor-related disorders
- 8. Dissociative disorders
- 9. Somatic symptom and related disorders
- 10. Feeding and eating disorders
- 11. Elimination disorders
- 12. Sleep-wake disorders
- 13. Sexual dysfunctions
- 14. Gender dysphoria
- 15. Disruptive, impulse-control, and conduct disorders
- 16. Substance-related and addictive disorders
- 17. Neurocognitive disorders
- 18. Personality disorders
- 19. Paraphilic disorders
- 20. Other mental disorders
- 21. Medication-induced movements disorders and other adverse effects of medication
- 22. Other conditions that may be a focus of clinical attention
 - a. Relational problems
 - b. Abuse and neglect
 - c. Educational and occupational problems
 - d. Housing and economic problems
 - e. Other problems related to the social environment
 - f. Problems related to crime or interaction with the legal system
 - g. Other health service encounters for counseling and medical advice
 - h. Problems related to other psychosocial, personal, and environmental circumstances
 - i. Other circumstances of personal history

- G. Consultation/issues in practice
 - 1. Pediatrics
 - 2. Neurology
 - 3. School
 - 4. Community/transcultural
 - 5. Custody/divorce
 - 6. Adoption/foster care

7. Abuse/neglect
8. Delinquency
9. Forensics
10. Ethics, including confidentiality and consent/assent issues regarding minors

H. Prevention

III. Child and Adolescent Psychiatry Interpersonal and Communications Skills Core Competencies

- A. Child and adolescent psychiatrists shall demonstrate the following abilities:
1. To listen to and understand patients and families and to attend to nonverbal communication
 2. To communicate effectively with patients and families using verbal, nonverbal, and written skills as appropriate
 3. To develop and maintain a therapeutic alliance with patients and families by instilling feelings of trust, honesty, openness, rapport, and comfort in their relationships with child and adolescent psychiatrists
 4. To partner with patients and families to develop an agreed-upon health care management plan
 5. To transmit information to patients and families in a clear, developmentally appropriate, and meaningful fashion
 6. To understand the impact of the child and adolescent psychiatrist's own feelings and behavior so that these do not interfere with appropriate treatment
 7. To communicate effectively and work collaboratively with allied health care professionals, teachers, and other professionals involved in the lives of patients and families
 8. To educate patients, their families, and professionals about medical, psychosocial, and behavioral issues
- B. Child and adolescent psychiatrists shall demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include:
1. Knowing when to solicit consultation and having sensitivity to assess the need for consultation
 2. Formulating and clearly communicating the consultation question
 3. Discussing the consultation findings with the consultant
 4. Discussing the consultation findings with the patient and family
- C. Child and adolescent psychiatrists shall serve as effective consultants to other medical specialists, mental health professionals, teachers, and

community agencies by demonstrating the abilities to:

1. Communicate effectively with the requesting party to refine the consultation question
2. Maintain the role of consultant
3. Communicate clear and specific recommendations
4. Respect the knowledge and expertise of the requesting professionals

D. Child and adolescent psychiatrists shall, in a developmentally appropriate manner, demonstrate the ability to communicate effectively with patients and their families by:

1. Matching communication to the educational and intellectual levels of patients and their families
2. Demonstrating sociocultural sensitivity to patients and their families
3. Providing explanations of psychiatric disorders and treatment that are jargon-free and matched to the educational/intellectual levels of patients and their families
4. Providing preventive education that is understandable and practical
5. Respecting patients' cultural, ethnic, religious, and economic backgrounds
6. Developing and enhancing rapport and working alliances with patients and their families
7. Ensuring that the patient and/or family have understood the communication
8. Responding promptly to electronic communications when used as a communication method agreed upon by child and adolescent psychiatrists and their patients and patients' families

E. Child and adolescent psychiatrists shall maintain up-to-date medical records and write legible prescriptions. These records must capture essential information while simultaneously respecting patient privacy, and they must be useful to health professionals outside psychiatry.

F. Child and adolescent psychiatrists shall demonstrate the ability to effectively participate in a multidisciplinary treatment team, either as member, consultant, or leader, including being able to:

1. Listen effectively
2. Elicit needed information from team members
3. Integrate information from different disciplines
4. Manage conflict
5. Clearly communicate an integrated treatment plan

G. Child and adolescent psychiatrists shall demonstrate the ability to communicate effectively with patients and their families while respecting confidentiality. Such communication may include:

1. The results of the assessment
2. Use of informed consent when considering investigative procedures
3. Genetic counseling and palliative care with appropriate consideration and compassion for the patient in providing accurate medical information and prognosis
4. The risks and benefits of the proposed treatment plan, including possible side effects of medications and/or complications of nonpharmacologic treatments
5. Alternatives (if any) to the proposed treatment plan
6. Appropriate education concerning the disorder, its prognosis, and prevention strategies

IV. Child and Adolescent Psychiatry Practice-Based Learning and Improvement Core Competencies

- A. Child and adolescent psychiatrists shall recognize limitations in their own knowledge base and clinical skills and understand and address the need for lifelong learning.
- B. Child and adolescent psychiatrists shall demonstrate appropriate skills for obtaining and evaluating up-to-date information from scientific and practice literature and other sources to assist in the quality care of patients. This shall include, but not be limited to:
 1. Use of medical libraries
 2. Use of information technology, including Internet-based searches and literature databases
 3. Use of drug information databases
 4. Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels.
- C. Child and adolescent psychiatrists shall evaluate caseload and practice experience in a systematic manner. This may include:
 1. Case-based learning
 2. Use of best practices through practice guidelines or clinical pathways
 3. Review of patient records
 4. Obtaining evaluations from patients (e.g., outcomes and patient satisfaction)
 5. Employment of principles of quality improvement in practice
 6. Obtaining appropriate supervision and consultation
 7. Maintaining a system for examining errors in practice and initiating improvements to eliminate or reduce errors
- D. Child and adolescent psychiatrists shall demonstrate the ability to critically evaluate relevant medical literature. This ability may include:

1. Using knowledge of common methodologies employed in psychiatric research
 2. Researching and summarizing a particular problem that derives from their own caseloads
- E. Child and adolescent psychiatrists shall demonstrate the following abilities:
1. To review and critically assess scientific literature to determine how quality of care can be improved in relation to one's practice (e.g., reliable and valid assessment techniques, treatment approaches with established effectiveness, practice parameter adherence). Within this aim, child and adolescent psychiatrists shall be able to assess the generalizability or applicability of research findings to their patients in relation to their sociodemographic and clinical characteristics
 2. To develop and pursue effective remediation strategies that are based on critical review of the scientific literature

V. Child and Adolescent Psychiatry Professionalism Core Competencies

- A. Child and adolescent psychiatrists shall demonstrate responsibility for their patients' care, including:
1. Responding to communication from patients and health professionals in a timely manner
 2. Establishing and communicating coverage arrangements, including how to seek emergent and urgent care when necessary
 3. Using medical records for appropriate documentation of the course of illness and its treatment
 4. Coordinating care with other members of the medical and/or multidisciplinary team
 5. Providing for continuity of care, including appropriate consultation, transfer, or referral if necessary
- B. Child and adolescent psychiatrists shall demonstrate ethical behavior, integrity, honesty, compassion, and confidentiality in the delivery of care, including matters of informed consent/assent, professional conduct, and conflict of interest.
- C. Child and adolescent psychiatrists shall demonstrate respect for patients and their families, and their colleagues as persons, including their ages, cultures, disabilities, ethnicities, genders, socioeconomic backgrounds, religious beliefs, political leanings, and sexual orientations.
- D. Child and adolescent psychiatrists shall demonstrate understanding of and sensitivity to end-of-life care and issues regarding provision of care.

- E. Child and adolescent psychiatrists shall review their professional conduct and remediate when appropriate.
- F. Child and adolescent psychiatrists shall participate in the review of the professional conduct of their colleagues.
- G. Child and adolescent psychiatrists shall understand and demonstrate professionalism and ethical behavior in areas especially pertinent to their subspecialty, including:
 - 1. Standards included in both the American Academy of Child and Adolescent Psychiatry (AACAP) and American Psychiatric Association (APA) codes of ethics
 - 2. Legal and ethical principles of privacy and HIPAA:
 - a. Confidentiality with special awareness of issues involving minors and their parents
 - b. Minors' and guardians' rights to receive and refuse treatment and research
 - c. Involuntary commitment of minors
 - 3. Assent and consent principles of research involving minors
 - 4. Cultural competence, including:
 - a. Cultural aspects of child development
 - b. Cultural influences on identification of mental health problems in children and associated help-seeking behavior
 - c. Ethnocultural influences on psychosocial and pharmacological treatment of children and their families.

VI. Child and Adolescent Psychiatry Systems-Based Practice Core Competencies

- A. Child and adolescent psychiatrists shall have a working knowledge of the diverse systems involved in treating patients and families of all ages, and understand how to use the systems as part of a comprehensive system of care in general and as part of a comprehensive, individualized treatment plan. This shall include the:
 - 1. Use of practice guidelines
 - 2. Ability to access community, national, educational, and allied health professional resources that may enhance the quality of life of patients with chronic psychiatric and neurologic illnesses
 - 3. Demonstration of the ability to lead and delegate authority to health care teams needed to provide comprehensive care for patients with psychiatric and neurologic disease
 - 4. Demonstration of skills of the practice of ambulatory medicine, including time management, clinical scheduling, and efficient communication with referring physicians
 - 5. Use of appropriate consultation and referral mechanisms for the

- optimal clinical management of patients with complicated medical illness
 - 6. Demonstration of awareness of the importance of adequate cross-coverage
 - 7. Use of medical data in the communication with, and effective management of, patients
- B. In the community system, child and adolescent psychiatrists shall:
- 1. Recognize the limitation of health care resources and demonstrate the ability to act as an advocate for patients and their families within their sociocultural and financial constraints
 - 2. Demonstrate knowledge of the legal aspects of psychiatric diseases as they impact patients and their families
 - 3. Demonstrate an understanding of risk management
- C. Child and adolescent psychiatrists shall demonstrate knowledge of, and the ability to interact with, managed health systems, including:
- 1. Participating in utilization review communications and, when appropriate, advocating for quality patient care
 - 2. Educating patients and their families concerning such systems of care
- D. Child and adolescent psychiatrists shall demonstrate knowledge of community systems of care and assist patients and their families to access appropriate care and other support services. This requires knowledge of treatment settings in the community, which include ambulatory, consulting, acute care, partial hospital, school-based care, homeless shelters, skilled care, rehabilitation, nursing homes and home care facilities, substance abuse facilities, and hospice organizations. Child and adolescent psychiatrists shall demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients and their families across such settings.
- E. Child and adolescent psychiatrists shall have special awareness of the ability to effectively access the following domains directly related to the integrated care of child and adolescent patients and their families:
- 1. Education:
 - a. Private and public resources for the treatment of learning disorders and psychiatric and behavioral problems impacting a patient's ability to learn
 - b. Legal aspects of the education of patients with psychiatric and related problems (e.g., the Individuals with Disabilities Education Act [IDEA])
 - c. Knowledge of Individual Education Plans and the child psychiatrist's role in assisting in the development of

- d. appropriate plans
- d. Knowledge of school culture and the roles of school personnel
- 2. Social services
 - a. Role of child welfare, protective services, and adoption and foster care agencies
 - b. Services for children and adolescents with physical and developmental disabilities and the laws governing access to such services
- 3. Juvenile justice
 - a. Role of the child and adolescent psychiatrist in interaction with the courts and court personnel
 - b. Knowledge of special treatment programs that may be available in some jurisdictions
- 4. Other special services, (e.g., home, school, and community-based programs, including family preservation, wraparound services, and intensive case management)

F. Child and adolescent psychiatrists shall be aware of safety issues, including acknowledging and remedying medical errors.

¹ Cultural diversity includes issues of ethnicity, gender, language, age, country of origin, sexual orientation, religious/spiritual beliefs, sociocultural class, educational/intellectual levels, and physical disability. Working with a culturally diverse population requires knowledge about cultural factors in the delivery of health care. For the purposes of this document, all patient and peer populations are to be considered culturally diverse.

² Regarding sociocultural issues, for the purposes of this document, “family” is defined as those having a biological or otherwise meaningful relationship with the patient. Such “significant others” are to be defined from the patient’s point of view.

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