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**Choosing the Right Training Program if You Want To Learn Psychotherapy**  
[Child Fellowship Version]

If you consider fellowship interviews to be a job interview, then you can envision a slightly artificial and anxiety provoking situation of parties meeting each other for short amounts of time in the effort to make very important decisions. These decisions will involve two years of both of the party's lives and in the case of the fellows will impact the rest of their professional careers. Both sides rush to make a good impression on the other. It is a social situation with overt and covert rules on how to act.

**Buyer Beware:** The interviews are rarely the place for true confessions on either side. In some cases, the process should make one think of buying a car with carefully crafted answers that often focus on the strengths of the program with omission of the weaknesses and occasionally even some dissembling.

These realities are compounded by the fact that there is immense variations between CAP fellowship training programs despite the RRC requirements. You should believe the saying "When you've seen one training program, you've seen one training program!" This is especially true when it comes to how programs handle their psychotherapy training even though technically, they all fulfill the core and minimal RRC requirements set forth. If this is true, then applicants with specific aspirations to learn and practice psychotherapy should come to their interviews prepared with a list of specific questions. These questions should be ordered from general to more specific questions with the specific questions flowing from the answers to the general questions.

## General Questions

The general questions should include ones such as:

- Please describe what an ideal graduate from your program will be like.
- Where do you think the field of CAP is going?
- What do you believe the graduates will be doing after graduation? (inpatient, community systems of care/ collaborative care models, private practice, consultation, group practice, forensics, substance abuse, in academics, etc.)
- What are your recent graduates actually doing?
- What meta-model of training do you use to organize your overall curriculum? (examples of models: medical, psychoanalytical, psychodynamic, attachment, developmental biopsychosocial, biomedical, neuroscience, etc.)
- What are the strengths and weaknesses of your program? Remember that there is no perfect program?
- To each faculty interviewer: What do you do day to day in your position? Does it involve psychotherapy? If so, please explain. Note that all trainees benefit from “role models” and potential mentors.
- Does your program specialize in any type or types of therapy?

## Specific Questions:

Before listing the specific questions, information concerning curricular design would seem in order. A curriculum is a systemic and dynamic process that considers all aspects of training and education as its focus. The involved aspects that are interconnected would include:

- Faculty with expertise in the areas you are interested in
- Didactics
- Supervision, monitoring, and evaluation
- Grand Rounds
- The clinical sites where training occurs
- Developmental staging and sequencing and strategy of training over the two years of fellowship.

Specific questions regarding each aspect with regards to therapy training—

- Faculty with Expertise:  
Is there a “critical mass” of faculty in the area you wish to learn. What disciplines are the faculty? This latter question is to highlight the importance of disciplinary role models. Are there any research/scholarly efforts in your area of interest? Is the chair, head of the child division, and training director supportive of therapy?
- Didactics:  
What is taught? This would include topics mandated by the RRC (which are not comprehensive and may be seen as setting the minimal standard for program) vs. those

topics suggested by RRC vs. those topics the program feels are important for the fellows to know or that the child division has expertise in and considers a “selling point.” How often are the didactics and how are they organized? Each program should be able to show you their didactic schedules. They are often on the programs website. How much didactics are dedicated to the types of therapy you are interested in? Don’t forget to also ask about the quality of the didactics dedicated to development and developmental theory. These should go hand and hand with the therapy didactics. What strategies of training and adult learning are used (reading based, problem-based learning, experiential, interactive, case conferences, videotaping, journal clubs, movie groups, etc.).

- Supervision:  
How often is it per week? For how long? By whom (what discipline is it by? By full-time, part-time, or volunteer faculty)? At which clinical sites? In what format (individual vs. group supervision)? Is there a mix of educational, site? Is the emphasis more on the administrative and billing aspects of the cases seen? Is there an emphasis on the formulation and treatment planning of the cases seen by the fellows? How many cases are discussed in the period of time allotted? Do the supervisors occur regularly or are they often pre-empted?
- Grand Rounds:  
How often do they occur? Are there separate grand rounds dedicated to child and adolescent topics or are child and adolescent topics blended into general grand rounds? Who presents? (in-house faculty, visiting faculty or trainees?) And who attends? What is the quality of the questions asked and the discussion?
- Clinical Sites:  
Where does the therapy training occur (consultation/liaison service, the ER, outpatient clinics, inpatients units; in pediatric homes, etc.). Although therapy skills can be done at any site, psychotherapy training is more conducive to some clinical sites than others. What can be done at specific sites is often dictated by the goals of each site as well as which faculty are assigned to these sites. Example: It would seem hard to teach longer term therapy on a 5-day length of stay inpatient unit, but such units can be used successfully to teach other forms of therapy (supportive, crisis focused, and family-systems, the basics of CBT, parenting) or aspects of long-term therapy such as interviewing, alliance formation, reactions to the patient, formulation, and treatment planning. Be sure to ask how cases are staffed, who attends the staffings, and how much time is spent in thinking through the formulation and treatment planning of the case in a developmental biopsychosocial manner. Is there a mix of educational/didactic, staffings, and supervision sessions?
- Staging of Training over the Two Years of the Fellowships:  
What things are taught over the two years of training and how much time is allotted when they are taught? Which things are taught longitudinally throughout the two years

vs in shorter blocks? Which topics are taught earlier on in the two years, such as orientations, crash courses, basic fundamental courses and which topics are taught later? Do these courses seem sequenced in a developmentally appropriate manner?

With regards specifically to therapy, is there enough time allotted so that one gets to see an adequate number of patients over the two years of training to experience the beginning, mid-term, and termination phases of the treatment process. Is the time set aside for your therapy cases protected or not? Are there expectations that the fellows see a certain minimal numbers of therapy cases of varying types (example: At any time, the fellow should have two ongoing, long term therapy patients.) Are there opportunities for added electives and additional supervision? Is there specialty training sites in the area that focus on specific therapies (family therapy, CBT, DBT, group therapy, psychoanalytic institutes, etc.). Will the training program pay for training experiences and seminars offered in their city or region or nationally?

Be sure to do your “due diligence” before the interview process. This should involve checking out the RRC requirements google RRC criteria for clinical psychiatry) and each program’s website. Ask these questions to more than one of the faculty and to the fellows that you should have contact with during the interview process. Do you know what programs the fellows came from and their interest level in therapy. Do not hesitate to call faculty or fellows after you interview if you have follow-up questions.

The answers to these questions should reinforce to you the vast differences between various programs and allow you to make a more educated decision as to where to go for your two years of child and adolescent psychiatry fellowship training, especially if you have a specific wish to be well trained in therapy. Although, as said earlier, there are no perfect programs, there are programs that will better meet your needs regarding psychotherapies.