

Special Thanks To:

The Klingenstein Third Generation
Foundation

American Academy of Child &
Adolescent Psychiatry
Ashley Partner & Yoshie Davison

Brown Alpert Medical School



Bradley Hospital

Dr. Tom Anders

Dr. Greg Fritz



**Brown Klingenstein Games
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The Klingenstein Third Generation Foundation

Cultivating the next generation
of child and adolescent mental health professionals.



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Klingenstein Games 2012



*Brown Alpert Medical School
February 11th, 2012*

Welcome



**The Henrietta Leonard
Medical Student
Training Program**

*funded by the
Klingenstein Third Generation Foundation*



Henrietta Leonard, MD
1954 2007

**WELCOME TO THE 2012
KLINGENSTEIN GAMES!!!**

2012 KTGF Sites:

Brown Medical School, Harvard Medical School,
Mayo Medical School, Mount Sinai School of
Medicine, Stanford University School of Medicine,
University of California Davis School of Medicine,
University of Maryland School of Medicine,
University of North Carolina at Chapel Hill School
of Medicine, University of Vermont College of
Medicine, Yale University School of Medicine

Friday Evening

7:00 PM and beyond –
Join us at TAZZA (<http://tazzacaffe.com/>)
250 Westminster Street, Providence

Saturday Morning

[Shuttles from Hampton Inn at 7:30, 7:45]

8:00 A.M. Breakfast
Brown Medical School
222 Richmond St. Providence, RI

8:30 A.M. Welcome Introductions
8:45 A.M. Presentation (Brooks - Brown)
9:15 A.M. Presentation (Pullen –Mayo)
9:45 A.M. Poster Tour and Coffee Break
10:45 A.M. Presentation (Carrasco – Yale)
11:15 A.M. Presentation (Doroshov – Yale)

Noon

12:00 P.M. Bus to Bradley Hospital
1011 Veterans Memorial Pkway,
Riverside, RI
12:15 P.M. Lunch & Guest Presentation
1:15 P.M. Tours of Bradley
2:00 P.M. Bus back to Brown Med
222 Richmond St. Providence, RI

Afternoon

2:15 P.M. The Games
3:00 P.M. Resident Panel
3:45 P.M. Awards ceremony
Introduction to 2013 Games
4:00 P.M. Jazz Reception

[Shuttles return to Hampton Inn at 6, 6:15]

Presentation 1

The Use of Video-conference Technology to Promote Education and Interest in Child and Adolescent Psychiatry among First and Second Year Medical Students

Samuel Pullen
Mayo School of Graduate Medical Education

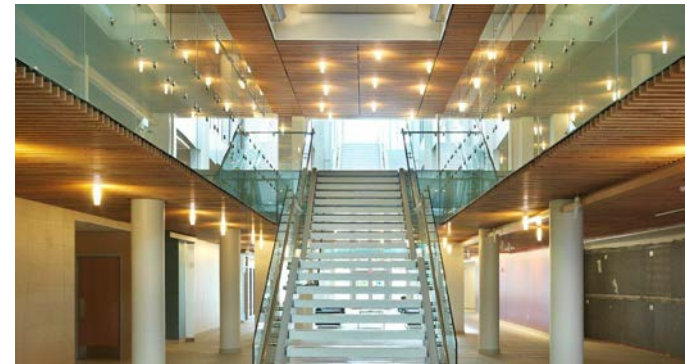
This program represents an initiative of the American Academy of Child and Adolescent Psychiatry Workforce Issues Committee. The premise is to use video teleconference technology to provide interactive lectures to first and second year medical students about child and adolescent psychiatry. The program was conceived to attempt to circumnavigate the logistical and temporal barriers encountered at many U.S. medical schools that limit the amount of exposure first and second year medical students receive to child and adolescent psychiatry. Thus far we are targeting osteopathic medical schools as many of these programs were identified as lacking adequate resources to teach undergraduate medical students about child and adolescent psychiatry. Lectures are provided by child and adolescent psychiatry fellows interested in teaching, and as an ancillary benefit this enhances the fellow's training as well. Curricula include lectures on topics such as ADHD, autism, mood, and anxiety disorders. We also engage students with live patient interviews and clinical vignettes – teaching basic principles of the mental status exam, and how to interview a child or adolescent.

Presentation 2

The Campaign for Comprehensive Sex Education: A personalized curriculum and evaluation for an all-girls middle school

Deborah Brooks
Brown University

We, as part of Healthy Kids RI (a coalition of like-minded grassroots groups seeking to increase sexuality education in RI) have created and evaluated a personalized sexuality education curriculum for an all-girls middle school in Providence, RI. Using previously validated sex education programs, we built an appropriate program for grades 5-8 and evaluated it via pre-tests and post-tests.



Brown Alpert Medical School (built 2011)

Presentation 3

Pharmacological treatment of repetitive behaviors in autism spectrum disorders: Evidence of publication bias.

Melisa Carrasco

University of Michigan

University of Rochester

Objective: To examine the efficacy of serotonin receptor inhibitors (SRI) for treating repetitive behaviors in autism spectrum disorders (ASD).

Results: Our search identified 5 published and 5 unpublished but completed trials eligible for meta-analysis. Meta-analysis of 5 published and 1 unpublished trial (which provided data) demonstrated a small but significant effect of SRI for treatment of repetitive behaviors in ASD (standardized mean difference (SMD)=0.22(95% Confidence Interval (CI): 0.07-0.37), $z=2.87$, $p<0.005$). There was significant evidence of publication bias in all analyses. When Duval and Tweedie's trim and fill method was used to adjust for the effect of publication bias, there was no longer a significant benefit of SRI for the treatment of repetitive behaviors in ASD (SMD=0.12(95% CI: -0.02-0.27). Secondary analyses demonstrated no significant effect of type of medication, patient age, method of analysis, trial design, or trial duration on reported SRI efficacy.

Conclusions: Meta-analysis of the published literature suggests a small but significant effect of SRI in the treatment of repetitive behaviors in ASD. This effect may be attributable to selective publication of trial results. Without timely, transparent and complete disclosure of trial results, it remains difficult to determine the efficacy of available medications.

Presentation 4

Emotionally Disturbed: Residential Treatment, Child Psychiatry, and the Struggle to Define Normal Childhood in America, 1930-1980

Deborah Doroshow

Harvard Medical School

Starting in the 1930s and 1940s, new inpatient treatment facilities called residential treatment centers were constructed for the express purpose of treating what child mental health professionals called "emotionally disturbed" children. Before this period, children of normal intelligence who seemed overly aggressive, withdrawn, or otherwise abnormal might have been placed in a state mental hospital or asylum, an institution for the so-called "feeble-minded," or perhaps kept at home quietly. But with the emergence of these specialized institutions, children's mental health professionals acknowledged the existence of an entirely new patient population. Residential treatment centers shared a commitment to helping children who could not be managed at home, at school, or in their local community. They adopted an integrated approach to treatment, employing talk therapy, schooling, and other activities in the context of a therapeutic environment, with the goal of helping these children become productive members of society. Unlike asylums or state institutions for the feeble-minded, residential treatment centers were not custodial warehouses for society's castoffs. Instead, they were active sites of observation, diagnosis, and treatment which brought an interdisciplinary approach to the study and management of highly disturbed children, responded to existing social problems, and sought to define "normal" childhood.

Poster 1

Family History of Suicide and Child Behavior Problems in Preschoolers Receiving Psychiatric Partial Hospital Treatment

**Jeremy Stricsek
Brown University**

Objectives: To examine the associations between family history of suicide and maternal depression and child behavior ratings in a sample of preschool age children admitted for psychiatric partial hospital treatment. . **Methods:** Sixty-nine children were enrolled in the study (52 males and 17 females, average age: 4.86 years, SD 1.34; range of 3-6 years). Participants' behavioral and emotional functioning was assessed with the Child Behavior Checklist (CBCL) and the Caregiver-Teacher Report Form (CTRF). Family psychiatric history was assessed with the Family History Screen. **Results:** Independent sample t-tests of subjects with family history of suicide compared to those without revealed significant differences for CBCL Total Problem T score on admission ($t(58) = -2.99, p = .03$) and discharge ($t(56) = -2.48, p = .02$) as well as CBCL Total Internalizing T score on admission ($t(59) = -2.37, p = .02$) and discharge ($t(56) = -2.37, p = .02$). Comparing those with maternal depression to those without, significant differences on CBCL total problem score on admission ($t(57) = -2.20, p = .03$) and discharge ($t(54) = -1.92, p = .02$.) **Conclusions:** Clinically impaired preschool children with a family history of suicidal behavior were rated as having more severe behavior problems than children without such history. Maternal depression at time of admission was also associated with more impaired child behavior..



Poster 2

Does Early Mentorship in Child Psychiatry Make a Difference: Klingenstein Third Generation Foundation Medical Student Training Program

**Josh Stein
Mount Sinai**

There is a critical shortage of child and adolescent psychiatrists in the United States, and few studies have investigated why so few medical students are choosing to enter the field or how best to attract them. One potential factor is the limited exposure to Child and Adolescent Psychiatry (CAP) during medical school. This study examined if participation in KTGF increased interest in CAP. Program participants from 2008-2011 were surveyed at the beginning of their participation in KTGF and then one-year later to determine outcomes, and students reported a trend toward increased interest in becoming a child and adolescent psychiatrist ($p < 0.07$) along with significantly increased positive perceptions of the value of mentorship and knowledge base of CAP. Results suggested that the KTGF Program has been successful on a number of levels, although future studies are needed to determine whether these positive outcomes translate into more child and adolescent psychiatrists entering CAP.

Poster 3

Evaluating the Prevalence of Psychiatric Illness in Pediatric Oncology

Pamela Daher & Laura Powers
Mount Sinai

Significant rates of comorbid psychiatric disorders have previously been shown in children treated for life-threatening illnesses. The primary goal of this study is to evaluate the prevalence of undiagnosed psychiatric comorbidity among patients in the pediatric hematology/oncology clinic at Mount Sinai Hospital to demonstrate a significant need for psychiatric care in this population. In order to do so, semi-structured interviews of patients between the ages of 4 and 17 were conducted using the Kiddie-Schedule for Affective Disorders and Schizophrenia (K-SADS). Individuals over 18 years of age were screened using the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID). Patients diagnosed with comorbid psychiatric conditions were offered follow-up care. Data analysis of the ten subjects enrolled in the study thus far showed five of ten patients (50%) met DSM-IV criteria for a psychiatric disorder. Adjustment Disorder with Depressed Mood was diagnosed in three of ten patients (30%). One of the patients was in partial remission and two were referred for psychiatric care. Chronic Adjustment Disorder with Depressed Mood was diagnosed in one of ten patients (10%), and the patient was referred for psychiatric care. The fifth patient who met criteria had been previously diagnosed with and was undergoing treatment for depression. Even though data collection is ongoing, this preliminary data supports our hypothesis that the prevalence of psychiatric illness and the need for psychiatric care among pediatric hematology/oncology patients is significant and unmet by current treatments. This study highlights the need to improve quality of care in this population through the creation of a model for psychiatric assessment among medically ill children.

Poster 4

Cinematic Depictions of Childhood Cancer: How Do Psychosocial Supports Fare?

Julie Chilton
Yale University

Our research serves to identify pediatric oncology themes in the popular media. We reviewed movies featuring children with cancer to identify trends which might inform expectations of the general public regarding prognosis, psychosocial stressors, and utilization of available resources to assist with psychosocial stress. In particular, we are interested in understanding the reaction of patients and family to being offered cancer team-based psychosocial services as part of comprehensive care during diagnosis and treatment.