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JOHANNESBURG
ACADEMIC OFFICE

November 2017

THE COLLEGE OF PSYCHIATRISTS OF SOUTH AFRICA

R E G U L A T I O N S

FOR ADMISSION TO THE EXAMINATION FOR THE POST-SPECIALISATION

SUB-SPECIALTY CERTIFICATE

IN

CHILD AND ADOLESCENT PSYCHIATRY

Cert Child and Adolescent Psychiatry(SA)

1.0 A STATEMENT OF THE PURPOSE OF THE PROGRAMME

To supply South Africa with a sufficient number of well-trained, competent child and adolescent psychiatrists to attend to the mental health and psychiatric needs of children, adolescents and families. Some of these psychiatrists will contribute to the academic needs such as training health and related professionals and conducting research.

The Health Professions Council of South Africa (HPCSA) requires that trainees gain 2 years of supervised experience in Child and Adolescent Psychiatry.

2.0 STRUCTURE

There is one exit examination which can be attempted after a minimum of 18 months of training (see 4.2, 4.3 and 4.4).

3.0 ADMISSION TO THE EXAMINATION
(read in conjunction with the Instructions for Admission to CMSA Examinations) ***Website link***

3.1 For admission to the examination the candidate must:

3.1.1 be registered or be able to register as a specialist psychiatrist with the Health Professions Council of South Africa.

3.1.2. have not less than 18 months satisfactory fulltime experience as the holder of a clinical appointment as sub-specialist trainee acceptable to the CMSA Senate or its Examinations and Credentials Committee at the time of sitting the examination. Training must occur under the direction of a registered Child and Adolescent psychiatrist within an accredited Child and Adolescent psychiatric unit. A registered subspecialist may train no more than 2 subspecialist trainees at any one time. The total minimum duration of full-time training is 24 months. Part-time training at no less than 50% weekly effort, and up to a maximum of 4 years training is acceptable, based on the needs and resources of individual training centres.

NB Training is valid for a period of three years from the date of completion in a numbered subspecialty training post. Candidates who do not successfully complete the subspecialty examination within this period must motivate with support from their HOD to the College of Psychiatrists for a once-off extension.

3.1.3…/

3.1.3. have submitted to the CMSA a letter from the Head of Department and the head of the Child and Adolescent psychiatric unit confirming acceptance of the portfolio of learning. The portfolio must be retained in the respective department for 3 years for the purposes of possible audit.

3.1.4. receive satisfactory supervised experience and training, as defined in the curriculum. If facilities are not available, alternative arrangements which provide equivalent experience can be submitted in advance for approval by the CMSA Senate or its Examinations and Credentials Committee.

3.1.5. On application to the CMSA Senate, exemption may be granted from part of the examination or certain requirements for those who present evidence of acceptable training and/or examination in one of the Colleges with which there is an arrangement or reciprocity.

1.6 **Carry over of written examination**

A candidate who has been invited to the clinical examination and fails the oral aspect of the examination, shall be allowed to re-do ONLY THE ORAL ASPECT AT THE NEXT EXAMINATION (without re-writing the written aspect of the examination)

The carry-over of the written examination is allowed only once ie for the next examination only. Should the candidate fail the oral examination again, then the candidate must re-write the full examination at their next attempt.

Written examination carry-over applies with immediate effect according to the Colleges of Medicine of South Africa Senate meeting held on the 26 October 2017.

4.0 EXIT-LEVEL OUTCOMES AND ASSOCIATED ASSESSMENT CRITERIA

The assessment criteria are the criteria against which the learner's performance demonstrating the attainment of learning outcomes can be judged.

EXIT – LEVEL OUTCOMES (KNOWLEDGE, SKILLS, VALUES) INCLUDING CROSS -FIELD OUTCOMES	ASSOCIATED ASSESSMENT CRITERIA
a) Critical cross-field outcomes (generic to all teaching and learning)	Not applicable to this professional specialist qualification
b) General outcomes (contextually demonstrated general knowledge, skills and values of the programme) c) Specific outcomes, including professional outcomes, contextually demonstrated c(1) Be able to assess, diagnose, investigate and manage child and adolescent mental health and psychiatric problems.	Demonstrate the ability to assess and diagnose child and adolescent psychiatric problems in the following settings : • In and out-patients at all levels of care • Hospital and community liaison • Forensic settings • Educational settings-Intellectual disability/specific learning disabilities Demonstrate a knowledge of the basic sciences underlying normal and pathological development in children and adolescents Demonstrate knowledge of investigations relevant to the field. Demonstrate the ability to manage child and adolescent psychiatric problems in the same settings. This will include documentary evidence of satisfactory supervised experience in the various psychotherapies :

Individual long … /

	individual long-term therapy with children and adolescents (2 cases of 30hrs each) - family therapy (2 cases of 10hrs each) Demonstrate the ability to maintain good patient records, to develop and use meaningful data gathering systems (including costing data), and to meet all standard administrative requirements. Demonstrate knowledge of relevant ethical, legal and policy requirements, with regard to children and adolescents and their families Demonstrate the ability to make sound judgements, exercise empathy and apply good interpersonal skills in relation to children and adolescents and their families. Demonstrate the ability to provide leadership within the multidisciplinary team, to trainees, and to other relevant lay and professional groups.
c(2) Be able to participate in lifelong learning and teaching	Be able to access and assess both new and familiar information critically, process it into a useful form and share it with health care and other colleagues at all levels in ongoing teaching activities. This includes the evaluation of published research and other mental health data. Be able to communicate effectively in lectures, seminars and written reports. Be able to initiate planning and promotion of programmes for mental health education within a community context.
c(3) Be able to participate in and use Research	Be able to identify areas in the field that require further research in order to extend and strengthen the knowledge base. Be able to plan and carry out research projects Be able to critically evaluate current research findings in order to practice “Evidence based psychiatry”.

5.0 ASSESSMENT TO ENSURE THE PURPOSE OF THE CERTIFICATE IS ACHIEVED

5.1 Certification by the head of the candidate's training programme that they have completed 18 months of full-time training or part-time equivalent as outlined in 3.2, 3.3, 3.4 and 3.5 and have met all the requirements as outlined in 3.6.

5.2 **Written papers**

A 3 hour written paper consisting of four questions of equal value (40% of final mark) which may be MCQ, short answer or essay. 3 of 4 questions must be passed with a minimum of 50% Clinical examination by invitation on passing written examination with a minimum mark of 50% in at least three of four questions and an overall mark of 50% (40% of final mark).

5.3 **Clinical**

An observed interview (90 minutes, 40% of final mark) with a child or adolescent patient and their family/caregiver will be performed. Interviewing skills will be assessed. The candidate will be given 30 minutes to write up the case. A summary of the findings, assessment, bio psycho social formulation and management plan must be presented in 20 minutes. [1]The clinical examination must be passed with a minimum of 50%.

5.4 **Oral**

30 minute oral examination based on the clinical examination and any other area of child and adolescent psychiatry the examiners deem relevant (20% of final mark). [2]The oral examination must be passed with a minimum of 50%.

5.5 **General comments**

The examination will stress clinical competence, but will be sufficiently searching to ensure that the successful candidate has the necessary scientific background upon which to base rational therapy. Clinical competence will comprise the candidate's ability to interview, to form an appropriate relationship with the child/adolescent and caregiver/s, to obtain the information required to make a working diagnosis, to arrive at a reasonable bio psycho social formulation of the presenting patient's difficulties, and to construct a rational management plan. [3]The long case presentation and diagnostic formulation should conform to DSM 5

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[1] Rule changes from March 2017 Regulation
[2] Rule changes from March 2017 Regulation
[3] Rule changes from March 2017 Regulation

A P P E N D I X A

1.0 Guidelines for Candidates

1.1 INTRODUCTION:

Child and adolescent psychiatry is a medical specialty that is focused on the prevention, diagnosis, and treatment of disorders of cognition, emotion and behaviour affecting children, adolescents and their families. The goal of the certificate in child and adolescent psychiatry is to produce specialists in the delivery of skilled and comprehensive psychiatric care of children and adolescents suffering from psychiatric disorders. The child and adolescent psychiatrist must have a thorough understanding of the development, assessment, treatment, and prevention of psychopathology as it appears from infancy through adulthood. He/she also should have the skills to serve as an effective consultant to primary care clinicians, non-psychiatrist mental health providers, schools, community agencies, and other programs serving children and adolescents. Training and assessment must be relevant to the South African context.

1.2 Training requirements

The HPCSA requires the Cert Child and Adolescent Psychiatry(SA) and 2 years of training time in an accredited unit with a training post number (training number) for registration as a subspecialist Child and Adolescent Psych(SA). The HPCSA also requires that a registered subspecialist may train no more than 2 subspecialist trainees at any one time.

College regulations (October 2006) state that candidates are required to work under the supervision of an HPCSA-accredited Child and Adolescent Psychiatry training unit for 18 months (50% accepted in part-time equivalent) before they may sit the exit examination.

1.3 Requirements for entry:

- South African registration as a specialist psychiatrist
- 6 months supervised experience in an approved child and adolescent psychiatry unit as part of registrar training or post registrar training equivalent experience

1.4 Practical training:

Practical training should be provided by an accredited training unit, with 18 months of full time equivalent of exclusively child and adolescent psychiatry work before sitting the exit examination and a total of 24 months of training before registration as a subspecialist.

The candidate must have a minimum of 12 months of continuous full time training in HPCSA accredited training unit. Application for exemption from this condition may be made to the head of the training unit whose decision shall be final.
Part time training will be accepted up to 12 months FTE total at the discretion of the training unit.
Training must be supervised throughout (1 hour per week minimum, not including psychotherapy supervision), and documented in the prescribed log book. In the case of distance trainees, a local supervisor must be agreed on by both candidate and trainer.
Areas of clinical training:
It is required that the two year full time training period include at least:

- Satisfactory experience in:
  - an accredited inpatient unit (child and adolescent)
  - child and adolescent psychiatric emergency work
  - forensic child and adolescent psychiatry/infant mental health/child and adolescent substance abuse, hospital-based and community-based liaison work
- 12 months FTE outpatient work in a child and adolescent psychiatry unit
- 1 supervised individual long-term therapy with child or adolescent (20hrs)
- 2 supervised short term psychotherapy cases (eg CBT, DBT, IPT etc) (8-12 hours each)
- 2 supervised cases of family therapy or parent counselling (6-8 hrs each)

Part-time training schedules would have to work around these requirements to obtain the best possible spread of learning opportunities for each candidate.

In addition, the candidate…/

In addition, the candidate should carry a continuous outpatient caseload providing opportunities for longer term management of children and adolescents with a variety of disorders.

Opportunities for training in a variety of specialised areas (eg forensic child and adolescent psychiatry, parent-infant mental health, neurodevelopmental disorders, substance use disorders, psychotherapy, etc) should also be available.

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A P P E N D I X B

Portfolio of Learning

PART 1: Competencies

Outcomes

Competencies for Child & Adolescent Psychiatry(SA) (adapted from FC Psych(SA) May 2010)

Portfolio of Learning (POL): minimum case numbers, joint assessments with evaluation, 1x child protection issues, 1 observation of consultant assessment, 2 x case presentations,1 x journal club, 1 x seminar, 2 x direct observations by senior clinician

MAJOR COMPETENCY		MINIMUM EVIDENCE TO SUPPORT COMPETENCY
1. Establishing and maintaining therapeutic relationships with children, adolescents, and families	1.1 Builds trust and respect 1.2 Demonstrates the ability to make sound judgements, exercise empathy and apply good interpersonal skills in relation to children and adolescents and their families 1.3 Has general knowledge of and ability to work within the major cultures of South Africa	• 5 observed assessments with formal feedback; • 4 academic case presentations; • weekly individual supervision; • complaints or compliments; • formal MDT feedback; • patient diversity as shown in POL
2. Safeguarding children and adolescents	2.1 Has a high level of awareness for alterations in development that may suggest a child or adolescent has been abused or neglected 2.2 Understands and acts on legal obligations regarding child abuse/neglect 2.3 Works with the family and professional/legal network to clarify and manage safeguarding 2.4 Assists in the rehabilitation of children and adolescents who have been abused and/or neglected	• attendance at appropriate seminars, workshops, etc; • at least 10 cases involving CP issues working in collaboration with DOSD; • documented visits to children's home, child abuse clinic, place of safety; • 3 x supervised cases of post-traumatic counselling
3. Undertaking clinical assessment of children and adolescents with mental health problems	3.1 Comprehensive history taking using developmental approach (from parents and child/adolescent) where appropriate 3.2 Ability to use interpreting services appropriately 3.3 Performing physical examination and requesting special investigations where appropriate 3.4 Use and understanding of rating scales/questionnaires/structured assessment instruments where appropriate 3.5 Seeking information from other sources 3.6 Understand and refer appropriately for psychological assessment (including neuropsychological assessment), occupational therapy assessment and speech and language assessment where indicated 3.7 Formulation and feedback of assessment and management plan to parents and child/adolescent 3.8 Psychoeducation with carer and child 3.8 Note-keeping and clinical correspondence	• Direct observations • case presentations • minimum of 60 new cases over 18 months (see #1); • documented use of rating scales and physical examination; documented use of interpreting services; • observe at least 1x psychometric assessment and 1x projective test; • supervision

4. Diagnosis (build all three age ranges into portfolio) and management of clinical child and adolescent psychiatric disorders	4.1 Diagnose and manage children and adolescents presenting with trauma-related psychiatric disturbance 4.2 Diagnose and manage early-onset psychotic disorders 4.3 Diagnose and manage eating disorders in children and adolescents 4.4 Diagnose and manage mood disorders in childhood and adolescence 4.5 Diagnose and manage children and adolescents with disruptive behaviour disorders 4.6 Diagnose and manage children and adolescents with anxiety disorders and selective mutism 4.7 Diagnose and manage infants and children with disordered attachment 4.8 Diagnose and manage children and adolescents with other DSM/ICD psychiatric disorders	• summary of case log book
5. Managing emergencies	5.1 Assessment and management of psychiatric emergencies, including minimising risk to patients, parents and carers, clinicians and others 5.2 Undertake risk assessment of dangerous behaviour in children and adolescents with psychiatric disorder or suspected psychiatric disorder	• documented management of at least 5 cases of psychiatric emergency; • at least 5 documented risk assessments
6. Child and adolescent psychopharmacology	6.1 To recognise the indications for drug treatment in children and young people 6.2 To be able to explain the risks and benefits and develop evidence-based treatment decisions collaboratively 6.3 To be able to prescribe and monitor pharmacological treatments safely and ethically	• Supervision and portfolio of Learning
7. PSYCHOLOGICAL THERAPIES IN CHILD AND ADOLESCENT PSYCHIATRY	7.1 Ability to assess suitability of child and adolescent patients for specific therapy 7.2 Ability to engage and deliver a range of evidence based therapies to child and adolescent patients and their families 7.3 Ability to refer appropriately and monitor progress of child and adolescent patients in therapy 7.4 Ability to make use of supervision in a constructive manner	• Supervision and portfolio of Learning

8. Assessment and treatment of child and adolescent neuropsychiatry	8.1 To be able to assess and treat the psychiatric and behavioural consequences, associations, and cognitive manifestations of genetic syndromes and 8.2 environmentally determined and acquired brain syndromes, and infective processes including HIV/AIDS and HIV-related neuropsychiatric presentations, 8.3 To be able to diagnose and treat neuropsychiatric and neurodevelopmental disorders such as ADHD, Tic Disorders and Tourette's Disorder, and OCD 8.4 To be able to carry out an assessment and contribute to the management plan of an individual with autism spectrum disorder including use of psychosocial, psychopharmacological and educational interventions 8.5 To be able to contribute to the management of seizure disorders	• Portfolio of Learning; • at least 1 of each diagnosis mentioned
9. Psychiatric management of children and adolescents with intellectual disability	9.1 To be able to undertake a developmental assessment of a child or adolescent and to make a diagnosis of intellectual disability and assess associated comorbid conditions 9.2 To be able to take part in a multidisciplinary and multisectoral assessment of a child with intellectual disability and associated mental health disorder and to formulate, implement and coordinate a multidisciplinary and multisectoral assessment and treatment plan 9.3 To be able to liaise with colleagues and other child health professionals in associated agencies to provide advice about assessment, diagnosis and management of children with intellectual disability and associated mental health problems 9.4 To be able to advise the courts/legal process in relation to children with intellectual disability 9.5 To be able to play a role in the development of mental health services for children and adolescents with intellectual disability	• POL and supervision

10. Child and adolescent consultation liaison psychiatry	10.1 To be able to provide a liaison/consultation service to the general psychiatric and other general medical teams across all levels of health care provision 10.2 To be able to advise on the presentation of psychiatric symptoms/disorder, including delirium, in the context of general medical illness 10.3 To be able to assess and manage cases of deliberate self-harm and other psychiatric emergencies that present in general medical contexts 10.4 To be able to assess and manage somatisation disorders, abnormal illness behaviour, and cases of unexplained physical symptoms	• minimum of 5 x logged and supervised cases
11. Working in multisectoral collaborations	11.1 Ability to work with key agencies - e.g. other health workers, social development services, educational agencies, child justice/correctional services, non-profit children's organisations, etc 11.2 Ability to work with multidisciplinary team	• documented visits to appropriate agencies as documented in POL
12. Medico-legal and ethical aspects of child and adolescent psychiatry	12.1 Advise on child or adolescent's competence (capacity) to make treatment decisions, consent and refuse treatment and confidentiality 12.2 Carry out assessments of criminal capacity of children aged 10-13 years 12.3 Prepare reports for Courts where accused aged 14-17 years has been referred for forensic psychiatry evaluation 12.4 Prepare reports for the Children's Courts (eg. custody) 12.5 Attend court and be able to present evidence 12.6 Be familiar with and able to apply all relevant South African and international legislation concerning children and families	• at least 1 criminal capacity assessment and one court report for a child aged 14-17; • visit to family court and children's court
13. Inpatient and day-patient child and adolescent psychiatry	13.1 Know how to manage complex clinical conditions in inpatient or day-patient setting 13.2 Know how to provide day to day medical leadership for an inpatient or day-patient multi-disciplinary team 13.3 Know how to working with families facing complex issues in an inpatient or day-patient setting 13.4 General medical skills relevant to inpatient care of children and adolescents	

14. Competencies in substance use disorders	14.1 Carries out a developmental assessment of drug/alcohol use in young people and their parents to determine substance misuse and assess its impact 14.2 Takes part in a multidisciplinary/ multi-agency assessment of child /adolescent with both substance misuse and psychiatric disorder to formulate, implement and coordinate a multi-agency intervention plan 14.3 Know how to deliver specific treatments for young people and their families with substance abuse or dependence 14.4 Advocates for the development of specialist psychiatric substance misuse services for children/adolescents	• adequate documented motivational interviews with adolescents; • documented visit to local rehabilitation centre for children and/or adolescents;
15. Research and scholarship	15.1 Is able to find and critically appraise research carried out by others 15.2 Has the skills to generate original research 15.3 Has knowledge of and applies legislation and regulations relevant to carrying out research in children under 18 years 15.4 Has the skills to disseminate findings in appropriate form for optimal impact	• 4 x Journal club assessments (critical appraisal); • a short research project (eg, audit/ review/publication);
16. Clinical governance and leadership	16.1 Resource development and management (financial and human) 16.2 Managing clinical risk 16.3 Handling complaints and compliments/gifts 16.4 Involving service users in services and development 16.5 Implementing evidence based practice 16.6 Applying good clinical practice 16.7 Monitoring and analysing outcomes 16.8 Conducting and implementing an audit cycle 16.9 Advocacy and service development	• Audit (see above)
17. Teaching, training, and supervision	17.1 Understanding of the role of supervisor and supervisee, and be able to utilise supervision in a constructive manner 17.2 Is able to organise teaching sessions in a variety of formats 17.3 Can complete an assessment of a trainee's performance and deliver constructive feedback 17.4 Can supervise trainee's clinical work 17.5 Can provide support and supervision to teams working with children and adolescents with mental health problems at all levels and in all contexts	• 2 observed teaching sessions with formal feedback; • documented teaching record of a variety of multidisciplinary audiences.

A P P E N D I X C

Curriculum

A detailed curriculum of required theoretical knowledge is necessary for the standardisation of training.

MODULE	CONTENT	WEIGHTIN G
Biopsychosocial aspects of Development	Normal stages of development: prenatal, infancy, early childhood, latency age, adolescence **Psychological development:** Psychoanalytical models (basic knowledge) – eg, Sigmund Freud, Anna Freud, Melanie Klein, Margaret Mahler, Erikson, Kernberg, Kohut and self psychology theory, Donald Winnicott, John Bowlby, Fairbairn, CG Jung and others Cognitive development - Piaget, the behaviourists, learning theory, infant development, the development of attention, perception, learning, memory and play, moral development, psychosexual development, speech and language development **Environmental models – family systems theory, parental roles, effects of disordered parenting, socio-cultural influences** • Self-regulation, temperament and personality development **Neuroanatomical development:** • central and peripheral nervous system development **Neurophysiological development:** • Neurophysiological, neuro-immunological and neuro-endocrine development **Genetic/epigenetic contributions to psychiatric disorders**	10%
Clinical child and adolescent psychiatry	Clinical assessment of infants, children, adolescents, and families, including children with sensory or cognitive impairment; the use of structured interviews and rating scales **A) Classification systems** Psychopathology, including aetiology, epidemiology, clinical presentation, investigation diagnosis and management of: **1) Neurodevelopmental disorders:** intellectual disability communication disorders autism spectrum disorders Attention deficit/hyperactivity disorder Specific Learning disorders Motor disorders **2) Schizophrenia Spectrum and other psychotic disorders** Bipolar and related disorders Depressive disorders Disruptive mood regulation disorder Major depressive disorder Anxiety disorders Separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, generalised anxiety disorder, panic disorder and agoraphobia	25%

Obsessive-Compulsive…/

	Obsessive-Compulsive and related disorders Trauma- and stressor-related disorders Reactive attachment disorder Disinhibited social engagement disorder PTSD Acute stress disorder Adjustments disorders Dissociative disorders Somatic symptom and related disorders Feeding and Eating disorders Pica Rumination disorder **3) Avoidant/Restrictive food intake disorder** Anorexia nervosa Bulimia nervosa Binge-eating disorder Other specified eating and feeding disorders Elimination disorders Sleep-wake disorders Sexual dysfunction Gender dysphoria Disruptive, impulse-control and conduct disorders Oppositional defiant disorder Intermittent explosive disorder Conduct disorder Substance-related and addictive disorders Neurocognitive disorders Personality disorders Paraphilic disorders Other mental disorders Medication-induced movement disorders and other adverse effects of medication Other conditions that may be the focus of clinical attention Investigation of psychiatric symptoms in children and adolescents: laboratory tests, neuro-imaging, psychometric assessment **Psychosocial treatment modalities in child and adolescent psychiatry: psycho-education, individual psychotherapy (including play therapy and cognitive behavioural therapy), group therapy, family therapy, behaviour modification, parent-child therapies** a) Child and adolescent psychopharmacology and other biological therapies (ECT, TCMS, etc) b) Child and adolescent inpatient/residential treatment c) Cultural factors in management planning for children and adolescents	

Child and adolescent psychopharmacology	• **Developmental psychopharmacology:** Pharmacokinetics, pharmacodynamics, psychological aspects of medication • **Mechanism of action, developmental aspects, indications, contraindications, efficacy, adverse effects:** Antidepressants Antipsychotics Anticonvulsants and mood stabilisers Stimulant and non-stimulant medications for AD/HD Sedatives/anxiolytics Other/experimental medications Off label use of psychotropics in children and adolescents • **Child and adolescent psychopharmacology in resource constrained contexts** • **Relevant legislation and public health implications** • **Clinical trials in children and adolescents**	15%
Child and adolescent psychotherapy	Brief review of the principles of psychotherapy Ethical and clinical issues (eg, confidentiality, limit setting case selection indications and contra-indications) specific to the psychotherapy of children and adolescents • Child and adolescent psychotherapy as a treatment modality in limited resource settings Psychoanalytic and psychodynamic psychotherapy in childhood and adolescence: (), therapeutic tools (therapeutic alliance, interpretation, the use of play, etc), therapeutic processes, special precautions, termination, outcomes and caregiver involvement. Cognitive-behavioural psychotherapy in childhood and adolescence: approaches and developmentally specific techniques (behavioural, cognitive, interpersonal), special precautions, outcomes and caregiver involvement Other psychotherapy modalities: eg, interpersonal, dialectic-behavioural psychotherapy, Integrated approaches Family therapy: approaches and techniques (eg, parenting skills training, behavioural, systemic [strategic and structural], psychoanalytic/object relations, extended family therapy, parent-child therapy, couple therapy), special precautions and outcomes Group therapy: approaches and developmental issues, types of group (eg, activity groups, support groups, psychotherapeutic groups, etc), special precautions, outcomes and parental involvement Psychotherapy with special populations: eg intellectually disabled children and adolescents, sexually/physically abused children and adolescents, children and adolescents in out of home placements, etc • Supervision and support of lay counsellors and other child and adolescent mental health care workers	15%

Infant mental health …/

Infant mental health	Early development of the child: cognitive, affective, social, neurological and neurophysiological • Psychological needs of the infant and young child • Bonding and attachment • Feeding difficulties and failure to thrive Effects of caregiver psychopathology (depression, substance abuse, psychotic disorders, etc) and family/community dysfunction (poverty, isolation, domestic violence, etc) Effects on caregivers and family of developmental disorders in children (intellectual disability, pervasive developmental disorders, etc) • Detection and management of abnormal development and attachment • Caregiver-infant interventions • Family/caregiver interventions Consultation to social services, adoption services, family and criminal courts, parenting skills training providers, early childhood development practitioners	5%
Forensic Child and Adolescent Psychiatry	The juvenile justice system in South Africa • Basic legal theory (rules of evidence, etc) **The role of the expert witness in court proceedings:** Report writing for court Testifying in court Issues of confidentiality in judicial settings Adversarial and collaborative judicial systems **Civil law:** Relevant legislation (Children's Act, etc) and clinical/ethical considerations Assessments for custody and placement The mental health needs of children and adolescents in alternative care **Criminal law:** Relevant legislation (Child Justice Act, Sexual Offences Act, Children's Act, Criminal Procedures Act, etc) and clinical/ethical considerations The aetiology of antisocial behaviour in children and adolescents Forensic assessment of children and adolescents in conflict with the law Placement and care of sentenced children and adolescents and juvenile state president's patients The mental health needs of children and adolescents in detention Diversion programmes and alternatives to detention **Child/adolescent witness/victim assessments:** Relevant legislation (Child Justice Act, Criminal Procedures Act, etc) and clinical/ethical considerations Forensic assessment and management of child /adolescent witnesses/victims The child/adolescent witness in court	5%

Child and adolescent …/

Child and adolescent substance abuse	Prevalence, epidemiology and aetiological factors The social and developmental context of child and adolescent substance abuse **Prevention of substance abuse in children and adolescents** Primary prevention (psycho-education, parenting programmes, etc) Secondary prevention (detoxification and motivation) Tertiary prevention (harm reduction strategies, etc) Prevention strategies in vulnerable populations: deprived communities, psychiatrically ill youth, detained youth, etc **Clinical manifestations and complications:** Alcohol Stimulants (methamphetamine, ecstasy, etc) OTC substances (solvents, volatile hydrocarbons, etc) Hallucinogens (cannabis, LSD, etc) Opiates (heroin, morphine derivatives, etc) Nicotine Other drugs of abuse Diagnosis and management, including psychosocial rehabilitation Network/matrix models; family-based interventions; developmental approaches Rehabilitation of children and adolescents with comorbid psychotic illnesses and other psychiatric disorders ("dual diagnosis")	5%
Consultation/liaison child and adolescent psychiatry	**An introduction to organisational dynamics** **Hospital consultation/liaison child and adolescent psychiatry:** Collaborative approaches to managing hospitalised children Children's and adolescents' understanding of illness Chronic illness and physical disability in childhood and adolescence Life-threatening and terminal illness in childhood and adolescence Trauma and severe injury in childhood and adolescence Chronic pain and non-organic pain in childhood and adolescence General medical disorders presenting with psychiatric symptoms (delirium, neurological disorders, systemic disorders, etc) Child/adolescent abuse and neglect including Munchausen's syndrome by proxy Treatment compliance in children and adolescents Caring for teams caring for ill children **Consultation to social services:** Approaches to collaborative management of children and adolescents under the care of social services, eg, Multi-problem families and high-risk children and adolescents: collaborative strategies; mental health needs of children in out of home placements; consultation to children's institutions; consultation to fostering agencies; consultation to child abuse services; consultation to parenting skills training providers; consultation to adoption services; child-headed households: mental health needs; caring for teams caring for children with social difficulties	10%

Consultation to educational services …/

	Consultation to educational services: Approaches to collaborative management of learners with developmental/cognitive / behavioural/emotional problems in the school environment, eg, the mental health needs of learners with special needs (including sensory/physical disabilities, intellectual disability and psychiatric disorders); consultation to school medical and psychological services; caring for teams caring for children and adolescents with educational difficulties **Consultation to security/judicial/correctional services:** Approaches to the collaborative management of children and adolescents in conflict with the law, eg, The mental health needs of children and adolescents in detention, caring for teams caring for children and adolescents in conflict with the law	
Child and adolescent mental health policy development and service planning	**Mental health policy: international recommendations and developmental aspects** Child and adolescent mental health policy: stages of development, resource implications, implementation and evaluation Child and adolescent mental health policy in resource limited countries Integrated development policies The epidemiology, burden of disease and social consequences of child and adolescent mental illness Principles of evidence based practice in child and adolescent mental health Prevention of child and adolescent mental illness in the community: primary, secondary and tertiary prevention Principles of mental health case management in community settings: outreach programmes, assertive community treatment, roles and functioning of the multidisciplinary mental health team, communication and referral pathways, protocols and guidelines, etc Current structure of South African Health and Mental Health Services: National and Provincial Primary Health Care Approach: District health services Child and adolescent mental health service (CAMHS) planning: **Community-based CAMHS: the role of non-profit organisations, community health workers, non-health government sectors, etc.** Primary health care child and adolescent psychiatry: accessibility, training, support and supervision of primary health care mental health services to children, adolescents and families General specialist mental health services for children, adolescents and families: accessibility, referral pathways, training, support and supervision of specialist mental health services to children, adolescents and families **Specialist CAMHS (tertiary): accessibility, referral pathways, outreach, liaison, consultation and support to other services** Intersectoral consultation and collaboration Vulnerable groups: children living in households affected by chronic physical and/or mental illness, children in alternative care, child-headed households, children in conflict with the law, children with physical and mental disabilities, etc The role of research in maintaining service quality: Monitoring and evaluation, quality assurance Priority setting in resource-limited contexts Strategies for community involvement in resource allocation decision making	5%

<table>
<tr>
<td>Ethics and legislation in child and adolescent mental health</td>
<td>Ethical issues in child and adolescent mental health:
• Confidentiality
• Capacity to give informed consent
• Ethics of prescribing to children and adolescents
• Use of restraint and seclusion in children and adolescents
• Child abuse and neglect
• End of life decisions
• Parental rights and responsibilities
• Cultural factors in decision making

Legislation relevant to child and adolescent mental health:
• Relevant international conventions and the Constitution of South Africa
• The Children's Act and related amendments
• The Mental Health Care Act 2002 and involuntary care
• The Choice on Termination of Pregnancy Act and amendments and the Sterilisation Act and amendments
• The Child Justice Act and the Criminal Procedures Act
• The Sexual Offences Act as amended
• Research-related legislation and regulations</td>
<td>5%</td>
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A P P E N D I X D

Recommended Reading List

1. **Textbooks in Child & Adolescent Psychiatry**
   - Rutter MJ et al., (2008) Rutter's Child & Adolescent Psychiatry, 5th Edition. Wiley-Blackwell
   - Martin, A., & Volkmar, F.R. (2007). Lewis's Child and Adolescent Psychiatry: a comprehensive textbook. 4th Edition. Lippincott, Williams and Wilkins
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