

# IS A CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP FOR ME?

CFG RESIDENCY OUTREACH  
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***Interview with: Dr. Patrick Cleary,  
Child & Adolescent Psychiatrist  
and Medical Director for CFG's  
CASTLE Program.***



## AN IN-DEPTH CONVERSATION WITH DR. PATRICK CLEARY

By: Carmelyn Vedar

In my role as Residency Outreach Manager, my team has the honor of meeting with many Psychiatry Residents all over our region (New Jersey, New York, Pennsylvania and Delaware). Some are at a point in their residency career when they are deciding to focus on a subspecialty. I am often asked if a Child & Adolescent fellowship is necessary for CFG's career options. To gain a better understanding, I have decided to have an in-depth conversation with Dr. Patrick Cleary, Child and Adolescent Psychiatrist and Medical Director for CFG's [CASTLE](#) (Children Achieving Success Through Therapeutic Life Experiences) Program in Camden, New Jersey.

## Q&A WITH CHILD & ADOLESCENT PSYCHIATRIST

### **Carmelyn:**

Dr. Cleary, when and why did you decide to do a subspecialty in Child & Adolescent Psychiatry (CAP)? What program did you attend?

### **Dr. Cleary:**

*"I was pretty much decided that I wanted to go into CAP as I was applying to residency during medical school. Most of my medical school psychiatry experience was working in pediatrics, and my closest advisors were all CAP. My view of the psychiatric community was very narrow, not something that I would necessarily advise, but certainly one that played to what my strengths were."*

*"After residency, I was accepted to fellowship at Children's Hospital of Philadelphia (CHOP). I did a two year fellowship there."*

### **Carmelyn:**

Did you do your CAP training after your PGY-3 or PGY-4 training? What's the difference and why did you make this choice?

### **Dr. Cleary:**

*"My experience is that, like me, most trainees choose to enter CAP after PGY-3. I cannot speak to why this is in general, but when it comes to the people I know personally, most of us wanted to start as quickly as possible and finish training as quickly as possible. But there are definitely other reasons that people need to consider."*

*"For me, one of the biggest considerations was the new start that fellowship would offer my family. We transplanted from Philadelphia to Baltimore for residency, and that put a lot of strain on us. Starting fellowship as soon as possible gave us the opportunity to move back to Philadelphia where we had more family support. I think it is very important for people to take this and other similar considerations into mind when making the decision to start after PGY-3 versus PGY-4."*

*"I obviously have no idea what PGY-4 is like in adult residency, but I would only have stayed for two reasons. The first would have been if I had academic ambitions and wanted to have a 'Chief Year' so that I could demonstrate leadership skills as a resident. The second would be if I was not certain about committing to CAP. For me, neither of these were a factor, so making the jump as soon as possible was a no brainer. But those were my criteria, and certainly others who are interested in CAP may find other more compelling reasons to stay for a 4th year."*

### **Carmelyn:**

What did your CAP training involve?

### **Dr. Cleary:**

*"Most of the first year, similar to the first two years of residency, are inpatient-based work. This included time on inpatient units for different age groups and consult rotation. There was also time working with children from infancy through preschool (my favorite bunch), a neuro-developmental clinic that focused on autism and intellectual disability, and rotations in neurology and developmental pediatrics."*

*"Second year was much more outpatient-based, focused primarily on psychopharmacology. We each carried a caseload of about 30-40 patients, which at the time seemed enormous, but now is laughable. There was a community-based mental health rotation, which I think had more influence on me that I gave it credit for at the time, primary care work, and a research project. At CHOP, family therapy and eating disorders were a major focus, both of which were extremely enjoyable."*

### **Carmelyn:**

What obstacles did you encounter?

### **Dr. Cleary:**

*"When you work with experts in very niche areas of CAP, it is hard to get a broad spectrum of what working with children and families is like. Autism experts know a lot about autism; eating disorder experts know a lot about eating disorders; infant psychiatrists know a lot about childhood development. But sometimes, when you work*

## CONTINUED...

*with folks like this, everything fits into the mold that they have created for psychiatry. I found that sometimes it was like bringing my cat to the vet, only to have the vet tell me my bird was missing its wings. When I found myself in these situations, it required a lot of learning on my own to feel confident I was developing the most knowledge and best opinion possible."*

### **Carmelyn:**

What types of jobs are available to CAP trained Psychiatrists?

### **Dr. Cleary:**

*"Really almost any, and probably more than adult-only psychiatrists. I have colleagues that work in private practice, inpatient settings, partial and outpatient settings, forensics, research, industry, academics, policy, and in many cases, several of the above. They see adults and kids, often carrying patients from adolescence into adulthood. And where the need for more mental healthcare providers is high nationwide, it is even greater in CAP. There are lots of loan reimbursement programs all over the nation, some in our own backyard. And the amount of private healthcare organizations looking for CAP is absurd."*

### **Carmelyn:**

What types of CAP opportunities are available within CFG Health Network?

### **Dr. Cleary:**

*"The great thing about CFG is that we are involved in every aspect of mental healthcare. As a CAP, you have opportunities to work in the juvenile justice system, do inpatient work for the acutely-ill, and also manage crisis situations. You can provide*

*long-term care for chronically-ill patients through the residential and partial hospital programs, as well as in a traditional outpatient setting."*

### **CFG CURRENT (JULY 2020) CAP OPPORTUNITIES WITHIN CFG (SOME OF OUR NJ SITES INCLUDE):**

**INSPIRA BRIDGETON  
C/A INPATIENT  
C/A PARTIAL  
C/A OUTPATIENT  
THERAPEUTIC NURSERY**

**PHP - INSPIRA, ELMER**

**CASTLE - VIRTUA,  
CAMDEN**

**CARES - ST. FRANCIS,  
TRENTON**

**OP, PHP - ST. MARY'S**

**OP, IP - ST. CLARE'S**

**OPPORTUNITIES IN THE  
JUVENILE JUSTICE SYSTEM  
IN SOME OF OUR JAILS**

**GROUP HOMES**

**OUTPATIENT OFFICES**



**"THE GREAT THING ABOUT CFG IS THAT WE ARE INVOLVED IN EVERY ASPECT OF MENTAL HEALTHCARE."**

**Carmelyn:**

Any regrets? Anything you would do differently?

**Dr. Cleary:**

*"I do not have any regrets about where I have ended up. Working for CFG at CASTLE truly has been a life changing experience and a true blessing in my life. If I am nit-picking things that could have gone differently, I would have been less focused on being CAP during adult residency. I certainly would have done nothing different about my decisions, but I think I would have focused more on being a good adult psychiatrist. When you have a goal in mind such as CAP, I think it can become easy to say, 'Well how does this apply to my goal of becoming a CAP?' This was especially true for me when it came to issues surrounding geriatrics or marriage counseling. I think if I was more focused on being a good adult psychiatrist, I would have learned more and felt more confident when working with adults. Because the reality is that you will always continue to work with adults in some fashion."*

**Carmelyn:**

Is it necessary to seek a subspecialty in psychiatry?

**Dr. Cleary:**

*"The short answer is no. There is no job type or population that you are restricted from working with by completing a general adult residency. If you want to work with children, you can. Geriatrics, you can. Legal work, that is fine too. All the subspecialty areas are open to you once residency is completed, and in some areas of the country, a general psychiatrist is the only psychiatrist available."*

*"The more complicated answer is how narrow do you want your scope of practice to be, and what setting do you want to work in. A general psychiatrist is going to find it difficult to only see children and adolescents, or only see geriatric patients, or only do legal/forensic work. Most likely that psychiatrist will be doing a variety of these jobs in order to do any one of them. Subspecializing allows a psychiatrist to be more selective of the population they are seeing because they are likely being hired into a role that requires a high volume of patients in that population to be seen. If I have an opportunity available that is 90% child work, I am going to seek out a CAP for that position. Additionally, if you want to work in academia or research or a large healthcare organization, subspecializing is typically required by that institution."*

*"As a plug for CAP, if you are considering making children or families the bulk of your work, then I cannot imagine doing so without a fellowship. The fine intricacies of child development are just not covered sufficiently in adult residency, even in the best situations. Understanding this development, and seeing it repeatedly in children that you work with, is essential to molding your skill set."*

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