ADULT ROTATIONS

Diagnostic Evaluation Center (DEC)
(Various faculty supervisors)
The DEC is the portal to the various clinical services offered at WPIC. Psychiatric emergency patients of all ages and types are seen in the Diagnostic Emergency Center (DEC), where they are evaluated and dispositions are made under the direct supervision of attending faculty. Patients and professionals calling with crises or requests for Outpatient, Direct Admission, or Mobile Crisis services are served by the WPIC Call Center. Both the DEC and the Call Center are open 24 hours a day, seven days a week. The rotation at the DEC offers valuable experience in psychiatric phenomenology, diagnostic dilemmas, and principles of care management in an emergency room setting.

Behavioral Medicine Program
(Marsha D. Marcus, PhD; Linda J. Ewing, PhD, RN; Michele Levine, PhD)
The focus of the Behavioral Medicine Program is the integration of behavioral science with biomedical knowledge and techniques to promote behavior changes that enhance health or ameliorate disease. Current offerings include assessment and treatment of smoking, mood, and eating behaviors in pregnant and postpartum women. In collaboration with the faculty, interns may design individualized rotations with a minimum duration of six months.

Center for Overcoming Problem Eating (COPE)
(Jennifer Wildes, PhD; Eric Rickin, MD; Alexis, Fertig, MD; Elizabeth B. McCabe, PhD; Jill Gaskill, CRNP; Marsha Marcus, PhD)
The Center for Overcoming Problem Eating (COPE) provides assessment and treatment for children, adolescents, and adults with anorexia nervosa, bulimia nervosa, and other eating problems. The COPE care continuum includes a 20-bed inpatient unit, a partial hospital program, and intensive outpatient services. Treatment modalities include cognitive behavioral therapy, dialectical behavior therapy, interpersonal therapy, family therapy, and pharmacotherapy. Training opportunities are available at every level of care. Six-month, half-time rotations are encouraged to enable interns to follow patients from intake through discharge.

Psycho-Oncology Clinical Service and BioBehavioral Medicine in Oncology Program, UPMC Cancer Centers
(Ellen Beckjord, PhD; Andrea Croom, PhD; Amy Lowery, PhD; Ellen Ormond, PhD; Kevin Patterson, MD; Donna Poslusny, PhD; Susan Stollings, PhD; John Schmidt, PhD)
The Psycho-Oncology Clinical Service and Biobehavioral Medicine in Oncology Program provide psychological/psychiatric assessment and intervention for cancer patients and their families in both the inpatient and outpatient medical setting. Treatment can vary from short-term consultation for emotional distress and specific cancer-related symptoms to long-term psychological support and end-of-life care. For the intern, this means active engagement in mental health care as part of a multidisciplinary health care team. Interns will begin their training by shadowing senior psychologists working in both inpatient and outpatient medical settings. Under supervision, interns will be assigned their own inpatients and outpatients to improve their skills in both assessment and intervention strategies, as well as skills related to communicating with other health care professionals. Interns will attend case conferences and seminars as scheduling allows and will be assigned directed readings to enhance understanding of medical aspects of cancer and its treatment. Interns who decide to complete a 6-month rotation with the service will have the opportunity to participate in at least 2 specialized rotations, which include behavioral sleep medicine in cancer care, assessing and treating cognitive
deficits caused by cancer and/or its treatment, and palliative care psychology where interns will be exposed to a wide variety of medical conditions. If interested, interns can also receive experience with stem cell transplantation evaluations and psychopharmacology for patients with cancer.

**Behavioral Sleep Medicine**
(Brant Hasler, PhD; Daniel J. Buysse, MD)
The goals of this rotation are to provide exposure to the common adult sleep disorders seen in clinical practice; to teach the basic clinical assessment of patients presenting with sleep symptoms; and to introduce the principles and basic techniques of behavioral treatment for sleep disorders, focusing on insomnia. This rotation occurs in the clinical sites of the UPMC Sleep Medicine Center, which includes sites at WPIC, Falk Medical Building, and UPMC Montefiore. Interns selecting this rotation first shadow an experienced sleep clinician to gain familiarity with evaluation procedures. They are then assigned their own evaluations of new patients supervised by faculty clinicians. Interns have the opportunity to conduct behavioral interventions and short-term follow-up with their patients. For motivated interns whose schedules permit, a secondary goal is to introduce the basics of polysomnography (PSG) in the assessment of sleep disorder patients. Weekly PSG "reading sessions" help to establish familiarity with physiological assessment of sleep patients.

**Psychotic Disorders Inpatient Care**
(Gretchen L. Haas, PhD; Charles Kahn, MD)
This rotation provides intensive training in the assessment and treatment of individuals with psychotic disorders. The intern is provided an opportunity to work on any of the 3 units: the Transitional Recovery Unit (TRU), the acute care unit (9th Floor) and the Comprehensive Rehabilitation Unit (CRU). The trainee can select from a mix of acute care and longer-term recovery-oriented inpatient services, with an emphasis on tailoring the training experience to the specific needs and interests of the trainee. Daily inpatient rounds familiarize the intern with a broad range of patients with schizophrenia and schizoaffective disorders, psychotic mood disorders, delusional disorders, and, in addition, psychoses that are secondary to drug use. The intern serves as the primary clinician for a caseload of three inpatients and works closely with a resident in psychiatry, an attending faculty psychiatrist, and other members of the treatment team. Weekly supervision is provided by a licensed clinical psychologist (Dr. Haas), with additional supervisory sessions, as needed, from the physician faculty member who leads the treatment team, as well as the medical director (Dr. Kahn). Individual supervision with Dr. Haas focuses on the selective application of cognitive, behavioral, psychoeducational, and supportive intervention strategies and techniques for work with the seriously ill psychotic patient. Supervision on the unit with Dr. Kahn focuses on the use of multimodal treatment strategies including pharmacotherapy; group, family and individual therapeutic modalities; and psychoeducation with patient and family members. As a primary clinician, the intern may have the opportunity to work with one of the individuals who is receiving treatment for a first episode of a psychotic disorder; including those who participate in clinical neuroimaging and neurobehavioral research protocols affiliated with the Conte Center for Neuroscience of Mental Disorders (schizophrenia).

**Dual Diagnosis Inpatient Services**
(Antoine Douaihy, MD; Michelle Hainsworth, PhD)
The Dual Recovery Unit of Addiction Medicine Services provides a range of opportunities in the areas of assessment, diagnosis, and delivery of evidenced-based psychosocial treatments integrated with pharmacological interventions for patients with substance use disorders (SUDs) and co-occurring psychiatric disorders. These opportunities include: (1) participation in daily rounding (usually Monday – Thursday 8:30am – 12pm) with a multidisciplinary treatment team, including medical students,
psychiatry residents, pharmacists, social workers, and addiction psychiatry fellows. During rounds, the intern will receive in-vivo modeling and coaching in Motivational Interviewing (MI), (2) an individual therapy caseload of one to two patients using the MI approach to treatment, integrated with other psychosocial interventions such as Cognitive- Behavioral Therapy (CBT), (i.e., relapse prevention), (3) didactics on a broad range of relevant topics including MI, addiction and psychopharmacology, and (4) teaching and supervision of other trainees, including the medical students and psychiatry residents on MI and integrated therapeutic approaches. By the end of this rotation, interns can expect to gain a rich learning experience in the diagnosis, in the evidence-based treatments of SUDs and co-occurring psychiatric disorders, and in the practice of MI.

**Center for Advanced Psychotherapy**  
(Laura Dietz, PhD; Holly Swartz, MD)

The Center for Advanced Psychotherapy (CAP) is an outpatient clinic that specializes in delivering evidence-based treatments for patients with unipolar depression, bipolar disorder, anxiety disorders, and mixed depressed and anxious presentations. Supervision will be provided in evidence based therapies including interpersonal psychotherapy (IPT), interpersonal and social rhythm therapy (IPSRT) and Cognitive Behavioral Therapy (CBT) for the treatment of mood and anxiety disorders. Practicum opportunities include training in the theory and implementation of evidence based psychotherapies, in combination with pharmacotherapy as needed. Interns will be expected to participate in individual supervision, group supervision, and carry a small caseload of adult or child outpatients.

**Center for Treatment of Obsessive-Compulsive Disorder**  
(Terri Laterza, LCSW)

The Obsessive-Compulsive Disorder Intensive Outpatient Program provides intensive treatment sessions. Exposure with Response Prevention (ERP) is the primary treatment. Group therapy is the primary modality, supplemented by individual exposure sessions. Family psychoeducation and medication treatments are standard interventions. Interns may elect three- or six-month, half-time rotations. Involvement for all three days of the program is preferred. Supervision in assessment, treatment formulation, and ERP through weekly meetings is provided. The treatment population is adults with diagnosis of OCD or OC spectrum disorders (e.g., body dysmorphic disorder, trichotillomania, skin picking).

**Adult Services Acute Ambulatory Programs**  
(Tiffany Painter, LCSW)

The Adult Services Acute Ambulatory Programs provide short term stabilization for adult men and women with acute mood and/or anxiety symptoms. There are several specialty tracks across 12 programs located in Oakland. Each program meets 3 days per week for 3 hours each session with an average length of stay 6-8 weeks. The track for women with self-harm offers exposure to Dialectical Behavior Therapy skills training. The track for Bipolar patients offers exposure to Interpersonal and Social Rhythms therapy as modified for Intensive Outpatient level of care. Interns function as an active part of the treatment team which includes a psychiatrist, group therapist, and individual/family therapist. Interns colead groups, and depending on learning interests, have a small individual caseload, and attend treatment team meetings for collaborative treatment planning. Interns have often worked on a short project during the rotation in an area of interest that also enhances program quality.
**Forensic Program**
(Stephen Zerby MD; Christine Martone, MD; and various faculty supervisors)
Various forensic experiences are available through the Department of Forensic Psychiatry. These clinical experiences can include court-ordered assessments for competency at the Allegheny County Behavior Assessment Unit, the court appointed forensic clinic, or shadowing private cases which include pre-sentencing evaluations, disability evaluations, worker's compensation evaluations and a variety of other cases. Additionally observation at Cove Prep, a long term residential treatment unit for adolescent sexual offenders, may be available on request. A series of forensic lectures, which deal with a wide range of topics including assessment for the risk for violence and malingering are offered in the fall. Interns can design a rotation that suits their individual interests and training needs.

**Psychotherapy Training Clinic (PTC)**
(Various licensed PhD supervisors)
Each intern is expected to follow a minimum of two outpatients in individual psychotherapy during the year. Interns are provided access to patients through the WPIC Psychotherapy Training Clinic. Weekly supervision is offered by individual faculty members with expertise in a variety of empirically-supported treatments (including, for example, cognitive-behavioral therapy, interpersonal psychotherapy, and dialectical behavior therapy. Careful case conceptualization is encouraged. Interns develop case presentations for group feedback and discussion during Friday morning group supervision meetings.
CHILD AND ADOLESCENT ROTATIONS

Family Therapy Training Center (FTTC)
(Leonard J. Woods, LCSW)
The FTTC provides short-term treatment for children and adolescents and their families who are experiencing a wide range of psychiatric disorders (depression, suicidality, behavioral disturbances); phase-of-life problems (bereavement, divorce); and problems in coping with acute or chronic stressors (marital discord, chronic illness). The FTTC relies heavily on the Eco-Systemic-Structural Family Therapy model. A competency and strength-based focus is used to build upon family resources in creating solutions to problems. The training integrates various aspects of systemic, cognitive, behavioral, and biological theories in addressing the mental health needs of clients. The influences of gender, race, and culture, as well as therapists’ “use of self,” are addressed throughout the training year.

Center for Autism and Developmental Disorders
Merck Child Outpatient Program
(Benjamin L. Handen, PhD, BCBA)
This outpatient program serves children and adolescents (ages 2 through 21) who have developmental disabilities coupled with psychiatric and behavior disorders. The primary types of disabilities seen are autism and intellectual disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic for children and adolescents with autism spectrum disorders. Interns serve on an assessment team and are instructed in the use of state-of-the-art diagnostic tools. In addition, psychology interns have served as therapists in social skills training groups for children and adolescents with Asperger’s Disorder and High Functioning Autism. Finally, some interns have participated as co-therapists in our Parent Child Interaction Clinic (PCIT) afternoon clinics. The Merck Child Outpatient Program also is involved in a range of research studies examining the efficacy of pharmacologic and behavioral treatments with this population. Opportunities are also available for interested interns to become involved in various research efforts.

Youth and Family Research Program
(Brooke Molina, PhD; Srihari Bangalore, MD)
We conduct research on the course and treatment of Attention Deficit Hyperactivity Disorder (ADHD), comorbid externalizing disorders, and substance abuse. Interns may participate in ongoing treatment studies or test new intervention ideas developed with the directors. Interns may also participate in the assessment and treatment of children, adolescents, and adults seen in the WPIC ADHD Clinic with supervision by Drs. Molina and Bangalore. This clinic provides evidence-based and evidence-informed treatment, including psychosocial and pharmacologic interventions, for the full developmental spectrum. Interns participate in multidisciplinary team meetings to review cases and contribute to research discussions. The Youth and Family Research Program includes ongoing longitudinal studies of ADHD and substance use in youth and young adults, and recently their offspring, using a developmental and neurobiological approach.

Personality Disorders in Adolescents
(Stephanie Stepp, PhD)
This rotation provides an opportunity for the longitudinal assessment of personality disorders in a clinic-referred sample of young adolescents. The goal of the study is to identify markers that can be used in the early identification of borderline personality disorder. Interns develop expertise with semi-structured psychiatric interviews and how to adapt personality disorder assessments for adolescent populations.
**Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescents**  
(Shoshanna Shear, MD; Amy Kelly, MD)

The Child and Adolescent Obsessive-Compulsive Disorder (OCD) Intensive Outpatient Program (IOP) is a clinical and research program devoted to the assessment, treatment, and study of children and adolescents with OCD and obsessive compulsive spectrum disorders. At the OCD IOP our main objectives include the following: assisting patients in appropriately identifying and labeling obsessions and compulsions; assisting patients in learning and utilizing Cognitive Behavioral Therapy (CBT)/Exposure with Response Prevention (E/RP) techniques; identifying and treating comorbid conditions frequently associated with pediatric OCD; educating children, adolescents, and families about OCD; providing psychoeducation about our treatment approach to patients, families and the community. The population includes children and adolescents aged 5-18 years with a primary diagnosis of Obsessive-Compulsive Disorder (OCD). The IOP runs MTTh for 3 hrs/day (afternoons during the school year, mornings during the summer). The program includes group and individual CBT, family therapy, parent/family support groups, and pharmacotherapy. Clinical psychology interns will have the opportunity to participate in all aspects of the clinic, with a particular focus on learning and carrying out CBT and ERP in a group setting and on an individual basis. There is a strong emphasis on clinical supervision, with weekly group and individual supervision and treatment team meetings, during which interns are encouraged to participate both as group members and as leaders. Other opportunities include conducting intake and clinical research assessments, contributing to the clinical research registry, and developing individual projects aimed at improving clinical care.

**Child and Adolescent Bipolar Services (CABS)**  
(Tina R. Goldstein, PhD; Boris Birmaher, MD)

The Child and Adolescent Bipolar Services (CABS) is an integrated clinical research program at WPIC devoted to the assessment, treatment, and study of children and adolescents with bipolar spectrum disorders. Clinical services include thorough diagnostic evaluation, as well as pharmacological and psychosocial treatment interventions provided by a multidisciplinary treatment team that includes psychiatrists, psychologists, nurses, social workers, and other clinicians. CABS clinicians also work closely with community-based providers (i.e., case management, Wraparound) and schools to coordinate services. Ongoing research studies at CABS include multiple NIH- and foundation-funded studies examining the efficacy of psychosocial treatments for this population. Longitudinal studies follow children and adolescents diagnosed with, and at-risk for, bipolar disorder through adolescence into adulthood to examine course and outcome. Studies incorporating neuroimaging, neuropsychological testing, and genetics aim to better understand the neurobiology of the illness. Opportunities for interns include training in assessment focused on differential diagnosis, formulation of case conceptualization, and implementation of treatment plans. Interns may gain experience with research protocols, and learn about the pharmacological and psychosocial management of pediatric bipolar disorder.

**Services for Teens at Risk (STAR)**  
(David A. Brent, MD; Kimberly D. Poling, LCSW)

Services for Teens at Risk (STAR) is a specialty clinic funded by the Commonwealth of Pennsylvania since 1987. The mission of STAR is the prevention of adolescent suicide through research, community outreach, clinical training and supervision, parental psychoeducation, and clinical interventions. Clinical interventions focus on the assessment and psychiatric outpatient treatment of adolescents at risk for suicidal behavior, especially those with major depression. Intensive outpatient treatment is provided through our STAR IOP, which provides 9 hours of treatment per week, comprised of group & individual therapy and medication management sessions. In addition, we see patients with primary anxiety disorders and bereaved youth.
Science and Practice for Effective Children’s Services (SPECS)
(David J. Kolko, PhD, ABPP; Barbara L. Baumann, PhD; Oliver Lindhiem, PhD)
SPECS offers interns an opportunity to expand their clinical and research experiences by working with child or adolescent populations presenting with family conflict, physical/sexual aggression, and/or victimization/abuse who are involved in alternative service systems. Some are referred by Family Court after an incident of sexually inappropriate behavior (Services for Adolescent and Family Enrichment, SAFE; www.safessu.org). Interns can deliver assessment, education, individual and family treatment of the child/adolescent and their caregivers, and participate in a group program in collaboration with probation officers and SAFE clinicians. Many of these cases have histories of maltreatment (e.g., PTSD) and limited family support/involvement. Others are referred by child welfare or mental health due to family conflict or concerns about physical discipline/child physical abuse to a second program (Partnerships for Families, PFF). Interns here can learn to apply an EBP with caregivers and their children (Alternatives for Families: A Cognitive Behavioral Therapy, AF-CBT; www.afcbt.org). Additional cases may be referred for firesetting by the fire service or mental health (Services Aimed at Fire Education and Training of Youth, SAFETY; www.wpic.pitt.edu/research/safety). Finally, opportunities are available to deliver behavioral health services in collaboration with primary care providers in local pediatric or family medicine practices (Services for Kids In Primary-Care, SKIP; www.skipproject.org). These experiences provide access to collaboration with a faculty member, training to develop personal competencies in administering clinical assessments and multimodal EBPs (e.g., CBT, PMT, family treatment, motivational interviewing, school and medication consultation) and opportunities to consult with/train other practitioners. Participation in program evaluation or research is strongly encouraged. Supervision is provided by a licensed clinical psychologist on an individual and/or group basis, possibly supported by observations or videotapes and supervision by a member of our multidisciplinary treatment team (e.g., psychiatrists, social workers, other clinicians).

Matilda H. Theiss Child Development Center
(Kimberly A. Blair, PhD; Dianne Jandrasits, PsyD; Lindsey Venesky, PhD)
The Matilda Theiss Child Development Center provides center-based, mobile therapy, and outpatient treatment programs designed to be appropriate for young children ages six weeks through eight years who are at-risk for behavioral or developmental concerns, exhibit disruptive and other challenging behaviors and/or have experienced traumatic stress. Within the center-based program, treatment is provided within natural settings and includes both child-oriented and family-oriented activities and interventions. For young children, it is during play that behaviors are learned, practiced, and tested. Therefore, five days per week our center-based program provides individualized, child-centered, and family-focused behavioral health treatment is delivered within — or in conjunction with — a stimulating, naturalistic, early-learning classroom environment. The following supplementary clinical services are utilized in conjunction with the therapeutic classroom milieu and may include: individualized behavior plans and reinforcement systems; play therapy; dyadic therapy; family psychotherapy; parenting education; family support; medication management. These same supplementary clinical services may also be provided within our mobile therapy program, where mobile therapists provide treatment within the child’s daycare, preschool, or home setting, up to six hours per week. The Theiss Center also provides two evidenced based treatments to families within our center-based and outpatient programs: Parent Child Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP). With all of these resources and treatment options, the Theiss Center strives to support the emotional and behavioral health of the young children in our communities.
Children’s Hospital of Pittsburgh - Consultation/Liaison Service
(Roberto Ortiz-Aguayo, MD; Viveca Meyer, MD; Donette Svidron RN MSN; Eva Szigethy MD, PhD; Doug Henry, PhD)
The Children’s C&L service provides a full array of behavioral health assessments and interventions for hospitalized children and their families. The goal is to provide family-centered care that mobilizes family resources to manage the challenges arising from their children’s chronic and acute health problems. Members of this team also conduct research on novel psychosocial interventions and investigations examining the impact of chronic conditions on children and their families (notably pediatric cancers, gastroenterology, sickle cell, sleep, IBD, transplant, weight management). Interns have opportunities to work with children with a wide variety of chronic and acute medical problems, including exposure to end-of-life and palliative care as well as the interface with health care systems and delivery of behavioral health care in pediatric patients. Other opportunities can be facilitated based on individual interest. The majority of work takes place on a short-term, inpatient basis though opportunities exist for follow-up care needed to facilitate ongoing adjustment to medical challenges.

Children’s Hospital of Pittsburgh - Transplant Psychology
(Diana Shellmer, PhD)
The Transplant Psychology service at CHP provides behavioral health services including assessment and intervention for solid organ transplant patients and their families. The service cares for children with inborn errors of metabolism (e.g., Maple Syrup Urine Disease [MSUD] and Crigler Najjar Syndrome [CNS]) who are assessed and treated with liver transplantation; children with chronic liver disease; children with bowel disorders including short gut, gastrochisis, and Hirschsprung’s disease; children with cystic fibrosis and other lung diseases requiring lung transplantation; children who have heart failure requiring heart transplantation; children with end stage renal disease requiring kidney transplantation; and/or who are candidates for or have previously received a solid organ transplant. The focus of the service is to provide family-centered evaluation, intervention, and care. Transplant evaluations (1) examine the family’s experience in the medical environment, (2) assess the patient and family’s readiness for transplantation, (3) assess risk factors for maladjustment and non-adherence post-transplantation, and (4) provide clear recommendations to the medical team to assist in the amelioration of risk-factors predicting maladjustment of patients and caregivers post-transplantation. For patients with MSUD detailed neuropsychological evaluations both pre- and post-liver transplantation are also undertaken in order to provide accurate and detailed evaluation of cognitive, neurodevelopmental, adaptive, and academic functioning of patients. Interventions are geared toward addressing psychosocial, organizational, and systematic barriers to successful transplantation and post-transplant adherence. An integral component of the service includes active, ongoing communication and consultation with the various medical teams involved in the care of these patients and families. Current research efforts for the service include development and testing of a novel mobile health application to improve adherence among adolescent solid organ transplant patients; examination of neuropsychological functioning in patients with MSUD; examination of parameters of adherence in transplant patients; and examination of the psychosocial functioning and adjustment of transplant patients.

Children’s Hospital of Pittsburgh - Pediatric Gastroenterology Cognitive Behavior Therapy Program
(Eva Szigethy, MD, PhD)
This rotation provides an opportunity to learn a manualized cognitive behavioral approach (CBT) to help children and adolescents who have inflammatory bowel disease and depression cope with both their physical and emotional illness. The CBT is based on a model designed by John Weisz PhD, Primary and Secondary Control Enhancement Training (PASCET) with added components to explore the child’s illness
narrative and enhance family communication and problem-solving. The CBT approach also includes self-hypnosis techniques to address abdominal pain, anxiety and enhance immune functioning. There is also exposure to how behavioral health is integrated with medical treatment as well as psychopharmacology when needed.

**Other Opportunities**

We are committed to providing training, where opportunities allow, in empirically supported treatments delivered across various hospital-based settings that may be individualized to meet interns training needs. Training may utilize a variety of empirically-supported assessment and intervention modalities, including (but not limited to) cognitive behavioral therapy (CBT), motivational interviewing (MI), interpersonal psychotherapy (IPT), exposure and response prevention (ERP) for anxiety disorders, and dialectical behavior therapy (DBT).