Adult Rotations

Diagnostic Evaluation Center (DEC)
(Melissa Stepek, MSCP [clinical supervisor]; various faculty supervisors)

Psychiatric emergency patients of all ages and types are seen in the Diagnostic Emergency Center (DEC). They are evaluated and referred to the most appropriate level of care including various levels of outpatient and inpatient treatment. Clinical assessments are completed and dispositions are made under the direct supervision of an attending Physician. The DEC works in conjunction with resolve mobile crisis and the Psych Care + department. (The Psych Care + is the newly expanded direct admission department. They manage all behavioral health beds in the UPMC network and help facilitate transfers between facilities. They also serve as the call center and operate 24/7). 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; Michele Levine, PhD; Elizabeth Venditti, PhD)

The focus of the Health Behavior Research Group is the integration of behavioral science with biomedical knowledge and techniques to promote behavior changes to enhance health or ameliorate disease. Current offerings include assessment and treatment experiences in the context of funded research studies involving mood and eating behaviors in pregnant and postpartum women, and lifestyle interventions for elders. In collaboration with the faculty, interns may individualize their rotation experience with a minimum duration of six months.

UPMC Center for Eating Disorders (CED)
(Alexis Fertig, MD; Wynne Lundbald, MD; Joshua Hefferen, LCSW)

The Center for Eating Disorders provides assessment and treatment for adolescents and adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating problems. The COPE care continuum includes an inpatient unit, a partial hospital program, and intensive outpatient services at WPIC and in Wexford. Development of an outpatient program and outpatient skills groups is under way as well. Treatment modalities include cognitive behavioral therapy, family based therapy, dialectical behavioral therapy, and pharmacotherapy. Training opportunities are available at every level of care with children, adolescents and adults. Three- or six-month rotations will be developed in collaboration with the supervisors to accommodate the intern’s interest and training.
Psycho-Oncology Clinical Service and BioBehavioral Medicine in Oncology Program, UPMC Cancer Centers
(Andrea Croom, PhD; Rob Ferguson, PhD; Ellen Ormond, PhD; Kaleena Chilcote, MD; Allison Pavlov, CRNP; Donna Poslusny, PhD; Susan Stollings, 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 will have the opportunity to assess and treat cognitive deficits caused by cancer and/or its treatment and 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. In addition to insomnia, interns will likely gain exposure to the assessment and treatment of circadian rhythm sleep disorders and parasomnias such as nightmare disorder. This rotation primarily occurs at the WPIC site of the UPMC Sleep Medicine Center, although exposure to the Falk Medical Building and UPMC Montefiore sites is possible. Interns selecting this rotation first shadow an experienced sleep clinician to gain familiarity with evaluation procedures and behavioral interventions. Interns will progress towards independence as they increasingly take over the initial assessments, interventions, and follow-up interviews under live supervision. The rotation is available as a 3- or 6-month stint. Interns who select a 6-month stint will have greater opportunities for conducting independent intake assessments and for developing proficiency in case conceptualization and in delivering behavioral interventions. 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; Gaurav Gandotra, 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 the three units, beginning with the acute care unit (9th Floor), and including the Comprehensive Rehabilitation Unit (CRU) and the Transitional Recovery Unit (TRU) for a more intensive training experience. Thus, 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 with the attending physician and a multidisciplinary team is intended to 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. For those who elect a more in-depth training experience, the intern also has the opportunity to meet with a caseload of up to three inpatients and work 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 (Drs. Gandotra or 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 the unit faculty physician focuses on treatment planning, live interviewing and the use of multimodal treatment strategies including pharmacotherapy and group, family and individual therapeutic modalities, as indicated. Opportunities for involvement in psychoeducation with patient and family members are also included. 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 individuals who participate in clinical neuroimaging and neurobehavioral research protocols affiliated with the Center for Translational Mental Health Research (schizophrenia).

Dual Diagnosis Inpatient Services: Internship Option 1
(Antoine Douaihy, MD; Jeff Geibel, 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 (CODs). 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, SUDs, 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 CODs, and in the practice of MI and other psychosocial treatments for SUDs and CODs.

Dual Diagnosis Inpatient Services: Internship Option 2
(Jeff [Stephen] Geibel, PhD; Hader Mansour, MD)

The Dual Diagnosis 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 Psychiatric disorders. These opportunities include: 1) Training individual forms of counseling and psychotherapy 2) Training in Psychological Evaluations 3) Training in group counseling and psychotherapy 4) Opportunity to work with patients during individual counseling and psychotherapy sessions 5) Opportunity to lead or co-lead group evidence based treatments including MI groups, Dual diagnosis groups, Relapse prevention groups, and CBT groups 6) Opportunity to perform psychological evaluations, 7) Lethality Assessments, 8) Opportunity to provide educational workshops to Psychiatric Residents and Medical Students, and 9) Provide clinical supervision to Master level graduate interns. All of these opportunities and clinical activities will be supervised directly on a 1:1 basis and in group supervision with the Clinical Program Director (Dr. Jeff Geibel) and Medical Director (Dr. Hader Mansour). In addition, the intern will attend multi-disciplinary team meetings and ability to work within that team with social workers, nurses, and psychiatrists. This rotation is a more “traditional” psychological internship that prepares the intern for a professional career as a clinical psychologist. Dr. Mansour is an Associate Professor in the Psychiatry Department at the University of Pittsburgh, and Dr. Geibel is a Clinical Faculty member in the Department of Psychiatry at the University of Pittsburgh and a Faculty Member of the Department of Psychology at the University of Pittsburgh.

Center for Advanced Psychotherapy (CAP)
(Lauren Bylsma, PhD; Dana Rofey, PhD; Holly Swartz, MD; Jay Fournier, PhD)

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. Additional opportunities exist for trainees interested in behavioral medicine and care of gender and sexual minority youth. Supervision will be provided in evidence-based therapies including interpersonal psychotherapy (IPT), interpersonal and social rhythm therapy (IPSRT,) Cognitive Behavioral Therapy (CBT), and Motivational Interviewing for the treatment of issues related to mental health. 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  
(Emma Smith, MA, LSW; Rebecca Price, PhD)

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 may include two or three days of the program. 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) and a broad range of comorbid diagnoses.

Adult Services Acute Ambulatory Programs  
(Jamie Harris, LCSW [bipolar track], Sheri Hertzig, MSW, LCSW; 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 14 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 co-lead 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.

Outpatient Pain Psychology, UPMC Division of Chronic Pain  
(Susan Jarquin, PhD)

The pain psychology service provides outpatient psychological assessment and intervention to adults living with chronic pain. On this rotation interns will perform initial evaluations for individual therapy, brief evaluations designed to assess fit for interdisciplinary, group-based pain programming, and evaluations intended to determine suitability for implantable pain therapies, including spinal cord stimulators. Interns will also have the opportunity to deliver individual and group-based therapy. The goals of this rotation are to familiarize interns with the difficulties patients living with chronic pain commonly face and prepare interns to assist patients in coping with these difficulties; to train interns to deliver individual and group therapy in an outpatient medical setting; and to introduce interns to the process of assessing suitability for implantable pain therapies. Interns will begin their training experience by observing the supervisor perform the various assessments and interventions. Once deemed ready by the supervisor, interns will be able to conduct the assessments and interventions independently. Individual supervision time will be scheduled and supervision will also be provided as needed. Interns will receive instruction in the use of motivational interviewing interventions as well as
cognitive-behavioral and acceptance and commitment therapy techniques. Formal and informal opportunities for interdisciplinary collaboration are available. This is a part-time rotation and interns will derive the most benefit from this training experience if they commit to it for at least 6 months. This rotation is located in Shadyside at the Centre Commons Building.

**Electroconvulsive Therapy (ECT) Rotation**
(LalithKumar K. Solai, MD; Carmen Andreescu, MD; Mukesh Sah, MD; Timothy Denko, MD; Daniel Varon, MD)

ECT is an FDA-approved treatment that requires general anesthesia and delivers electric currents through paddles to the brain in order to trigger a brief seizure. Though it is unknown how exactly ECT works, it is believed that the therapeutic effects of ECT could be due to changes in brain chemistry that quickly and effectively improve, or even resolve, symptoms such as severe depression. ECT often works when other treatments have proven unsuccessful.

This is an elective rotation with a duration of three months consisting of one full-day a week, or two half-days. Objectives of this rotation include teaching interns about ECT, i.e., clinical indications, side effects, adverse risks, clinical evaluation and assessment of ECT patients, informed consent and legal aspects of ECT, clinical implications for special populations, and the care continuum for ECT.

Interns will be a part of a multidisciplinary treatment team, participate in team meetings, observe consultation sessions on inpatient units, work with patients individually or in small groups, and receive weekly supervision. Interns will primarily conduct assessments, standard testing and provide behavioral interventions (e.g. psychoeducation, teach coping skills).

**Neuropsychological Assessment in Neurosurgery**
(Luke Henry, PhD)

The role of neuropsychology within neurosurgery is expanding as we seek to improve patient outcomes. Better understanding cognitive and behavioral function is crucial for determining surgical eligibility, informing surgical approach, and planning for optimal rehabilitative strategies. This rotation focuses on pre- and post-surgical neuropsychological assessments utilized in the aforementioned ways. Participating interns will 1) gain exposure to a broad spectrum of neuropathologies requiring surgical intervention (e.g., brain tumor, epilepsy, movement disorders); 2) understand the principles and techniques of neuropsychological battery construction; 3) learn general and specific neuropsychological assessment tools; and 4) gain experience formulating case conceptualizations and corresponding treatment recommendations. Training occurs in the Department of Neurosurgery Outpatient Clinic, located in UPMC Presbyterian Hospital. Interns selecting this rotation will first shadow an experienced neuropsychologist to gain familiarity with interview and assessment procedures. They will then be assigned their own pre- and post-surgical patients, supervised by the faculty clinician. Interns will have the opportunity to conduct clinical interviews, plan and administer assessment batteries, and write brief assessment reports to be used by the neurosurgical team in surgical planning and follow-up care. The
opportunity to observe brain surgery is also offered. For interested interns, research opportunities are available.

**Visceral Inflammation and Pain Center- Division of Gastroenterology**  
(Eva Szigethy, MD, PhD)

This rotation provides the opportunity to learn how behavioral assessment and treatments are integrated into medical care for patients in gastroenterology. The clinic population are adolescents and adults with GI conditions such as irritable bowel syndrome, inflammatory bowel disease, cyclic vomiting, chronic pancreatitis. Most prevalent diagnoses of our patients are mood and anxiety disorders, stress disorders, chronic pain syndromes and somatization syndromes. Behavioral interventions used are cognitive behavioral therapy, mindfulness techniques, and medical hypnosis. Services are integrated into medical care and for a subset of patients with inflammatory bowel disease, offered as part of a subspecialty medical home care model. Behavioral services are integrated with pharmacological management as indicated and provided either face-to-face and by videotherapy/telemedicine. Finally, genetic information from some patients is compiled and allows for queries involving genotype-phenotype analyses.

**Youth and Family Research Program; ADHD Across the Lifespan Clinic**  
(Brooke Molina, PhD; Aaron Jennings, LCSW)

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and related cognitive-behavioral profiles, comorbid externalizing disorders, and substance abuse. Interns may participate in ongoing studies or test new intervention ideas developed with the directors of the research program and clinic. Currently, among other research opportunities, for clinical experience interns may learn to conduct adult ADHD assessments as part of an ongoing federally funded study of cigarette smoking and ADHD. As part of the ADHD Across the Lifespan Clinic experience, interns may participate in the assessment and treatment of children, adolescents, and adults. The 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 team discussions. The Youth and Family Research Program includes ongoing longitudinal studies of ADHD, stimulant misuse, and substance use in youth and young adults, and recently their offspring, using a developmental and neurobiological approach.

**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; Mike McNabb, 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.

**Adolescent and Young Adult Division of Children’s Hospital of Pittsburgh**  
(Dana Rofey, PhD)

The UPMC Center for Adolescent and Young Adult Health (CAYAH) Division of Children’s Hospital of Pittsburgh strives to improve the health and well-being of youth. Interns will participate in an integrative care model to improve outcomes for adolescents and young adults not only with psychopathology, but also with the behavioral health/medical interface. Trainees will participate in mental health treatment team meetings to discuss cases, and may be involved in various projects within the clinic which currently include adolescent relationship abuse: prevention of pregnancy, HIV, and sexually transmitted infections; mental health disparities among gender and sexual minorities; evidence-based practice for pediatric obesity; innovative health services delivery for marginalized youth; and transition to adult care for youth with complex medical conditions.

**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, something that could be expanded to include a second afternoon if desired.
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; ADHD Across the Lifespan Clinic**  
(Brooke Molina, PhD; Aaron Jennings, LCSW)

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and related cognitive-behavioral profiles, comorbid externalizing disorders, and substance abuse. Interns may participate in ongoing studies or test new intervention ideas developed with the directors of the research program and clinic. Currently, among other research opportunities, for clinical experience interns may learn to conduct adult ADHD assessments as part of an ongoing federally funded study of cigarette smoking and ADHD. As part of the ADHD Across the Lifespan Clinic experience, interns may participate in the assessment and treatment of children, adolescents, and adults. The 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 team discussions. The Youth and Family Research Program includes ongoing longitudinal studies of ADHD, stimulant misuse, 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; Lori Scott, PhD)

This rotation provides an opportunity for the longitudinal assessment of emotion regulation and borderline personality disorder (BPD) in two populations: 1. a clinic-referred sample of young adolescents and their parents and 2. a sample of mothers with preschoolers from community and clinical settings. The goal of these studies are to identify emotion regulation processes that can be used in the early identification of BPD. Interns develop expertise with semi-structured psychiatric interviews for adolescents and adults as well standardized assessments of emotion regulation in preschoolers. As part of a randomized control trial investigating the impact of improving maternal emotion regulation on preschooler emotion regulation, interns will also have the opportunity to deliver Dialectical Behavior Therapy Skills Groups and Individual Case Management to mothers with BPD who have preschoolers.

**Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescents**  
(Shoshanna Shear, MD; Amy Kelly, MD; Amanda Meredith, LCSW)

The Pediatric Obsessive-Compulsive Disorder (OCD) Intensive Outpatient Program (IOP) is a program devoted to the assessment, treatment, and study of children and adolescents with OCD and obsessive compulsive spectrum disorders. At the Pediatric 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 (there is a morning group and an afternoon group). The program includes group and individualized 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 assessments, contributing to the clinical research registry, and developing individual projects aimed at improving clinical care.

**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 some focused specialty populations (e.g., children/adolescents and their caregivers referred for family conflict, physical/sexual aggression, and/or victimization/maltreatment, sexually inappropriate behavior, and more general mental health problems in primary care). These families often seek services for diverse behavioral health needs and many are involved in other service systems (e.g., juvenile justice, child welfare, primary care). An intern can participate in more than one of the programs, as described below.

The SAFE Program (Services for Adolescent and Family Enrichment, www.safessu.pitt.edu), you would provide serves to children/youth referred by Family Court due to sexually inappropriate behavior. 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 include histories of behavioral and emotional disorders, maltreatment (e.g., PTSD), caregiver dysfunction, and limited family support.
In the Partnerships for Families (PFF) program, you could address family conflict or concerns about physical discipline/child physical abuse in families referred by child welfare or mental health due to. 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) on both an individual and family basis.

Finally, the SKIP program (Services for Kids In Primary-Care; www.skipproject.org) offers an opportunity to deliver behavioral health services in collaboration with primary care providers in local pediatric or family medicine practices. An intern can participate in service delivery to promote personal competencies in administering clinical assessments and multimodal EBPs (e.g., CBT, PMT, family treatment, motivational interviewing, school and medication consultation) and staff consultation/training with affiliated healthcare providers.

In all of these programs, 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 Theiss Early Childhood Behavioral Health
(Kimberly Blair, PhD)

Matilda Theiss Early Childhood Behavioral Health provides center-based, mobile therapy, outpatient, and school-based treatment programs designed to be appropriate for young children at-risk for behavioral or developmental concerns, exhibit disruptive and other challenging behaviors and/or have experienced traumatic stress. Within the center-based program, the Matilda Theiss Therapeutic Nursery and Preschool, 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 IMPACT mobile therapy program (Interactive Mobile Parent And Child Treatment) where mobile therapists provide treatment within the child’s daycare, preschool, or home setting, up to six hours per week. Our newest program, COOL Zone, are school-based behavioral health teams housed within the Woodland Hills and McKeesport Area School Districts and provide comprehensive behavioral health services to children within community, home/family, and school contexts.

Established in 2012 through a grant from the US Substance Abuse and Mental Health Services Administration, the Early Childhood Trauma Treatment Center was created as a Community Treatment and Services Center within the National Child Traumatic Stress Network (NCTSN) to provide services to children age birth to seven who have experienced trauma, along with their caregivers and/or families.
This goal is achieved through the use of evidence-based practices, such as Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT). Trauma treatment from the ECTTC is provided as an outpatient service or within any of the Matilda Theiss programs listed above.

**Children’s Hospital of UPMC - Consultation/Liaison Service**

(Kathryn Barbash, PhD; Rachel Battaglia, PsyD; Caitlyn Baum, MS; David Benhayon, MD; Leslie Dahl, PhD; Kristin Dalope, MD; Meghan Eberle, PsyD; Sheri Goldstrohm, PhD; Heather Joseph, DO; Marybeth Kennedy, LCSW; Lauren Lorenzi, MS; Viveca Meyer, MD; Roberto Ortiz-Aguayo, MD; Dana Rofey, PhD; Taylor Saunders, PsyD; Carrina Scotti-Degnan, PhD; Abigail Schesinger, MD; Justin Schreiber, DO, MPH; Erin Troup, LPC; Justine Vecchiarelli, MS: Kelley Victor, MD; Victoria Winkeller, MD; Martin Lubetsky, MD; Barb Zapolo, EdD; Chelsea Grefe, PsyD; Leslie Wehman, MS)

The Children’s Hospital of Pittsburgh of UPMC Behavioral Science Division provides a full array of behavioral health assessments and interventions for hospitalized children and their families as well as specialty behavioral outpatient services in multiple pediatric subspecialty clinics. 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. Interns have opportunities to work with children with a wide variety of chronic and acute medical problems across the full developmental spectrum. The majority of the traditional rotation work takes place on a short-term, inpatient basis though opportunities exist for follow-up care needed to facilitate ongoing adjustment to medical challenges based on individual interest.

**Children’s Hospital of Pittsburgh - Transplant Psychology**

(Diana Shellmer, PhD; Beth Logan, 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. 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.

**Adult, Child, & Adolescent Inpatient Bipolar (ACABS)**
(Melissa Nossal, PsyD; Rasim Diler, MD; Timothy Denko, MD; Patrick Driscoll, MD)

The ACABS unit is a 23-bed inpatient unit comprised of two separate programs, Inpatient Child & Adolescent Pediatric Bipolar Services Program (In-CABS) and the new Adult Bipolar Program. The multi-award winning In-CABS Program facilitates early identification and treatment of bipolar disorder in adolescents between the ages of 13 and 18. While in this program patients may benefit from receiving extensive diagnostic assessment and participating in the comprehensive inpatient program that includes Dialectical Behavioral Therapy (DBT) skills group, actigraphy, neurocognitive assessments, electronic mood/energy charting, light therapy, sleep scheduling, diet/exercise/medication education, individual therapy, and family groups. The inpatient Adult Bipolar Program utilizes specialized chronotherapeutic interventions in the treatment of bipolar disorder in adults. The new triple chronotherapy program utilizes sleep deprivation, sleep phase advancement, and light therapy to accelerate antidepressant response in patients currently in a bipolar depressive episode. Dark therapy and blue light blocking technology is offered as a supplemental treatment for patients currently presenting in a manic or rapid cycling state. Patients in this program are first assessed with the Structured Clinical Interview for DSM-5 (SCID) to determine diagnosis assist in treatment recommendations. Milieu group therapy programming primarily consists of Dialectical Behavioral Therapy (DBT) and Interpersonal Social Rhythm Therapy (IPSRT). Patients in this program may also benefit from individual therapy, family groups, actigraphy, and electronic mood/energy charting. During this rotation interns may choose to work with one program or both.

**UPMC Center for Eating Disorders (CED)**
(Alexis Fertig, MD; Wynne Lundbald, MD; Joshua Hefferen, LCSW)

The Center for Eating Disorders provides assessment and treatment for adolescents and adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating problems. The COPE care continuum includes an inpatient unit, a partial hospital program, and intensive outpatient services at WPIC and in Wexford. Development of an outpatient program and outpatient skills groups is under way as well. Treatment modalities include cognitive behavioral therapy, family based therapy, dialectical behavioral therapy, and pharmacotherapy. Training opportunities are available at every level of care with children, adolescents and adults. Three- or six-month rotations will be developed in collaboration with the supervisors to accommodate the intern’s interest and training.
This rotation provides the opportunity to learn how behavioral assessment and treatments are integrated into medical care for patients in gastroenterology. The clinic population are adolescents and adults with GI conditions such as irritable bowel syndrome, inflammatory bowel disease, cyclic vomiting, chronic pancreatitis. Most prevalent diagnoses of our patients are mood and anxiety disorders, stress disorders, chronic pain syndromes and somatization syndromes. Behavioral interventions used are cognitive behavioral therapy, mindfulness techniques, and medical hypnosis. Services are integrated into medical care and for a subset of patients with inflammatory bowel disease, offered as part of a subspecialty medical home care model. Behavioral services are integrated with pharmacological management as indicated and provided either face-to-face and by videotherapy/telemedicine. Finally, genetic information from some patients is compiled and allows for queries involving genotype-phenotype analyses.