

# Clinical Psychology Internship – Adult Rotations

*The University of Pittsburgh and UPMC hospital systems operate in compliance with all federal and state guidelines as regards the ongoing COVID-19 pandemic. To this end, some rotations might operate in a temporarily adjusted format (i.e. via telemedicine) or with other alternate policies as required. These modifications are being flexibly implemented based upon current circumstances. All rotations will be available in the safest and most effective manner possible.*

## Psychiatric Emergency Services (PES)

**Supervision: Kelly Geis, MSN, RN**

Western Psychiatric Hospital's Psychiatric Emergency Service (PES) is a psychiatric emergency room that sees over 14,000 patients annually. It is the pulse of the hospital and a busy hub where patients from all over travel to receive an evaluation from a team of experts in the field. The PES is a multidisciplinary team that collaborates to determine the best possible and most appropriate disposition for the patient and their family, under the direct care of an attending psychiatrist. The PES works in conjunction with resolve crisis services and the Psych Care + department to best meet the needs of the patients during their evaluation. The PES serves as a resource across UPMC and the behavioral health network for psychiatric care and consultation. This rotation offers valuable experience in psychiatric phenomenology, diagnostic dilemmas, and principles of care management in an emergency room setting.

## Health Behavior Research Group/Behavioral Medicine Program

**Supervision: Michele Levine, PhD; Elizabeth Venditti, PhD, and Jennifer Grace, MS**

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 older adults. In collaboration with the faculty, interns may individualize their rotation experience with a minimum duration of six months.

## UPMC Center for Eating Disorders (CED)

**Supervision: Wynne Lundblad, MD; Michelle Mikels, LCSW**

The Center for Eating Disorders provides assessment and treatment for children, adolescents and adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating problems. The CED care continuum includes an inpatient unit, a partial hospital program, intensive outpatient services, and limited traditional outpatient care. The services in Oakland primarily serve adults with eating disorders, though the program is able to accommodate teens over the age of 14. The Oakland program also offers services to individuals with binge eating disorder. Treatment modalities include cognitive behavioral therapy, dialectical behavioral therapy, and pharmacotherapy. Training opportunities are available at every level of care with 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

**Supervision: Rob Ferguson, PhD; Ellen Ormond, PhD; Kaleena Chilcote, MD; Donna Posluszny, PhD, ABPP; Angela Dean, PsyD; Robin Valpey, MD**

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 clinicians 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

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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 receive experience with stem cell transplantation evaluations and psychopharmacology for patients with cancer.

### Behavioral Sleep Medicine

**Supervision: 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.

### Services for the Treatment of Early Psychosis (STEP)

**Supervision: Helen J. Wood, DClInPsy; Deepak Sarpal, MD**

STEP offers support to people aged between 14 through 40 experiencing their first episode of psychosis or early in their treatment for a schizophrenia spectrum disorder. STEP is based on a coordinated specialty care model, with a strong emphasis on recovery principles and support that includes therapy, case management, medication management, education and employment support, peer support and family psychoeducation. Individuals accessing the service typically stay for up to five years into their treatment. The STEP team is excited to be currently introducing CBT for psychosis.

The intern will be an active part of a close multidisciplinary team, including contributing to discussions in morning huddles and a weekly treatment team meeting on Thursday mornings. Direct clinical work will include initial assessment of clients, working with clients in different phases of early treatment, as well as using CBT for psychosis. Group work may sometimes be possible. Experiences may also be tailored to fit interns' existing skills and interests. We require that interns participate in a 6-month rotation to best meet clients' needs in therapy and our desire to incorporate interns into our team. Time commitment can be negotiated with a minimum of 8 hours per week.

This placement would suit anyone interested in psychosis; differential diagnosis for psychosis, including autistic spectrum diagnosis, OCD, complex trauma, substance abuse, emerging personality traits; CBT; multidisciplinary teamwork; and diversity issues.

It will be possible to combine a rotation involving both HOPE and STEP.

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## Help Overcoming Prodromal Experiences Through Early Assessment & Management (HOPE Team)

**Supervision: Leslie Horton, PhD; Tushita Mayanil, MD; Lauren Bylsma, PhD**

The HOPE TEAM is an outpatient clinic with grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; 2019-2022) which serves youth ages 10-26 who are experiencing early signs and symptoms of risk for psychosis (i.e., are at clinical high-risk for psychosis). HOPE TEAM will provide services based on a stepped care model, with treatment intensity and duration determined by clinical need. At minimum, all participants will complete an initial medical evaluation and baseline assessment, ongoing assessment every 6 month, and weekly/biweekly cognitive-behavioral therapy (CBT) and family support for at least 6 months. In addition to these services, some participants will receive psychiatric medication management, supported employment and education services, and peer support. Rotation opportunities include conducting intake assessments, weekly team meetings (Friday mornings), individual or group supervision meetings (arranged with supervisor), and an individual caseload of 1-3 patients for weekly CBT therapy (for 6-month rotations only). There may also be opportunities to assist with community outreach efforts. It is recommended that interns participate in a 6-month rotation in order to carry an individual caseload, as cases are seen for a minimum of 6 months. Interns completing a 3-month rotation will primarily be involved with screening and assessment (1-2 full assessment batteries per month, 3-5 hours each). Training will be provided in the Structured Interview for Psychosis Risk-Syndromes (SIPS) semi-structured interview and modifications to CBT appropriate for youth at clinical high-risk for psychosis. Expected total time commitment will be 4-8 hours weekly.

It will be possible to combine a rotation involving both HOPE and STEP.

## Psychotic Disorders Inpatient Care

**Supervision: Gretchen L. Haas, PhD; Gaurav Gandotra, MD**

This rotation provides intensive training in the assessment and treatment of individuals with psychotic disorders. The intern is provided with an opportunity to work on the 9th floor inpatient unit (Comprehensive Recovery Services, for individuals experiencing psychosis). Thus, the trainee gains an experience of acute care, 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 are 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. These also provide the intern with an opportunity to work closely with a resident in psychiatry, an attending faculty psychiatrist, and other members of the treatment team. When desired, the intern has the additional opportunity to gain experience in evidence-based treatment of adults experiencing psychosis. In this instance, the intern will provide psychoeducation and CBT informed supportive therapy for a small caseload of patients, from their attending physician's caseload whenever possible. Further evidence-based therapy experience is available through running a group. Currently this involves running a mindfulness group and may extend to running an Acceptance and Commitment Therapy group.

## Dual Diagnosis Inpatient Services

**Supervision: Antoine Douaihy, MD**

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

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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.

### **Emotion Regulation and Borderline Personality Disorder Development Supervision:**

#### **Supervision: Stephanie Stepp, PhD**

This rotation provides an opportunity for the longitudinal assessment of emotion regulation and borderline personality disorder (BPD) in a sample of mothers with preschoolers from community and clinical settings. The goal of this research project is to identify emotion regulation processes that can be used in the early identification of BPD. Interns develop expertise with semi-structured psychiatric interviews for adults as well as 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.

### **Center for Treatment of Obsessive-Compulsive Disorder**

#### **Supervision: 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**

#### **Supervision: Jamie Harris, LCSW [bipolar track], Sheri Hertzog, 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.

### **Center for Counseling and Cancer Support and Bio-Behavioral Medicine in Oncology Program, UPMC**

#### **Hillman Cancer Center**

#### **Supervision: Rob Ferguson, PhD; Ellen Ormond, PhD; Robin Valpey, MD; Donna Posluszny, PhD, ABPP; Angela Dean, PsyD.**

The Center for Counseling and Cancer Support 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 clinicians 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

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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 receive experience with stem cell transplantation evaluations and psychopharmacology for patients with cancer.

### **Psycho-Oncology Clinical Service and Biobehavioral Cancer Control Program, UPMC Hillman Cancer Center** **Supervision: Rob Ferguson, PhD; Ellen Ormond, PhD; ; Donna Posluszny, PhD, ABPP; Angela Dean, PsyD; Robin Valpey, MD**

The Psycho-Oncology Clinical Service and Biobehavioral Cancer Control Program provide psychological/psychiatric assessment and intervention for adult 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 clinicians 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 receive experience with stem cell transplantation evaluations and psychopharmacology for patients with cancer.

### **Outpatient Pain Psychology, UPMC Division of Chronic Pain** **Supervision: Susan Jarquin, PhD**

The pain psychology service provides outpatient psychological assessment and intervention to adults living with chronic pain. At present, these services are largely being delivered via telemedicine technology due to the COVID crisis. On this rotation interns will perform initial evaluations for individual therapy, brief evaluations designed to assess fit for chronic pain self-management groups, and evaluations intended to determine suitability for implantable pain therapies, including spinal cord stimulators. Interns will have the opportunity to deliver individual and likely group-based therapy. A plan to deliver group-based pain psychology services via telemedicine technology is now being constructed. The goals of this rotation are to 1) familiarize interns with the difficulties patients living with chronic pain commonly face and prepare interns to assist patients in coping with these difficulties; 2) to train interns to deliver individual and group therapy in an outpatient medical setting, including use of telemedicine technology; and 3) 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 motivational interviewing interventions as well as cognitive-behavioral and acceptance and commitment therapy techniques. 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 in Shadyside at the Centre Commons Building. Given the COVID crisis, interns may be able to provide telemedicine services from home; interns will need access to specific technology to do this though.

### **Electroconvulsive Therapy (ECT) Rotation**

#### **Supervision: 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

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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 and standard testing and provide brief therapy sessions to provide patients with psychoeducation and coping skills.

### Neuropsychological Assessment in Outpatient Geriatric Psychiatry

**Supervision: Meryl A Butters, PhD; Andrea M Weinstein, PhD**

Psychiatric health is directly related to cognitive health in at least two ways. First, adults who have a long history of chronic psychiatric symptoms are at higher risk for cognitive decline. Second, onset of psychiatric symptoms in late-life can be an initial sign of neurodegenerative disease. This rotation will involve neuropsychological assessment of older adults seen at the Benedum Geriatric Center located in UPMC Montefiore Hospital. Referrals include outpatient geriatric psychiatry patients, as well as some primary care patients with new onset of cognitive impairment. Interns in this rotation will learn how 1) psychiatric disorders such as depression, anxiety, and bipolar disorder can result in persistent cognitive deficits in older adults, 2) to conduct and interpret a neuropsychological evaluation in the context of complex psychiatric history, 3) to integrate medical and psychiatric information to diagnose neurodegenerative disease and determine etiology in older adults, and 4) to write integrative reports and make treatment recommendations. Interns will be trained to administer widely used neuropsychological tests with standardized norms (e.g., RBANS, D-KEFS, Boston Naming Test, Wisconsin Card Sorting Test). They will be involved in medical record review, case conceptualization, creating an individualized neuropsychological battery, in-depth clinical interview, test administration, test scoring, interpretation, and report writing. Consultation with clinic psychiatrists, nurses, and social workers occurs often. Both Dr. Butters and Dr. Weinstein (licensed clinical psychologists) will provide supervision. There may also be opportunities to provide some supervision to psychology graduate student externs during group supervision. This rotation is 1 day per week (Wednesdays), and we request a 6-month commitment. The caseload is approximately 3 patients per month, with other time for report writing and supervision.

### Neuropsychological Assessment in Neurosurgery

**Supervision: 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, and in some instances it informs diagnosis.. 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.

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## Youth and Family Research Program

**Supervision: Brooke Molina, PhD; Sarah Pedersen, PhD**

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and related cognitive-behavioral profiles, comorbid externalizing disorders, and alcoholism and other 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 diagnostic, including ADHD, assessments as part of an ongoing studies. 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 studies of ADHD, alcohol and other substance abuse (including stimulant misuse), and alcohol response in the lab and in the real world (EMA). We focus on youth and young adults, and recently their offspring, using developmental, neurobiological, and multimethod approaches (e.g., imaging, psychophysiological, and ecological momentary assessment).

## Suicide Risk in Young Adults

**Supervision: Lori Scott, PhD & Betsy Butler, PhD**

This rotation provides an opportunity for the longitudinal assessment of suicidality, self-injury, stressful life events, and psychopathology symptoms in young adults enrolled in an NIMH-funded research study. The primary goal of the Daily Emotions and Relationships (DEAR) study is to identify near-term (i.e., proximal) risk markers for intraindividual changes in suicidality over time, with an emphasis on how individuals respond to social stress. In this study we intensively assess adults (ages 18-35) currently receiving mental health care who have had recent suicide ideation or attempts. Our multi-modal assessments include interviews, questionnaires, cardiovascular psychophysiology, implicit association tests, and ecological momentary assessments. We will also be pilot testing wearable devices and passive sensing methods of assessment. Participants are followed for 12 months at 4-month intervals.

## Bellefield Enhanced Support Team (BEST)

**Supervision: Esther Teverovsky, MD; Holly Swartz, MD; Kelly Forster Wells, LCSW; Sue Wesner, RN, MSN, CS**

The Bellefield Enhanced Support Team (BEST) is an intensive outpatient program that specializes in delivering group and individual psychotherapy to outpatients over the age of 60. BEST specializes in the treatment of depressive, bipolar and anxiety disorders utilizing an evidence-based therapy, Interpersonal and Social Rhythm Psychotherapy (IPSRT), as its primary therapy modality. Opportunities exist for trainees interested in providing group and individual psychotherapy as part of an interdisciplinary team. Practicum opportunities include training in Interpersonal and Social Rhythm Therapy. Interns will be expected to participate in individual supervision, co-facilitate IPSRT groups twice a week, attend team meetings, and carry a small caseload of adult outpatients.

## Psychotherapy Training Clinic (PTC)

**Supervision: 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.

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### Center for Advanced Psychotherapy

**Supervision:** Lauren Bylsma, PhD;; Holly Swartz, MD;; Kelly Forster Wells, LCSW; Ran Li, 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 personality disorders in children, adolescents, and adults. Supervision will be provided in evidence-based therapies including interpersonal psychotherapy (IPT), interpersonal and social rhythm therapy (IPSRT,) Cognitive Behavioral Therapy (CBT), and Mentalization Based Therapy (MBT). CBT will be the primary modality for child and adolescent cases, with a focus on 8 to 17-year-old youth with unipolar depression or anxiety disorders. MBT will be used to treat individuals with borderline and narcissistic personality disorders. Practicum opportunities include participation as therapists and assessors in an NSF-funded randomized trial examining process factors associated with psychotherapy outcomes in depressed adults using IPT or CBT approaches. Training in the theory and implementation of evidence-based psychotherapies will be provided, in combination with pharmacotherapy (for adults or youth) as needed. Interns will be expected to participate in individual supervision, group supervision, and carry a small caseload of adult and/or child outpatients. Those who wish to learn MBT will be expected to continue with those cases after the rotation ends, with on-going supervision from Dr. Li, for a full year of therapy.

### The John Merck Inpatient Unit for Autism and Intellectual and Developmental Disorders

**Supervision:** Jessica Kettel, MD, Jennifer Lemmon, RN, Carla Mazefsky, PhD

The Merck unit is a specialized inpatient unit at UPMC Western Psychiatric Hospital for individuals who have Autism Spectrum Disorder, intellectual disabilities, and other developmental disorders. There are separate wings for children, adolescents, and adults. The unit primarily provides acute stabilization. Most patients are admitted for aggression or self-injurious behaviors. The unit serves individuals with the full range of intellectual and verbal abilities, providing experience with patients with ASD with the most severe presentations (e.g., nonverbal, severe intellectual disability) as well as bright and verbal patients with severe emotional or behavioral problems. The rotation will be tailored to the intern's experience with the population and interests. Common elements include attending multidisciplinary treatment team, joining rounds with the attending psychiatrist, conducting interviews or assessments with patients, planning and implementing behavioral interventions, 1-on-1 interventions with cognitively-able patients, etc. Interns will also have the opportunity to participate in activities that occur on the unit as part of the Autism Inpatient Collection, which is a multisite research study (see <http://www.reaact.pitt.edu/studies-2/>). Research activities available to interns include observation or potential administration of the Autism Diagnostic Observation Schedule – 2, a test of receptive language ability, and a nonverbal IQ test (Leiter), and exposure to the collection of physiological arousal data via wrist worn sensors with concurrent coding of behaviors.