

# Child & Adolescent Rotations

## **Center for Autism and Developmental Disorders (CADD) Outpatient Program**

**Supervision: Benjamin L. Handen, PhD, BCBA-D, Alexandra G. Carroll, PhD, C. Teal Raffaele, PhD, & Cara M. Lucke, PhD**

We have two outpatient programs serving children and adolescents (CADD Child) and adults (CADD Adult) with neurodevelopmental differences often coupled with psychiatric and behavioral challenges. The majority of clients are on the autism spectrum and/or have a diagnosis of intellectual developmental disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic where they evaluate children, adolescents, or adults who were referred for concerns related to a differential diagnosis of autism. Interns serve on an assessment team and are instructed in the use of diagnostic tools, such as the ADOS-2. Psychology interns may also serve as therapists in social skills training groups or in individual therapy for children, adolescents, and adults. The Center for Autism and Developmental Disorders is also involved in a range of research studies, including examination of the efficacy of pharmacologic treatment for ADHD in this population, the impact of exercise, sleep, and lifestyle on dementia in Down syndrome, and examination of biomarkers of dementia in Down syndrome. Opportunities are also available for interested interns to become involved in such efforts.

## **Regulation of Emotion in Autistic Adults, Children, and Teens (REACT) program**

**Supervision: Carla Mazefsky, PhD, Jessie Northrup, PhD, Caitlin Conner, PhD, Kelly Beck, PhD, Holly Gastgeb, PhD**

We conduct research on emotion regulation and mental health in autism spectrum disorder across the lifespan ([www.react.pitt.edu](http://www.react.pitt.edu)). We use a range of methods including observational studies and structured tasks, measure development, clinical trials, neuroimaging, machine learning, ambulatory physiology, ecological momentary assessment, community-based participatory research, and qualitative methods. The REACT Program is also an NIMH Autism Center of Excellence (ACE) which is focused on mental health and suicidality in autistic adults. The ACE infrastructure offers numerous opportunities for career development. Currently, among other research opportunities, for clinical experience, interns may learn to conduct adult and child assessments. Options may include autism diagnostic assessments (e.g., ADOS), cognitive assessments, clinical interviews focused on irritability, structured psychiatric assessments (MINI), and suicide assessments (C-SSRS). Interns will initially receive training in conducting the assessments, including training videos and observing supervisors, and will subsequently conduct assessments independently. Interns will participate in individual supervision and group lab meetings. Ample opportunities are available to work with autistic individuals ages 3 through 65, and our studies also enroll controls ranging from neurotypical to developmental delays to other clinical populations at high risk for suicide. Additional opportunities are available based on interest, including broader REACT Program-wide meetings and didactics, early career writing group, more intensive participation in the research studies or dissemination and partnership activities, and collaboration on conference presentations and manuscripts. Currently, this is a hybrid (in-person and remote) rotation, and a specific schedule can be developed with the intern and supervisors.

### **UPMC Center for Eating Disorders (CED)**

**Supervision: Rachel Kolko Conlon, PhD and Britny Hildebrandt, PhD**

The UPMC Center for Eating Disorders (CED) provides assessment and treatment for adults and youth with anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating disorders. The CED care continuum includes an inpatient unit, a partial hospital program, intensive outpatient services, and limited traditional outpatient care. Treatment modalities include cognitive behavioral therapy, dialectical behavioral therapy, and pharmacotherapy. Training opportunities are available at multiple levels of care. Three- or six-month rotations will be developed in collaboration with the supervisors to accommodate the Intern's interest and training.

### **Re:solve Crisis Services**

**Supervision: Melanie Grubisha, MD, PhD**

Re:solve Crisis Services is a 24-hour, 365-day crisis service that is free to all Allegheny County residents. The 150-member crisis team provides a 24-hour phone hotline, mobile crisis teams, walk-in center, residential services for qualifying individuals, and services specific for teens and children. Crisis intervention and hospital diversion are at the forefront of resolve Crisis Services. At Re:solve, their mantra is that everyone defines his or her own crisis. This rotation offers valuable experience in psychiatric phenomenology, crisis intervention, and principles of care management in a community-based setting. As part of this rotation, interns will have the opportunity to assist with walk-in evaluations at Re:solve, present cases to physicians, and may have the opportunity to join mobile crisis teams.

### **Center for Adolescent Reward, Rhythms, and Sleep (CARRS)**

**Supervisor: Jessica Levenson, PhD**

The Center for Adolescent Reward, Rhythms, and Sleep (CARRS) is a NIDA-funded Center of Excellence grant awarded to the Department of Psychiatry, to study the impact of adolescent sleep and circadian rhythm changes on reward circuitry and substance use-relevant outcomes. Human participants complete semi-structured diagnostic interviews focused on sleep, psychopathology, and substance use as part of their screening for study eligibility. Some participants also receive a one-session experimental intervention intended to manipulate sleep and circadian rhythms to directly examine its impact on reward function and cognitive control. Participants are adolescents. Interns involved in this rotation will conduct the semi-structure clinical interviews and one-session experimental intervention with teen participants. This rotation offers an opportunity to learn and/or enhance one's Child & Adolescent Rotations – Clinical Psychology Internship existing training in sleep and strategies for altering sleep and circadian rhythms; rigorous conduct of diagnostic interviews, including assessment of substance use; and writing brief narratives of participant reports. Interns are invited to attend didactic training opportunities offered by the Center for Sleep and Circadian Science ([www.sleep.pitt.edu](http://www.sleep.pitt.edu)), including the weekly Multidisciplinary Sleep Conference, among others.

### **Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescent**

**Supervision: Shayna Honzo, LPC; Elizabeth Gillespie, DO; and Shoshanna Shear, MD**

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 three hours/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, developing clinical research, and developing individual projects aimed at improving clinical care.

### **Services for Teens at Risk (STAR)**

**Supervision: David A. Brent, MD, Tina Goldstein, PhD. and 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 response to Commonwealth-wide concern about suicide in college students, STAR-Clinic developed a program for students attending a Western PA college or university, called Co-STAR (College Option, Services for Transition Age Youth at Risk). The goal of 'CO-STAR' is to partner with local colleges and universities and provide rapid and comprehensive assessment and treatment for depressed, anxious, and suicidal undergraduate (18 to 24-year-old) college students. Typically, these would-be undergraduate college students "stepping down" from the acute inpatient level of care following a suicidal episode; students in crisis presenting at the WPH Psychiatric Emergency Services (PES) or students in crisis at the University Counseling Centers.

### **Theiss Center for Trauma and Early Childhood Behavioral Health**

**Supervision: Kimberly Blair, PhD, Devlina Roy, PsyD, and Rachel Ludwig, LCSW**

The Theiss Center for Trauma and Early Childhood Behavioral Health provides center-based, mobile therapy, outpatient, and school-based treatment programs designed to be appropriate for children at risk for or experiencing emotional or behavioral concerns such as disruptive and other challenging behaviors and traumatic stress.

First established in 2012 through a grant from the US Substance Abuse and Mental Health Services Administration, the Theiss Center for Child and Adolescent Trauma is as a Community Treatment and Services Center within the National Child Traumatic Stress Network (NCTSN) providing services to children through age seventeen 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), Parent-Child Interaction Therapy (PCIT), Trauma-Responsive Play Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Integrative Treatment for Complex Trauma (ITCT). Trauma treatment is provided through our Child and Adolescent Trauma Services (CATS) Outpatient Clinic at the new East Carson Street

facility. Interns who elect to do a rotation within this clinic will have the opportunity to receive training in at least one evidence-based treatment for child trauma.

The Early Childhood Mental Health (ECMH) Outpatient clinic is a behavioral health program for young children who exhibit symptoms of or who currently have a behavioral health diagnosis. Referrals for admission are accepted for children ages 2 – 6 and treatment, on occasion, can extend through age 10 if deemed clinically appropriate based on developmental factors or necessitated for continuity of care. Children served are those that are experiencing a range of behavioral and emotional disruptions such as: aggression, anxiety, depression, withdrawal, disruptive behaviors, and emotional difficulties.

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 within the therapeutic classroom milieu including: 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.

### **UPMC Children's Hospital of Pittsburgh - Transplant Psychology**

**Supervision: Diana Shellmer, PhD, PhD Jessica Orris, PhD, and Katie McIntyre, PsyD**

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, gastroschisis, 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 screening evaluations both pre- and post-liver transplantation are also undertaken in order to provide accurate and detailed evaluation of cognitive, developmental, adaptive, and academic functioning of patients. We currently run a testing clinic for our transplant patients on Wednesday afternoon. The testing clinic focuses on streamlined diagnostic assessment. Lastly, we also engage in annual post-transplant evaluations that assess for developmental, cognitive and psychosocial concerns. Interventions are geared toward addressing psychosocial, organizational, and systematic barriers to successful transplantation and posttransplant 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 examination of cognitive and psychological functioning in patients

with MSUD and other metabolic conditions; examination of parameters of adherence in transplant patients; and examination of the psychosocial functioning and adjustment of transplant patients.

### **Pediatric Neuropsychology**

**Physical Medicine & Rehabilitation Department, University of Pittsburgh's School of Medicine**

**Supervision: Sarah Laughlin, PhD; Amy Letteri, PhD; Loren Pease, PsyD; Melissa Sutcliffe, PhD, ABPP**

The Pediatric Neuropsychology Service within UPMC Children's Hospital of Pittsburgh (CHP) serves patients from infancy to age 26, and their families. Interns will have the opportunity to engage in assessment, consultation, and brief interventions that provide information to the child, family, and broad care team about 1) how a medical condition (e.g., epilepsy, traumatic brain injury, genetic syndrome) or treatment (e.g., radiation) places a child at risk for developmental, cognitive, and behavioral problems; and 2) how to intervene to improve outcomes. Opportunities available include: 1) outpatient neuropsychological evaluation (interview, testing, feedback); 2) brief neuropsychological evaluation and broader service to families (e.g., participation in discharge school/family meetings) within inpatient rehabilitation; 3) clinical interview and consultation within hospital-based, interdisciplinary clinics (e.g., brain injury clinic, sickle cell clinic, epilepsy surgery clinic, audiology clinic); 4) joint presentation with medical fellows in interdisciplinary case conferences (e.g., Neuropsychology-Neurodevelopmental Disorder Case Conference); 5) case presentation within phase I epilepsy surgery conference; 6) participation in CHP's tumor board conference; and 7) provision of brief executive functioning skills training with children and caregivers. The specific activities that define an intern's pediatric neuropsychology rotation will be based on the intern's prior experience, goals, and availability at the time of rotation. All interns will learn to administer standardized assessments, interpret neurocognitive data and engage in case conceptualization in a way that considers medical and psychosocial influences, integrate information to make diagnoses, write integrative reports, and provide verbal evaluation feedback to patients and families. Additional activities may include tiered supervision with PMR's post-doctoral neuropsychology fellows, externs and/or psychometrists; participation in PMR's neuropsychology post-doctoral fellowship didactics; observation of neurosurgical and/or epilepsy monitoring procedures; and clinical/educational program development.

### **Consultation-Liaison at UPMC Presbyterian, Montefiore, Magee-Women's Hospitals Supervision: Ryan Peterson, MD and Priya Gopalan, MD; Karen Jakubowski, PhD**

Interns will have the opportunity to provide consultation and intervention with a variety of patients to address behavioral health concerns with hospitalized adult and geriatric patients (and infrequently adolescent patients). Consultations take place in the inpatient hospital-based setting with a variety of complex medical issues; consulting teams include but are not limited to internal medicine, general surgery, cardiac, pulmonary, gastrointestinal, hematology, neurology/neurosurgery, obstetrics & gynecology, orthopedics, and oncology. Presenting concerns including patients with difficulty coping or adapting to illness/injury, complications arising from the interface of behavioral health and chronic medical illness, trauma-related conditions including gun-shot wounds and iatrogenic trauma, pre- and post- solid-organ transplantation, chronic pain and somatic symptoms, eating disorders, physical rehabilitation, substance use disorders, and care of psychiatrically hospitalized patients with medical complications, and suicide attempts. Interns will primarily be supervised by psychiatrists with training in Consultation-Liaison (CL) psychiatry, an accredited subspecialty within psychiatry which focuses on integration of medical and psychiatric practice. Interns will have the opportunity to conduct initial consultations and follow-up evaluations on hospitalized patients and will collaborate with medical specialists, nursing, social work, and community behavioral health providers. Psychotherapeutic skills with

an emphasis on brief interventions will be developed with numerous opportunities for bedside practice with supervision. Enhanced training in brief trauma-informed interventions are available, depending on the site and on intern interests. Specific training goals of the intern will be discussed at the start of the rotation. This rotation is ideal for individuals interested in health psychology. Opportunity to follow patients longitudinally to inpatient units at Western Psych or UPMC outpatient clinics exists depending on the intern's other rotation schedule. The rotation supervision will include weekly meetings with attending CL psychiatrists in addition to regular programmatic supervision (i.e., morning lectures and case conferences).

### **Hope Team**

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

The Hope Team is an outpatient clinic supported by grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; 2019-2026) serving youth ages 10-26 who are experiencing early, subthreshold signs and symptoms of risk for psychosis (i.e., are at clinical high-risk for psychosis, or CHR). Hope Team provides services based on a coordinated specialty care model, with treatment intensity and duration determined by clinical need. At minimum, all patients complete an initial medical evaluation and baseline assessment, ongoing assessment every 6 months. Most participate in weekly/biweekly cognitive-behavioral therapy (CBT) and family support. In addition to these services, some patients receive group therapy (a novel DBT skills and CBT hybrid group), psychiatric medication management, supported employment and education services, and peer support. Rotation opportunities for interns include conducting intake assessments, weekly 1.5-hour multidisciplinary team meetings (current Wednesdays at 11am), individual 1-hour supervision meetings (arranged with supervisors), an individual caseload of 1-3 patients for weekly CBT therapy, and/or potentially co-leading weekly group therapy. There may also be opportunities to assist with community outreach efforts, research studies, and/or observe psychiatry visits. Training will be provided in the Mini-Structured Interview for Psychosis Risk-Syndromes (Mini-SIPS) semi-structured interview, modifications to CBT appropriate for CHR youth with psychotic-like experiences, and group therapy skills. Patients seen in Hope Team are often diagnostically complex with other co-morbid conditions, such as mood disorders, anxiety disorders, traumatic stress disorders, and ADHD. Many Hope Team patients identify as members of sexual or gender minoritized groups. Expected total time commitment varies depending on goals of trainee. <https://www.hopeteam.pitt.edu/>.

### **Youth and Family Research Program**

**Supervision: Traci Kennedy, PhD & Heather Joseph, DO; and Program Co-Directors Brooke Molina, PhD and 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, alcohol and other substance use disorders using developmental, neurobiological, and multimethod approaches (e.g., imaging, psychophysiological, and ecological momentary assessment). Currently, among other research opportunities, for clinical experience interns may learn to conduct diagnostic assessments with a focus on the diagnosis of ADHD in adults and children as part of three ongoing studies.

**Study 1 – Young Adults with ADHD** (Dr. Kennedy): This study (TIPS) seeks to develop a mobile-health intervention for young adults with ADHD who use alcohol. Through Dr. Kennedy's study, interns will conduct the DIVA semi-structured interview for ADHD among young adults (ages 18-25). The opportunity to conduct portions of the SCID (alcohol use disorder and substance use disorder modules) and/or timeline follow-back substance use interviews is also available if a trainee is interested.



**Study 2 – Pregnant Individuals with ADHD** (Dr. Joseph): This study (MomMA) will involve completing 60 ADHD diagnostic interviews with pregnant individuals using the CAADID, as well as broader diagnostic assessment using the SCID. The goal of this R34 is to develop an intervention for pregnant individuals with ADHD.

**Study 3 – Children with ADHD** (Dr. Kennedy): This study (LemurDx) aims to validate smartwatch software to detect clinical levels of hyperactivity on days when children with ADHD are on vs. off medication. We are collaborating with other researchers at Pitt (e.g., Dr. Oliver Lindhiem) and CMU, as well as a local tech company, NuRelm. We will conduct 100 diagnostic assessments with children ages 6-12 (with the possibility of completing additional assessments with preschoolers ages 3-5), including ADHD, using the KSADS.

Interns will initially receive training in conducting the assessments, including training videos and shadowing supervisors, and will subsequently conduct assessments independently. Interns will participate in individual supervision and group lab meetings. A focus of this rotation is the accurate diagnostic assessment of ADHD across the lifespan, with particular attention to the nuances of differential diagnosis and establishing a clear timeline of symptoms for adult participants. Additional opportunities are available based on interest, including broader Youth and Family Research Program lab-wide meetings and didactics, a biweekly journal club, more intensive participation in any of the research studies (e.g., assisting with intervention development, facilitating qualitative focus groups/interviews), and collaboration on conference presentations and manuscripts. Currently, this is a hybrid (in-person and remote) rotation, and a specific schedule can be developed with the intern and supervisors.

### **Center for Advanced Psychotherapy (CAP)**

**Supervision: Lauren Bylsma, PhD; Holly Swartz, MD; Kelly Forster Wells, LCSW; and Ran Li, MD**

The Center for Advanced Psychotherapy (CAP) is an outpatient clinic that specializes in delivering evidence-based treatments for patients with mood disorders (unipolar or bipolar depression), anxiety disorders, and personality disorders in adolescents and adults. Training in the theory and implementation of evidence-based psychotherapies will be provided, in combination with pharmacotherapy (for adults or youth) as needed. Specifically, supervision is 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 is the primary modality for adolescent cases (ages 14-17), with a focus on unipolar depression or anxiety disorders. CBT training for adult cases focuses on patients with unipolar depression and anxiety disorders but may include opportunities to work with traumatic stress disorders (e.g., CPT or PE for PTSD) or obsessive-compulsive disorders, depending on trainee interests. Training in IPT is focused on treatment of unipolar depression and IPSRT for bipolar disorder. Training in MBT is focused on treatment of patients with borderline and narcissistic personality disorders. Interns are 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 see their cases for 6-12 months with ongoing supervision from Dr. Li. Advanced trainees interested in gaining supervision experience are also able to construct a supervision focused rotation with the opportunity to participate in individual and group supervision and lead didactic trainings and provide consultation to Bellefield clinical outpatient staff. A supervision focused rotation is recommended to be at least 6 months in the second half of the year. Supervision is currently a mix of virtual and in-person formats, including the weekly CAP Team Meeting (Tuesdays 1-2:30, currently virtual) and individual supervision (in person or virtual, arranged with individual supervisors, depending on modalities chosen).

### Family Therapy Training Clinic

**Supervision:** Kathleen Corcoran, MA and James Russell, MSCP, NCC, LPC

The Center for Children and Families (CCF) provides an Intense Eco-Systemic Structural Family Therapy Training program for clinicians, psychology interns, and fellows. CCF elicits strengths and values from within families to help them best manage circumstances that make it difficult to thrive as a family.

**CCF** 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).

**CCF** gives trainees the space to conceptualize and process their experiences working with families, which includes building rapport, identifying patterns of interaction, and working toward sustainable change. Our training model is mindful of how larger systems—such as environment, neighborhood(s), school systems, and society—impact the functioning of the child and family. The influences of gender, race, and culture, as well as therapists’ “use of self,” are addressed throughout the training year.

The training program has historically been a clinician’s first introduction to specialized/high-quality family therapy training and engagement. CCF looks to maintain and continue producing service providers with the enthusiasm and competency to meet the needs of families.

### Mother and Family Dialectical Behavior Therapy (DBT) Skills Training

**Supervision:** Amy Byrd, PhD and Stephanie Stepp, PhD

**Population:** (1) Mothers with emotion dysregulation + history of suicidal behavior and (2) families of adolescents (ages 12-18) with borderline personality disorder

**Experiences:** Interns will provide DBT Skills Training with one or both treatment populations, and training experiences span one research study and one WPH DBT outpatient clinic. DBT Skills Training for mothers of 9-11 year-olds will be delivered in the context of a federally funded randomized control trial (RCT) designed to test emotion dysregulation as an intergenerational risk mechanism for suicide. Mothers will be randomized to one of two conditions: (1) DBT Skills Training + Safety Planning Intervention (SPI) or (2) SPI only. For mothers enrolled in the (RCT), externs will also deliver SPI by conducting suicide risk assessments (e.g., Columbia-Suicide Severity Rating Scale) and create safety plans to manage suicide risk. The multi-family DBT Skills group will be delivered in the context of a DBT outpatient clinic for adolescents with borderline personality disorder and their families. This training opportunity could be a good fit for clinical psychology interns interested in clinical trials, suicide risk assessment and management, as well as DBT for adolescents, families, and adults.

**Requirements:** 2-quarter training commitment, availability to attend a weekly consultation team meeting

**Location:** Sterling Building, 201 N. Craig St., Suite 408