

Clinical Psychology Internship - Child and Adolescent 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.

Family Therapy Training Center (FTTC)

Supervision: 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 UPMC

Supervision: 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.

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.

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Center for Autism and Developmental Disorders

Merck Child Outpatient Program

Supervision: Benjamin L. Handen, PhD, BCBA; Cathryn Lehman, PhD

This outpatient program serves children and adolescents (ages 2 through 21) who have developmental disabilities coupled with psychiatric and behavioral 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, such as the ADOS-2. In addition, psychology interns have the opportunity to serve as therapists in social skills training groups for children and adolescents with High Functioning Autism Spectrum Disorder. Interns can also participate as co-therapists in our Parent Child Interaction Therapy (PCIT) and Early Start Denver Model (ESDM) afternoon clinics, something that could be expanded to include a second afternoon if desired.

Finally, the Merck Child Outpatient Program is also involved in a range of research studies examining the efficacy of pharmacologic and psychosocial treatments with this population. Opportunities are also available for interested interns to become involved in such efforts.

The Emotion Awareness and Skills Enhancement (EASE) Program for Autism Spectrum Disorder;

Supervision: Carla Mazefsky, PhD; Caitlin Conner, PhD

The Emotion Awareness and Skills Enhancement Program (EASE; see <http://www.reaact.pitt.edu/studies-2/>) is a 16-week individual therapy intervention to improve emotion regulation in verbal 12- to 21-year-olds with autism spectrum disorder (ASD) and IQ >80. EASE is a mindfulness-based intervention that emphasizes distress tolerance and incorporates some cognitive-behavioral therapy components. EASE is being evaluated in a two-site randomized controlled trial in comparison to individualized supportive therapy. Ideally, interns would complete at least one EASE and one individualized supportive therapy case. The supportive therapy condition allows for the use of any therapeutic approach that is not a primary component of EASE and does not target emotion regulation, providing exposure to and experience with a range of empirically-based approaches. When possible, interns would participate in both local group supervision and cross-site supervision, providing exposure to a wide range of patients, including commonly encountered therapeutic challenges and discussions to generate solutions. Interns will gain experience adhering to a standardized protocol within a clinical trial. Prior ASD experience is helpful but not required. While EASE was developed for and is being tested in an ASD sample, the skills learned when implementing EASE would easily translate to emotion regulation-focused interventions with other populations as well as support for the transition from adolescence to adulthood. EASE is currently being offered as an in-person or telehealth intervention.

Interested interns may be able to participate in an open trial of a new version of EASE for 16- to 25-year-olds with ASD and co-occurring intellectual disability and nonverbal IQ >50. There may also be additional opportunities to participate in eligibility and outcome assessments (e.g., psychiatric and emotional assessments, EEG assessments). Due to the length of EASE, it is recommended for this rotation to occur over 6 months.

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Youth and Family Research Program

Supervision: Brooke Molina, PhD; Heather Joseph, DO

The Youth and Family Research Program conducts research on the course, causes, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and alcohol use disorder plus other substance abuse across a broad age span from infancy to mid-adulthood. Interns may participate in ongoing studies that involve assessment and/or treatment. Currently, among other research opportunities, for clinical experience interns may learn to conduct adult diagnostic, including ADHD, assessments as part of an ongoing studies. The Youth and Family Research Program (www.yfrp.pitt.edu) includes a longitudinal study of ADHD with respect to substance use outcomes, with a recent focus on prevention of stimulant diversion through primary care prevention, and study of the early cognitive and behavioral markers of ADHD in infancy through toddlerhood. and/or treatment. Currently, among other research opportunities, for clinical experience interns may learn to conduct adult diagnostic, including ADHD and substance use disorder, assessments as part of ongoing studies. The Youth and Family Research Program (www.yfrp.pitt.edu) includes longitudinal study of ADHD with respect to substance use outcomes, with a recent focus on prevention of stimulant diversion through primary care prevention, and study of the early cognitive and behavioral markers of ADHD in infancy through toddlerhood.

Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescents

Supervision: Amy Kelly, MD; Kelsi Libfraind, LCSW; Elizabeth Gillespie, DO

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 MTTTh 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, contributing to the clinical research registry, and developing individual projects aimed at improving clinical care.

Services for Teens at Risk (STAR)

Supervision: 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

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therapy and medication management sessions. In addition, we see patients with primary anxiety disorders and bereaved youth.

In response to Commonwealth-wide concern about suicide in college students, STAR-Clinic has developed a new 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. Six local universities have been chosen based on the high level of demand for access to specialty services as well as the high risk for suicide in this population. 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 WPIC Emergency Room (DEC) or students in crisis at the University Counseling Centers.

Science and Practice for Effective Children's Services (SPECS)

Supervision: David J. Kolko, PhD, ABPP; Barbara L. Baumann, PhD; Oliver Lindhiem, PhD

Science and Practice for Effective Children's Services (SPECS) offers interns an opportunity to expand their collaborative treatment experiences by working in at least one of three treatment programs, each with a different focus: interns can participate in a comprehensive on-site treatment program for children/youth involved with the juvenile court due to sexually abusive/inappropriate behavior, a non-site treatment program for children/youth and their families who are referred for anger, aggression, conflict, coercion, or abuse, or an integrated care program in an affiliated family health center in a nearby community. Many of these cases have histories of chronic behavioral health disorders (both externalizing and internalizing problems), sexual or physical abuse/trauma /PTSD, caregiver stress/psychiatric disorders, and family conflict/chaos. An intern can participate in more than one of the programs, as described below.

In the **Services for Adolescent and Family Enrichment (SAFE) Program**

(<http://www.safessu.pitt.edu/professionals/>) interns provide services to children/youth and their families referred by Juvenile Court due to sexually inappropriate behavior. Many of these youth have diverse psychiatric, trauma, and family histories. 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.

The **Services Aimed at Fire Education and Treatment of Youth (SAFETY)** program

(<http://www.safetyssu.org/>) is a treatment and research program for children and youth referred for firesetting behavior by the Juvenile Court or Child Welfare. The program provides comprehensive clinical and educational services to the child/youth and family. Interns who work in the SAFETY program can gain valuable assessment, treatment, and research experiences.

The **Alternatives for Families: a Cognitive Behavioral Therapy (AF-CBT)** program (www.afcbt.org)

offers interns the chance to be trained in and utilize a trauma-informed, evidence-based treatment to work with families involved in arguments, frequent conflict, physical force/discipline, child physical abuse, or other behavior problems. Interns will support children and caregivers exposed to trauma, help to enhance the safety of children and their families, and teach valuable emotional regulation, behavior management, and problem-solving skills that will help families reduce the risk of high conflict interactions themselves.

The **Services for Kids In Primary Care (SKIP)** program (www.skipproject.org) offers interns an opportunity to deliver behavioral health services in collaboration with primary care providers in an off-site family medicine practice affiliated with the UPMC Family Medicine Department (UPMC McKeesport

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Family Health Interns conduct screening, clinical assessment, “curbside” consults with primary care providers (residents, faculty), brief behavioral health education, and short-term individual and family intervention, and can facilitate a medication evaluation with the child’s PCP.

In each 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

Supervision: Kimberly Blair, PhD, Tabitha Brown, PsyD, Marissa Barash, PsyD, Leah Herman, PsyD

Matilda Theiss Early Childhood Behavioral Health provides center-based, mobile therapy, outpatient, and school-based treatment programs designed to be appropriate for young children (ages birth to 8) 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, McKeesport Area, and Penn Hills School Districts and provide comprehensive behavioral health services to children within community, home/family, and school contexts. To expand access to this unique program, an Intensive Outpatient (IOP) version of the *COOL Zone* will be opening at Hosanna House in Wilkinsburg.

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.

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Children's Hospital of UPMC – Behavioral Health

Supervision: Kathryn Barbash PsyD; Caitlyn Baum MS; Nicole Brynes DNP; Kristin Dalope MD; Chelsea Grefe PsyD; Anna Jolliffe, DO; Heather Joseph, DO; Marybeth Kennedy LCSW; Lauren Lorenzi-Quigley, MS; Cristin McDermott, MD; Alisha Miller, PhD; Taylor Naus LCSW; Abigail Schlesinger, MD; Justin Schreiber, DO, MPH; ; Justine Vecchiarelli, MS; Kelley Victor MD; Kaycee Weir PhD; Maggie Whelan MD; Victoria Winkeller MD

The UPMC Children's Hospital of Pittsburgh 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 chronic and acute medical problems across the full developmental spectrum. Opportunities exist for inpatient and outpatient experiences dependent on interests and availability of training options at the time of the rotation. The rotation allows for interns to learn more about integrated care delivery models in an acute medical hospital setting.

Children's Hospital of Pittsburgh - Transplant Psychology

Supervision: 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, 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 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.

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Child & Adolescent Inpatient Bipolar (CABS)

Supervision: 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)

Supervision: Wynne Lundblad, MD; Rachel Kolko Conlon, PhD

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 CED care continuum includes an inpatient unit, a partial hospital program, and intensive outpatient services. Outpatient services are also being offered to individuals with binge eating disorder. Treatment modalities include cognitive behavioral therapy, family-based 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.

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 8-17 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

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rotation ends, with on-going supervision from Dr. Li, for a full year of therapy.