

Clinical Psychology Internship - Adult Rotations

Diagnostic Evaluation Center (DEC)

Supervision: Melissa Stepek, MSCP [Clinical Supervisor]; Various Faculty Supervisors

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

Behavioral Medicine Program

Supervision: Marsha D. Marcus, PhD; Michele Levine, PhD; Elizabeth Venditti, PhD

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

UPMC Center for Eating Disorders (CED)

Supervision: Alexis Fertig, MD; Wynne Lundblad, MD; Joshua Hefferen, LCSW

The Center for Eating Disorders provides assessment and treatment for adolescents and adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating problems. The COPE care continuum includes an inpatient unit, a partial hospital program, and intensive outpatient services at WPIC and in Wexford. Development of an outpatient program and outpatient skills groups is under way as well. Treatment modalities include cognitive behavioral therapy, family based therapy, dialectical behavioral therapy, and pharmacotherapy. Training opportunities are available at every level of care with children, adolescents and adults. Three- or six-month rotations will be developed in collaboration with the supervisors to accommodate the intern's interest and training.

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Psycho-Oncology Clinical Service and BioBehavioral Medicine in Oncology Program, UPMC Cancer Centers

Supervision: Andrea Croom, PhD; Rob Ferguson, PhD; Ellen Ormond, PhD; Kaleena Chilcote, MD ; Allison Pavlov, CRNP; Donna Posluszny, PhD; Susan Stollings, PhD

The Psycho-Oncology Clinical Service and Biobehavioral Medicine in Oncology Program provide psychological/psychiatric assessment and intervention for cancer patients and their families in both the inpatient and outpatient medical setting. Treatment can vary from short-term consultation for emotional distress and specific cancer-related symptoms to long-term psychological support and end-of-life care. For the intern, this means active engagement in mental health care as part of a multidisciplinary health care team. Interns will begin their training by shadowing senior psychologists working in both inpatient and outpatient medical settings. Under supervision, interns will be assigned their own inpatients and outpatients to improve their skills in both assessment and intervention strategies, as well as skills related to communicating with other health care professionals. Interns will attend case conferences and seminars as scheduling allows and will be assigned directed readings to enhance understanding of medical aspects of cancer and its treatment. Interns will have the opportunity to assess and treat cognitive deficits caused by cancer and/or its treatment and also receive experience with stem cell transplantation evaluations and psychopharmacology for patients with cancer.

Behavioral Sleep Medicine

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.

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Psychotic Disorders Inpatient Care

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

This rotation provides intensive training in the assessment and treatment of individuals with psychotic disorders. The intern is provided an opportunity to work on the three units, beginning with the acute care unit (9th Floor), and including the Comprehensive Rehabilitation Unit (CRU) and the Transitional Recovery Unit (TRU) for a more intensive training experience. Thus, the trainee can select from a mix of acute care and longer-term recovery-oriented inpatient services, with an emphasis on tailoring the training experience to the specific needs and interests of the trainee. Daily inpatient rounds with the attending physician and a multidisciplinary team is intended to familiarize the intern with a broad range of patients with schizophrenia and schizoaffective disorders, psychotic mood disorders, delusional disorders, and, in addition, psychoses that are secondary to drug use. For those who elect a more in-depth training experience, the intern also has the opportunity to meet with a caseload of up to three inpatients and work closely with a resident in psychiatry, an attending faculty psychiatrist, and other members of the treatment team. Weekly supervision is provided by a licensed clinical psychologist (Dr. Haas), with additional supervisory sessions, as needed, from the physician faculty member (Drs. Gandotra or Kahn). Individual supervision with Dr. Haas focuses on the selective application of cognitive, behavioral, psychoeducational, and supportive intervention strategies and techniques for work with the seriously ill psychotic patient. Supervision on the unit with the unit faculty physician focuses on treatment planning, live interviewing and the use of multimodal treatment strategies including pharmacotherapy and group, family and individual therapeutic modalities, as indicated. Opportunities for involvement in psychoeducation with patient and family members are also included. As a primary clinician, the intern may have the opportunity to work with one of the individuals who is receiving treatment for a first episode of a psychotic disorder; including those individuals who participate in clinical neuroimaging and neurobehavioral research protocols affiliated with the Center for Translational Mental Health Research (schizophrenia).

Dual Diagnosis Inpatient Services: Internship Option 1

Supervision: Antoine Douaihy, MD; Jeff Geibel, PhD

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

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learning experience in the diagnosis, in the evidence-based treatments of SUDs and CODs, and in the practice of MI and other psychosocial treatments for SUDs and CODs.

Dual Diagnosis Inpatient Services: Internship Option 2

Supervision: Jeff [Stephen] Geibel, PhD; Hader Mansour, MD

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

Center for Advanced Psychotherapy (CAP)

Supervision: Lauren Bylsma, PhD; Dana Rofey, PhD; Holly Swartz, MD; Jay Fournier, PhD, Kelly Forster Wells, LCSW

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

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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.

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. On this rotation interns will perform initial evaluations for individual therapy, brief evaluations designed to assess fit for interdisciplinary, group-based pain programming, and evaluations intended to determine suitability for implantable pain therapies, including spinal cord stimulators. Interns will also have the opportunity to deliver individual and group-based therapy. The goals of this rotation are to familiarize interns with the difficulties patients living with chronic pain commonly face and prepare interns to assist patients in coping with these difficulties; to train interns to deliver individual and group therapy in an outpatient medical setting; and to introduce interns to the process of assessing suitability for implantable pain therapies. Interns will begin their training experience by observing the supervisor perform the various assessments and interventions. Once deemed ready by the supervisor, interns will be able to conduct the assessments and interventions independently. Individual supervision time will be scheduled and supervision will also be provided as

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needed. Interns will receive instruction in the use of motivational interviewing interventions as well as cognitive-behavioral and acceptance and commitment therapy techniques. Formal and informal opportunities for interdisciplinary collaboration are available. This is a part-time rotation and interns will derive the most benefit from this training experience if they commit to it for at least 6 months. This rotation is located in Shadyside at the Centre Commons Building.

Electroconvulsive Therapy (ECT) Rotation

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 week, or two half-days. Objectives of this rotation include teaching interns about ECT, i.e., clinical indications, side effects, adverse risks, clinical evaluation and assessment of ECT patients, informed consent and legal aspects of ECT, clinical implications for special populations, and the care continuum for ECT.

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

Neuropsychological Assessment in Neurosurgery

Luke Henry, PhD

The role of neuropsychology within neurosurgery is expanding as we seek to improve patient outcomes. Better understanding cognitive and behavioral function is crucial for determining surgical eligibility, informing surgical approach, and planning for optimal rehabilitative strategies. This rotation focuses on pre- and post-surgical neuropsychological assessments utilized in the aforementioned ways.

Participating interns will 1) gain exposure to a broad spectrum of neuropathologies requiring surgical intervention (e.g., brain tumor, epilepsy, movement disorders); 2) understand the principles and techniques of neuropsychological battery construction; 3) learn general and specific neuropsychological assessment tools; and 4) gain experience formulating case conceptualizations and corresponding treatment recommendations. Training occurs in the Department of Neurosurgery Outpatient Clinic, located in UPMC Presbyterian Hospital. Interns selecting this rotation will first shadow an experienced neuropsychologist to gain familiarity with interview and assessment procedures. They will then be assigned their own pre- and post-surgical patients, supervised by the faculty clinician. Interns will have

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the opportunity to conduct clinical interviews, plan and administer assessment batteries, and write brief assessment reports to be used by the neurosurgical team in surgical planning and follow-up care. The opportunity to observe brain surgery is also offered. For interested interns, research opportunities are available.

Visceral Inflammation and Pain Center- Division of Gastroenterology

Supervision: Eva Szigethy, MD, PhD

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

Youth and Family Research Program; ADHD Across the Lifespan Clinic

Supervision: Brooke Molina, PhD; Aaron Jennings, LCSW

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

Bellefield Enhanced Support Team (BEST)

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

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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.