

Clinical Psychology Internship - Child and Adolescent Rotations

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.

Center for Autism and Developmental Disorders

Merck Child Outpatient Program

Supervision: Benjamin L. Handen, PhD, BCBA

This outpatient program serves children and adolescents (ages 2 through 21) who have developmental disabilities coupled with psychiatric and behavior disorders. The primary types of disabilities seen are autism and intellectual disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic for children and adolescents with autism spectrum disorders. Interns serve on an assessment team and are instructed in the use of state-of-the-art diagnostic tools. In addition, psychology interns have served as therapists in social skills training groups for children and adolescents with Asperger's Disorder and High Functioning Autism. Finally, some interns have participated as co-therapists in our Parent Child Interaction Clinic (PCIT) afternoon clinics, something that could be expanded to include a second afternoon if desired.

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

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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.

Emotion Regulation and Borderline Personality Disorder Development

Supervision: Stephanie Stepp, PhD

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

Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescents

Supervision: Shoshanna Shear, MD; Amy Kelly, MD; Amanda Meredith, LCSW

The Pediatric Obsessive-Compulsive Disorder (OCD) Intensive Outpatient Program (IOP) is a program devoted to the assessment, treatment, and study of children and adolescents with OCD and obsessive compulsive spectrum disorders. At the Pediatric OCD IOP our main objectives include the following: assisting patients in appropriately identifying and labeling obsessions and compulsions; assisting patients in learning and utilizing Cognitive Behavioral Therapy (CBT)/Exposure with Response Prevention (E/RP) techniques; identifying and treating comorbid conditions frequently associated with pediatric OCD; educating children, adolescents, and families about OCD; providing psychoeducation about our treatment approach to patients, families and the community. The population includes children and

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adolescents aged 5-18 years with a primary diagnosis of Obsessive-Compulsive Disorder (OCD). The IOP runs MTTh for 3 hrs/day (there is a morning group and an afternoon group). The program includes group and individualized CBT, family therapy, parent/family support groups, and pharmacotherapy. Clinical psychology interns will have the opportunity to participate in all aspects of the clinic, with a particular focus on learning and carrying out CBT and ERP in a group setting and on an individual basis. There is a strong emphasis on clinical supervision, with weekly group and individual supervision and treatment team meetings, during which interns are encouraged to participate both as group members and as leaders. Other opportunities include conducting intake assessments, contributing to the clinical research registry, and developing individual projects aimed at improving clinical care.

Services for Teens at Risk (STAR)

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

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

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

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

The SAFE Program (Services for Adolescent and Family Enrichment, www.safessu.pitt.edu), you would provide serves to children/youth referred by Family Court due to sexually inappropriate behavior. Interns can deliver assessment, education, individual and family treatment of the child/adolescent and their caregivers, and participate in a group program in collaboration with probation officers and SAFE clinicians. Many of these cases include histories of behavioral and emotional disorders, maltreatment (e.g., PTSD), caregiver dysfunction, and limited family support.

In the Partnerships for Families (PFF) program, you could addresses family conflict or concerns about physical discipline/child physical abuse in families referred by child welfare or mental health due to.

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Interns here can learn to apply an EBP with caregivers and their children (Alternatives for Families: A Cognitive Behavioral Therapy, AF-CBT; www.afcbt.org) on both an individual and family basis.

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

In all of these programs, participation in program evaluation or research is strongly encouraged. Supervision is provided by a licensed clinical psychologist on an individual and/or group basis, possibly supported by observations or videotapes and supervision by a member of our multidisciplinary treatment team (e.g., psychiatrists, social workers, other clinicians).

Matilda Theiss Early Childhood Behavioral Health

Supervision: Kimberly Blair, PhD

Matilda Theiss Early Childhood Behavioral Health provides center-based, mobile therapy, outpatient, and school-based treatment programs designed to be appropriate for young children at-risk for behavioral or developmental concerns, exhibit disruptive and other challenging behaviors and/or have experienced traumatic stress. Within the center-based program, the *Matilda Theiss Therapeutic Nursery and Preschool*, treatment is provided within natural settings and includes both child-oriented and family-oriented activities and interventions. For young children, it is during play that behaviors are learned, practiced, and tested. Therefore, five days per week our center-based program provides individualized, child-centered, and family-focused behavioral health treatment is delivered within — or in conjunction with — a stimulating, naturalistic, early-learning classroom environment. The following supplementary clinical services are utilized in conjunction with the therapeutic classroom milieu and may include: individualized behavior plans and reinforcement systems; play therapy; dyadic therapy; family psychotherapy; parenting education; family support; medication management. These same supplementary clinical services may also be provided within our *IMPACT* mobile therapy program (Interactive Mobile Parent And Child Treatment) where mobile therapists provide treatment within the child's daycare, preschool, or home setting, up to six hours per week. Our newest program, *COOL Zone*, are school-based behavioral health teams housed within the Woodland Hills and McKeesport Area School Districts and provide comprehensive behavioral health services to children within community, home/family, and school contexts.

Established in 2012 through a grant from the US Substance Abuse and Mental Health Services Administration, the *Early Childhood Trauma Treatment Center* was created as a Community Treatment and Services Center within the National Child Traumatic Stress Network (NCTSN) to provide services to children age birth to seven who have experienced trauma, along with their caregivers and/or families. This goal is achieved through the use of evidence-based practices, such as Child-Parent Psychotherapy

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(CPP) and Parent-Child Interaction Therapy (PCIT). Trauma treatment from the ECTTC is provided as an outpatient service or within any of the Matilda Theiss programs listed above.

Children's Hospital of UPMC - Consultation/Liaison Service

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

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

Children's Hospital of Pittsburgh - Transplant Psychology

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

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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.

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: 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.

Visceral Inflammation and Pain Center- Division of Gastroenterology

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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.