

Child & Adolescent Rotations

[The Center for Autism and Developmental Disorders \(CADD\) Inpatient Unit](#)

Supervision: [Jessica Kettel, MD](#), [Jennifer Lemmon, RN](#), [Carla Mazefsky, PhD](#)

The CADD inpatient 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/>).

[Center for Autism and Developmental Disorders \(CADD\) Outpatient Unit](#)

Supervision: [Benjamin L. Handen, PhD, BCBA-D](#); [Cathryn Lehman, PhD](#)

This outpatient program serves children and adolescents (ages 2 through 21) who have developmental disorders coupled with psychiatric and behavioral diagnoses. The majority of clients have autism and/or intellectual disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic for children and adolescents with autism spectrum disorder. Interns serve on an assessment team and are instructed in the use of 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 autism. The Center for Autism and Developmental Disorders 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.

[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. CARRS comprises five projects and three cores led by University of Pittsburgh faculty from the Departments of Psychiatry, Neuroscience, and Biostatistics. Two projects involve human participants who complete semi-structured diagnostic interviews focused on sleep, psychopathology, and substance use as part of their screening for study eligibility. Participants who are involved in one of the human projects 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. Adolescent participants are 13-15 years old. 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

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), including the weekly Multidisciplinary Sleep Conference, among others.

[Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescent Supervision: Shelby Flynn, LCSW, Amy Kelly, MD; Shayna Honzo, LPC, 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 Clinical Psychology Internship - Child and Adolescent Rotations 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 WPH Psychiatric Emergency Services (PES) 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; Elizabeth McGuier, 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, an on-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. Many families have experienced long-standing health inequities which we also seek to address. Services can be delivered remotely or in person, based on case needs/resources. Interns have opportunities for assessment, education, short- and long-term treatment, participation in a multidisciplinary team, collaboration with probation/child welfare, and program evaluation/research, and will receive supervision by a licensed Psychologist. Interns are encouraged to participate for at least one-half day for 6 months in any one of our programs, as described below.

In the [Services for Adolescent and Family Enrichment \(SAFE\) Program](#) 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](#) 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 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.

Theiss Center for Trauma and Early Childhood Behavioral Health

Supervision: Kimberly Blair, PhD, Devlina Roy, PsyD

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. 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. Our newest program, COOL Zone, are Community and School-Based Behavioral Health (CSBBH) 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 similar services in this unique program, outpatient COOL Zone programs have been established at Hosanna House in Wilksburg and Pine Center in Wexford. 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 (CCAT) 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-Focused Cognitive Behavioral Therapy, and Integrative Treatment for Complex Trauma (ITCT). Trauma treatment from CCAT is provided through our outpatient Child and Adolescent Trauma Services or within any of the Matilda Theiss programs listed above.

UPMC Children's Hospital of Pittsburgh – Behavioral Science Division

Supervision: Molly Carter, PsyD; Caitlyn (Baum) Coughlin, MS; Kristin Dalope MD; Elizabeth Grandelis, PsyD; Chelsea Greffe McCann, PsyD; Anna Jolliffe, DO; Heather Joseph, DO; Justin Kopec, PhD; Adrienne Lange, PhD; Krista Laux, PsyD; Lauren Lorenzi Quigley, PhD; Jill Majeski, PhD; Devin McGuier, PhD; Maura Miglioretti, PhD; Taylor Naus, LCSW; Alexis Rogers, PhD; Tarin Santamaria, PhD; Abigail Schlesinger, MD; Justin Schreiber, DO, MPH; Amy Tiberi, PhD; Ken Tormey, PhD; Justine Vecchiarelli, LPC; Kaycee Weir, PhD

The UPMC Children's Hospital of Pittsburgh Behavioral Science Division offers specialized programs and services for treating children and adolescents who are experiencing behavioral or emotional difficulties in different settings and across the developmental span. 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. Our behavioral health providers are embedded within specific medical subspecialty areas and work as a member of a multi-disciplinary team to provide evidence-based intervention and treatment. Trainees 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 trainees to learn more about integrated care delivery models in an acute medical hospital setting.

UPMC 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 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. 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

Supervision: Sarah Laughlin, PhD; Melissa Sutcliffe, PhD, ABPP; Amy Letteri, PhD; Lisa D Stanford, 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 6 phase I epilepsy surgery conference; 6) participation in CHP's tumor board conference; 7) provision of brief executive functioning skills training with children and caregivers; and 8) conducting outpatient neuropsychological evaluations of guardianship and need for ADA accommodations as well as assisting families with supplemental security income applications and other needs related to transition to adult healthcare. 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 of clinical psychology doctoral externs and/or psychometrists, participation in CHP neuropsychology's APA-approved continuing education seminar, observation of neurosurgical and/or epilepsy monitoring procedures, and clinical program development.

[ADEPT \(Anhedonia, Development, and Emotions: Phenotyping and Therapeutics\) Study](#)
Supervision: Erika Forbes, PhD; Neil Jones, PhD

The ADEPT Study uses a combination of innovative techniques and an ambitious pace to move the needle on treatment for depression by focusing on anhedonia, a symptom associated with high severity, pernicious course, and poor treatment response. Specifically, the study focuses on treatment-resistant depression in adolescence and early adulthood (age 15-25), and it uses a combination of multi-method measurement of anhedonia and experimental therapeutics focused on anhedonia's mechanisms in frontostriatal reward circuitry. Treatments include transcranial magnetic stimulation, positive affect (PA) training, and intravenous ketamine infusion. Interns have the opportunity to conduct structured interviews for DSM diagnosis (SCID) and depression severity (MADRS) and to administer TMS and PA exercises. Interviews are conducted virtually, and treatments are conducted in person. These activities provide experience in applying structured clinical interviewing and innovative, reward-focused treatments in a clinical-trial context. The rotation's duration is 3 or 6 months, with 6 months allowing greater depth of experience.

[Consultation-Liaison at UPMC Presbyterian, Montefiore, Magee-Women's Hospitals](#)
Supervision: Ryan Petersen, MD & Chris Plescia, MD

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 conduct 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. 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; Tushita Mayanil, MD

The HOPE TEAM is an outpatient clinic supported by grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; 2019-2023) serving youth ages 10-26 who are experiencing early signs and symptoms of risk for psychosis (i.e., are at clinical high-risk for psychosis, CHR). HOPE TEAM will provide 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, and weekly/biweekly cognitive-behavioral therapy (CBT) and family support for at least 6 months. In addition to these services, some patients receive group therapy (DBT skills and psychoeducation group), psychiatric medication management, supported employment and education services, and peer support. Rotation opportunities for interns include conducting intake assessments, weekly 1-hour team meetings (current Wednesdays at 11am), individual or group 1-hour CBT supervision meetings (arranged with supervisors), and an individual caseload of 1-3 patients for weekly CBT therapy (for 6-month rotations only). There may also be opportunities to assist with co-leading groups or community outreach efforts. It is recommended that interns participate in at least a 6-month rotation in order to carry an individual caseload, as cases are seen for a minimum of 6 months. Interns completing a 3-month rotation will primarily be involved with screening and assessment (1-2 full assessment batteries per month, 3-5 hours each; only available in Spring/Summer 2023). Training will be provided in the Structured Interview for Psychosis Risk-Syndromes (SIPS) semi-structured interview and modifications to CBT appropriate for CHR youth with psychotic-like experiences, 3 including CBT-p. 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 sexual or gender minorities. Expected total time commitment will be 4-8 hours weekly. <https://www.hopeteam.pitt.edu/>

Youth and Family Research Program

Supervision: Heather Joseph, DO; Traci Kennedy, PhD Program Co-Directors: Brooke Molina, PhD; Sarah Pedersen, PhD

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and related cognitive-behavioral profiles, comorbid externalizing disorders, and alcoholism and other substance abuse 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 adult diagnostic assessments with a focus on the diagnosis of ADHD as part of two ongoing studies. Dr. Joseph's study investigates familial risk for ADHD among infants and young children, and Dr. Kennedy's study seeks to

develop a mobile-health intervention for young adults with ADHD who use alcohol. Through Dr. Joseph's study, interns will conduct the CAADID semi-structured interview for ADHD and the SCID to assess for a range of diagnoses among parents with and without ADHD. Through Dr. Kennedy's study, interns will conduct the DIVA semi-structured interview for ADHD among young adults (ages 18-25). Interns who are interested in preschool assessments of ADHD will also have the opportunity to participate in visits with 5-year-old offspring conducting the K-SADS with Dr. Joseph. 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. 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 either of the research studies (e.g., gaining experience in behavioral observation for joint parent-infant attention task in Dr. Joseph's study; assisting with intervention development and facilitating qualitative focus groups in Dr. Kennedy's study), 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; 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 (ages 8-17), 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 or obsessive-compulsive disorders, depending on trainee interests. MBT will be used to treat individuals with borderline and narcissistic personality disorders. IPSRT will be taught for the management of patients with bipolar disorder. IPT and CBT will be used for the treatment of depressive disorders. 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 see their cases for 6-12 months with ongoing supervision from Dr. Li.

Family Therapy Training Clinic

Supervision: Mary Beth Heinrichs, MS; James Russell, MSCP, NCC, LPC

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

CFE 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).

CFE 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. CFE looks to maintain and continue producing service providers with the enthusiasm and competency to meet the needs of families.