

Adult Rotations

Psychiatric Emergency Services (PES)

Supervision: Crystal Willis, MA

Western Psychiatric Hospital's Psychiatric Emergency Service (PES) is a psychiatric emergency room that sees over 10,000-12,000 patients annually. It is the pulse of the hospital and a busy hub where patients from all over travel to receive an evaluation from a team of experts in the field. The PES consists of a multidisciplinary team that collaborates to determine the best possible, and most appropriate, disposition for the patient and their family, under the direct care of an attending psychiatrist. The PES works in conjunction with Resolve Crisis Services and the Psych Care + department to best meet the needs of the patients during their evaluation. The PES serves as a resource across UPMC and the behavioral health network for psychiatric care and consultation. This rotation offers valuable experience in psychiatric phenomenology, diagnostic dilemmas, and principles of care management in an emergency setting.

UPMC Center for Eating Disorders (CED)

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

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

Psycho-Oncology Clinical Service and Biobehavioral Cancer Control Program, UPMC Hillman Cancer Center

Supervision: Rob Ferguson, PhD; Donna Posluszny, PhD, ABPP; and Robin Valpey, MD

The Psycho-Oncology Clinical Service and Biobehavioral Cancer Control Program provide psychological/psychiatric assessment and intervention for adult 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 clinicians working in both inpatient and outpatient medical settings. Under supervision, interns will be assigned their own inpatients and 2 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 receive experience with stem cell transplantation patients and psychopharmacology for patients with cancer.

Behavioral Sleep Medicine

Supervision: Brant Hasler, PhD, DBSM

The goals of this rotation are (1) to provide exposure to the common adult sleep disorders seen in clinical practice; (2) to teach the basic clinical assessment of patients presenting with sleep symptoms; and (3) to introduce the principles and basic techniques of behavioral treatment for sleep disorders, particularly 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. Although the rotation primarily focuses on sleep complaints, mental and physical health comorbidities are typical, and adjunctive interventions (e.g., relaxation exercises) are included as appropriate. This rotation primarily occurs at the WPH site of the UPMC Sleep Medicine Center, although some portion of the clinical contact will occur via telehealth. Interns selecting this rotation will first shadow Dr. Hasler 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 scheduled on Thursdays and 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" (currently virtual sessions on Monday mornings at 8 am) help to establish familiarity with physiological assessment of sleep patients. Finally, for trainees interested in eventually earning their Diplomate in Behavioral Sleep Medicine (DBSM) certification who continue on as postdocs in Pittsburgh, the clinical hours on this rotation can count towards their total requirement.

Psychotic Disorders Inpatient Care

Supervision: Gretchen L. Haas, PhD and Nadeem Ahmed, 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 Comprehensive Recovery Unit (CRU), an inpatient unit that provides step-down services for individuals experiencing psychosis and whose conditions include serious and persistent mental illnesses. The trainee gains an experience of participation in inpatient care, with an emphasis on differential diagnosis of psychotic disorders and the tailoring of pharmacologic and psychosocial treatment to the specific needs of the patient. This rotation is designed to support the specific interests and training needs of the intern. Participation in inpatient rounds with the attending physician and participation in a multidisciplinary team are 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. The intern receives clinical supervision from a clinical psychologist and has an opportunity to work closely with an attending faculty psychiatrist, and other members of the treatment team. When desired, the intern has the additional opportunity to gain experience in evidence-based psychosocial interventions with adults whose condition has stabilized sufficiently to benefit from group or individual interventions. In this instance, the intern will have the opportunity to participate in individual psychoeducation and CBT-informed supportive therapy for a small caseload of patients. Further evidence-based therapy experience is available through leading or co-leading a group on the unit.

Center for Treatment of Obsessive-Compulsive Disorder

Supervision: Leah Sufrin, PsyD, David Rizzo, LCSW, Katyana Gradler, LCSW, and Kathryn Layendecker, LCSW

The Obsessive-Compulsive Disorder and Anxiety 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. There are two general Adult OCD IOPs and one Perinatal OCD & Anxiety IOP.

Birmingham Free Clinic

Supervision: Rebecca Price, PhD and Karen Jakubowski, PhD

The Birmingham Free Clinic provides medical care at no cost to people without insurance in the greater Pittsburgh community. The BFC provides primary and acute medical care, medication access, medical and social services, case management, and insurance navigation services to individuals with a focus on continuity, prevention, and education. Patients served at BFC come from many backgrounds but include significant numbers of Spanish-speaking and other immigrant groups. Interns have the opportunity to carry a caseload of adult individual therapy clients presenting with a variety of psychiatric concerns, with a focus on briefer, evidence-based CBT approaches

Adult Services IOP and PHP (Intensive Outpatient and Partial Hospitalization Programs)

Supervision: Jamie Harris, LCSW [Bipolar IOP]; Tiffany Painter, LCSW; Ran Li, MD; Elyse Watson, MD; Adina Tillery-Balogh, LCSW and Lisa Sebastiani, LCSW.

The Adult Services IOP/PHP includes 20 mood and anxiety disorder-focused programs for adults. The IOP meets 3 days per week for 3 hours per day and may be conducted in person or via telehealth., and the PHP meets 5 days per week for 6 hours per day, using a hybrid format of treatment service delivery. These programs serve individuals at high risk for death by suicide, and/or severe mood or anxiety disorders. They help to avoid hospitalization for some individuals, and help other individuals transition, more gradually, and with needed structure and support, from inpatient treatment, back into the community. The average length of stay is 4-6 weeks. Specialty services include the following:

- NEST (New and Expectant Mom's Specialized Treatment) Perinatal IOP
- Transition age IOP (ages 18-25)
- Bipolar IOP
- LGBTQIA+ IOP
- Women's IOP
 - OCD IOPs (two tracks)
 - Mature Minds IOP (for those aged 60 and above)

Student Trainees involved in the IOP/PHP program typically co-lead group therapy, attend treatment team meetings, as an active collaborator, and take on 1-2 individual clients during the rotation.

Outpatient Pain Psychology, UPMC Division of Chronic Pain

Supervision: Susan Jarquin, PhD, MBA

The pain psychology service provides outpatient psychological assessment and intervention to adults living with chronic pain. These services are delivered in clinic and via telemedicine technology. On this rotation interns will perform initial evaluations and evaluations intended to determine suitability for implantable pain therapies, including spinal cord stimulators. Interns will have the opportunity to deliver individual therapy. The goals of this rotation are to 1) familiarize interns with the difficulties patients living with chronic pain commonly face and prepare interns to assist patients in coping with these difficulties; 2) to train interns to deliver individual therapy in an outpatient medical setting, including use of telemedicine technology; and 3) 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 needed. Interns will receive instruction in the use motivational interviewing interventions as well as cognitive-behavioral and acceptance and commitment therapy techniques. 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 in Shadyside at the Centre Commons Building.

Electroconvulsive Therapy (ECT)

Supervision: Tejal Bhojak, MD; Carmen Andreescu, MD; Daniel Varon, MD; Marie Anne Gebara, MD; and Matthew Geramita, MD, PhD

ECT is an FDA-approved treatment that requires general anesthesia and administers a controlled seizure in the brain in a closely monitored treatment environment to help patients with a variety of mental health diagnoses. 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, psychosis and catatonia. 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 and contra-indications, adverse effects, 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 and families individually or in small groups as needed to provide supportive therapy and receive weekly supervision. Interns will primarily conduct assessments, standardized testing and provide behavioral interventions (e.g. psychoeducation, teach coping skills).

Adult Neuropsychology

Supervision: Sarah Laughlin, PhD; Tad Gorske, PhD; Melody Mickens, PhD; Ted Allaire Barrios, PhD, and Jessica Rusbatch, PsyD

The adult inpatient and outpatient neuropsychology and rehabilitation psychology program provides assessment, evaluation, and psychotherapeutic services to serve the neurobehavioral health needs of an adult population of patients aged 18 to 105 with known or suspected central nervous system (CNS) disease, disorders, or injuries. Specifically, these services focus on understanding and treating the cognitive, emotional, and behavioral impact of both acquired and traumatic CNS issues.

Interns will have the opportunity to engage in assessment, consultation, and interventions that provide information to the patient, family, and broad care team about 1) how a medical condition, illness, or injury (e.g., traumatic brain injury, genetic syndrome, dementia, spina bifida) or treatment (e.g., neurosurgery) impacts day-to-day functioning; and 2) how to intervene to improve outcomes in adjustment to disability. Opportunities available include: 1) outpatient neuropsychological evaluation (interview, testing, feedback); 2) brief inpatient neuropsychological evaluation (e.g., pre and post Normal Pressure Hydrocephalus (NPH) evaluations, capacity evaluations); 3) clinical interview and consultation within hospital-based, interdisciplinary clinics (e.g., brain injury clinic, spinal cord injury; acquired or traumatic brain injury, spina bifida); 4) joint presentation with medical fellows in interdisciplinary case conferences (e.g., Neuropsychology-Neurodevelopmental Disorder Case Conference); 5) provision of brief executive functioning skills training with adults and caregivers; 6) provision of cognitive remediation therapy services, and 7) 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.

Neuropsychological Assessment in Outpatient Geriatric Psychiatry

Supervision: Meryl A Butters, PhD; Andrea M Weinstein, PhD; and Swathi Gujral, PhD

Psychiatric health is directly related to cognitive health in at least two ways. First, adults who have a long history of chronic psychiatric symptoms are at higher risk for cognitive decline. Second, onset of new psychiatric symptoms in late-life can be an initial sign of neurodegenerative disease. This rotation will involve neuropsychological assessment of older adults seen at the Benedum Geriatric Center located in UPMC Montefiore Hospital. Referrals include outpatient geriatric psychiatry patients, primary care patients with new onset of cognitive impairment, and referrals from the Pittsburgh AIDS Center for Treatment (PACT) Clinic.

Interns in this rotation will learn how 1) psychiatric disorders such as depression, anxiety, and bipolar disorder can result in persistent cognitive deficits in older adults, 2) to conduct and interpret a neuropsychological evaluation in the context of complex psychiatric history, 3) to integrate medical and psychiatric information to diagnose neurodegenerative disease and determine etiology in older adults, and 4) to write integrative reports and make treatment recommendations. Interns will be trained to administer widely used neuropsychological tests with standardized norms (e.g., RBANS, D-KEFS, Boston Naming Test, Wisconsin Card Sorting Test). They will be involved in medical record review, case conceptualization, creating an individualized neuropsychological battery, clinical interview, test administration, test scoring, interpretation, and report writing. Consultation with clinic psychiatrists, geriatricians, nurses, and social workers occurs often. Supervision will be provided by a licensed clinical psychologist (via Drs. Butters, Weinstein, or Gujral). There may also be opportunities to provide supervision to psychology graduate student externs during group supervision. This rotation is typically 1 day per week (Wednesdays). Rotations can be 3 months (for interns with previous neuropsychological experience) or 6 months. The caseload is approximately 2-3 patients per month, with other time for report writing and supervision.

Neuropsychological Assessment in Neurosurgery

Supervision: 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, and in some instances it informs diagnosis. 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 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.

Center for Autism and Developmental Disorders (CADD) Outpatient Program

Supervision: Benjamin L. Handen, PhD, BCBA-D and Cathryn Lehman, PhD

We have two outpatient programs serving children and adolescents (CADD Child) and adults (CADD Adult) who have developmental disorders coupled with psychiatric and behavioral diagnoses. The majority of clients have autism spectrum disorder and/or Intellectual Disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic for children, adolescents, or adults who are ruling out a diagnosis of autism spectrum disorder. Interns serve on an assessment team and are instructed in the use of diagnostic tools, such as the ADOS-2. If psychology interns are able to have a flexible schedule, they may also serve as therapists in social skills training groups for children, adolescents, and adults with autism, which meet in the evenings. The Center for Autism and Developmental Disorders is also involved in a range of research studies, including examination of the efficacy of pharmacologic treatment for ADHD in this population, the impact of exercise, sleep, and lifestyle on dementia in Down syndrome, and examination of biomarkers of dementia in Down syndrome. Opportunities are also available for interested interns to become involved in such efforts.

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

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

We conduct research on emotion regulation and mental health in autism spectrum disorder across the lifespan (www.react.pitt.edu). We use a range of methods including observational studies and structured tasks, measure development, clinical trials, neuroimaging, machine learning, ambulatory physiology, ecological momentary assessment, community-based participatory research, and qualitative methods. The REACT Program is also an NIMH Autism Center of Excellence (ACE) which is focused on mental health and suicidality in autistic adults. The ACE infrastructure offers numerous opportunities for career development. Currently, among other research opportunities, for clinical experience, interns may learn to conduct adult and child assessments. Options may include autism diagnostic assessments (e.g., ADOS),

clinical interviews focused on irritability, structured psychiatric assessments (MINI), and suicide assessments (C-SSRS). Interns will initially receive training in conducting the assessments, including training videos and observing supervisors, and will subsequently conduct assessments independently. Interns will participate in individual supervision and group lab meetings. Ample opportunities are available to work with autistic individuals ages 3 through 65, and our studies also enroll controls ranging from neurotypical to developmental delays to other clinical populations at high risk for suicide. Additional opportunities are available based on interest, including broader REACT Program-wide meetings and didactics, early career writing group, more intensive participation in the research studies or dissemination and partnership activities, and collaboration on conference presentations and manuscripts. Currently, this is a hybrid (in-person and remote) rotation, and a specific schedule can be developed with the intern and supervisors.

Consultation-Liaison at UPMC Presbyterian, Montefiore, Magee-Women’s Hospitals
Supervision: Ryan Peterson, MD and Priya Gopalan, 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 include patients with difficulty coping or adapting to illness/injury, complications arising from the interface of behavioral health and chronic medical illness, trauma-related conditions including gun-shot wounds and iatrogenic trauma, pre- and post- solid-organ transplantation, chronic pain and somatic symptoms, eating disorders, physical rehabilitation, substance use disorders, and care of psychiatrically hospitalized patients with medical complications, and suicide attempts. Interns will primarily be supervised by psychiatrists with training in Consultation-Liaison (CL) psychiatry, an accredited subspecialty within psychiatry which focuses on integration of medical and psychiatric practice. Interns will have the opportunity to conduct initial consultations and follow-up evaluations on hospitalized patients and will collaborate with medical specialists, nursing, social work, and community behavioral health providers. Psychotherapeutic skills with an emphasis on brief interventions will be developed with numerous opportunities for bedside practice with supervision. Specific training goals of the intern will be discussed at the start of the rotation. This rotation is ideal for individuals interested in health psychology. Opportunity to follow patients longitudinally to inpatient units at Western Psych or UPMC outpatient clinics exists depending on the intern’s other rotation schedule. The rotation supervision will include weekly meetings with attending CL psychiatrists in addition to regular programmatic supervision (i.e., morning lectures and case conferences).

Hope Team

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

The Hope Team is an outpatient clinic supported by grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; 2019-2026) serving youth ages 10-26 who are experiencing early, subthreshold signs and symptoms of risk for psychosis (i.e., are at clinical high-risk for psychosis, or CHR). Hope Team provides services based on a coordinated specialty care model, with treatment intensity and duration determined by clinical need. At minimum, all patients complete an initial medical evaluation and baseline assessment, ongoing assessment every 6 months. Most participate in weekly/biweekly cognitive-behavioral therapy (CBT) and family support. In addition to these services, some patients receive group therapy (a novel DBT skills and CBT hybrid group), psychiatric medication management, supported

employment and education services, and peer support. Rotation opportunities for interns include conducting intake assessments, weekly 1.5-hour multidisciplinary team meetings (current Wednesdays at 11am), individual 1-hour supervision meetings (arranged with supervisors), an individual caseload of 1-3 patients for weekly CBT therapy, and/or potentially co-leading weekly group therapy. There may also be opportunities to assist with community outreach efforts and/or observe psychiatry visits. *For the 2024-25 internship year, Hope Team can accommodate one intern in Q3 and Q4.* We require that the intern complete both quarters in order to carry an individual caseload and/or participate in group therapy. Training will be provided in the Mini-Structured Interview for Psychosis Risk-Syndromes (Mini-SIPS) semi-structured interview, modifications to CBT appropriate for CHR youth with psychotic-like experiences, and group therapy skills. Patients seen in Hope Team are often diagnostically complex with other co-morbid conditions, such as mood disorders, anxiety disorders, traumatic stress disorders, and ADHD. Many Hope Team patients identify as members of sexual or gender minoritized groups. Expected total time commitment varies depending on goals of trainee. <https://www.hopeteam.pitt.edu/>.

Youth and Family Research Program

Supervision: Traci Kennedy, PhD; and Program Co-Directors Brooke Molina, PhD and Sarah Pedersen, PhD

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and related cognitive-behavioral profiles, comorbid externalizing disorders, alcohol and other substance use disorders using developmental, neurobiological, and multimethod approaches (e.g., imaging, psychophysiological, and ecological momentary assessment). Currently, among other research opportunities, for clinical experience interns may learn to conduct adult diagnostic assessments with a focus on the diagnosis of ADHD as part of two ongoing studies.

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

Dr. Molina's study is conducting clinical interviews of young adults diagnosed with ADHD in adulthood using similar procedures. The goal is to ascertain agreement with diagnoses made in the community and treated in primary care.

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., assisting with intervention development and facilitating qualitative focus groups/interviews 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; and Ran Li, MD

The Center for Advanced Psychotherapy (CAP) is an outpatient clinic that specializes in delivering evidence-based treatments for patients with mood disorders (unipolar or bipolar depression), anxiety

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

Family Therapy Training Clinic

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

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

CCF provides short-term treatment for children and adolescents and their families who are experiencing a wide range of psychiatric disorders (depression, suicidality, behavioral disturbances); phase-of-life problems (bereavement, divorce); and problems in coping with acute or chronic stressors (marital discord, chronic illness).

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

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

Adult Neuropsychology

Supervision: Lisa D Stanford, PhD, ABPP; Tad Gorske, PhD; Tina Paul, PsyD, ABPP; Melody Mickens, PhD; and Jerrold Yeo, PsyD

The adult inpatient and outpatient neuropsychology and rehabilitation psychology program provides assessment, evaluation, and psychotherapeutic services to serve the neurobehavioral health needs of an adult population of patients aged 26 to 105 with known or suspected central nervous system (CNS)

disease, disorders, or injuries. Specifically, these services focus on understanding and treating the cognitive, emotional, and behavioral impact of both acquired and traumatic CNS issues.

Interns will have the opportunity to engage in assessment, consultation, and interventions that provide information to the patient, family, and broad care team about 1) how a medical condition, illness, or injury (e.g., traumatic brain injury, genetic syndrome, dementia, spina bifida) or treatment (e.g., neurosurgery) impacts day-to-day functioning; and 2) how to intervene to improve outcomes in adjustment to disability. Opportunities available include: 1) outpatient neuropsychological evaluation (interview, testing, feedback); 2) brief inpatient neuropsychological evaluation; 3) clinical interview and consultation within hospital-based, interdisciplinary clinics (e.g., brain injury clinic, spinal cord injury; acquired or traumatic brain injury, spina bifida); 4) joint presentation with medical fellows in interdisciplinary case conferences (e.g., Neuropsychology-Neurodevelopmental Disorder Case Conference); 5) provision of brief executive functioning skills training with adults 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.