

Child & Adolescent Rotations

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.

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.

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 Child & Adolescent Rotations – Clinical Psychology Internship 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: Shayna Honzo, LPC; Elizabeth Gillespie, DO; and Shoshanna Shear, MD

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 MTTh 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, developing clinical research, and developing individual projects aimed at improving clinical care.

Services for Teens at Risk (STAR)

Supervision: David A. Brent, MD, Tina Goldstein, PhD. and 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)

Supervisors for AF-CBT Program: David J. Kolko, PhD, ABPP; Barbara L. Baumann, PhD

Science and Practice for Effective Children's Services (SPECS) offers interns an opportunity to expand their collaborative treatment experiences by working with families involved in the child welfare or juvenile justice system. This year, we are offering interns the opportunity to work with families referred to receive [Alternatives for Families: a Cognitive Behavioral Therapy \(AF-CBT\)](#). The 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/emotional abuse, or other behavior problems. Many of these cases have histories of chronic externalizing and internalizing problems, sexual or physical abuse/trauma/PTSD, caregiver stress/psychiatric disorders, family conflict/chaos, and health inequities.

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. Services can be delivered remotely or in person, based on case needs/resources. Interns have opportunities for assessment, education, short- and long-term treatment, 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 9-12 months.

Theiss Center for Trauma and Early Childhood Behavioral Health

Supervision: Kimberly Blair, PhD and 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.

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 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 is provided through our Child and Adolescent Trauma Services (CATS) Outpatient Clinic at the new East Carson Street facility.. Interns who elect to do a rotation within this clinic will have the opportunity to receive training in at least one evidence-based treatment for child trauma.

The Early Childhood Mental Health (ECMH) Outpatient clinic is a behavioral health program for young children who exhibit symptoms of or who currently have a behavioral health diagnosis. Referrals for admission are accepted for children ages 2 – 6 and treatment, on occasion, can extend through age 10 if deemed clinically appropriate based on developmental factors or necessitated for continuity of care. Children served are those that are experiencing a range of behavioral and emotional disruptions such as: aggression, anxiety, depression, withdrawal, disruptive behaviors, and emotional difficulties.

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.

The Children Overcoming Obstacles and Limits (COOL) Zone refers to a behavioral health setting for kids ages 3 through 12 experiencing a range of behavioral and emotional disruptions such as aggression, anxiety, depression, withdrawal, family disruption, emotional difficulties, and traumatic responses. The program was developed through a partnership between the Pittsburgh Penguins Foundation and Theiss Center for Trauma and Early Childhood at UPMC Western Behavioral Health.

COOL Zones are housed within schools, community, or office settings and the specific interventions implemented in each location are adapted to the needs of individual communities and types of services needed. Close attention is paid to the environment in which services are delivered. Rooms are

transformed into spaces that are child-friendly, interactive and non-stigmatizing for children to feel comfortable expressing themselves. The therapy room is equipped with the latest activities and centers that support each child's mental health needs. These include sensory items, calming areas, group activity corners, social-emotional games and projects as well as private areas for individual therapy and support.

Our Community and School-Based Behavioral Health (CSBBH) teams are housed within our COOL Zone spaces in 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. Additional Child and Adolescent Trauma Services are located within our COOL Zone at Hosanna House in Wilkinsburg. Our Early Childhood Mental Health Outpatient Programs provide services within the COOL Zone spaces at Pine Center in Wexford as well as in our new Child and Adolescent treatment facility at 2400 East Carson Street. UPMC Western Behavioral Health's Behavioral Health of the Alleghenies Children's Behavioral Health Programs also provides services within a COOL Zone in Altoona, PA.

UPMC Children’s Hospital of Pittsburgh - Transplant Psychology

Supervision: Diana Shellmer, PhD, PhD Jessica Orris, PhD, and Katie McIntyre, PsyD

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. We currently run a testing clinic for our transplant patients on Wednesday afternoon. The testing clinic focuses on streamlined diagnostic assessment. Lastly, we also engage in annual post-transplant evaluations that assess for developmental, cognitive and psychosocial concerns. 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

Physical Medicine & Rehabilitation Department, University of Pittsburgh’s School of Medicine

Supervision: Sarah Laughlin, PhD; Amy Letteri, PhD; Loren Pease, PsyD; Melissa Sutcliffe, 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 phase I epilepsy surgery conference; 6) participation in CHP’s tumor board conference; and 7) provision of brief executive functioning skills training with children and caregivers. 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 with PMR's post-doctoral neuropsychology fellows, externs and/or psychometrists; participation in PMR's neuropsychology post-doctoral fellowship didactics; observation of neurosurgical and/or epilepsy monitoring procedures; and clinical/educational program development.

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 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.

Child & Adolescent Bipolar Spectrum Services Outpatient Clinic (CABS)

Supervision: Tina Goldstein, PhD; Boris Birmaher, MD; Rasim Diler, MD; Dara Sakolsky, MD, PhD; Danella Hafeman, MD, PhD; and Leslie Phillips, LPC

The Child and Adolescent Bipolar Spectrum (CABS) clinic is a multidisciplinary outpatient clinical research program that provides comprehensive diagnostic assessment, medication management and therapy services for children, adolescents and young adults and their families. We specialize in diagnostic assessment of youth with complex and difficult to treat mood disorders, including those suspected to have bipolar disorder and at-risk for the disorder. Our evaluation process consists of two appointments over which our semi structured interview tool the K-SADS is administered by a clinician and presented to a psychiatrist. Patients and families also complete a battery of self-report measures to support the diagnostic process and obtain collateral information as needed. Our patient population often presents with comorbid disorders in addition to mood problems, including anxiety, behavioral, neurocognitive and trauma related disorders.

Patients who receive services in our clinic often participate in both medication management with a psychiatrist/nurse team and therapy services that may include individual, group and/or family therapy. Treatment in our clinic is tailored to the individual and often consists of Dialectical Behavioral Therapy (DBT), Interpersonal Social Rhythm Therapy (IPSRT) and / or Cognitive Behavioral Therapy (CBT). We also have varying group offerings within the clinic at different times, ranging from Bipolar Psychoeducation Groups to DBT Skills Groups. Our patients ideally are offered comprehensive treatment that includes psychoeducation, mood charting and skill-based interventions to promote mood stability.

The CABS faculty lead several large federal and foundation-funded research studies that focus on understanding neurobiology, genetics, etiology and course of early-onset bipolar disorder and examining psychosocial treatments.

Clinical psychology interns will have the option to learn and conduct differential diagnostic assessments, provide psychosocial treatment, and become involved with ongoing research. Our clinical and research staff convene weekly in a treatment team meeting to promote a comprehensive approach to care.

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.