Adult Rotations

Re:solve Crisis Services
Supervision: Melanie Grubisha, MD, PhD

Re;solve Crisis Services is a 24-hour, 365-day crisis service that is free to all Allegheny County residents. The 150-member crisis team provides a 24-hour phone hotline, mobile crisis teams, walk-in center, residential services for qualifying individuals, and services specific for teens and children. Crisis intervention and hospital diversion are at the forefront of resolve Crisis Services. At Re:solve, their mantra is that everyone defines his or her own crisis. This rotation offers valuable experience in psychiatric phenomenology, crisis intervention, and principles of care management in a community-based setting. As part of this rotation, interns will have the opportunity to assist with walk-in evaluations at Re:solve, present cases to physicians, and may have the opportunity to join mobile crisis teams.

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 with both adults and youth. 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 Center for Counseling and Cancer Support, UPMC Hillman Cancer Center
Supervision: 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 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 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-wake 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, behavioral activation) 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. Finally, for trainees interested in eventually earning their Diplomate in Behavioral Sleep Medicine (DBSM) certification who continue as postdocs in Pittsburgh, the clinical hours on this rotation can count towards their total requirement.

Dual Diagnosis Inpatient Services
Supervision: Antoine Douaihy, MD

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

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 with 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 the 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.

Exposure and Response Prevention (ERP) Adult and Perinatal Intensive Outpatient (IOP) Programs
Supervision: Leah Sufrin, PsyD, David Rizzo, LCSW, Katyana Gradler, LCSW, and Kathryn Layendecker, LCSW

The Exposure and Response Prevention (ERP) Adult Intensive Outpatient Program provides intensive treatment sessions for patients with OCD and/or anxiety disorders. 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, with a six-month rotation strongly advised. Involvement may include two or three days of the program. Supervision in assessment, treatment formulation, and ERP through weekly meetings is provided. Participation in weekly treatment team meetings is required for this rotation. The treatment population is adults with diagnosis of OCD or OC spectrum disorders (e.g., body dysmorphic disorder, trichotillomania, skin picking), anxiety disorders, and/or a broad range of comorbid diagnoses that can benefit clinically from ERP treatment. There are two general Adult ERP IOPs and one Perinatal OCD & Anxiety IOP.

Birmingham Free Clinic
Supervision: Karen Jakubowski, PhD and Frances Wang, 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. Interns also have the opportunity to use video/audio interpretation services.

Adult Services Intensive Outpatient (IOP) and Partial Hospitalization (PHP) 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; 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 tools, pain reprocessing therapy, 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.

Child & Adolescent Bipolar Spectrum Services Outpatient Clinic (CABS)
Supervision: Tina Goldstein, PhD; Boris Birmaher, MD; Dara Sakolsky, MD, PhD; Danella Hafeman, MD, PhD; and Lilianna Rubio, LCSW

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.

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 & Rehabilitation Psychology
Department of Physical Medicine & Rehabilitation (PM&R)
Supervisors: Ted Allaire Barrios, PhD; Christina Diblasio, PhD; Tad Gorske, PhD; & Jessica Rusbatch, PsyD

Providers within the Adult Neuropsychology and Rehabilitation Psychology service at UPMC Mercy offer a mix of neuropsychological assessment, health-behavior consultation, and rehabilitation-oriented psychotherapy services across a range of inpatient and outpatient medical settings. Across settings, providers evaluate and manage patients living with various forms of disability, chronic health conditions, and neurobehavioral/neurocognitive impairment. Populations commonly served by these providers include adults living with acquired brain injury (e.g., stroke, traumatic brain injury), congenital conditions (e.g., spina bifida), and neurodegenerative disease (e.g., dementia).

On this rotation, training in neuropsychological assessment will primarily emphasize core skill acquisition (e.g., interview, testing, conceptualization, clinical writing, feedback) with opportunities for additional training in bedside neuropsychological evaluation within the inpatient setting. Training in health-behavior consultation includes opportunities for interdisciplinary teamwork in either the inpatient (i.e., acute rehabilitation) or outpatient (e.g., UPMC Adult Spina Bifida Clinic) setting. There are also opportunities for training in rehabilitation-oriented psychotherapy (e.g., acceptance-and-commitment therapy; ACT) with emphasis on enhancing functional independence and quality of life. In general, training on this rotation will focus on learning about the various roles filled by neurosychology throughout the rehabilitation continuum.

Neuropsychological Assessment in Outpatient Geriatric Psychiatry
Supervision: 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

UPMC Montefiore Hospital. Referrals include outpatient geriatric psychiatry patients and primary care patients with new onset of cognitive impairment.

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. Weinstein or Gujral). 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, playing a critical role in 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 treatment team in surgical planning and follow-up care. Opportunities to observe brain surgery are 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, Nina Leezenbaum, PhD, Alexandra G. Carroll, PhD, C. Teal Raffaele, PhD, & Cara M. Lucke, PhD

We have two outpatient programs serving children and adolescents (CADD Child) and adults (CADD Adult) with neurodevelopmental differences often coupled with psychiatric and behavioral challenges. The majority of clients are on the autism spectrum and/or have a diagnosis of intellectual developmental disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic where they evaluate children, adolescents, or adults who were referred for concerns related to a differential diagnosis of autism. Interns serve on an assessment team and are instructed in the use of diagnostic tools, such as the ADOS-2. Psychology interns may also serve as therapists in social skills training groups or in individual therapy for children, adolescents, and adults. 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 (REAACT) 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.reaact.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 REAACT 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), cognitive assessments, clinical interviews focused on irritability, structured psychiatric assessments (MINI), structured trauma assessments (CAPS), suicide assessments (C-SSRS), non-suicidal self-injury assessments (SIT-B). 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 adults and our studies often 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 REAACT 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; Priya Gopalan, MD; and Karen Jakubowski, PhD

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 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. Enhanced training in brief trauma-informed interventions are available, depending on the site and on intern interests. 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) 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, and 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-hour multidisciplinary team meetings (currently 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, research studies, and/or observe psychiatry visits. 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. Six-month rotations are required for therapy opportunities; three-month rotations will be assessment-only. 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/.

ADHD Research
Supervision: Traci Kennedy, PhD and Heather Joseph, DO

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 diagnostic assessments with a focus on the diagnosis of ADHD in adults and children as part of two ongoing studies.

Study 1– Pregnant Individuals with ADHD (Dr. Joseph): This study (MomMA) will involve completing ADHD diagnostic interviews with pregnant individuals using the DIVA, as well as broader diagnostic assessment using the SCID. The goal of this hybrid pilot effectiveness-implementation RCT is to examine the efficacy of a novel, behavioral intervention for pregnant individuals with ADHD. As such, interns will also have the opportunity to participate in the completion and consensus meetings regarding Global Clinical Impairment, both severity and improvement across timepoints.

Study 2 – Children with ADHD (Dr. Kennedy): This study (LemurDx) aims to validate smartwatch software to detect clinical levels of hyperactivity on days when children with ADHD are on vs. off medication. We are collaborating with other researchers at Pitt (e.g., Dr. Oliver Lindhiem) and CMU, as well as a local tech company, NuRelm. We will conduct 100 diagnostic assessments with children ages 6-12 including ADHD, using the KSADS.

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. A focus of this rotation is the accurate diagnostic assessment of ADHD across the lifespan, with particular attention to the nuances of differential diagnosis and establishing a clear timeline of symptoms for adult participants. Additional opportunities are available based on interest, including broader lab-wide meetings and didactics, a biweekly journal club, more intensive participation in any of the research studies (e.g., assisting with intervention development, facilitating qualitative focus

groups/interviews), 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; and Kelly Forster Wells, LCSW

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, traumatic stress disorders, and obsessive compulsive 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), and Cognitive Behavioral Therapy (CBT). 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. Interns are expected to participate in individual supervision, group supervision, and carry a small caseload of adult and/or adolescent outpatients. 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. 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.