

Clinical Psychology Internship – Child and Adolescent Rotations

Family Therapy Training Center (FTTC)

Supervision: Leonard J. Woods, LCSW; Mike McNabb, LCSW

The FTTC provides short-term treatment for children and adolescents and their families who are experiencing a wide range of psychiatric disorders (depression, suicidality, behavioral disturbances); phase-of-life problems (bereavement, divorce); and problems in coping with acute or chronic stressors (marital discord, chronic illness). The FTTC relies heavily on the Eco-Systemic-Structural Family Therapy model. A competency and strength-based focus is used to build upon family resources in creating solutions to problems. The training integrates various aspects of systemic, cognitive, behavioral, and biological theories in addressing the mental health needs of clients. The influences of gender, race, and culture, as well as therapists' "use of self," are addressed throughout the training year.

Center for Autism and Developmental Disorders Merck Child Outpatient Program

Supervision: Benjamin L. Handen, PhD, BCBA; Cathryn Lehman, PhD

This outpatient program serves children and adolescents (ages 2 through 21) who have developmental disabilities coupled with psychiatric and behavioral disorders. The primary types of disabilities seen are autism and intellectual disability. Psychology interns have typically been involved in a one-day a week diagnostic clinic for children and adolescents with autism spectrum disorders. Interns serve on an assessment team and are instructed in the use of state-of-the-art diagnostic tools, such as the ADOS-2. In addition, psychology interns have the opportunity to serve as therapists in social skills training groups for children and adolescents with High Functioning Autism Spectrum Disorder. Interns can also participate as co-therapists in our Parent Child Interaction Therapy (PCIT) and Early Start Denver Model (ESDM) afternoon clinics, something that could be expanded to include a second afternoon if desired. Finally, the Merck Child Outpatient Program is also involved in a range of research studies examining the efficacy of pharmacologic and psychosocial treatments with this population. Opportunities are also available for interested interns to become involved in such efforts.

Services for Teens at Risk (STAR)

Supervision: David A. Brent, MD; Kimberly D. Poling, LCSW

Services for Teens at Risk (STAR) is a specialty clinic funded by the Commonwealth of Pennsylvania since 1987. The mission of STAR is the prevention of adolescent suicide through research, community outreach, clinical training and supervision, parental psychoeducation, and clinical interventions. Clinical interventions focus on the assessment and psychiatric outpatient treatment of adolescents at risk for suicidal behavior, especially those with major depression. Intensive outpatient treatment is provided through our STAR IOP, which provides 9 hours of treatment per week, comprised of group & individual therapy and medication management sessions. In addition, we see patients with primary anxiety disorders and bereaved youth.

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 WPIC Emergency Room (DEC) or students in crisis at the University Counseling Centers.

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Obsessive-Compulsive Disorder Intensive Outpatient Program for Children and Adolescents

Supervision: [Shoshanna Shear, MD](#); [Amy Kelly, MD](#); [Kelsi Libfraind, LCSW](#)

The Pediatric Obsessive-Compulsive Disorder (OCD) Intensive Outpatient Program (IOP) is a program devoted to the assessment, treatment, and study of children and adolescents with OCD and obsessive-compulsive spectrum disorders. At the Pediatric OCD IOP our main objectives include the following: assisting patients in appropriately identifying and labeling obsessions and compulsions; assisting patients in learning and utilizing Cognitive Behavioral Therapy (CBT)/Exposure with Response Prevention (E/RP) techniques; identifying and treating comorbid conditions frequently associated with pediatric OCD; educating children, adolescents, and families about OCD; providing psychoeducation about our treatment approach to patients, families and the community. The population includes children and adolescents aged 5-18 years with a primary diagnosis of Obsessive-Compulsive Disorder (OCD). The IOP runs MTTTh for three hours/day (there is a morning group and an afternoon group). The program includes group and individualized CBT, family therapy, parent/family support groups, and pharmacotherapy. Clinical psychology interns will have the opportunity to participate in all aspects of the clinic, with a particular focus on learning and carrying out CBT and ERP in a group setting and on an individual basis. There is a strong emphasis on clinical supervision, with weekly group and individual supervision and treatment team meetings, during which interns are encouraged to participate both as group members and as leaders. Other opportunities include conducting intake assessments, contributing to the clinical research registry, and developing individual projects aimed at improving clinical care.

Emotion Regulation and Borderline Personality Disorder Development

Supervision: [Stephanie Stepp, PhD](#)

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

Matilda Theiss Early Childhood Behavioral Health

Supervision: [Molly Carter, PsyD](#); [Kimberly Blair, PhD](#)

Matilda Theiss Early Childhood Behavioral Health provides center-based, mobile therapy, outpatient, and school-based treatment programs designed to be appropriate for young children (ages birth to 8) at-risk for behavioral or developmental concerns, exhibit disruptive and other challenging behaviors and/or have experienced traumatic stress. Within the center-based program, the *Matilda Theiss Therapeutic Nursery and Preschool*, treatment is provided within natural settings and includes both child-oriented and family-oriented activities and interventions. For young children, it is during play that behaviors are learned, practiced, and tested. Therefore, five days per week our center-based program provides individualized, child-centered, and family-focused behavioral health treatment is delivered within — or in conjunction with — a stimulating, naturalistic, early-learning classroom environment. The following supplementary clinical services are utilized in conjunction with the therapeutic classroom milieu and may include: individualized behavior plans and reinforcement systems; play therapy; dyadic therapy; family psychotherapy; parenting education; family support; medication management. These same supplementary clinical services may also be provided within our *IMPACT* mobile therapy program (Interactive Mobile Parent And Child Treatment) where mobile therapists provide treatment within the child's daycare, preschool, or home setting, up to six hours per week. Our newest program, *COOL Zone*,

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are school-based behavioral health teams housed within the Woodland Hills, McKeesport Area, and Penn Hills School Districts and provide comprehensive behavioral health services to children within community, home/family, and school contexts. To expand access to this unique program, an Intensive Outpatient (IOP) version of the COOL Zone will be opening at Hosanna House in Wilkinsburg.

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

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

Supervision: [David J. Kolko, PhD, ABPP](#); [Barbara L. Baumann, PhD](#); [Oliver Lindhiem, PhD](#)

Science and Practice for Effective Children’s Services (SPECS) offers interns an opportunity to expand their collaborative treatment experiences by working in one of three treatment programs, each with a different focus: interns can participate in a comprehensive treatment program for children/youth involved with the juvenile court due to sexually abusive/inappropriate behavior, an integrated care program in a family health center, or a treatment program for children/youth and their families who are referred for anger, aggression, conflict, coercion, or abuse. Many of these cases have histories of chronic behavioral health disorders, sexual or physical abuse/trauma, and /PTSD. An intern can participate in more than one of the programs, as described below.

In the Services for Adolescent and Family Enrichment (SAFE) Program (www.safessu.pitt.edu), interns provide services to children/youth and their families referred by Family Court due to sexually inappropriate behavior. Interns can deliver assessment, education, individual and family treatment of the child/adolescent and their caregivers and participate in a group program in collaboration with probation officers and SAFE clinicians.

The Services for Kids In Primary Care (SKIP) program (www.skipproject.org) offers interns an opportunity to deliver behavioral health services in collaboration with primary care providers in local pediatric or family medicine practices. Interns conduct screening, assessment, curb side consults, education, and short-term individual and family intervention, and can facilitate a medication evaluation with the child’s PCP.

The Alternatives for Families: a Cognitive Behavioral Therapy (AF-CBT) program (www.afcbt.org) offers interns the chance to be trained in and utilize a trauma-informed, evidence-based treatment to work with families involved in arguments, frequent conflict, physical force/discipline, child physical abuse, or other behavior problems. Interns will support children and caregivers exposed to trauma, help to enhance the safety of children and their families, and teach valuable emotional regulation, behavior management, and problem-solving skills that will help families reduce the risk of high conflict interactions themselves.

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

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Children’s Hospital of UPMC - Consultation/Liaison Service

Supervision: Kathryn Barbash PhD; Caitlyn Baum MS; Nicole Brynes DNP; Leslie Dahl PhD; [Kristin Dalope MD](#); Chelsea Grefe PsyD; Candace Hawthorne PhD; Ellen Henning PhD; Anna Jolliffe, DO; Heather Joseph, DO; Marybeth Kennedy LCSW; Lauren Lorenzi, MS; Cristin McDermott, MD; Taylor Naus LCSW; Janessa Nowlen PsyD; Dana Rofey, PhD; Abigail Schlesinger, MD; Justin Schreiber, DO, MPH; Meredith Spada MD; Justine Vecchiarelli, MS; Kelley Victor MD; Kaycee Weir PhD; Victoria Winkeller MD

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

Children’s Hospital of Pittsburgh - Transplant Psychology

Supervision: Diana Shellmer, PhD; Beth Logan, PhD

The Transplant Psychology service at CHP provides behavioral health services including assessment and intervention for solid organ transplant patients and their families. The service cares for children with inborn errors of metabolism (e.g., Maple Syrup Urine Disease [MSUD] and Crigler Najjar Syndrome [CNS]) who are assessed and treated with liver transplantation; children with chronic liver disease; children with bowel disorders including short gut, gastroschisis, and Hirschsprung’s disease; children with cystic fibrosis and other lung diseases requiring lung transplantation; children who have heart failure requiring heart transplantation; children with end stage renal disease requiring kidney transplantation; and/or who are candidates for or have previously received a solid organ transplant. The focus of the service is to provide family-centered evaluation, intervention, and care. Transplant evaluations: (1) examine the family’s experience in the medical environment; (2) assess the patient and family’s readiness for transplantation; (3) assess risk factors for maladjustment and non-adherence post transplantation, and; (4) provide clear recommendations to the medical team to assist in the amelioration of risk-factors predicting maladjustment of patients and caregivers post-transplantation. For patients with MSUD detailed neuropsychological evaluations both pre- and post-liver transplantation are also undertaken in order to provide accurate and detailed evaluation of cognitive, neurodevelopmental, adaptive, and academic functioning of patients. Interventions are geared toward addressing psychosocial, organizational, and systematic barriers to successful transplantation and 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 development and testing of a novel mobile health application to improve adherence among adolescent solid organ transplant patients; examination of neuropsychological functioning in patients with MSUD; examination of parameters of adherence in transplant patients; and examination of the psychosocial functioning and adjustment of transplant patients.

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UPMC Center for Eating Disorders (CED)

Supervision: Wynne Lundblad, MD; Michelle Mikels, LCSW

The Center for Eating Disorders provides assessment and treatment for children, adolescents and adults with anorexia nervosa, bulimia nervosa, binge eating disorder, and other eating problems. The CED care continuum includes an inpatient unit, a partial hospital program, and intensive outpatient services at WPIC and in Wexford. The outpatient services in Oakland generally targets adults, while the Wexford program has been designed for children, adolescents, and their families. There are individual outpatient services being offered on a more limited basis in both locations. Outpatient services are also being offered to individuals with binge eating disorders at the Oakland program. Treatment modalities include cognitive behavioral therapy, family-based therapy, dialectical behavioral therapy, and pharmacotherapy. Training opportunities are available at every level of care with children, adolescents and adults. Three- or six-month rotations will be developed in collaboration with the supervisors to accommodate the intern's interest and training.

Center for Advanced Psychotherapy

Supervision: Lauren Bylsma, PhD; Dana Rofey, PhD; Holly Swartz, MD; Jay Fournier, PhD; Kelly Forster Wells, LCSW

The Center for Advanced Psychotherapy (CAP) is an outpatient clinic that specializes in delivering evidence-based treatments for patients with unipolar depression, bipolar disorder, and anxiety disorders in children, adolescents and adults. Additional opportunities exist for trainees interested in behavioral medicine and care of gender and sexual minority youth. Supervision will be provided in evidence-based therapies including interpersonal psychotherapy (IPT), interpersonal and social rhythm therapy (IPSRT,) Cognitive Behavioral Therapy (CBT), and Motivational Interviewing for the treatment of issues related to mental health. CBT will be the primary modality for child and adolescent cases, with a focus on 8-17yo youth with unipolar depression or anxiety disorders. Practicum opportunities include participation as therapists and assessors in an NSF-funded randomized trial examining process factors associated with psychotherapy outcomes in depressed adults using IPT or CBT approaches. Training in the theory and implementation of evidence-based psychotherapies, in combination with pharmacotherapy (for adults or youth) as needed. Interns will be expected to participate in individual supervision, group supervision, and carry a small caseload of adult and/or child outpatients.

Youth and Family Research Program

Supervision: Brooke Molina, PhD; Sarah Pedersen, PhD; Heather Joseph, DO; Traci Kennedy, PhD

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and alcohol use disorder (AUD). As part of this line of inquiry, we examine cognitive-behavioral profiles, acute response to alcohol effects, comorbid externalizing disorders, sleep disturbances, and important environmental contributors to risk. Interns will gain experience conducting adult diagnostic assessments (e.g., CAADID, SCID) as part of several ongoing studies across a wide variety of populations. Currently our ADHD study populations include adolescents on stimulant medication, young adults who smoke cigarettes, expectant parents, and emerging adults. Our alcohol use study populations are young adult moderate-heavy episodic drinkers. We are actively focused on understanding health disparities in risk for alcohol problems. Throughout the studies of our program, we use developmental, neurobiological, and multi-method approaches (e.g., imaging, psychophysiological assessment, behavioral tasks, home-based visits, and ecological momentary assessment). Interns on this rotation are invited to gain exposure to this methodology as part of their experience.

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Suicide Risk in Young Adults

Supervision: Lori Scott, PhD

This rotation provides an opportunity for the longitudinal assessment of suicidality, self-injury, stressful life events, and psychopathology symptoms in young adults enrolled in an NIMH-funded research study. The primary goal of the Daily Emotions and Relationships (DEAR) study is to identify near-term (i.e., proximal) risk markers for intraindividual changes in suicidality over time, with an emphasis on how individuals respond to social stress. In this study we intensively assess adults (ages 18-35) currently receiving mental health care who have had recent suicide ideation or attempts. Our multi-modal assessments include interviews, questionnaires, cardiovascular psychophysiology, implicit association tests, and ecological momentary assessments. We will also be pilot testing wearable devices and passive sensing methods of assessment. Participants are followed for 12 months at 4-month intervals.

Center for Advanced Psychotherapy

Supervision: Lauren Bylsma, PhD; Dara Sakolsky, MD (Adult supervisors also include: Jay Fournier, PhD, Ran Li, MD; Holly Swartz, MD; Kelly Forster Wells, LCSW)

The Center for Advanced Psychotherapy (CAP) is an outpatient clinic that specializes in delivering evidence-based treatments for adolescents (ages 8-17yo) and adults with mood and anxiety disorders. For adolescent patients, the primary treatment modality is Cognitive Behavioral Therapy (CBT). Other evidence-based treatment modalities include interpersonal psychotherapy (IPT), interpersonal and social rhythm therapy (IPSRT,) Motivational Interviewing, and Mentalization-Based Treatment (MBT). Practicum opportunities include participation as therapists and assessors in an NSF-funded randomized trial examining process factors associated with psychotherapy outcomes in depressed adults using IPT or CBT approaches. Training in the theory and implementation of evidence-based psychotherapies, in combination with pharmacotherapy (for adults or youth) as needed. Interns will be expected to participate in individual supervision, group supervision, and carry a small caseload of adult and/or adolescent outpatients.

The John Merck Inpatient Unit for Autism and Intellectual and Developmental Disorders

Supervision: Stephanie Gigler, PsyD, NCSP, Jessica Kettel, MD, Carla Mazefsky, PhD

The Merck unit is a specialized inpatient unit at UPMC Western Psychiatric Hospital for individuals who have Autism Spectrum Disorder, intellectual disabilities, and other developmental disorders. There are separate wings for children, adolescents, and adults. The unit primarily provides acute stabilization. Most patients are admitted for aggression or self-injurious behaviors. The unit serves individuals with the full range of intellectual and verbal abilities, providing experience with patients with ASD with the most severe presentations (e.g., nonverbal, severe intellectual disability) as well as bright and verbal patients with severe emotional or behavioral problems. The rotation will be tailored to the intern's experience with the population and interests. Common elements include attending multidisciplinary treatment team, joining rounds with the attending psychiatrist, conducting interviews or assessments with patients, planning and implementing behavioral interventions, 1-on-1 interventions with cognitively-able patients, etc. Interns will also have the opportunity to participate in activities that occur on the unit as part of the Autism Inpatient Collection, which is a multisite research study (see <http://www.reaact.pitt.edu/studies-2/>). Research activities available to interns include observation or potential administration of the Autism Diagnostic Observation Schedule – 2, a test of receptive language ability, and a nonverbal IQ test (Leiter), and exposure to the collection of physiological arousal data via wrist worn sensors with concurrent coding of behaviors.

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The Emotion Awareness and Skills Enhancement (EASE) Program for Autism Spectrum Disorder;
Supervision: Carla Mazefsky, PhD, Caitlin Conner, PhD

The Emotion Awareness and Skills Enhancement Program (EASE; see <http://www.reaact.pitt.edu/studies-2/>) is a 16-week individual therapy intervention to improve emotion regulation in verbal 12- to 21-year-olds with autism spectrum disorder (ASD) and IQ >80. EASE is a 16-week intervention that emphasizes distress tolerance, mindfulness, and incorporates some cognitive-behavioral therapy components. EASE is being evaluated in a two-site randomized controlled trial in comparison to individualized supportive therapy. Ideally, interns would complete at least one EASE and one individualized supportive therapy case. The supportive therapy condition allows for the use of any therapeutic approach that is not a primary component of EASE, providing exposure to and experience with a range of empirically-based approaches. When possible, interns would participate in both local group supervision and cross-site supervision, providing exposure to a wide range of patients, including commonly encountered therapeutic challenges and discussions to generate solutions. Interns will gain experience adhering to a standardized protocol within a clinical trial. Prior ASD experience is helpful but not required. While EASE was developed for and is being tested in an ASD sample, the skills learned when implementing EASE would easily translate to emotion regulation-focused interventions with other populations as well as support for the transition from adolescence to adulthood.

Interested interns may be able to participate in an open trial of a new version of EASE for 16- to 25-year-olds with ASD and co-occurring intellectual disability and nonverbal IQ >50. There may also be additional opportunities to participate in eligibility and outcome assessments (e.g., ADOS, IQ, psychiatric and emotional assessments, EEG assessments). Due to the length of EASE, it is recommended for this rotation to occur over 6 months.