

Adult Rotations

Psychiatric Emergency Services (PES)

Supervision: Kelly Perish, MSN, RN

Western Psychiatric Hospital's Psychiatric Emergency Service (PES) is a psychiatric emergency room that sees over 14,000 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 is 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 room setting.

Health Behavior Research Group/Behavioral Medicine Program

Supervision: Michele Levine, PhD; Elizabeth Venditti, PhD, Rachel Kolko Conlon, PhD, and Jennifer Grace, MS

The focus of the Health Behavior Research Group is the integration of behavioral science with biomedical knowledge and techniques to promote behavior changes to enhance health or ameliorate disease. Current offerings include assessment and treatment experiences in the context of funded research studies involving mood and eating behaviors in pregnant and postpartum women, and lifestyle interventions for older adults. In collaboration with the faculty, interns may individualize their rotation experience with a minimum duration of six months.

UPMC Center for Eating Disorders (CED)

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

The UPMC Center for Eating Disorders (CED) provides assessment and treatment for adolescents and adults 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 every level of care with adolescents and adults. Three- or six-month rotations will be developed in collaboration with the supervisors to accommodate the Intern's interest and training.

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

Supervision: Rob Ferguson, PhD; Ellen Ormond, PhD;; Donna Posluszny, PhD, ABPP; 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 Clinical Psychology Internship – Adult Rotations professionals. Interns will attend case conferences and seminars as scheduling allows and will be assigned directed readings to enhance understanding of medical aspects of cancer and its treatment. Interns will have the opportunity to assess and treat cognitive deficits caused by cancer and/or its treatment and receive experience with stem cell transplantation evaluations and psychopharmacology for patients with cancer.

Behavioral Sleep Medicine

Supervision: Brant Hasler, PhD

The goals of this rotation are to provide exposure to the common adult sleep disorders seen in clinical practice; to teach the basic clinical assessment of patients presenting with sleep symptoms; and to introduce the principles and basic techniques of behavioral treatment for sleep disorders, focusing on insomnia. In addition to insomnia, interns will likely gain exposure to the assessment and treatment of circadian rhythm sleep disorders and parasomnias such as nightmare disorder. This rotation primarily occurs at the WPIC site of the UPMC Sleep Medicine Center, although exposure to the Falk Medical Building and UPMC Montefiore sites is possible. Interns selecting this rotation first shadow an experienced sleep clinician 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 available as a 3- or 6- month stint. Interns who select a 6-month stint will have greater opportunities for conducting independent intake assessments and for developing proficiency in case conceptualization and in delivering behavioral interventions. For motivated interns whose schedules permit, a secondary goal is to introduce the basics of polysomnography (PSG) in the assessment of sleep disorder patients. Weekly PSG "reading sessions" help to establish familiarity with physiological assessment of sleep patients.

HOPE TEAM

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

The HOPE TEAM is an outpatient clinic supported by grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA; 2019-2022) serving youth ages 10-26 who are experiencing early signs and symptoms of risk for psychosis (i.e., are at clinical high-risk for psychosis, CHR). HOPE TEAM will provide services based on a stepped care model, with treatment intensity and duration determined by clinical need. At minimum, all patients complete an initial medical evaluation and baseline assessment, ongoing assessment every 6 months, and weekly/biweekly cognitive-behavioral therapy (CBT) and family support for at least 6 months. In addition to these services, some patients receive psychiatric medication management, supported employment and education services, and peer support. Rotation opportunities for interns include conducting intake assessments, weekly 1-hour team meetings (currently Friday mornings but this may shift to Wednesdays in the future), individual or group 1-hour CBT supervision meetings (arranged with supervisors), and an individual caseload of 1-3 patients for weekly CBT therapy (for 6-month rotations only). There may also be opportunities to assist with community outreach efforts. It is recommended that interns participate in at least a 6-month rotation in order to carry an individual caseload, as cases are seen for a minimum of 6 months. Interns completing a 3-month rotation will primarily be involved with screening and assessment (1-2 full assessment batteries per month, 3-5 hours each). Training will be provided in the Structured Interview for Psychosis Risk-Syndromes (SIPS) semi-structured interview and modifications to CBT appropriate for CHR youth with psychotic-like experiences,

including CBT-p. Patients seen in HOPE TEAM are often diagnostically complex with other co-morbid conditions, such as mood disorders, anxiety disorders, traumatic stress disorders, and ADHD. Many HOPE TEAM patients identify as sexual or gender minorities. Expected total time commitment will be 4-8 hours weekly. <https://www.hopeteam.pitt.edu/>

Psychotic Disorders Inpatient Care

Supervision: Gretchen L. Haas, PhD; Konasale Prasad, 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 an experience of participation in inpatient care, with an emphasis on differential diagnosis of psychotic disorders and the tailoring of pharmacologic and psychosocial treatment to the specific needs of the patient. This rotation is designed to support the specific interests and training needs of the intern. Daily 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 also 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.

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.

Center for Treatment of Obsessive-Compulsive Disorder

Supervision: Rebecca Price, PhD; Vanessa Brown, PhD

The Obsessive-Compulsive Disorder Intensive Outpatient Program provides intensive treatment sessions. Exposure with Response Prevention (ERP) is the primary treatment. Group therapy is the primary modality, supplemented by individual exposure sessions. Family psychoeducation and medication treatments are standard interventions. Interns may elect three- or six-month, half-time rotations. Involvement may include two or three days of the program. Supervision in assessment, treatment formulation, and ERP through weekly meetings is provided. The treatment population is adults with diagnosis of OCD or OC spectrum disorders (e.g., body dysmorphic disorder, trichotillomania, skin picking) and a broad range of comorbid diagnoses.

Birmingham Free Clinic

Supervision: Vanessa Brown, PhD, Rebecca Price, PhD

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

Adult Services Acute Ambulatory Programs

Supervision: Jamie Harris, LCSW [bipolar track], Sheri Hertzog, MSW, LCSW; Tiffany Painter, LCSW; Dana Rofey, PhD

The Adult Services Acute Ambulatory Programs provide short term stabilization for adult men and women with acute mood and/or anxiety symptoms. There are several specialty tracks across 14 programs located in Oakland. Each program meets 3 days per week for 3 hours each session with an average length of stay 6-8 weeks. The general IOP tracks offer an opportunity to co-lead DBT skills training groups in a short term model. The track for Bipolar patients offers exposure to Interpersonal and Social Rhythms therapy as modified for Intensive Outpatient level of care. Interns function as an active part of the treatment team which includes a psychiatrist, group therapist, and individual/family therapist. Interns co-lead groups, and depending on learning interests, have a small individual caseload, and attend treatment team meetings for collaborative treatment planning. Interns have often worked on a short project during the rotation in an area of interest that also enhances program quality.

Outpatient Pain Psychology, UPMC Division of Chronic Pain

Supervision: Susan Jarquin, PhD

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 for individual therapy, brief evaluations designed to assess fit for chronic pain self-management groups, and evaluations intended to determine suitability for implantable pain therapies, including spinal cord stimulators. Interns will have the opportunity to deliver individual and group-based 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 and group therapy in an outpatient medical setting, including use of telemedicine technology; and 3) to introduce interns to the process of assessing suitability for implantable pain therapies. Interns will begin their training experience by observing the supervisor perform the various assessments and interventions. Once deemed ready by the supervisor, interns will be able to conduct the assessments and interventions independently. Individual supervision time will be scheduled, and supervision will also be provided as needed. Interns will receive instruction in the use motivational interviewing interventions as well as cognitive-behavioral and acceptance and commitment therapy techniques. This is a part-time rotation and interns will derive the most benefit from this training experience if they commit to it for at least 6 months. This rotation is in Shadyside at the Centre Commons Building. Interns may be able to provide telemedicine services from home; interns will need access to specific technology to do this though.

Neuropsychological Assessment in Outpatient Geriatric Psychiatry

Supervision: Meryl A Butters, PhD; Andrea M Weinstein, PhD; 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 psychiatric symptoms in late-life can be an initial sign of neurodegenerative disease. This rotation will involve neuropsychological assessment of older adults seen at the Benedum Geriatric Center located in UPMC Montefiore Hospital. Referrals include outpatient geriatric psychiatry patients, as well as some 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, in-depth clinical interview, test administration, test scoring, interpretation, and report writing. Consultation with clinic psychiatrists, nurses, and social workers occurs often. Supervision will be provided by a licensed clinical psychologist (via Drs. Butters, Weinstein, or Gujral). There may also be opportunities to provide supervision to psychology graduate student externs during group supervision. This rotation is typically 1 day per week (Wednesdays), though 1-2 hours on another day may be requested and can be adjusted depending on the intern's other commitments. We request a 6-month commitment for this rotation. The caseload is approximately 3 patients per month, with other time for report writing and supervision.

Neuropsychological Assessment in Neurosurgery

Supervision: Luke Henry, PhD

The role of neuropsychology within neurosurgery is expanding as we seek to improve patient outcomes. Better understanding cognitive and behavioral function is crucial for determining surgical eligibility, informing surgical approach, and planning for optimal rehabilitative strategies, and in some instances it informs diagnosis. This rotation focuses on pre- and post-surgical neuropsychological assessments utilized in the aforementioned ways. Participating interns will 1) gain exposure to a broad spectrum of neuropathologies requiring surgical intervention (e.g., brain tumor, epilepsy, movement disorders); 2)

understand the principles and techniques of neuropsychological battery construction; 3) learn general and specific neuropsychological assessment tools; and 4) gain experience formulating case conceptualizations and corresponding treatment recommendations. Training occurs in the Department of Neurosurgery Outpatient Clinic, located in UPMC Presbyterian Hospital. Interns selecting this rotation will first shadow an experienced neuropsychologist to gain familiarity with interview and assessment procedures. They will then be assigned their own pre- and post-surgical patients, supervised by the faculty clinician. Interns will have the opportunity to conduct clinical interviews, plan and administer assessment batteries, and write brief assessment reports to be used by the neurosurgical team in surgical planning and follow-up care. The opportunity to observe brain surgery is also offered. For interested interns, research opportunities are available.

[Suicide Risk in Young Adults](#)

[Supervision: Lori Scott, PhD & Betsy Butler, 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.

[Bellefield Enhanced Support Team \(BEST\)](#)

[Supervision: Esther Teverovsky, MD; Holly Swartz, MD; Kelly Forster Wells, LCSW; Sue Wesner, RN, MSN, CS](#)

The Bellefield Enhanced Support Team (BEST) is an intensive outpatient program that specializes in delivering group and individual psychotherapy to outpatients over the age of 60. BEST specializes in the treatment of depressive, bipolar and anxiety disorders utilizing an evidence-based therapy, Interpersonal and Social Rhythm Psychotherapy (IPSRT), as its primary therapy modality. Opportunities exist for trainees interested in providing group and individual psychotherapy as part of an interdisciplinary team. Practicum opportunities include training in Interpersonal and Social Rhythm Therapy. Interns will be expected to participate in individual supervision, cofacilitate IPSRT groups twice a week, attend team meetings, and carry a small caseload of adult outpatients and conduct psychiatric evaluations.

[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.

Youth and Family Research Program

Supervision: Heather Joseph, DO; Traci Kennedy, PhD

Program Co-Directors: Brooke Molina, PhD; Sarah Pedersen, PhD

We conduct research on the course, neurobiology, and treatment of Attention Deficit Hyperactivity Disorder (ADHD) and related cognitive-behavioral profiles, comorbid externalizing disorders, and alcoholism and other substance abuse. Interns may participate in ongoing studies or test new intervention ideas developed with the directors of the research program and clinic. Currently, among other research opportunities, for clinical experience interns may learn to conduct adult diagnostic, including ADHD, assessments as part of an ongoing studies. As part of the ADHD Across the Lifespan Clinic experience, interns may participate in the assessment and treatment of children, adolescents, and adults. The clinic provides evidence-based and evidence-informed treatment, including psychosocial and pharmacologic interventions, for the full developmental spectrum. Interns participate in multidisciplinary team meetings to review cases and contribute to team discussions. The Youth and Family Research Program includes ongoing studies of ADHD, alcohol and other substance abuse (including stimulant misuse), and alcohol response in the lab and in the real world (EMA). We focus on youth and young adults, and recently their offspring, using developmental, neurobiological, and multimethod approaches (e.g., imaging, psychophysiological, and ecological momentary assessment).

Center for Advanced Psychotherapy

Supervision: Lauren Bylsma, PhD; Holly Swartz, MD; Kelly Forster Wells, LCSW; Ran Li, MD

The Center for Advanced Psychotherapy (CAP) is an outpatient clinic that specializes in delivering evidence-based treatments for patients with unipolar depression, bipolar disorder, anxiety disorders, and personality disorders in children, adolescents, and adults. Supervision will be provided in evidence-based therapies including interpersonal psychotherapy (IPT), interpersonal and social rhythm therapy (IPSRT), Cognitive Behavioral Therapy (CBT), and Mentalization Based Therapy (MBT). CBT will be the primary modality for child and adolescent cases (ages 8-17), with a focus on unipolar depression or anxiety disorders. CBT training for adult cases focuses on patients with unipolar depression and anxiety disorders but may include opportunities to work with traumatic stress disorders or obsessive-compulsive disorders, depending on trainee interests. MBT will be used to treat individuals with borderline and narcissistic personality disorders. IPSRT will be taught for the management of patients with bipolar disorder. IPT and CBT will be used for the treatment of depressive disorders. Training in the theory and implementation of evidence-based psychotherapies will be provided, in combination with pharmacotherapy (for adults or youth) as needed. Interns will be expected to participate in individual supervision, group supervision, and carry a small caseload of adult and/or child outpatients. Those who wish to learn MBT will be expected to see their cases for 6-12 months with ongoing supervision from Dr. Li.

Psychotherapy Training Clinic (PTC)

Supervision: Various Licensed PhD Supervisors

Each intern is expected to follow a minimum of two outpatients in individual psychotherapy during the year. Interns are provided access to patients through the WPIC Psychotherapy Training Clinic. Weekly supervision is offered by individual faculty members with expertise in a variety of empirically-supported treatments (including, for example, cognitive-behavioral therapy, interpersonal psychotherapy, and dialectical behavior therapy). Careful case conceptualization is encouraged. Interns develop case presentations for group feedback and discussion during Friday morning group supervision meetings.