



Boston Child Study Center

Expert Mental Health Treatment, Training & Research

2022-2023 Training Program Descriptions

Parent-Child Interaction Therapy (PCIT) / Teacher-Child Interaction Training (TCIT)

Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment for young children with externalizing behavior difficulties and their families. This rotation includes comprehensive training that aligns with PCIT International certification standards. The rotation includes 40 hours of didactic training and supervision and consultation conducted in the context of a weekly PCIT training clinic. Each trainee will be the primary therapist with at least one PCIT training case within the clinic and serve as co-therapist on other clinic cases. In addition, the trainee will see PCIT clients outside the clinic, as well as other young children with disruptive behavior disorders and other childhood disorders requiring behavioral treatments. Each trainee will participate in weekly rounds with the PCIT team and clinical supervisors. The training and supervision is conducted by a PCIT Global Trainer and will culminate in PCIT certification. There may also be an opportunity for a trainee to conduct TCIT in at least one local preschool. Research opportunities focused on community dissemination and/or implementation of PCIT with specialized populations or settings (e.g., internet-based PCIT) may be available depending on an applicant's interests and career goals. Please note that PCIT weekly rounds occur on Tuesday afternoons and trainees need to be available during this time each week.

Primary Supervisor: Joshua Masse, Ph.D.

Dialectical Behavior Therapy (DBT)

The Dialectical Behavior Therapy (DBT) program offers specialized training in evidence-based DBT, including individual therapy with skills coaching, DBT skills training groups, parent guidance, and family therapy. Trainees will have the opportunity to work directly with an adolescent and young adult outpatient population with multiple problems, which may include suicidal behaviors, non-suicidal self-injury, anxiety, depression, disordered eating, substance abuse, PTSD, and borderline personality disorder. Trainees will also co-lead at least one DBT skill acquisition and/or advanced skill implementation group. In addition to weekly supervision by expert DBT clinicians, trainees will participate in a DBT consultation team with DBT-trained therapists on the Boston Child Study Center faculty. Trainees at the fellowship level will attend Behavioral Tech's Intensive/Foundational trainings in DBT and become eligible to earn Behavioral Tech's certification in DBT upon licensure. Trainees will focus on developing specialized skills as evidence-based dialectical behavior therapists, with the knowledge and ability to treat patients with a wide variety of clinical diagnoses and challenges. Please note that DBT consultation team occurs on Tuesdays afternoons and trainees need to be available during this time each week.

Primary Supervisors: Ryan J. Madigan, Psy.D. and Lyndsey Moran, Ph.D.

Dialectical Behavior Therapy for Trauma & Exposure (DBT PE & Values-Based Exposure)

THIS TRACK REQUIRES PREVIOUS TRAINING IN DBT

Approximately 60% of patients diagnosed with Borderline Personality Disorder (BPD) also suffer from trauma/Post Traumatic Stress Disorder (PTSD). In addition, adolescents suffering with BPD and/or emotion regulation difficulties frequently suffer from comorbid anxiety, depression, substance abuse, disordered eating, etc. The DBT Trauma and Exposure program at BCSC provides state-of-the-art DBT and exposure therapies to address co-occurring anxiety, depression, PTSD, and suicidal and self-harm behaviors. Trainees will receive intensive training and supervision in DBT Prolonged Exposure Therapy, DBT and ExRP, and Values-Based Exposure Therapy. Trainees at the fellowship level will attend Behavioral Tech's intensive training in DBT PE and have the opportunity to carry individual cases in DBT PE and co-run emotional processing groups. In addition to weekly supervision by expert DBT and DBT PE clinicians, trainees will participate in DBT and DBT PE consultation teams with other trained experts on the Boston Child Study Center faculty.

Supervisors: Ryan J. Madigan, Psy.D. and Lyndsey Moran, Ph.D.

Radically Open Dialectical Behavior Therapy (RO DBT)

Radically Open Dialectical Behavior Therapy (RO DBT) is an evidence-based, transdiagnostic treatment for individuals with excessive self-control, or overcontrol. Individuals with overcontrol tend to avoid new situations, rigidly follow personal “rules,” and have difficulty expressing or showing emotion; accordingly, RO DBT focuses on evidence-based practices to build cognitive and behavioral flexibility, increase emotional expression, and build closeness in interpersonal relationships. As part of the RO DBT training program, trainees will receive intensive training in the principles of RO DBT. Trainees will have the opportunity to develop and apply their skills as RO DBT clinicians by providing individual therapy and co-leading RO DBT skills groups for adolescents and young adults with overcontrol. In addition to receiving weekly individual supervision from an advanced RO DBT clinician, trainees will also participate in group supervision with RO-trained clinicians on the Boston Child Study Center faculty. This training track provides the opportunity to establish foundational knowledge of RO DBT and gain experience providing evidence-based treatment for a wide range of clinical presentations, including chronic depression, anorexia nervosa, OCD, certain types of personality disorders, and excessive perfectionism. Please note that the RO DBT skills group takes place on Tuesday evenings and group supervision occurs on Wednesday afternoons, and trainees need to be available during these times each week.

Primary Supervisor: Kathryn Roeder, Ph.D.

Acceptance and Commitment Therapy (ACT)

This training experience will focus on the development and cultivation of trainees’ skills in conceptualization, treatment planning, and intervention from an acceptance and mindfulness-based framework. Drawing largely from Acceptance and Commitment Therapy, and including elements of other empirically supported behavioral and mindfulness based therapies (e.g. CBT, Mindfulness based CBT, Behavioral Analysis, Self-Compassion interventions), trainees and their supervisor(s) collaboratively outline a training plan to include these increasingly prominent, highly sought after, and flexible treatments in their clinical repertoire. ACT is adaptable to a wide range of clinical presentations - anxiety disorders, mood disorders, substance use, psychosis - and can lead to profound change in people’s lives, which makes the process of learning and using this framework very engaging as a

clinician. Additionally, ACT and these other interventions ask for a real commitment on the part of the clinician to acknowledge, attend to, and utilize their own experiences both in and outside the therapy room in service of clinical care and personal development as a therapist. This track affords trainees the opportunity to establish foundational knowledge in ACT and mindfulness-based therapies or enhancing their developing expertise. Flexibility is the key!

Primary Supervisor: Daniel P. Johnson, Ph.D.

Neuropsychological Testing

Each trainee will learn to administer, score, and interpret a wide range of neuropsychological instruments. Trainees will gain specialized skills in understanding how emotional struggles and neurocognitive presentations affect each other and how neuropsychological assessment can be used to inform the execution of CBT, DBT, ACT, and other evidence-based interventions. Specialized training in autism diagnostic assessments, including the Autism Diagnostic Observation Schedule (ADOS 2), is available for trainees interested in gaining experience in Autism Spectrum Disorder (ASD). Trainees will become fluent in a testing protocol to differentiate skill and performance deficits and to differentiate neurocognitive and emotional outcomes of behavior. They will administer approximately two neuropsychological batteries per month and participate in intake and feedback meetings. Trainees will also gain experience in report writing and tailoring feedback to children to motivate access to treatment.

Primary Supervisor: Nathan M. Lambright Psy.D., BCBA-D

Comprehensive Behavioral Intervention for Tics (CBIT)/ Behavioral Treatment for Impulse Control Disorders

Trainees begin by receiving specialized training in the neurological underpinnings of tics, trichotillomania, OCD, and other impulse control disorders. Trainees receive extensive training in the Comprehensive Behavioral Intervention for Tics (CBIT), adaptations and expansion for the treatment of other impulse control disorders, and treatments for common comorbidities including exposure and response prevention for obsessive compulsive disorder. The trainee will conduct initial severity scale measures including the Yale Global Tic Severity Scale (YGTSS) and Child Yale Brown Obsessive Compulsive Scale (CY-BOCS) upon entrance into the program. Clinicians will carry individual cases implementing psychoeducation for youth and families as well as CBIT/Habit Reversal, ERP, and parent management training as appropriate for the specific presentation.

Primary Supervisor: Nathan M. Lambright Psy.D., BCBA-D

Selective Mutism (SM) Assessment and Treatment Services

Trainees begin by receiving specialized clinical training in the assessment and treatment of selective mutism (SM) in both children and adolescents. BCSC provides evidence-based treatment approaches for SM, including Parent-Child Interaction Therapy for Selective Mutism (PCIT-SM), cognitive behavior therapy (CBT), exposure therapy, caregiver coaching, and school consultation. Within this minor rotation, trainees will have the opportunity to assist with initial clinical assessments and to carry their own caseload of patients with SM. Trainees will also have the opportunity to assist with planning and participating in Get Heard!, a seasonal group treatment program for youth with SM and social anxiety. Please note that SM weekly rounds occur on Wednesday afternoons, and trainees need to be available during this time each week.

Primary Supervisor: Kaitlyn Wilbur-Smith, Psy.D

Autism Spectrum Disorder (ASD) Diagnostic Services

BCSC provides evidence-based assessment and treatment specifically designed for the needs of young children with an Autism Spectrum Disorder (ASD) as well as their caregivers. Our goal is to help diagnose ASD as early as possible and partner with families to support next steps in their child's care. Our service is unique in that it integrates both a diagnostic and functional assessment. Each trainee will learn to administer, score, and interpret a wide range of diagnostic measures, including the Autism Diagnostic Observation Schedule, Second Edition (ADOS-2). Trainees will also get exposure to the development and implementation of targeted behavior interventions. Located in our Natick office, we have a special focus on early assessment and intervention in children younger than age 5 in addition to supporting individuals across the lifespan.

Primary Supervisor: Beth A. Jerskey, Ph.D.

All tracks

All trainees are given the opportunity to conduct individual, family-based, and group treatment for a wide array of anxiety disorders, including social and generalized anxiety, panic disorder, specific phobias, obsessive compulsive disorder (OCD), and school refusal, as well as depressive and mood disorders. Universal training experiences include participating in intakes to access function, co-leading therapy groups, and conducting exposure therapy using the inhibitory learning and values-based models. Trainees use evidence-based manualized protocols (e.g., Coping Cat/CAT project, MATCH-ADTC, the Unified Protocol, etc), with a focus on effective delivery of psychoeducation, skill-building, and exposure therapy emphasizing inhibitory learning and emotional processing. Opportunities exist for individuals to engage in values-based exposure, community-based exposure coaching, intensive treatment for specific phobias, and intensive treatment for school avoidance.

In addition, BCSC believes that interactions between parents and children combine with emotional vulnerabilities to shape behaviors seen in an array of youth emotional and behavioral problems. Research indicates that addressing children's struggles alone is insufficient to affect pervasive change in many cases. Engaging, educating, and shaping parents, caregivers, and family systems, however, comes with a unique set of challenges. All trainees will be expected to provide parent coaching with the goal of shaping effective interactions in the home to reduce emotional vulnerabilities and extinguish ineffective internalizing and externalizing behaviors. Through structured trainings and weekly supervision by clinicians who specialize in parent coaching, trainees will learn strategies for maximizing their effectiveness in parent coaching. In addition, trainees will have the opportunity to observe and/or co-lead a skills training group for parents of adolescents and young adults who are in DBT or CBT treatment.