July, 2011

Dear Psychology Interns, Fellows, and Practicum Trainees,

Welcome to Psychology Training at the Cambridge Health Alliance! We are excited to embark upon a new training year and hope that you are excited as well.

In the coming days and weeks, you’ll receive many streams of new information: faces, names, places, routines, roles and responsibilities. We have created this handbook to provide you with a reference to basic, orienting information about psychology training. It is necessarily broad and most certainly incomplete. Nonetheless, we hope it will help create some sense of grounding in this initial phase of your new training year. Please note that updates to the handbook will be made periodically and posted to the Psychology Division team page.

We won't be surprised if you feel overwhelmed by all that is new to learn. The clinical work that you are about to begin requires significant intellectual and emotional energy. Most of us find that our curiosity about the mind/psyche, our commitment to science and service, and our passion for multicultural learning hold us together as an academic-clinical community. We encourage you to make the most of your relationships with your peers, colleagues, supervisors and teachers. Finally, we also encourage you to create space in your lives to break from your work: to rest, play, and rejuvenate.

Best wishes for the year ahead!

Kimberlyn Leary, Ph.D., MPA
Chief Psychologist and Director of Psychology and Psychology Training

Carolyn Conklin, Ph.D.
Practicum Training Director and Staff Psychologist

Marla Eby, Ph.D.
Postdoctoral Fellowship Training Director and Associate Director of Psychology and Psychology Training

Patricia Harney, Ph.D.
Internship Training Director and Associate Director of Psychology and Psychology Training
Accountable Care and the Cambridge Health Alliance

For many years, Massachusetts has been at the forefront of efforts to reform health care delivery, improve quality, and to increase access to health services.

As part of this effort, the Cambridge Health Alliance is positioning itself to become an Accountable Care Organization. As an Accountable Care Organization, the Cambridge Health Alliance intends to be eligible to receive global payments from private, state, and federal insurers in exchange for providing integrated care to a community of patients in accord with the tenets of a patient centered medical home. As part of the strategic planning process, the Cambridge Health Alliance has convened an Accountable Care Task Force (the Chief Psychologist has been a member of this task force and co-chaired the Task Force working group on Education and Academics). As the Cambridge Health Alliance proceeds in this direction, the model of care delivery in some of our sites will likely include greater integration between Psychiatry and Primary Care. As an example, outpatient psychiatry teams may affiliate with particular primary care sites. This will allow psychology interns even greater opportunities for collaboration between mental health and medical services. As part of this new initiative, the Cambridge Health Alliance would also deliver additional specialty mental health services, attuned to quality, to meet in-house need. The Psychodynamic Research Clinic (a sub-service within the Adult Outpatient Service), which opened in September of 2009, is one model of a new care entity of this type. Psychiatry leadership has prioritized this endeavor with funding and staff resources. The Psychiatry Department is actively discussing sponsoring a similarly situated cognitive-behavioral therapy clinic and a prodrome psychosis clinic with the Adult Outpatient Service. Thus, Psychology leadership and psychology training are expected to be an integral part of the Accountable Care planning process.

The topics of accountable care, the history of health reform, and the medical home are covered in many of our faculty and trainee seminars allowing all staff to have a better appreciation of the change that is occurring in real time in health systems across the United States.
Administrative and Technical Support

The Division of Psychology has a full time Administrative Coordinator, Lena Rivellini. Her office is located in the 2nd Floor of the Macht Building. She is available to assist interns with administrative and technical questions and has the expertise needed to direct interns to other sources within the hospital as needed.
APA Ethical Principles of Psychologists and Code of Conduct

www.apa.org/ethics/code.html
Biographies of Psychology Interns, Postdoctoral Fellows and Practicum Trainees in Psychology 2011-2012

Psychology Interns:

**Adult-Acute Services/Adult-OPD: Amy Blume-Marcovici** is a doctoral candidate at the California School of Professional Psychology in San Diego. She received both her B.A in Anthropology and her M.A in Psychology from Columbia University. She is the recipient of several national graduate student awards (Division 39—Psychoanalysis, APA, 2010, Best Graduate Student Essay, International Association for the Study of Dream, Best Student Research Essay). She has clinical experience in and has published/presented on a range of clinical topics such as mindfulness, motivational interviewing, gender and dreams. Amy is a published fiction author as well.

**Adult-Acute Services/Adult-OPD: Michelle Contreras** is a doctoral candidate at the Massachusetts School of Professional Psychology. She is a graduate of the Universidad Rafael Landivar-Guatemala City and of the Boston Graduate School for Psychoanalysis. She was a half time trainee at CHA on the Latino Team from 2008-2010. Michelle has also worked at the Trauma Center in Brookline on developing training on the topic of human trafficking, a topic of which she has presented widely. Finally, Michelle is Vice President of the Latino American Center for Trauma Studies in Guatemala.

**Adult-Acute Services/Adult-OPD: Miriam Frankel** is a doctoral candidate at the University of Tennessee. She received her B.A., summa cum laude, from Emory University. From the Division 39 (Psychoanalysis) of the APA, she received graduate student/young professional travel award. She has published research on psychodynamic psychotherapy with adjunctive hypnosis, as well as the impact of maternal BPD on child development.

**Asian Team and Adult-Acute Services: Ronald DelCastillo** is a doctoral candidate in clinical psychology at the PGSP-Stanford Consortium. He received his B.S. in Psychology from Fordham University and his M.A. in Psychology from Columbia University. His research is in sexual minority stress among Asian and Pacific Islander gay and bisexual men. He has extensive experience in community and clinical work among marginalized populations, with a focus on high risk behaviors, domestic violence, and literacy.

**Combined Child OPD and Adult OPD: Liz Freidlin** is a doctoral candidate at the City University of New York (CUNY) in clinical psychology. She received her B.A. in Creative Writing from Columbia University. She has published and presented on
topics relevant to adolescent sexuality, risk behaviors and HIV. Liz has worked in a range of inpatient facilities including CHA’s CAU!

**Combined Child OPD and Adult OPD:** Jacqueline Sperling is a doctoral candidate in clinical psychology at UCLA. She received her B.A. in Psychology and History from Duke University. She has been a graduate research fellow on the UCLA Sloan Center on Everyday Lives of Families Project as well as the National Data Archives on Child Abuse and Neglect at Cornell University. She has presented on problems of childhood stressors and parent-child interactions nationally at meetings for the American Psychological Association (APA), American Psychological Society (APS), and the Society for Research in Child Development.

**Combined Child OPD and Adult OPD:** Jessie Fonatella is a doctoral candidate in Counseling Psychology at Fordham University. She received her B.A. magna cum laude from Boston University, and spent a year in an honors program at Cambridge University. She has interest and experience in psychodynamic work as well as health psychology, as reflected in her dissertation, "Diabetes Treatment Adherence: Role of Working Alliance, Locus of Control, and Social-Cognitive Factors." Jessie is currently in a neuropsychological testing practicum at the Beth Israel-Deaconess, and has worked for two and a half years on Dr. Joseph Biederman’s pediatric psychopharmacology research team, with whom she has several publications. Jessie will be half time in the Adult OPD and half time in the Child OPD.

**Latino Team and Child OPD:** Johanna Malaga is a doctoral candidate in clinical psychology at Nova Southeastern University. She received her B.A. in Psychology and Spanish at the University of Miami. Her clinical experiences include work in autism spectrum disorders and adolescent residential treatment. Her research includes work on the impact of parental suicide on parenting style, as well as school based family interventions.

**First-year Postdoctoral Fellows:**

**Adult Neuropsychology:** Michelle Kim will receive her PhD in Clinical Psychology from the Fuller Graduate School of Psychology. She also has a BA from the University of Washington. She is currently doing her internship at the James A. Haley Veterans Affairs Medical Center in Tampa, with a major rotation in clinical neuropsychology. She is fluent in Korean, and has a research focus on verbal memory.

**Adult Neuropsychology:** Anya Potter is obtaining her PhD in Clinical Psychology at the University of Massachusetts, Boston. Her Bachelors degree was obtained from Tufts University. Her internship site is at the Edith Nourse Rogers Memorial Veterans Hospital in Bedford MA, where she has a major focus in neuropsychology.
Her dissertation research examined neuropsychological subtypes of schizophrenia, and she is fluent in Croatian.

**Child and Adolescent Acute Services:** Jessica Fradkin will be receiving her PsyD in Clinical Psychology from the Ferkauf Graduate School of Psychology at Yeshiva University, also after obtaining a BA from Tufts University. Her child-focused internship is at St. Luke’s Roosevelt Hospital in New York City. She has also worked at Bellevue and has a subspecialty in neuropsychology, along with research interests in cognitive behavioral therapy with children.

**Child and Adolescent Acute Services:** Marshaun Glover will receive his PhD in Clinical Psychology from Virginia Polytechnic Institute and State University, after obtaining his BA from Albany State University in Georgia. He is currently doing his internship at Virginia Treatment Center for Children. His dissertation explores father’s involvement in children’s health, and he has a particular interest in the relationship of families to health issues in children.

**Program for Psychotherapy:** Kristal Jimenez-Santiago is a doctoral candidate for a PsyD in Clinical Psychology at the Ponce School of Medicine in Puerto Rico, and obtained her BA at the Pontifical Catholic University of Puerto Rico. Her dissertation research studied characteristics of the Puerto Rico WAIS-III, and she is fluent in Spanish. She is now an intern at Cambridge Health Alliance, where she works at the Latino Clinic and with child and adolescent outpatients.

**Program for Psychotherapy:** Rachel Wasserman is obtaining her PhD in Clinical Psychology at Pennsylvania State University, after receiving her BA from Princeton. Her doctoral dissertation examined the working alliance in the treatment of borderline personality disorder. She is also currently an intern at the Cambridge Health Alliance, where she works with adults in both inpatient and outpatient settings.

**Psychodynamic Research Clinic and Psychological Assessment:** Vali Kahn will receive a PhD in Clinical Psychology at the University of Massachusetts, Boston. Her undergraduate work was done at Bryn Mawr College. Her dissertation investigates identity processes in multiracial and bisexual people, and she also has a strong interest in emerging adulthood. She is currently an intern at the Massachusetts Mental Health Center.

**Victims of Violence Program:** Marco Hidalgo is expecting his PhD in Clinical and Community Psychology from DePaul University. He received his BA from San Francisco State University. He is currently an intern at Alexian Brothers Behavioral
Health Hospital in Illinois. His dissertation research developed a behavioral screening tool for same-gender male intimate partner violence and he is also conducting research on adolescent peer victimization.

**Second-year Postdoctoral Fellows:**

**Adult Neuropsychology:** Karen Torres received her PsyD from Pepperdine University. She also has a BA from UCLA, and an MA from NYU. She completed her internship at Henry Ford Health System, with a major rotation in clinical neuropsychology. She is fluent in Spanish, and is interested in normative data in neuropsychology for Spanish-speaking populations, and in outreach about risk behaviors for vascular dementia.

**Program for Psychotherapy:** Lotte Smith-Hansen received her PhD in clinical psychology at UMass, Amherst, after obtaining a Masters in Clinical Health Psychology at Texas State University, and a BA from the University of Texas. Her dissertation research studied psychotherapy treatment adherence. She completed her internship at Cambridge Health Alliance, where she worked with adults in both inpatient and outpatient settings.

**Program for Psychotherapy:** Kelly Wilson obtained her PhD in Psychology at Stanford University, and then respecialized in Clinical Psychology at the Pacific Graduate School. She obtained her BS at Penn State. Her doctoral dissertation examined the relationship between attachment and mentalization. She completed her internship at the Hines VA Hospital/Loyola University Medical Center.

**Victims of Violence Program:** Zorangeli Ramos Ortiz received her PhD in Clinical Psychology from the Fuller Graduate School of Psychology. She received her BA from the University of Puerto Rico, and is fluent in Spanish. She completed her internship at Gouverneur Healthcare Services/Bellevue in New York. Her dissertation compared the impact of violence on Salvadorians living in LA vs. El Salvador.

**Psychology Practicum Trainees:**

**Adolescent Assessment Unit:** Alyssa Ponte is a second-year student in the Doctoral Program in Counseling Psychology (Ph.D.) at Boston College. She previously earned a master’s degree in Counseling Psychology from Boston College and a bachelor’s degree from the College of the Holy Cross. She has pursued her interest in treating children and adolescents as a psychology trainee at Parker Middle School and as a Program Coordinator for the Massachusetts General Hospital YouthCare Transitions Program, a career and life skills program for adolescents with Asperger's syndrome.
and various affective disorders. She has also trained at the Emmanuel College Counseling Center. Alyssa’s research interests include adolescent body image, adolescent substance abuse, and bullying.

**Adolescent Assessment Unit:** [Jacquelyn Raferty](#) is a second-year student in the Doctoral Program in Clinical Psychology (Ph.D.) at Clark University. She previously earned a masters’ degree in Clinical Psychology from Clark University and a bachelor’s degree from Union College. Her extensive clinical experience includes training at Children’s Friend Center for Grieving Children and Families, the Ellsworth Child and Family Counseling Center, and Clark University’s Children’s Services. Her research includes work in the areas of children’s emotion-, behavior-, and self-regulation.

**Adult Psychological and Neuropsychological Assessment:** [Akhila Sravish](#) is a third-year student in the Doctoral Program in Clinical Psychology (Ph.D.) at the University of Massachusetts Boston. She previously earned a master’s degree in Creative Arts in Therapy (Dance/Movement Therapy) from Drexel University. In India, she earned a master’s degree in Applied Psychology from Annamalai University, and both a master’s degree in Biological Sciences and a bachelor’s degree from the Birla Institute of Technology and Science. She is currently a half-time trainee in CHA’s Child Assessment Unit. Her previous clinical experiences include a practicum at the University of Massachusetts Boston Counseling Center, and professional psychotherapist positions in Mumbai at the Child and You Therapy Center, and the American School of Bombay. Her current research concerns dyadic flexibility in infant-caregiver interactions.

**Behavioral Medicine:** [Fanny Ng](#) is a second-year student in the Doctoral Program in Clinical Psychology (Ph.D.) at the University of Massachusetts Boston. She received her undergraduate degree from Stony Brook University. As a trainee at the University of Massachusetts Boston Counseling Center, she conducts psychotherapy in both English and Chinese (Cantonese). She has a deep interest in and commitment to issues of diversity, cultural competence, and social justice. Her areas of research include racial identity and race-related stress in Asian Americans.

**Behavioral Medicine:** [Shruti Mukkamala](#) is a second-year student in the Doctoral Program in Clinical Psychology (Ph.D.) at the University of Massachusetts Boston. She has previously earned a master’s degree in Clinical Psychology from California State University, Fullerton. At Maharaja Sayajirao University in Baroda, India, she earned both a master’s degree in Clinical Psychology and a bachelor’s degree. She is currently training at the University of Massachusetts Boston Counseling Center and has previously trained at the California State University, Fullerton Counseling and Psychological Services. In Baroda, India, she trained at an alcohol abuse rehabilitation center and a children’s hospital. Her areas of research include
cultural values, spirituality, and attitudes toward psychotherapy among Asian Indians in the United States.

Child Assessment Unit: **Miri Bar-Halpern** is a third-year student in the Doctoral Program in Psychology (Psy.D.) at the University of Hartford Graduate Institute of Professional Psychology. She earned her bachelor’s degree in Israel from Tel Aviv University. She is currently training at the Riverview Hospital Adolescent Boys Unit in Hartford. Her extensive previous training conducted in Connecticut and Israel includes experiences working with children and adolescents in an inpatient substance abuse unit, an urban magnet school, a residential program and a trauma center. She has conducted research in the areas of “developmental posttraumatic stress disorder,” and emotion regulation in children.

Child Assessment Unit: **Marisa O'Boyle** is a second-year student in the Doctoral Program in Clinical Psychology (Ph.D.) at the University of Massachusetts Boston. She previously completed a master’s degree in Human Development and Psychology at Harvard University and a bachelor’s degree at Princeton University. She is currently training at the University of Massachusetts Boston Counseling Center. Her current research concerns the parent-child relationship and school adjustment. Her previous research experience at Massachusetts General Hospital concerned children at risk for affective disorders.

Juvenile Safety Net Program: **Elizabeth Stilwell** is a first-year student in the Doctoral Program in Psychology (Psy.D.) at the Massachusetts School of Professional Psychology. She previously earned a master’s degree in Clinical Psychology from Teachers College, Columbia University, and a bachelor’s degree from Boston University. Elizabeth has a longstanding interest in forensic psychology, having trained at the Taunton Department of Mental Health’s Mentally Ill/Problematic Sexual Behavior Program, Manhattan’s Metropolitan Correctional Center, and the Bellevue Hospital/New York University Medical Center Rape Crisis Program. Her research topics include the over-identification of malingering in criminal defendants with complex PTSD, and aggressive behavior in forensic populations.
Biographies of Psychology Research Postdoctoral Fellows at the Cambridge Health Alliance Psychology 2011-2012

Apart from the Clinical Postdoctoral positions described in our training program, the Department of Psychiatry at times hosts Research Postdoctoral Fellows, who are selected by, and work under designated researchers in the Department.

Center for Multicultural Mental Health Research (Dr. Margarita Alegria): Carmela Alcantara obtained her Ph.D. in Clinical Psychology at the University of Michigan, and her B.A. from Cornell University. She completed her internship at Bellevue Hospital in New York, and is currently a Postdoctoral Fellow at the Kellogg Health Scholars Program at the Harvard School of Public Health. Her dissertation examined culture-bound syndromes and other markers of distress in Mexican immigrant mothers, and she is fluent in Spanish.

Center for Multicultural Mental Health Research (Dr. Margarita Alegria): Daniel Jimenez received his Ph.D. in Clinical Psychology from the Pacific Graduate School of Psychology, after receiving his BA from the University of Florida. He is also a Research Fellow in Community and Family Medicine at Dartmouth Medical School. He is fluent in Spanish, and his dissertation explored the impact of acculturation on knowledge of Alzheimer's Disease.

Bio-Behavioral Family Studies and the Family Pathways Project (Dr. Karlen Lyons-Ruth): Laura Brumariu received her Ph.D. in Clinical Psychology at Kent State University. She pursued undergraduate studies at the Alexandra Ioan Cuza University of Iasi, Romania and is fluent in Romanian. She completed her psychology internship at Texas Children’s Hospital/Baylor College of Medicine. Her dissertation explored mother-child attachment in early childhood and its relation to anxiety symptoms in preadolescence.

Bio-Behavioral Family Studies and the Family Pathways Project (Dr. Karlen Lyons-Ruth): Ingrid Obsuth received her Ph.D. in Child-Clinical Psychology at Simon-Fraser University in British Columbia. She previously obtained her M.A. at the Charles University in Prague, and is fluent in Czech, Hungarian, Slovak, Russian and French. She completed her internship at the Cambridge Health Alliance. Her dissertation studied parent-child attachment, affect regulation, and emotional and behavioral problems in high-risk adolescents.
CAMBRIDGE HEALTH ALLIANCE: WHAT WE ARE

From our website: http://www.challiance.org/careers/careers.shtml

An award-winning system that has been recognized nationally for community and academic excellence

An integrated health network that has three hospitals - Cambridge campus, Somerville campus, and Whidden campus - and more than twenty primary care practices

A comprehensive health provider that offers a wide variety of medical, surgical, and mental health programs

An academic leader that has affiliations with both Harvard Medical School and Tufts University School of Medicine, as well as several schools of nursing, including Boston College, Simmons College, and the University of Massachusetts

An important resource that works with and within its communities to identify and address health disparities

An employer of more than 4000 individuals from many fields who work together to provide the best patient care and improve the health of our communities.

Applicants are considered for positions without regard to race, color, religion, sex, national origin, sexual preference, age, marital status, medical condition, disability, or other legally protected status.

Cambridge Health Alliance supports a drug free work environment.
Cambridge Health Alliance Code of Ethics

From our website: http://www.challiance.org/aboutus/ethical_guidelines.shtml

It is the policy of Cambridge Health Alliance to use consistent ethical guidelines in decision-making about patient care, employee relations and business practices.

General Principles

The best interests of our patients drive our decision-making.

We are dedicated to the principle that all patients, employees, physicians and visitors will be treated dignity, respect, and courtesy.

Honest, open communication characterizes all of our interactions with patients, employees, and the community.

We honor the diversity of our patients, staff, and community and create a culture in which all feel valued and respected.

We are committed to using a collaborative decision-making process in resolving difficult patient care issues which involves all appropriate parties.

We fairly and accurately represent ourselves and our capabilities.

We provide services to meet the identified needs of our patients and do no provide unnecessary services.

We continuously improve the quality of our medical care.

We maintain patient confidentiality.

We honor our commitments to patients, staff, and the community.

We hold ourselves to the highest standards in meeting and exceeding all of our professional standards and legal and regulatory obligations.

We continuously monitor our compliance with this code of ethics and provide training as needed to achieve these goals.

Significant Ethical Policy Issues and Examples

Patient Care Issues
Treatment decisions are made on a case by case basis. Our care decisions are based on the clinical status of our patients and on patient/family desire.

We work in partnership with our patients and, if appropriate, with their families. We share information about patient needs and preferences, diagnostic and treatment opportunities, and the risks and alternatives to recommended courses of action. Communication with families is guided by the wishes of our patients.

When unexpected consequences or errors occur which significantly impact patient well being, it is our duty to inform the patient and/or family of the probable cause.

We proactively develop systems to maintain patient and other information in a confidential manner, recognizing the special challenges created by the increasing use of electronic methods of storing and sharing information.

We provide patients and their families with multiple methods to share with us their issues and concerns.

All members of the health care team have independent duties to be sensitive to a patient’s needs and desires and to report their perceptions to the physician in charge. The physician will encourage such communication.

**Workplace Issues**

We openly share information with our staff and keep our promises to our employees.

We provide a safe workplace free from any form of discrimination or harassment.

We encourage staff to share any ethical issues that arise for them by providing both confidential and anonymous methods to communicate their concerns.

We recognize that conflicts will inevitably arise amongst those who participate in hospital and patient care decisions. We seek to resolve all conflicts fairly and objectively.

**Business Practices**

We provide inpatient and outpatient services to persons regardless of their ability to pay or immigration status.

Decisions to divert or transfer a patient to another facility are made only upon patient request or when the patient’s specific disease or condition cannot be safely treated at our facility.
Discharge decisions are based on the patient’s medical condition and readiness for discharge. We work to ensure that patients are treated at the most appropriate level of care.

We maintain a compliance program designed to establish a culture that promotes prevention, detection and resolution of instances of conduct which do not conform to federal, state, and private health care program requirements.

We welcome patient or other payer questions about charges. Questions will be discussed and conflicts resolved without real or perceived harassment, using a fair and formal process.

As part of our process, we will disclose any potential conflicts of interest and take appropriate actions to assure integrity.

We review all marketing materials to ensure that our organization, services, and policies and procedures are stated to our community and patients accurately, clearly, and in a culturally appropriate manner.
Cambridge Health Alliance EEOC Policy
Policy Number: A-HRS-0026
Effective Date: April 8, 2009
Date Original Version of Policy was Effective: August 1, 2008
Date of Most Recent Review/Revision to the Policy: April 8, 2009

I. Purpose:
The purpose of this policy is to ensure Cambridge Health Alliance provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, marital status, or status as a covered veteran in accordance with applicable federal, state and local laws.

II. Personnel:
This policy applies to all employees, candidates for employment, volunteers, and candidates for volunteer, interns and intern candidates, students or student candidates of the Cambridge Health Alliance.

III. Policy:
Cambridge Health Alliance expressly prohibits any form of unlawful employee harassment based on race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status. Improper interference with the ability of an employee to perform his/her stated job duties is expressly prohibited. Cambridge Health Alliance believes that the diversity of socioeconomic, racial, ethnic, cultural, religious, gender, gender orientation, age and disability backgrounds of its employees and patients enriches the CHA community

IV. Procedures:
Cambridge Health Alliance complies with applicable federal, state and local laws governing nondiscrimination in employment, in every location of our organization. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

A. In addition Cambridge Health Alliance will:
   1. Take affirmative action to ensure that employment practices are free of discrimination including, but not limited to, hiring, upgrading, transfer, recruitment, recruitment advertising, selection, layoff, disciplinary action, termination, adverse employment action, rates of pay or other forms of compensation and selection for training.

   2. Prohibit the harassment of any employee or job applicant on the basis of race, color, religion, gender, sexual orientation, national origin, age, disability, or veteran status.
3. Commit the necessary resources, both financial and others to achieve the goals of equal employment opportunity (EEO).

4. Evaluate the performance of executive, management and supervisory staff on the basis of their involvement in achieving these objectives as well as other established criteria.

5. Monitor all EEO activities and report on the effectiveness of the activities.

B. All applicants will be informed that CHA is operating under an EEOC plan that provides equal opportunities to qualified employees without regard to race, color, religion, sex, age, national origin, veteran status, or physical or mental disability or other protected characteristic. This information will be made known to applicants at the CHA on-line applicant process and at the employment office of the Human Resources Department by posting a copy of the CHA EEO policy statement.

C. Managers and supervisors of CHA will ensure that hiring and promotion decisions are in accordance with principles of equal employment opportunity.

D. CHA will reasonably accommodate the religious observances and practices of an employee unless such accommodation creates an undue hardship on the conduct of the business.

E. Employees or applicants are protected from coercion, intimidation, interference, or discrimination for filing a complaint or assisting in an investigation under the laws covering these individuals. Periodic reviews will ensure that personnel decisions are in full accord with the principles and spirit of equal employment opportunity law.

F. Complaint Resolution Procedures
Any person who believes he or she may have been discriminated against in violation of these principles or who observes any discrimination in violation of these principles may discuss the matter with a human resources representative.

G. False Accusations
CHA also recognizes that the question of whether a particular course of conduct constitutes discrimination or harassment often requires a factual determination, and that false accusations can have a serious detrimental effect on innocent persons. Therefore, if an investigation results in a finding that a person accused another of discrimination or harassment maliciously or recklessly, or the complaining employee made false accusations, that employee may be subject to appropriate corrective action up to and including termination of employment.
Case Presentations Outside of the Cambridge Health Alliance

Case presentations outside of the Cambridge Health Alliance require prior authorization by both your Training Director and the Chief Psychologist. This guideline applies to oral presentations at conferences or grand rounds, as well as written work for publication. When in doubt, please request consultation. Ordinarily, such public presentation will require written consent from the patient in advance.

Please review CHA policy “The Uses & Disclosures of PHI to Persons Involved in Patient’s Care,” available on Staff Net, for additional information about de-identified clinical material.
Diversity Resources for Staff and all Trainees

All interns working in our public sector health system treat patients from a multitude of racial, ethnic, cultural, and socio-economic backgrounds. Interns are able to work with patients whose primary language is other than those the intern may speak by accessing our interpreter service which has the capacity to engage over 62 languages. Interns are placed in at least two clinical sites. As a safety net hospital for the Commonwealth of Massachusetts, the Cambridge Health Alliance provides care for people with severe and persistent forms of mental illness, for those with life challenges that often include significant physical illness, psychosocial stressors, poverty, and/or undocumented immigration status. This enables interns to have broad exposure to a range of clinical and social populations. Seminars such as Psychology in the Public, Summer Core in Cross Cultural Issues, Outpatient Case Conferences, Child Therapy, Psychological Testing, Inpatient Case Conferences, Diversity Training Day and Grand Rounds and a high ratio of supervisory to clinical contact hours allows interns the opportunity to design treatment interventions for their patients that are aligned with the research and theoretical literature and with the practicalities of providing care for patients whose problems and life circumstances are not fully represented within extant clinical models.

The Chair of the Department of Psychiatry's Diversity Task Force is a psychologist. In this role, the Chair of the Diversity Task force regularly offers research, theory, or clinical articles related to multiculturalism to the Department at large. Further, the Division of Psychology has utilized a multicultural consultant to review curricular offerings and make recommendations to instructional faculty with respect to their seminars. Clinical supervisors and intern supervisees also receive information on sponsoring effective discussions about multicultural issues in supervision. Department of Psychiatry faculty and trainees (including Psychology faculty and interns) receive release time to participate in the annual Diversity Training Day.
Goals and Objectives of the Cambridge Health Alliance Psychology Internship

The overarching goal of the CHA psychology internship is to prepare doctoral candidates in psychology to understand and treat persons suffering with a broad spectrum of emotional distress. We also aim to prepare our interns to be future leaders in clinical service and training. Using a scholar-practitioner approach, our curriculum emphasizes a biopsychosocial and cultural approach to clinical understanding and treatment. Our specific goals are fourfold. First, we aim to develop competency in diagnostic assessment of patients with severe and persistent forms of mental illness. Second, we aim to develop competency in the consultation, treatment planning, and conduct of individual psychotherapy. Third, we aim to develop competency in collaboration skills across disciplines. Finally, we aim to develop competency in working effectively within complex systems of care. Our objectives toward each goal are as follows. Interns will develop competence in psychological and psychiatric evaluations in outpatient settings, with particular attention to the assessment of risk. Second, interns will demonstrate competence in their ability to formulate clinical problems and develop appropriate treatment plans. Third, interns will demonstrate competence in their collaborative professional skills, working on interdisciplinary teams and with collateral treaters. Finally, interns will demonstrate competence in working with multidisciplinary staff and with the necessary communication tools for collaboration within a complex and distributed health care system. Please see (the link to our Training Manual) for an extended description of our goals and objectives.
Goals and Objectives for Postdoctoral Training at the Cambridge Health Alliance

The Clinical Psychology Training Program prepares Psychology Fellows in clinical psychology to understand and treat persons suffering with a broad spectrum of emotional distress. Using a scholar-practitioner model, our curriculum emphasizes a biopsychosocial approach to the understanding of people and values the use of psychotherapy and assessment. Our talented and multidisciplinary faculty teaches fellows in a variety of specialty areas through didactics and comprehensive individual and group supervision. With close faculty-trainee interaction, we provide a solid grounding in treatment and assessment that take into account ethnic and cultural influences. We also teach fellows to integrate a variety of treatment modalities while working with persons with an array of psychological problems, including persons diagnosed with major mental illness and severe personality disorders.

Since a major goal of Psychology Fellowship Training at the Cambridge Health Alliance is to further develop competency in a defined specialty, the specific goals and objectives of each fellowship track may vary. However, general goals for all postdoctoral fellows are as follows:

1. To develop a high level of competency in a an identified clinical specialty area (such as psychodynamic therapy with adults, neuropsychological and psychological assessment, treatment of trauma, behavioral medicine, assessment and treatment of acute and severe mental illness in children and adolescents).
2. To engender a high level of professional identity and a sense of ethical responsibility, in preparation for independent practice.
3. To foster a sense of competence and collaborative skills in working with other health care providers.

In line with these goals, objectives for Psychology Postdoctoral Training include:

1. Fellows will demonstrate competence in conducting a variety of clinical interventions in their given specialty, including case formulation and treatment plans.
2. Fellows will demonstrate competence in manifesting professional and ethical behavior.
3. Fellows will demonstrate competence in working effectively with health care providers in a variety of disciplines both within and outside of the hospital setting.
Goals and Objectives for the Cambridge Health Alliance Psychology Practicum

The Psychology Practicum Training Program prepares advanced trainees for internship training. Using a scholar-practitioner model, our curriculum provides a solid grounding in culturally-informed biopsychosocial approaches for understanding and treating persons suffering with a broad spectrum of emotional distress. With ample supervision, close faculty-trainee interaction, and didactic instruction by faculty with expertise in various areas of specialty, our training program aims to develop basic competency in the following areas:

1. Diagnostic and psychological assessment of persons with severe and persistent psychiatric conditions, including psychotic, affective, trauma, substance, eating, and personality disorders.

2. Consultation, treatment planning, and conduct of treatment as appropriate to the specific training site (e.g., individual, family, and group interventions on inpatient unit; individual psychotherapy on behavioral medicine service; etc.).

3. Collaboration skills across disciplines, within complex systems of care.
Graduation Criteria, Goals & Objectives For All Psychology Clinical Training Programs at the Cambridge Health Alliance

Administration:
1.) Successful completion of rotations as per evaluations of preceptors and supervisors. To meet criteria for graduation, trainees must receive mean ratings (across supervisors) of Satisfactory or above on each evaluation item. To meet criteria for graduation, any areas of skill that required remediation must be adequately improved per the Training Director with consultation with supervisors.
2.) Adequate attendance at and participation in didactic seminars as documented by course director evaluation. Trainees are permitted up to 2 absences per semester (Fall, Spring). The TD and instructors may require a demonstration of mastery over missed material (e.g., written or oral) for any additional absences. Trainees are expected to inform instructors of absences.
3.) Clinical competence per supervisory and preceptor evaluations. See Benchmarks section for fuller explication of expected standards.
4.) Demonstration of responsible professional behavior in providing clinical and administrative documentation as required. Trainees are expected to abide by the Policy and Procedure manuals for each site in which they participate.
5.) Provision of continuous care for a variety of patients according to age and ethnicity over an extended period of time, as directed, with a variety of treatment modalities.

Knowledge as evidenced in supervisory evaluations and clinical documentation:
1.) Adequate mastery of major theories and viewpoints of psychopathology in adults including etiology, prevalence, diagnosis, treatment and prevention.
2.) Knowledge of basic concepts in conducting individual child and adult psychotherapy including forming an alliance, the use of empathy, appropriate interventions per intended goals, ability to ascertain progress and/or the lack thereof and respond accordingly, and the recognition of transference and counter-transference or other responses to the setting or patient that impact the clinical work.
3.) Knowledge of basic concepts in conducting couple or family psychotherapy where indicated including forming an alliance, the use of empathy, appropriate interventions per intended goals, ability to ascertain progress and/or the lack thereof and respond accordingly, and the recognition of transference and counter-transference or other responses to the setting or patient that impact the clinical work.
4.) Knowledge about the use, reliability, and validity of diagnostic screening tests including psychological and neuropsychological tests, to aid in diagnosis.
5.) Adequate knowledge of developmental theory and psychopathology.
6.) Familiarity with concepts of group process as required by rotation.
7.) Familiarity with the broad range of therapeutic approaches used to stabilize and ensure the safety of acutely ill patients in inpatient and outpatient settings.

Skills as evidenced in supervisory evaluations:
1.) Ability to conduct and document a diagnostic interview including an accurate history and mental status examination and to choose appropriate diagnostic tests.
2.) Ability to formulate a case using a bio-psycho-social model using all five DSM axes and to develop an adequate differential diagnosis.
3.) Ability to competently assess safety and arrange appropriate dispositions in the context of a crisis intervention.
4.) Ability to devise a comprehensive treatment plan and access the appropriate reasons.
5.) Ability to competently manage psychiatric symptoms in patients in a variety of settings.
6.) Ability to work collaboratively in teams and within systems.
7.) Ability to provide individual psychotherapy, couples treatment and/or family therapy as required by setting.
8.) Ability to collaborate with psycho-pharmacologists who provide psychopharmacologic treatment of patients.
9.) Ability to communicate psycho-educational information to patients and families.
10.) Experience in utilization review, quality assurance and performance improvement.
11.) Develop teaching skills on both inpatient units and outpatient teams in teaching about psychological skills and frames of reference to other health care professionals.

Attitudes as documented by supervisors who directly oversee the trainee’s clinical work:
1.) Respectful and compassionate interactions with patients and their families.
2.) Respectful interactions with staff and colleagues.
3.) Timely and professional responsiveness to queries from the Chief Psychologist and Training Directors.
4.) Appropriate consultation and referral within and outside the treatment system.
5.) Ethical professional standards met (both APA and CHA).
Mysell Research and Lecture Day

Each year the Department of Psychiatry holds an annual Research Day and Lecture at The Joseph B. Martin Conference Center at Harvard Medical, 77 Avenue Louis Pasteur, Boston, MA. The purpose of the event is to encourage collaborative research efforts within the Department by allowing faculty members and trainees to learn about the work being conducted at the various affiliate hospitals. Psychology interns and fellows are eligible to submit posters for this event and for juried research prizes. The Cambridge Health Alliance will subsidize the cost of professional poster preparation for Psychology interns and fellows whose submissions are accepted.
National Provider Identification (NPI) Number
Interns, Fellows and Practicum Trainees

As of Many 20, 2007, all providers (staff and trainees) seeing patients must have a National Provider Identification number. This number will stay with you throughout your professional careers as a psychologist.

Please apply for your NPI by logging on to https://nppes.cms.hhs.gov

Please make sure you apply for the NPI number for individuals.

Once you have obtained this number, please email Anne Falanga immediately (afalanga@challiance.org) indicating your name and NPI number so she may make sure you are listed properly within the CHA system.
Neuropsychological and Psychological Assessment (NAPA)
Getting started on a psychological evaluation in the outpatient department

by Maggie Lanca, Ph.D. (NAPA Director)

Protocol and Procedures:
1. Once you receive the referral form, get in touch with the referral person immediately to let him/her know that you are testing his/her client.
2. Contact patient and schedule appointment within 1 week of receipt.
3. Book a room at Central Street or Macht Building (wherever you see patients) – try to get testing done in one day – up 3-4 hours (with breaks) or book for a next appointment in the following few days. It is NOT advised to drag testing over the course of weeks.
4. Get in touch with your supervisor. Make an initial supervision appointment (prior to any case assignment) to discuss how best to administrate your supervision – discuss with your supervisor how much you know and establish a schedule and format of how you will be supervised. At a second meeting should discuss the battery you will administer and whether you want to add additional tests to answer the referral questions better.
5. If you are at Central:
   a. The day before testing, reserve the testing materials with Maria Carvalho in ACS at Central Street. On the day of testing she will get the materials for you and you can pick them up from her. RETURN ALL MATERIALS TO MARIA THE SAME DAY AFTER TESTING EVEN IF YOU HAVE NOT COMPLETED TESTING.
   b. Email me a few days before testing to schedule pick up of testing materials
6. Scoring the test protocol can be time consuming, especially if you do not have a great deal of training. Please consider investing in the Comprehensive Rorschach Manual. It will save you considerable time. I also have a manual which I can share upon request.
7. You can use the RIAP5 and PAI computer scoring system which can be accessed by any computer on the CHA system. You have been given access by our IT department. Once you log on to the CHA computer system, simply click on the Adult Psych icon or under programs and log on again using the same initial password. If you have any problems access this privilege please be in touch with me by email.
8. Once you have completed the report with your supervisor and he/she has signed the report please do the following:
   a. copy the first page of the report on Cambridge letterhead
   b. make copies of the report – one for the referee, one for the chart, one for the data file
   c. place the report in the patient’s chart
d. submit the entire data file to Maggie Lanca with a copy of the report inside

e. Please refrain from sending reports electronically through intranet email because we do not have access to electronic signatures and there are security issues involved with Outlook. **Under no circumstances should reports be emailed outside the system.**

9. Make an appointment with the patient to discuss the results of the testing. This appointment need not be longer than 45 minutes. Sometimes it is wise to have a joint feedback session with the patient's therapist, especially if you feel the information is sensitive and will be difficult for the patient to hear. You are also urged to communicate with the patient’s therapist ahead of time and let them know what you are planning to say to the patient, so that the therapist can help you “couch” the information in the most optimal way. Remember to keep feedback short and concise. Do not overload the patient with information and be sensitive to the difficulty of receiving such information.

10. Whether your patient will be provided with a copy of the report is a clinical decision that you must make with your supervisor and possibly the referring clinician. If you decide that the report is too “sensitive” for the client and/or would cause “substantial harm or misuse or misrepresentation of the data” then you can provide a written summary to the client if they so wish. The referring clinician should also be made aware that the report not be released to the client directly.

**Billing Procedures:**

1. Bill only ONE TIME even if you see the patient multiple times for testing. Ask the patient to register only the first time he/she sees you to minimize confusion. This also means you submit a scheduling slip the first time only.
2. A full psychological battery can be billed for 8 hours – code 96102. You should also bill for the initial interview – code 90801. If the evaluation is done in one day you may code multiply.
3. A feedback session is billed separately as a 90806.
4. Please have patient register for this session.
5. If you are testing at an inpatient unit or at the partial hospitalization, please contact me. I will bill for you.

**Standard Battery at CHA includes:**

Full WAIS-III, Rorschach, TAT and PAI.

You may also include other projective tests such as House-Tree-Person, or other inventory tests such as Beck-Depression, Beck Suicide Ideation, Beck Hopelessness Scale or other scales as appropriate. Please check with your supervisor beforehand. If you run into any problems please feel free to contact me. I am on email or phone me at 617-591-6393.
Neuropsychological and Psychological Assessment (NAPA)
Testing Expectations for Psychology Interns

Psychology interns will be expected to participate in psychological testing during their internship year. Testing experience will be dependent on the intern’s track.

Below are the testing expectations for each track:
Adult Acute Services Track: at least 6 batteries/year. These will be completed on the inpatient unit during the intern’s testing rotation. If there are insufficient inpatient referrals, then outpatient testing will be assigned to supplement the intern’s testing experience.

Child OPD Track: at least 3 batteries/year. The intern will do testing primarily within the Child OPD but also occasionally in the Child inpatient unit.

These guidelines represent the minimum testing expectations for psychology interns. Interns are encouraged to engage in additional testing since more psychological testing experience is favorably regarded by most postdoctoral fellowship programs. Additional testing can be for adult or child testing and for inpatient, outpatient, or partial hospitalization programs. Experience in neuropsychological testing can also be arranged. To coordinate additional testing, please be in touch with Margaret Lanca, Ph.D., Director of Neuropsychology and Psychological Testing and Training.
Policies and Guidelines regarding Grievance Procedures

If interns, fellows and practicum trainees have grievances with particular supervisors or faculty, they should first try to discuss these with the person involved and resolve them. If this is unsuccessful, or if the grievance involves some form of harassment that makes such discussion extremely difficult, they should bring their concerns to their preceptors, who will either try to resolve them or bring then to the Associate Directors or Chief Psychologist, who represent the next levels in the grievance process. Any concerns after that require resolution at a higher level should be taken to the chairperson of Psychiatry at The Cambridge Hospital.

Concerns among Interns, Fellows, and Practicum Trainees:

In rare instances, interns or other trainees may experience concern about the well-being and professional functioning of a peer. It is the Training Director’s responsibility to insure that all interns work in an environment that is free from undue stress or worry. Interns and other trainees are encouraged to discuss serious concerns with the Training Director in a confidential manner. The Training Director will carefully evaluate whether and what kind of evaluation of the expressed concern needs to occur. This may include confidential discussion with the intern about the concern, confidential discussion with the intern’s supervisors, or consultation with Human Resources. The outcome of such consultations are confidential except with what is required to discuss with the intern of concern. A faculty ombudsperson (Dr. Beth Parsons) is also available for a consultation independent of the Training Director, with such consultations protected by privacy limited only by expected ethical standards.

Fitness for Duty:

In rare instances, questions may emerge from interns, other trainees, or faculty about the ability of an intern or other trainee to perform his or her professional duties due to physical or emotional stress. In such cases, the Training Director consults with the Director of Human Resources as well as Department Administration (e.g., Chief Psychologist, Department Chair) about the concerns. In rare instances, an intern or other trainee may be asked to meet with a physician from the Dept of Occupational Health in order to have an independent evaluation. Although the outcome of the evaluation will be conveyed to the Training Director and faculty, the content of the evaluation will remain confidential.
Policies and guidelines on Due Process, Remediation and Dismissal from Psychology Training Programs

1.) If a matter of urgent concern arises involving clinical care of patients of professional behavior, then the appropriate Training Director collects information and provides feedback to the psychology intern, practicum student, or fellow. Documentation of the problem will occur immediately; a copy will be given to the trainee, intern or fellow and a copy will be placed in the training record.

2.) The Training Director is responsible for maintaining confidentiality in the evaluation process. Information will be shared among the Chief Psychologist, Associate Directors of the Psychology Training Program, and the Chair and Associate Chair of the Psychiatry Department, and/or those supervising, precepting or managing the trainee, intern or fellow who need to be aware of this information to ensure patient care and to meet ethical responsibilities.

3.) Written documentation of feedback and any necessary remedial actions are provided to the psychology trainee, intern or fellow and included in the training record. This shall occur no less frequently than at six-month intervals.

4.) It is assumed that the majority of concerns will be adequately and fairly dealt with between the psychology intern, practicum trainee, or fellow and the appropriate Training Director. The Training Director maintains responsibility for ongoing consultation with the Chief Psychologist and the chair and Associate Chair of Psychiatry. The modes of intervention available to the Training Director include:

a.) Active mediation between the trainee, intern or fellow and the faculty member, service, and/or supervisor with whom a concern has arisen.

b.) Reassignment of the trainee to another rotation, service, supervisor and/or seminar should the problem be seen as existing substantially within the service or faculty member.

5.) If the trainee does receive a marginal or unsatisfactory evaluation, a plan for remediation the trainee’s performance is established between the intern and the Training Director. Methods may include:

a.) Increased supervisory contact with the Training Director and/or other faculty members.

b.) Appointment of a faculty member as an advocate in the program.

c.) Remediation plans with faculty, preceptors, supervisors and managers with a timetable for agreed upon tasks which may include:
*Increased supervisory contact
*Increased didactic work, self-study or tutorial
*Repetition of a particular rotation or didactic experience

6.) In the event of troubling developmental conflict, psychiatric difficulty, or impairment by alcohol or other substances, a referral for private care should be made for the trainee. Support for the trainee in the form of clinical coverage, or leave of absence will be offered by the program. As mentioned earlier, the Training Director’s consultation with HR might result in a requirement of an evaluation by occupational health.

7.) In the event that an academic/professional or administrative problem has been documented by the Director, and consultation with faculty members familiar with the trainee, intern or fellow confirms that a substantial problem that has not improved with remediation, then the Director must give the trainee, intern or fellow verbal and written notification of probation (including length of time and reasoning), proposed disciplinary action, and/or a contemplated delay in progression or expulsion. The trainee, intern or fellow will be immediately relieved of all clinical responsibilities.

In the event of an alleged administrative misconduct, should the intern disagree with the assessment or the suggested remedy, the situation should be reviewed sequentially by the Chief of Service, Chief of Psychiatry and Chief Executive Officer of the Alliance. An outside arbitrator may be used if all other reviews fail to resolve the situation. (Examples of such misconduct may include (but may not be limited to) gross boundary violations, clear violation of APA ethical code, multiple converging concerns expressed by supervisors, clear and consistent violation of Policy and Procedure Manuals of the clinic.)

Processing of Errors of Evaluation

At any point in the process, should a negative evaluation of a psychology trainee, intern or fellow's functioning be unsubstantiated or considered incorrect, all materials associated with such incorrect assessment will be removed from the trainee's training record.
Policies and Guidelines on Vacations

All interns, fellows, and practicum trainees should discuss vacation policies with their Program Director, Site Directors and Preceptors. The following general guidelines apply to all trainees:

1. Good clinical practice requires that you provide as much time as possible, no less than six weeks advance notice of vacation or professional time off.

2. In general, no vacation time can be taken in the first four weeks of the training year. Major hospital holidays are an additional benefit. A listing of hospital holidays for the current training year may be found on the Psychology Division Team Page. Please note that Psychology trainees do not have the floating holiday of Veteran’s Day.

3. Clinical coverage happens within discipline – all psychology trainees need to arrange coverage from within their training group.

4. Vacation requests should be made in writing via email to your Training Director and Clinical Leaders (site director and preceptors and coordinated with your team leader or attending, if applicable) and the Chief Psychologist where indicated.

Vacation policies and guidelines specific to interns:

1. Full time Interns receive four weeks of time that may be used for vacation, conferences and/or dissertation work. Two weeks of this time should be used between August and December, and the other two weeks should be used between January and the end of May. Interns on the Acute Services Track may not take vacation time between December 24th and January 2nd, with the exception of the major holidays (December 25th and January 1st). Two weeks should not be used consecutively.

2. Interns may not take vacation time during the month in which they terminate their training. This means that interns leaving CHA on June 30th of any given training year may not take vacation time during the month of June. The only exceptions to this are where the intern makes a special request in the context of an extraordinary circumstance.

Vacation policies and guidelines specific to fellows:

1. Full time Fellows receive a total of four weeks for vacation, conferences and professional enhancement. Scheduling consecutive weeks off requires the advance approval of your Training Director, Service Leaders, and the Chief Psychologist. In general, Fellows should not take vacation in the first and last month of their training year. All vacation plans must be approved by your Training Director and Service Leaders.
Vacation policies and policies specific to practicum students:

1. Practicum Trainees receive three (24-hour) weeks of vacation plus hospital holidays (currently ten holidays, with no “floating” holidays). Trainees may not take vacation time in the first and last months of their training year. **Vacation weeks may not be scheduled consecutively except by special permission from your Training Director, Service Leaders, and the Chief Psychologist.**
Policies and guidelines regarding Precepting for Practicum Trainees, Interns and Fellows in the Adult and Child OPD (including specialty clinics and teams)

Preceptors within the Division of Psychology are psychologists working within a specific service site, whose duty it is to both monitor and mentor psychology trainees working at that site. Psychology preceptors represent the interests of Psychology training on service delivery teams.

Guidelines for this role include the following:

1. Psychology preceptors support the work of clinical team and that of psychology training by sitting in on the evaluations and/or treatment sessions conducted by practicum trainees and interns and by offering real-time consultation. Fellows may also receive real-time consultation from preceptors as makes sense in the context of their teams and clinics.
2. Preceptors may not normally function as ongoing psychotherapy supervisors of the trainee, intern or fellow at the training site without the approval of the Chief Psychologist.
3. Every trainee (including practicum trainees, interns and fellows) will be assigned at least one psychologist-preceptor who is responsible for the trainee’s work at that site.
4. Psychology interns who spend substantial time in more than one site will have a psychologist-preceptor at each site.
5. The preceptor will meet individually one hour per week with each designated trainee, intern or fellow. Deviations from this formula must be discussed and approved by the Chief Psychologist.
6. Preceptors are also responsible for monitoring the clinical work of the practicum trainee, intern or fellow at the service site, including oversight of documentation, risk management, case management and billing procedures. Some of this oversight will involve collaborative coordination with Team Leaders and other Service Leaders.
7. Preceptors are also responsible for helping the practicum trainee, intern or fellow adjust to the work setting, and problem-solve difficulties through the training year that are specifically related to the site.
8. Preceptors are responsible for monitoring training at the service site by regularly contacting all supervisors who are supervising the work of the designated trainee, intern or fellow for that site, and receiving feedback from the supervisors about the work of the trainee at that site. Preceptors should also obtain feedback about the practicum trainee, intern or fellow’s performance from the team leadership of the site. Procedures for doing so will be determined by the Chief Psychologist.
9. Preceptors are also responsible for evaluating practicum trainees, interns and fellows, using information obtained from other supervisors and team leaders, as well as their own observations. Required evaluations of
preceptors and preceptees will be collated via electronic tools like New Innovations, as well as through periodic narrative summaries.
10. Preceptors will attend Preceptors meetings to be organized and coordinated by Training Directors.
Policies specific to Psychology Interns on CHA Adult and Child Outpatient Psychiatry (OPD) Clinics and Teams 2011-2012 ¹

Psychology Interns
- All eight psychology interns sit on the Tuesday (Bullock), Wednesday (Schneckenberger) and Thursday (Hellman) OPD Teams (and cultural linguistic teams) and the Psychodynamic Research Clinic (PRC). Combined, this constitutes a half time placement in outpatient psychotherapy.
- Four Adult-Child Track interns also sit on the Child OPD teams (Monday or Friday). This constitutes their second half time placement.
- Each intern has a Psychology preceptor who will meet with the trainee 1 hour per week (see document on Policies Regarding Precepting).
- Clinical contact hours of the interns and fellow hours will be reported to the Team Leader. Psychology preceptors will work collaboratively with Team Leaders to ensure that Psychology Interns have balanced caseloads (e.g. in terms of psychopathology, risk, gender, age, ethnicity, etc.) in so far as this diversity is possible.
  - In the General OPD, interns will carry between 6-10 patients with a treatment frequency of every other week (number of patients adjusted downward if patients are seen 1x weekly) with an expected clinical hour delivery of 3-5 hours per week.
  - In the PRC, interns will carry between 2-3 patients with a treatment frequency of 2x weekly, with an expected clinical hour delivery of 4-6 hours per week.
  - In the Child OPD, interns will carry 8 patients with an expected treatment frequency of once per week.
  - The clinical hours of the intern will not be reported out to the Team as a whole but shared among the Team leader, preceptor, training director, and intern. The Chief Psychologist periodically reviews intern clinical hours.
  - Interns will maintain a weekly log of their clinical work that will be submitted to their Preceptor. Monthly summary logs will be submitted to the Internship Training Director.
  - The number of biweekly clinical cases will be limited so that trainees and interns are responsible for a reasonable number of persons.
- In order to graduate from the Psychology Internship, Psychology Interns are expected to gain mastery in core competencies in assessment.

¹ Occasionally, department or hospital parameters require some modification of training time expectations. When this occurs the Director of Psychology will provide an update to this document.
psychotherapy, psychosocial interventions and in the use of supervision, consultation and interdisciplinary collaboration in accord with the policies in the Psychology Division Training Handbook (see Graduation Criteria).

- Interns will develop facility and expertise with constructing a clinical formulation for each patient with whom they have professional contact. These formulations will guide the work of all treatments.
- The Psychology Division has designated clinical contact hours per week for interns to conduct ongoing psychodynamic psychotherapy. Interns should expect to conduct other forms of therapy as recommended by Team leaders, preceptors, and supervisors. Dynamic psychotherapies can be adapted for use with those with severe forms of psychopathology whose care may include many other intervention components. Team leaders, preceptors and supervisors will collaborate on the assignment and monitoring of these cases.
- Interns will also conduct therapies and interventions that include cognitive-behavioral treatment, illness management, group therapy and other evidence-based methods.
Pregnancy and Parental Leave Guidelines

A maternity or parental leave of absence without pay will be granted for a period of up to 6 months after the date of delivery or adoption of a child. Earlier leave (without pay) for a pregnancy-related medical condition may be requested with proper documentation from a physician. In the event of a leave, Cambridge Health Human Resources must be notified so that an official leave letter can be sent, and arrangements can be made for health/dental contributions if any of the time is going to be unpaid.

Those who take an approved leave of absence must still satisfy the criteria for completion of a training program unless specifically exempted by the Training Director and the Chief Psychologist.

Please note that psychology trainees who have been working consecutively at the Cambridge Health Alliance for one year (i.e. second year Fellows) have leave policies that are covered by the hospital's Family and Medical Leave Policy (available on Staff Net) which supersedes Psychology Division policies.
Psychology Internship Admission Criteria and Selection Procedures

The psychology internship accepts applications from September 1 through November 1 for the training year that begins the following July 1. Applicants are required to use the AAPI-online and submit supplementary materials (typically, psychological testing report and clinical case summary). At least two faculty members review the application, using our Application Rating Form. Applicants are notified by December 15 of their interview status.

Interview days include an orientation to CHA and to the internship program. Each applicant meets with at least two faculty members who work within the Tracks to which the applicant has applied. The Interview day runs approximately 7 hours, during which time applicants are provided with breakfast and lunch. Interviews are designed to explore applicants’ experience and interest for assessment of fit, and to provide an opportunity for the applicants’ questions. Interviews are deliberately not stress interviews.

Successful applicants are doctoral candidates in clinical, counseling, or school psychology. Applicants selected typically have 400+ clinical hours in practicum experience, have completed all required coursework and successfully defended their dissertation proposal.
Research Postdoctoral Fellows in Psychology Seeking Supplemental Clinical Hours

While the primary purpose of these research postdoctoral positions is to participate in research, Research Fellows may elect to apply to supplement their research activities with unpaid clinical work in the Department, especially for the purpose of obtaining state licensure. This application process includes an interview with the Director of Postdoctoral Training, and submission of materials (CV, doctoral transcript, letters of reference and clinical samples). The clinical experience resulting from this application will be crafted to meet the needs of both the Research Fellow and the Department of Psychiatry, and will involve appropriate clinical supervision and didactic seminars, including the postdoctoral professional development seminar.
Psychology Trainee Evaluation Procedures (All Training Programs)

Psychology interns, trainees and fellows will be evaluated several times during the training year. Comprehensive evaluations of interns, trainees and fellows will occur in December and at the end of the training year. Interns, practicum trainees and fellows will also have several opportunities during the year to provide Training Directors, supervisors, and faculty with feedback.

The Division of Psychology uses the Harvard Medical School website “New Innovations” for most evaluations. The website permits authorized users to log on and complete quantitative and narrative evaluations. Every care is taken to protect the integrity of the process while also allowing interns, trainees, fellows, and their supervisors, and instructors receive easily accessible reports on the strengths of their work together and to identify areas for learning.

Only the Chief Psychologist and Training Directors may view the complete set of these evaluations. The interns, practicum trainees and fellows may view the evaluations completed by the supervisors, preceptors and seminar leaders who have evaluated their work. (Interns, practicum trainees and fellows do not have access to each other’s evaluations) Supervisors, preceptors and seminar leaders may access only the evaluations their trainees have completed.

Templates of evaluation forms will be posted on the Psychology Division Team Page during the summer of 2011.

Evaluations pertaining specifically to Psychology Interns: Introducing the Clinical Portfolio

In September, the Chief Psychologist and Director of Internship Training will compile early feedback on the intern’s adjustment to the internship and ability to engage a learning stance with preceptors, supervisors, seminar leaders, and training colleagues.

At mid-year, the Director of Internship Training will review evaluations from all supervisors with each intern. Learning objectives will be revised as necessary. Additional evaluations as required by the intern’s doctoral program will also be completed by the Director of Internship Training.

At the end of the year, the Director and Director of Internship Training will prepare a written evaluation for each intern that summarizes their work over the training year, including the intern’s development, participation in the CHA community and his or her mastery of core competencies. The intern will have the option of signing this evaluation, which will be placed in the intern’s file.
Beginning with the training year 2011-2012, interns will also be rated by preceptors and instructors on the basis of direct observations of their clinical work, samples of audio-taped psychotherapy process, and of their presentations of psychological testing reports and feedback. These ratings, along with samples of de-indentified intake and termination summaries, and supervisory ratings will comprise a “clinical portfolio,” aggregating the intern's fulfillment of training goals and objectives.
Psychology Trainee Stipends & Health Benefits

Psychology Internship Stipend

Psychology interns receive a stipend of $23,500 per year. Health and dental benefits are available at the level of full-time employees.

Postdoctoral Fellowship Stipend

Fellows receive a stipend of $31,250. Health and dental benefits are available at the level of full-time employees.

Practicum Trainees

Practicum placements are not funded and practicum students do not receive health or dental benefits.

Research Postdoctoral Fellowship Stipends

The unit sponsoring the research fellow and/or the terms of the granting agency out of which the fellow is funded determines the stipends and benefits for research fellows.
Sick Days and Medical Leave Guidelines
(see also Pregnancy and Parental Leave Guidelines)

As a health facility, CHA asks its staff to safeguard our patients by observing prudent practices when a staff member is ill (e.g. observing hand hygiene, covering one’s mouth when coughing, and staying away from work when one has a fever or otherwise may transmit an illness to others).

At the same time, trainees are expected to meet their training time obligations so that each trainee fulfills the terms of their clinical placement. Meeting training time obligations is required for us to certify you have met graduation criteria and for us to certify that your training time with us is sufficient for us to verify your hours for licensure.

Trainees do not have designated sick days. However, we appreciate that illness happens and we make allowances for that. Trainees who are absent from work for medical reasons (illness, appointments, etc.) must contact their Team Leaders or Attendings, preceptors, and seminar leaders directly via email or phone. Ordinarily, the intern is not required to use time off for work missed for medical reasons. Exceptions to this policy are noted below:

1. If a trainee misses work for three consecutive work days, s/he will need to provide medical documentation from his/her care provider. If the trainee does not provide medical documentation, the entire period of time will be treated as time off and drawn from the trainee’s time-off bank.

2. We recognize that occasionally trainees face the special challenge of an illness, surgery, or injury. If the trainee does not have enough time off in his or her bank to cover the additional time needed, the trainee may ask to extend his or her training time so that they complete their training time obligations. Such requests must be approved by the Training Director, the Chief Psychologist, and Service Leaders. Additionally, any psychology trainee may apply for medical leave of absence after the submission of appropriate documentation. Such leaves are without pay for up to 12 months. Requests must be directed to your Training Director and to the Chief Psychologist. In the event of a leave, Cambridge Health Human Resources must be notified so that an official leave letter can be sent, and arrangements can be made for health/dental contributions if any of the time is going to be unpaid.

3. Likewise, trainees who frequently miss work for medical reasons (illness, appointments, etc.) for periods of less than three consecutive working days may also be asked to provide medical documentation and/or to extend their training time, if their absences are judged to affect the trainee’s ability to meet training time obligations.
4. Please note that psychology trainees who have been working consecutively at the Cambridge Health Alliance for one year (i.e. second year Fellows) have leave policies that are covered by the hospital's Family and Medical Leave Policy (available on Staff Net) which supersedes Psychology Division policies. Cambridge Health Human Resources must be notified of FMLA leaves so that an official leave letter can be sent, and arrangements can be made for health/dental contributions if any of the time is going to be unpaid.
Social Media Policies and Guidelines for all Psychology Trainees

Social media have recently entered into the lives of many trainees and clinicians in the last several years and have required us to consider their use. We have devised a Social Media Policies advisory for all trainees. We encourage you to discuss these policies and guidelines with your Training Directors. Please keep in mind that policy in this area is ever evolving.

The following policies apply (but are not limited) to Face Book, LinkedIn, internet forums, chat rooms, blogs, YouTube, Google, wikis, text messaging, and all electronic media. Email-specific policies may be found on Staff Net.

Responsible Use—Sharing or posting patient, employee, or organizational information on any of these media is prohibited. Such information includes but is not limited to: protected health information (PHI), personal identifiable information, images of patients. However, protected patient information is not limited to demographic information. Content of sessions with patients—verbatim or paraphrasing—even without identifying information, is prohibited.

Maintaining Professional/Boundaries. Initiating contact with patient or families through these sites is not permitted. Accepting invitations to join social media sites your patients is not recommended. In general, our recommendation to you is to decline offers or invitations from patients and families to view or participate in their online social network.

Use good judgment in thoughtfully weighing the potential for harm to patients and families in using the internet to communicate or to gather information about patients. This includes anticipating the possibility that one’s patients and families, as well as other patients, families and hospital staff, may misinterpret social relationships outside the usual boundaries of care. In such cases, consulting with Training Directors and colleagues who are licensed psychologists in advance about how to minimize potential harm is recommended.
Supervision and Precepting in the Outpatient Department: Description of Roles and Reporting Relationships

Supervision and precepting relationships are core contexts in which clinical learning takes place at the Cambridge Health Alliance. You will be assigned a panel of supervisors and one preceptor for your outpatient caseload. The roles of preceptor and supervisor contain some overlap but are distinct in important ways.

**Preceptor.** This particular relationship may be new to many of you. Your preceptor is a psychologist who attends clinical team meetings along with you. The preceptor serves multiple functions: s/he works closely with you, the team leader, and the group of preceptors, to oversee your clinical work. Your preceptor serves as a role model and mentor on the outpatient team. The preceptor works with you and the team leader to build an appropriate caseload for you. S/he reviews every case with you each week, to keep abreast of treatment course, as well as clinical/risk formulation and management. S/he also reviews and signs your documentation. Toward this end, the preceptor, along with the team, holds primary responsibility for each case.

**Supervisor.** No doubt, you have had many experiences of supervision prior to training at CHA. The particulars of supervision in this setting, however, may be new to you. Many, though not all, clinical supervisors at CHA are engaged primarily in private practice, or clinical settings other than ours. They hold an academic appointment through Harvard Medical School, for which they provide 3 hours of supervision or teaching per week (known in our vernacular as “3-hour rule supervisors”). In this subset of supervisors, however, many have trained or been employed at CHA in the past. Thus, we expect our supervisors to have familiarity with our patient population and our setting.

You will present several of your cases to each supervisor (typically 3-4 patients per supervisor). It is important to distribute your caseload as evenly as possible to your panel of supervisors. It is also important to follow with only that supervisor the patients to whom you’ve assigned that supervisor. **It is not appropriate—for clinical and risk management reasons—to alternate presentations of one case to different supervisors unless both supervisors are informed and give direct verbal consent to one another and to the preceptor.**

At the onset of supervision, take time to learn about your supervisors’ clinical interests and experiences. This will assist you in thinking about which patients to present to whom. Of course, your supervisor can (and should!) weigh in on the decisions you make about which patient they will follow. Finally, talk with your supervisor about possible methods of case review: process notes, audiotape, and so on. Clinical supervision provides an opportunity for in-depth learning about the micro-process of psychotherapy. We encourage you the make the fullest use possible of this opportunity.
Please note that in some sites the role of preceptor and supervisor are done by one clinician. In such instances, precepting hours are to be scheduled distinctly from supervisory hours in order to maintain clarity about roles and responsibilities.
Supervisory Assignments and Changes in Supervision

In this document, “trainee” refers to psychology practicum trainees, interns and fellows.

Trainees in psychology may request reassignment to another supervisor without prejudice. “Without prejudice,” in this context, means that neither the supervisor nor trainee will be assumed a priori to be deficient or in need of remediation.

Clinical supervision, like psychotherapy and other forms of intervention, requires an effective collaborative process. Difficulties, tensions and even impasses are to be expected as normative parameters of the work, in addition to the sense of pleasure and mastery that is also frequently part of the work we do together. When problems occur, the Division encourages supervisors and trainees to work collaboratively to address them. Some problems are straight-forward as when either supervisor or trainee is not living up to the expected tasks required of their role (e.g. meeting regularly). Other problems involve interpersonal strains or differences of opinion. Usually it makes sense to make more than one attempt to address such difficulties. It also requires both parties to be thoughtfully candid and to be willing to consider viewpoints neither may have had occasion to entertain before. Supervisors should avail themselves of consultation with the Training Directors in Psychology. Trainees ought to do the same and also use their preceptors as a resource to problem-solve ways to address supervisory issues with their supervisors. In most case, we would anticipate that many problems can be sorted out and the supervision to continue.

We ask that supervisors be clear in their expectations about what supervision is to entail at the outset of supervision. We also expect that supervisors and supervisees will check in with one another throughout the training year to ascertain that their work is proceeding in ways that are beneficial to the trainee’s learning process. Both supervisors and trainees should anticipate that these conversations will include recognition of effective collaborations and areas for growth and development.

Mindful of the power disparities that exist between supervisors and supervisees, the Division supports changes in supervisory assignments if supervisory collaboration is not effective. Just as the patient-therapist match is an important predictor of psychotherapy outcome, the match between supervisor-supervisee may play a role in how and whether collaborative processes are established.

When an established supervision ends before the conclusion of the training year, the Training Directors will likely want to consult separately with both the trainee and the supervisor. This consultation may occur after the new supervisory
assignment is made. It is hoped that these discussions would help each to understand the reasons behind the supervisory change. We also encourage supervisors and trainees who discontinue supervisory work together to have a follow-up conversation though we ask that supervisors permit trainees to initiate such a discussion (and to respect the trainee’s privacy, if s/he opts not to have a follow-up conversation).

In circumstances where a supervisee does not feel that this approach provides an adequate mechanism for a particular problem with a supervisor, a trainee may speak with Dr. Beth Parsons who serves as our ombudsman for this purpose. This contact is confidential within the customary ethical parameters of the field. Dr. Parsons will describe the level of confidence she is able to offer should trainees contact her. Supervisors may also consult with Dr. Parsons if they wish some additional assistance.
Psychology Division Team Page

The Psychology Division will use a “Team Page” on the Cambridge Health Alliance as a platform to aggregate information and materials pertaining to the Psychology Division and Psychology Training. The team page lists relevant calendars, links, resources, and will be the hub for seminar readings.
Working in a Medical Health Care Setting

The Cambridge Health Alliance is an academic medical system affiliated with the Harvard Medical School. Although health care is optimally delivered through a bio-psycho-social approach and multidisciplinary teams, it is important to be mindful that the culture and setting within which we work is a medical one.

Working in a medical setting may be new for some psychology trainees, particularly those whose prior placements were in university counseling centers, private clinics, or schools. Although there is considerable variation across medical settings and the ways in which physicians are educated, keep in mind that those in training to become medical doctor work in a system of hierarchies and are socialized to make quick authoritative decisions. While there is also a lot of variability in psychology training, many psychology trainees are taught to value reaching consensus and to appreciate ambiguity and uncertainty. Sometimes these cultures bump up against one another and conflict.

Take time to get to know your medical (and other colleagues), ask questions of residents about how they are being trained, and help them to understand psychology training. Hopefully, they will do the same. Physicians may not know the difference between an intern or a postdoctoral fellow or they may assume that psychology interns are akin to medical interns (i.e. with little clinical experience under their belts). Likewise, some of you may not yet know what the PRITE is or how the training for a DO differs from that of an MD. We encourage you to be curious rather than defensive when these matters arise.

Although residents and psychology trainees work side-by-side and may be learning comparable skills, for example, in how to conduct psychotherapy, there are also key differences between residents and psychology trainees. One of these is the fact that residents are licensed medical professionals during their training years whereas Psychology trainees become licensed only after training. Thus, residents do enjoy a different status within the hospital system by virtue of their licensure. They also have additional responsibilities as licensed professionals and they are compensated differently.

Remaining attentive to these issues may be helpful in the year ahead. Your Training Directors can help you to deal with any tensions that arise and to figure out creative ways to negotiate with colleagues from other disciplines. Training Directors will also help you to engage productively with the complex subsystems that comprise the Cambridge Health Alliance. As with all forms of intercultural dialogue, effective engagement is predicated on the values of respect, openness to learning, and alignment with the purpose of our shared work.

We believe that your gaining expertise in collaborative work and in systems is one means of learning to exercise effective leadership.
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