

CAMBRIDGE HEALTH ALLIANCE

Psychology Division Training Manual

2017-2018

Psychology Division Training Manual 2017-2018

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July 1, 2017

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 will 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 holds 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!

David G. Stewart, Ph.D.
Chief of Psychology

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

Patricia Harney, Ph.D.
Director of Internship Training Program
Associate Director of Psychology and Psychology Training

Carolyn Conklin, Ph.D.
Director of Practicum Training Program

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. The Psychology Division is active in shaping the work of the ACO. 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. RISE, a prodromal psychosis clinic within the Adult OPD, is another example. Thus, Psychology leadership and psychology training are expected to be an integral part of the Accountable Care planning process.

Administrative and Technical Support

The Division of Psychology has a full time Program Administrator of Psychology Training, Marilyn Levin. Her office is located in the 2nd Floor of the Macht Building, room 239. 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

The screenshot shows a Microsoft Internet Explorer browser window displaying the APA website. The address bar shows the URL <http://www.apa.org/ethics/code.html>. The page header includes the APA ONLINE logo and navigation links for HOME, SITE MAP, and CONTACT. The main heading is "ethics" with the American Psychological Association logo. A search bar is present with the text "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT". A sidebar on the right contains three menu items: PSYCHOLOGISTS, STUDENTS, and PSYCHOLOGY TOPICS. The main content area features several links and text blocks: "Ethics Homepage", "Ethical Principles of Psychologists and Code of Conduct" (with a sub-link to the 2002 Code), "Guidelines for Ethical Conduct in the Care and Use of Animals", "A Statement on Services by Telephone, Teleconferencing, and Internet", and "APA Ethics Committee Rules and Procedures". At the bottom, there is a copyright notice for 2007 American Psychological Association and contact information for the Ethics Office.

APA ONLINE
HOME • SITE MAP • CONTACT

ethics
American Psychological Association

Google™ Custom Search

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

- PSYCHOLOGISTS
- STUDENTS
- PSYCHOLOGY TOPICS

• [Ethics Homepage](#)

Ethical Principles of Psychologists and Code of Conduct

Looking for the 2002 (new!) APA Code of Ethics? The 2002 Ethics Code went into effect on June 1, 2003. View the 2002 Code online at <http://www.apa.org/ethics/code2002.html>

[Guidelines for Ethical Conduct in the Care and Use of Animals](#)

The fifth edition of the APA Publication Manual, published before the 2002 APA Ethics Code was approved, contains cites to the 1992 APA Ethics Code. [View the 1992 Ethics Code.](#)

[A Statement on Services by Telephone, Teleconferencing, and Internet](#)

[Posted here](#) are updates that will make your fifth edition of the APA Publication Manual consistent with the 2002 Ethics Code.

[APA Ethics Committee Rules and Procedures](#)

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Biographies of Psychology Interns, Postdoctoral Fellows and Practicum Trainees in Psychology 2017-2018

Incoming and Continuing Psychology Trainees

Practicum Trainees

Adolescent Assessment Unit:

Rachel Rubin is a third-year student in the Clinical Psychology PhD Program at the University of Massachusetts, Boston. She previously earned a Masters Degree in Child Study and Human Development at Tufts University. She completed a practicum at the UMass Boston Counseling Center. Rachel has a longstanding commitment to promoting positive youth development through work with adolescents and their families.

Child Assessment Unit:

Jonathan Sepulveda is a second-year student in the Counseling Psychology PhD Program at Boston College. He previously earned a Masters Degree in Mental Health Counseling from the City University of New York, and subsequently practiced as a mental health counselor. Previous clinical experience includes providing in-home individual and family therapy with adolescents enrolled in an alternative-to- incarceration program, at Esperanza New York. Jonathan is looking forward to child training.

Latino Mental Health:

Marta Pagan-Ortiz is a third-year student in the Clinical Psychology PhD Program at the University of Massachusetts, Boston. She previously earned a Masters Degree in Counseling Psychology from Northeastern University. Previously practica include McLean Hospital's Behavioral Health Partial Hospital Program, and Arbour Counseling in Jamaica Plain. From Puerto Rico, Marta is fluent in English and Spanish and is interested improving community health and health disparities in Latino populations.

Neuropsychological and Psychological Assessment Program:

Kushnoo Indorewalla is a third-year student in the Clinical Psychology PsyD Program at William James College. She previously earned a Masters Degree in Clinical Psychology at Christ University in Bangalore, India. Previous practica include the Neuropsychological Assessment Program at Beth Israel Deaconess Medical Center, and the school counseling program at West Roxbury Academy. She is fluent in English, Hindi, Gujrati and Bengali. Kushnoo would like to bring neurological assessment services back home to India, as she says this is an area of need.

Clinical Interns

Adult OPD/Adult Acute Services:

Chloe Greenbaum is a doctoral candidate in Counseling Psychology at NYU. She received her B.A. in Psychology cum laude from Dartmouth College. Her clinical experiences include placements at VA hospitals and correctional facilities. She is the recipient of the Distinguished Practitioner Award from Division 17 of APA and the Student Achievement Award from Division 53 of APA. Her dissertation examines the efficacy of expressive writing interventions among inmate populations. This research has been funded with grants from Dartmouth College, NYU, and the APA.

Adult OPD/Adult Acute Services:

Zachary Barletta is a doctoral candidate in Counseling Psychology at NYU. He received his B.S. from Cornell University, where he received a Presidential Research Scholarship to fund his undergraduate research. He is a Division 39 (APA) Scholar. His clinical and research interests are on suicidal and nonsuicidal self injury among LGBTQ youth.

Adult OPD/Adult Acute Services:

Sebastian Barr is a doctoral candidate in Counseling Psychology at the University of Louisville. He received his B.A. from Smith College. He has published in the Journal of Counseling Psychology on stress and trans identity. His dissertation examines the role of transgender belongingness as a mediator between trans identity and well-being. His research has also been supported by the APA.

Adult OPD/Adult Acute Services:

David Talavera is a doctoral candidate in Clinical Psychology at the University of Houston-UP. He received his B.A. with honors from the University of California-Berkeley. He is the recipient of an APA grant on Ethnic Minority Training. His clinical and research interests are in the area of stress and health among ethnic minorities and suicide risk among diverse patient populations. Within the Adult OPD, David will be placed on the Latino Team at Windsor Street.

Adult OPD/Child OPD:

Miriam Dreyer is a doctoral candidate in clinical psychology at City University of New York. She received her B.S. with honors in International Studies from the University of Chicago, where she was the recipient of the Adalai Stevenson Prize for Original Research. Her clinical experience includes placements at MIT Mental Health Service, as well as NYC area high schools. Her dissertation pertains to the intergenerational transmission of trauma between mothers and children.

Adult OPD/Child OPD:

Sarah Samuelson is a doctoral candidate in clinical psychology at the PGSP-Stanford Consortium. She received her B.S. magna cum laude in Architectural Studies from Tufts University. Her clinical experience includes placements at the Departments of Child and Adolescent Psychiatry at both Kaiser Permanente Medical Center in Redwood City, CA and Stanford University School of Medicine. Her dissertation pertains to the pathways from childhood violence to adult antisocial behavior, and she has published related articles in the Journal of Child Abuse and Neglect.

Adult OPD/Child OPD:

Annemarie Baldauf is a doctoral candidate in clinical psychology at the Illinois School of Professional Psychology-Argosy. She received her B.A. in Psychology from DePaul University and has a Diploma in Dance and Movement Therapy from Schule Regina Garcia, Tanz Und Bewegungstherapie, Switzerland. Clinical placements include experience at the Heartland Alliance Marjorie Kovler Center for the Treatment of Survivors of Torture. Her doctoral project explores the experience of bilingual clients working in non-native English language in psychotherapy.

Adult OPD/Child OPD:

Carlos Rivera is a doctoral candidate in Clinical Psychology at Suffolk University. He received his B.S. summa cum laude from the University of Georgia. His clinical experiences include placements at the McLean Child and Adolescent OCD Institute, Center for Anxiety and Related Disorders at Boston University. He also has several publications on the topic of child/adolescent OCD and depression. His dissertation examines mothers' relational responses to their children's anxiety. Within the Adult OPD, Carlos will be placed on the Latino Team at Windsor Street.

Child OPD/Child Inpatient Assessment:

Marianna Leavy-Sperounis is a doctoral candidate in Clinical Psychology at George Washington University. She received her B.A. in Politics (minors in Hispanic and Women's Studies) from Oberlin and received her Masters in City Planning from MIT. Clinical placements include the Lodge School, George Washington Psychological Services, and Centro Nia, a multicultural education center for low income children and families. She is a recipient of the Division 39 scholar award and has presented at APA on cultural competence. Prior to graduate school in psychology, she was the Special Assistant to the Secretary Senior Advisor for HUD under the Obama Administration.

Postdoctoral Fellows

Victims of Violence Program:

Jennifer Bakalar received her BA at Cornell University, and she is a PhD candidate at the Uniformed Services University of the Health Sciences. She is currently completing her internship at the American University Counseling Center. She has also done externships at NIMH and the Walter Reed Medical Center, and has published on childhood trauma, eating disorders and military suicide. Her dissertation topic is: *The association between childhood adverse life event history, eating disturbance, and body mass index in active duty military personnel.*

Psychotherapy Research Clinic-Psychological Assessment:

Katherine Chase received her BA at Tufts University, her MA at Columbia University Teachers College, and she is a PsyD Candidate at PGSP-Stanford University. She is currently completing her internship at Massachusetts Mental Health Center/Harvard Medical School. Her psychotherapy and assessment experiences include the Palo Alto VA and the Institute on Aging, and her research interests focus on positive coping strategies. Her dissertation topic is: *Comparative defense styles of clinical psychology graduate clinicians.*

Neuropsychology:

Marika Faytell received her BA at Vassar College, and she is a PhD candidate at the University of Houston. She is currently completing her internship at the Boston VA. Other clinical neuropsychology experience includes the Houston Neurology Group and the Institute for Rehabilitation and Research. She has published and presented on disabilities associated with HIV and traumatic brain injury. Her dissertation topic is: *Investigation of the interrelationships between fatigue, memory impairment, and adherence among persons living with HIV disease.*

Neuropsychology:

Anastasia Finch received her BA magna cum laude from Stetson University, her MA at Columbia University Teachers College, and she is a PhD candidate at the California School of Professional Psychology. She is currently completing her internship at the VA Maryland in Baltimore. Other clinical experience includes the San Francisco VA, and the Kaiser Oakland Department of Psychiatry, with a focus on the treatment of severe mental illness. Her dissertation topic is: *Defeatist beliefs as a mediator of internalized stigma, negative symptoms and quality of life during recent onset schizophrenia.*

Child/Adolescent Acute Services

Renée Marchant received her BA at Boston College, and she is a PsyD candidate at William James College. She is currently completing her internship at the University Neuropsychiatric Institute, University of Utah Hospitals. Clinical experiences with children and adolescents include work at YOU, Inc. and the residential Chamberlain International School. Her research has focused on emotional functioning, and she has language competency in Spanish. Her dissertation topic is: *Relational bullying, gender, and interpersonal self-efficacy in young adults.*

Program for Psychotherapy:

Shannon McIntyre received her BA at the University of California, Berkeley, and she is a PhD candidate at Long Island University. She is currently completing her internship at the Pennsylvania Hospital/Penn Medicine in Philadelphia. Other clinical externships include the sexual Offender Treatment Program at Bronx Children's Psychiatric, and the Beth Israel Medical Center. Her publications include work on therapeutic empathy and identity changes in women, and she has been awarded a Division 39 grant for her research. Her dissertation topic is: *Therapeutic states and the empathic process: Attachment, shame, fear, fantasy, personal distress and expression recognition.*

Program for Psychotherapy:

Carrie Potter received her BA summa cum laude from Colby College, and she is a PhD candidate at Temple University. She is currently completing her internship at the Philadelphia VA. She has also worked at the Adult Anxiety Clinic of Temple University and the Drexel Medicine Center City Clinic, and is the recipient of a Psychoanalytic Fellowship from the Psychoanalytic Center of Philadelphia. Her publications focus on the treatment of stress and anxiety. Her dissertation topic is: *Interactive role of anxiety sensitivity and pain expectancy in dental anxiety.*

Adolescent Risk Assessment/Safety Net:

Samantha Morin received her BA from Saint Anselm College, her MA in forensics from Roger Williams University, and she is a PhD candidate at Fordham University. She is currently completing her internship at the U Mass Medical School/Worcester Recovery Center. She has also worked at the New York City Children's Center and Fordham University Law Clinic. Her publications focus on forensic assessment of juveniles. Her dissertation topic is: *Determining treatment needs and recidivism risk of juveniles with sexual offense adjudications.*

Primary Care/Behavioral Health Integration:

Ifigenia (Effie) Mougianis received her BA from Smith College, and she is a PhD candidate at Georgia State University. She is currently completing her internship at the I Ola Lāhui Rural Hawaii Behavioral Health Program. Previous placements include the Children's Healthcare of Atlanta, and work in Spanish at the Caminar Latino. Her writing and presentations focus on pediatric health issues. Her dissertation topic is: *Perceived discrimination in adolescents with sickle cell disease: an exploratory analysis.*

Primary Care/Behavioral Health Integration:

Anna Marie Vu received her BA from Columbia University, and she is a PhD candidate at the University of Minnesota. She is currently completing her internship at the Madison VA Medical Center. She has also worked at the Hennepin County Medical Center and the Minneapolis VA. Her writing and presentations focus on stress management. Her dissertation topic is: *Efficacy of Pacifica, a CBT and mindfulness-based mobile health smartphone app for stress, depression, and anxiety management with health monitoring.*

Second-year Fellows:

Program for Psychotherapy: **Robert Drinkwater** obtained his BA at University of North Carolina/Chapel Hill, and expects his PhD from Oklahoma State University. His research is grounded in terror management theory, and his dissertation examines predictors of death anxiety in college students. He completed his internship at the counseling center at American University.

Adult Neuropsychology **Casey Sarapas** received his BS at Fordham University with highest honors, and will receive his PhD in at the University of Illinois, Chicago. His dissertation explored neurocognitive mediators of emotion regulation in panic disorder. He completed his internship at the VA Maryland Health Care System/University of Maryland.

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 not 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 class presentations, oral presentations at conferences or grand rounds, and also written work for publication. When in doubt, please request consultation. Ordinarily, such public presentation will require written consent from the patient in advance.

Audiotaped and written, identifiable clinical material shall not leave the CHA premises. All audiotapes are to be kept in the locked cabinet designated for this purpose.

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 trainees working in our public sector health system treat patients from a multitude of racial, ethnic, cultural, and socio-economic backgrounds. Trainees 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. Trainees 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 trainees to have broad exposure to a range of clinical and social populations. Seminars such as Psychology in the Public, Cultural Psychiatry Grand Rounds, Outpatient Case Conferences, Child Therapy, Psychological Testing, Diversity Training Day and Grand Rounds and a high ratio of supervisory to clinical contact hours allows trainees 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 trainees) 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 Solid Foundational Skills 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. Please note that both interns and fellows are expected to attend grand rounds on a regular basis.
- 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. Psychology Interns' and Fellows' seminars will be canceled on Mysell Research Day. Interns and Fellows will be excused from clinical work that day and are expected to attend, whether or not they present their own research.

National Provider Identification (NPI) Number Interns, Fellows and Practicum Trainees

As of May 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> There is a toll-free number, [1-800-465-3203](tel:1-800-465-3203), listed on the website for all questions.

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

Have the number emailed to the Training Coordinator, malevin@challiance.org, by listing it as the office contact email. Enter the business practice location as CHA and use the Coordinator's address and phone number. Leave the mailing address as your own. If you already have an NPI number, you should change the business practice location to CHA.

Getting Started on a Psychological Evaluation in the Outpatient Department

by Maggie Lanca, Ph.D.

Director of the Neuropsychology and Psychological Testing and Training

Neuropsychological and psychological testing is conducted across multiple settings in our psychiatry department. The Neuropsychological and Psychological Assessment clinic (NAPA) is the outpatient adult testing clinic which receives referrals from all hospital departments. This clinic has neuropsychology postdoctoral fellows, a psychological assessment postdoctoral fellow, and a testing practicum student. Trainees in NAPA conduct both outpatient testing as well as inpatient testing on the psychiatric and medical inpatient units. Psychological testing for adult patients is also conducted in the Psychiatric Transitions Service (PTS) by psychology interns. Pediatric psychological testing is conducted both in the outpatient child psychiatry division by psychology interns and on the child and adolescent inpatient units by psychology practicum students, psychology interns, and psychology postdoctoral fellows.

The specific psychological and neuropsychological testing protocols and procedures vary across the multiple settings where testing is conducted. Please refer to the testing clinic procedures and/or the testing supervisor for more specific procedures, but below are general guidelines about testing on the outpatient services. A general testing orientation will be scheduled in the first few weeks of training to review in greater depth these procedures and other procedures more specific to the testing setting.

General Protocol and Procedures for Outpatient Psychological Testing:

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 patient and schedule the appointment *within one week of receipt*. It is very important to make a testing appointment as soon as possible. Book the appointment through EPIC.
2. Schedule a room for testing and try to get testing done in one day – up to 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 though one needs to use clinical acumen to assess whether a patient can tolerate testing in one day.
3. Get in touch with your testing supervisor. Make an initial supervision appointment prior to any case assignment to discuss with your supervisor how much you know about testing and establish a schedule and format of how you will be supervised. You should also discuss the battery you will administer and whether you want to add additional tests to answer the referral questions better.
4. Test batteries differ depending on the age of the patient, type of testing (psychological or neuropsychological), and referral questions. In general, a standard psychological battery for adults includes Rorschach, TAT and PAI or MMPI. For children, a Rorschach, TAT (or Roberts) and PAI-A (for adolescents) is typical. You may also include other projective and objective tests as appropriate. Please check with your supervisor beforehand and refer to the separate handout provided at orientation with a list of psychological/neuropsychological tests available at CHA.

5. Scoring a test protocol can be time consuming, especially if you do not have a great deal of experience with testing. Supports for scoring will be provided by your testing supervisor and through other venues which will be conveyed to you at a testing orientation. An electronic version of the RPAS manual is on the CHA internet account of the RPAS. Other scoring manuals will also be made available.
6. You have been given access by our IT department to our psychology testing server and in the first month of your training you will be provided with instructions on how to access and use it to score your tests. If you have any problems with the server, please contact Dr. Lanca.
7. Once you have completed the report with your supervisor please do the following:
 - a. Print a hardcopy of the report.
 - b. Copy the first page of the report on Cambridge letterhead.
 - c. Have your supervisor sign the report.
 - d. Place a signed copy in a manila folder with the report and ALL the testing raw data. The manila folder should be given to the service supervisor (at NAPA, PTS, child outpatient division or child inpatient divisions).
 - e. Upload the report to the patient's EPIC chart and send to your supervisor for electronic signature. Instructions will be provided to you on how to do this at the testing orientation.
8. Please refrain from sending reports electronically through 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. 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 he/she requests it. The referring clinician should also be made aware that the report not be released to the client directly.
10. Make an appointment with the patient to discuss the results of the testing and book the appointment in EPIC. 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 advised 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.
11. The specifics of billing through EPIC will be conveyed at site-specific testing orientations. More generally, billing for each evaluation needs to be done through EPIC. The billing units and codes are individual to each case and working with the appropriate supervisor or unit director will be important to ensure that insurance preauthorization and billing proceeds correctly.

If you have any further questions over the course of the year, please feel free to contact me. I am on email or phone me at 617-665-1218.

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 an 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 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.

Grievance Policy regarding Supervision, Caseloads, Peer Relationships and Team Relationships

The Training Director for each respective program maintains responsibility for monitoring the work environment as free from undue stress, harassment or discrimination. Situations may arise in which a trainee has a grievance with a staff member, the trainee is requested to first speak directly to the staff member to address the grievance. If this is not feasible for the trainee or does not resolve the matter at hand, the trainee is to discuss the concern with his or her preceptor and Training Director. Depending on the situation and concern, the Training Director may or may not be able to maintain the privacy of the concern with the staff member involved, but will consult with the Chief Psychologist, Department Chair of Psychiatry, CHA Attorney, and/or HR Department, as recommended by the Chief Psychologist and the Department Chair. The Training Director will work with the trainee to resolve the situation to mutual satisfaction in a manner that preserves the integrity of the training goals.

Under those circumstances in which a trainee is concerned about the well-being or professionalism of a peer, the trainee is asked to address the Training Director with the concern. In this instance, the Training Director will maintain confidentiality of the reporting trainee as he or she investigates the concern. Such investigation may include speaking with the trainee about whom there is a concern (while maintaining the anonymity of the reporting trainee), and consulting if needed with the Chief Psychologist, the Department Chair, the CHA Attorney, and/or HR Department.

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 or last four weeks of the training year. Major hospital holidays are an additional benefit, but these must be used on the specified day, and not saved for future vacation time. 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 Veteran's Day holiday.

3. Clinical coverage happens within discipline – all psychology trainees need to arrange coverage from within their training group. An intern away from CHA must arrange another intern to cover cases; interns may not “cover themselves”. In the event of a professional day for all interns, either Dr. Harney or Dr. Eby will provide coverage.

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 20 days off that may be used for any purpose (vacation, personal time, 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 20 days off that may be used for any purpose (vacation, personal time, 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 period. All vacation plans must be approved by your Training Director and Service Leaders.

Vacation policies and policies specific to practicum students:

Practicum Trainees receive the equivalent of three training weeks of vacation (that is, three 24-hour, 20-hour, or 16-hour weeks). 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.

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.

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 or intern, and a minimum of one hour monthly with each 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 2017-18¹

Psychology Interns

- Eight of the nine psychology interns will be placed in the General Adult OPD (including Cultural-Linguistic Teams) and the Psychodynamic research clinic. The Weill Foundation Intern will be placed only on the Child Outpatient Team and the Psychodynamic research clinic.
- Four Adult-Child Track interns will also be placed on the Child Outpatient team (Thursday or Friday) for their other half-time placement. The Weill Foundation intern will be placed on the Thursday Child team from July-Dec and the Friday Child team from Jan-June.
- Each intern has a psychology preceptor who will meet the trainee for 45-60 minutes per week.
- 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 trainees have balanced caseloads with respect to diagnosis, gender, ethnicity, risk status, in so far as this is possible.
- In the Adult OPD, interns will carry 10 clinical hours. Treatment frequencies may be every week or every other week, generally speaking.
- In the PRC, interns will carry 1 patient with a treatment frequency of twice weekly. An additional twice weekly patient may be picked up by the intern at the discretion of the Training Director.
- In the Child OPD, interns will carry 8 patients with an expected treatment frequency of once per week. The Weill Foundation intern, however, will carry 12 patients in the Child OPD, as the Child OPD constitutes the primary placement.
- The clinical hours of the intern will not be reported to the Team as a whole but shared among the Team leader, preceptor, training director, and intern. The Chief Psychologist also 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, 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).

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.

- 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.
- For those interns engaged in the VOV mini-rotation, they will carry two additional cases from the VOV. For those interns engaged in the Primary Care Clinic Mini-rotation, they are expected to engage in four clinical hours each week at the primary care clinic.

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 June 30 (or the last business day of June). Applicants are required to use the AAPI-online. 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 will likely have individual interviews with two faculty members. The Interview day runs approximately 5 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 formally evaluated twice during the training year. Comprehensive evaluations of interns, trainees and fellows will occur midyear 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 a survey tool through CHA for completing most evaluations. The site 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, their supervisors, and instructors to 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.

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.

Proposal for 2016-17 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-identified 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 \$27,000 per year. Health and dental benefits are available at the level of full-time employees.

Postdoctoral Fellowship Stipend

Fellows receive a stipend of \$41,000. 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 of 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 to 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.

Also, please note that supervision is expected to take place on site, in person. Phone supervision may occur in urgent matters, but should not substitute for regular, in vivo meetings.

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 cases, 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, and resources. All seminar readings can be found on the team page, and trainees should use this link to find these resources.

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 usually 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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