CAMBRIDGE HEALTH ALLIANCE

DIVISION OF PSYCHOLOGY

CHA Cambridge Health Alliance

Training Programs in *Health Service* Psychology

PRACTICUM, INTERNSHIP, AND POSTDOCTORAL EDUCATION AND TRAINING

2026/27

Division of Psychology
Harvard Department of Psychiatry at Cambridge Health Alliance
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HARVARD MEDICAL SCHOOL

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Table of Contents

INSTITUTIONAL OVERVIEW 7
Cambridge Health Alliance and Harvard Medical School 7
Division of Psychology 7
Accreditation Status and Compliance with APA Standards of Accreditation 8
Practicum Training Program 8
Doctoral Internship Training Program 8
Postdoctoral Fellowship 9

SECTION I 10
Institutional Context and Mission 10
Cambridge Health Alliance 10
Academic Affiliation and Public Health Mission 10
Division of Psychology Mission, Vision, and Core Values 10
Training Mission and Philosophy 11
Commitment to Diversity, Equity, Inclusion, and Belonging (DEIB) 12

SECTION II 13
Training Philosophy, Aims, and Competencies 13
The Scholar–Practitioner Model in a Safety-Net Health System 13
Aims of the Training Programs 14
Profession-Wide Competency Framework (APA Standards of Accreditation) 15
Competencies and Expectations by Training Level 15
Profession-Wide and Domain-Specific Competencies — Practicum 15
Profession-Wide and Domain-Specific Competencies — Internship 16
Profession-Wide and Domain-Specific Competencies — Postdoctoral 18
Specialty-Specific Competency Frameworks 20
Training Objectives and Expected Outcomes 20
Competency Benchmarks and Evaluation Standards 21
Evaluation Frequency 21
Evaluation Process and Documentation 21
Proficiency Benchmarks 22
Remediation and Developmental Support 23
Confidentiality and Record Keeping 23

Continuous Feedback 23
Summary 23

SECTION III 24
Program Overview and Structure 24
Program Description and Setting 24
Sites and Rotations 24
Patient Populations 24
Clinical Services Overview 24
Clinical, Didactic, Supervision, and Research Hours 25
Supervision 25
Frequency and Format 26
Philosophy and Standards 26
Evaluation and Quality Assurance 26
Assessment and Testing Experiences 27
NAPA and Psychological Testing Procedures 27
Inpatient and Outpatient Assessment 27
Report Writing, Feedback, and Documentation Standards 28

SECTION IV 29
Administrative Policies and Professional Conduct 29
Administrative and Technical Support 29
Ethical Principles and Conduct 29
APA Code of Ethics 29
CHA Code of Conduct 30
Equal Employment Opportunity and Anti-Harassment Policy 30
Confidentiality, Record Keeping, and PHI Compliance 30
Training-Related Privacy, Confidentiality, and Recordkeeping 30
Patient-Related Privacy, Confidentiality, and Recordkeeping 31
Professionalism and Use of Social Media 32
Case Presentations, Research, and Dissemination of Clinical Material 32
Clinical Documentation and EPIC Charting Guidelines 33
NPI and Provider Registration Procedures 33

SECTION V 34

Evaluation, Feedback, and Due Process 34
Competency Evaluation and Progression Framework 34
Evaluation Procedures and Timeline 36
Competency-Based Evaluation Criteria 37
Clinical Portfolio and Performance Benchmarks 37
Feedback and Annual Program Review 37
Due Process and Remediation Procedures 38
Probation and Dismissal 38
Appeal Process 38
APPIC Informal Problem Consultation (IPC) 39
Grievance Policy 39
Training Liaison (Ombud) 40
Errors in Evaluation and Record Correction Procedures 40

SECTION VI 42
Attendance, Leave, and Benefits 42
Stipends and Health Benefits 42
Time-Off and Leave 42
Vacation and Professional Leave 42
Sick and Medical Leave 42
Parental and Family Leave (FMLA) 43
Attendance and Seminar Participation Policy 43
Policies on Clinical Coverage During Absence 43
Professional Development Funds and Educational Support 43

SECTION VII.A 45
Professional Development and Trainee Support 45
Trainee Wellness, Self-Care, and Access to Support Services 45
Professional Identity Formation and Mentorship 45
Mysell Research and Lecture Day 46
Harvard Medical School Authorship and Research Integrity Guidelines 46
Access to CHA Diversity and Wellness Resources 46
ALANA Psychology Mentoring Group at Harvard Medical School 46
Ongoing Faculty Development and Training Leadership Support 46

SECTION VII.B 48
Professional Development Pathways 48
Professional Development Pathways — Integrated Overview 48
Leadership Development Pathway 48
Minority Mentorship and Professional Development Pathway 49
Scholarship and Innovation Pathway 50

SECTION VIII 53
Program Governance and Oversight 53
Governance Hierarchy and Lines of Authority 53
Training Leadership and Organizational Structure 53
Chief of Psychology 54
Director of Practicum Training 54
Director of Internship Training 54
Director of Postdoctoral Training 54
Program Administrator for Psychology Training 55
Faculty Roles and Expectations 55
Faculty Pathway Leads 55
Primary Advisors (Preceptors) 56
Consulting Supervisors 56
Supervisor Responsibilities and Evaluation 56
Program Evaluation and Continuous Quality Improvement 56
Annual Review of Curriculum and Outcomes 57

Appendix A: Institutional and Professional Reference Policies 60
Appendix B: Program Governance and Quality Improvement Policy 61
Appendix C: Training Performance and Grievance Procedures Policy 66
Appendix D: Diversity, Equity, Inclusion, and Belonging (DEIB) Framework 77
Appendix E: Attendance, Leave, and Benefits Policy 83
Appendix F: Seminar Attendance Policy 86
Appendix G: Remote Supervision Policy 88
Appendix H: Professional Development Funds Policy 91
Appendix I: Professional Development and Wellness Policy 93
Appendix J: Scholarly Activity and Research Policy 95
Appendix K: Trainee Feedback and Program Evaluation 101

Form A: Competency Benchmarks and Evaluation 105
Form B: Leave (Personal Time) Request 116
Form C: Focused Development Plan 117

INSTITUTIONAL OVERVIEW

Cambridge Health Alliance and Harvard Medical School

Cambridge Health Alliance (CHA) is a vibrant, innovative health system dedicated to providing equity and excellence for all. Serving more than 150,000 patients in Boston's metro-north region, CHA provides individualized care through its community hospitals, specialty programs, and public health initiatives. As a teaching hospital of Harvard Medical School (HMS), CHA is also a leading academic public health care system deeply committed to advancing clinical excellence, health equity, and community well-being.

Within this system, the Department of Psychiatry anchors CHA's role as a national leader in public-sector mental health. It provides comprehensive psychiatric and behavioral health services across inpatient, outpatient, emergency, integrated care, and specialty settings, shaping the continuum of care for diverse and often underserved populations.

Within this institutional and academic structure, psychology training is recognized as a core educational mission of the health system. Cambridge Health Alliance provides administrative infrastructure, financial resources, and protected faculty time to sustain the Division of Psychology Training Programs. Program leadership is allocated protected time for supervision, curriculum development, evaluation, and accreditation oversight. Institutional leadership affirms its responsibility to ensure program stability, adequate supervisory capacity, and ongoing compliance with the APA Standards of Accreditation.

Division of Psychology

The Division of Psychology is a core component of this mission. Embedded within the Department of Psychiatry, the division brings robust academic leadership, clinical expertise, and scholarly activity to the training and development of future psychologists. Through long-standing affiliation with Harvard Medical School, psychology faculty hold academic appointments and contribute to the academic life of the Harvard Department of Psychiatry. Trainees benefit from interprofessional collaboration, integrated care experiences, and access to research and teaching resources across CHA and Harvard Medical School. Training at CHA uniquely combines APA-accredited doctoral training, embedded academic affiliation with Harvard Medical School, and clinical immersion within a public safety-net health system serving culturally and linguistically diverse communities.

The Practicum Training, Doctoral Internship, and Postdoctoral Fellowship programs reflect CHA's dual commitment to academic rigor and community-based care. Guided by evidence-based practice, culturally responsive frameworks, and principles of health equity, CHA prepares clinical and community health service psychologists who are capable of leading across academic, clinical, and public health systems. The partnership between CHA

and Harvard Medical School underscores a shared dedication to excellence, innovation, and the advancement of behavioral health in service to all communities.

Accreditation Status and Compliance with APA Standards of Accreditation

The Cambridge Health Alliance (CHA) Psychology Training Programs are administered through the Division of Psychology within the Department of Psychiatry. These programs include a Doctoral Internship, Postdoctoral Fellowship, and multiple Practicum placements, each designed to support the development of culturally responsive and clinically competent psychologists within an academic public health system.

Practicum Training Program

The Psychology Practicum Training Program at CHA provides foundational clinical training for doctoral-level psychology students. Although not accredited, the practicum program follows the same core training philosophy and evaluative practices used in the American Psychological Association (APA) accredited internship and postdoctoral fellowship. Training emphasizes the ethical practice of psychology, evidence-based approaches, and culturally responsive care across diverse settings and patient populations. Practicum trainees participate as valued members of interprofessional teams and receive supervision consistent with APA and APPIC guidelines.

In addition, practicum placements at Cambridge Health Alliance are structured to meet the requirements for Advanced Practicum Supervised Experiences established by the Massachusetts Board of Registration of Psychologists for predoctoral training hours that may be applied toward licensure. Advanced practicum experiences are available to trainees who have completed at least two years of graduate coursework and are governed by a written training plan that outlines clinical responsibilities, supervision structure, and competency development. Supervision is provided by qualified supervisors, including licensed psychologists, board-certified psychiatrists, or licensed independent clinical social workers, with at least half of supervision delivered by a licensed psychologist. Trainees receive a minimum of two hours of individual supervision per week and additional group supervision consistent with state guidelines. Training experiences emphasize substantial engagement in service-related activities and direct clinical contact with patients, and a qualified supervisor is available on site when trainees conduct clinical work. These standards ensure that practicum experiences provide structured, developmentally appropriate clinical training while supporting trainees in accruing supervised experience hours eligible for Massachusetts licensure.

Doctoral Internship Training Program

The Doctoral Internship in Health Service Psychology at Cambridge Health Alliance is accredited by the APA. Accreditation is granted in recognition of CHA's adherence to the APA Standards of Accreditation for Health Service Psychology (SoA), which define quality in education and training in the profession. The Doctoral Internship Program is currently accredited through 2027, following a successful site visit and review by the APA Commission on Accreditation.

Questions related to the program's accredited status should be directed to:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242
Phone: (202) 336-5979
Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Postdoctoral Fellowship

The Postdoctoral Fellowship at CHA is a member program of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and conforms to APPIC training guidelines. While not accredited by the American Psychological Association, the fellowship generally follows the APA Standards of Accreditation and aligns with the profession-wide competencies required for advanced clinical training. Fellowship training builds upon the foundational competencies established during internship and emphasizes integration of clinical expertise, scholarly inquiry, and equity-driven behavioral health practice.

SECTION I

Institutional Context and Mission

Cambridge Health Alliance

Cambridge Health Alliance (CHA) is an integrated academic health system dedicated to providing compassionate, high-quality care to all members of its communities, with a particular focus on serving individuals and families who have been historically marginalized or face barriers to care. CHA's network includes acute-care hospitals in Cambridge, Somerville, and Everett, as well as a comprehensive system of primary care centers, specialty clinics, and behavioral health services in various communities in the Greater Boston area.

As a safety-net health system, CHA advances a mission that combines clinical excellence with social justice, striving to improve the health and well-being of diverse populations across the Greater Boston region. CHA's approach to care is guided by the principles of accessibility, community partnership, and cultural humility.

Academic Affiliation and Public Health Mission

CHA is a teaching hospital of Harvard Medical School and a key clinical affiliate of the Harvard Department of Psychiatry. Through this partnership, CHA participates actively in the education of psychologists, social workers, physicians, nurses, and other behavioral health professionals. The Division of Psychology contributes to this academic mission by training the next generation of psychologists to integrate science, clinical expertise, and community engagement in the pursuit of equitable and evidence-based care.

In keeping with CHA's public-health orientation, the Division of Psychology's training programs emphasize the intersection of behavioral and population health. Trainees gain experience within an accountable-care environment that prioritizes prevention, early intervention, and the integration of psychological services within primary and specialty medical settings.

Cambridge Health Alliance operates within an Accountable Care Organization (ACO) model that emphasizes integrated, population-based care and shared accountability for quality and cost outcomes. Trainees practice within systems that require collaboration across disciplines, attention to utilization management, and responsiveness to healthcare coverage structures. Familiarity with these system-level dynamics is considered part of professional competency in contemporary health service psychology.

Division of Psychology Mission, Vision, and Core Values

The **Division of Psychology** within the Department of Psychiatry is committed to excellence in training, clinical service, and scholarly contribution. Its mission is to foster the development of competent, ethical, and compassionate psychologists who advance mental-health equity through innovative and culturally responsive care, scientific inquiry, and interprofessional collaboration.

Core values that guide the Division's work include:

- Integrity and ethical accountability in clinical practice, teaching, scholarship, and supervision.
- Scientific curiosity and innovation in the development and application of psychological knowledge.
- Commitment to diversity, equity, inclusion, and belonging across all levels of training and care.
- Collaborative practice that honors the expertise of patients, families, and multidisciplinary colleagues.
- Community engagement and service align with CHA's public health mission.

These values are embedded across all levels of training, including the practicum, internship, and postdoctoral fellowship, ensuring a developmental continuum from foundational skill acquisition to advanced professional identity and leadership.

Training Mission and Philosophy

The Psychology Training Programs at CHA share a unified educational philosophy grounded in the scholar-practitioner model. This model emphasizes the systematic integration of empirical evidence, clinical expertise, and patient context in all training activities.

Each level of training reflects developmental progression:

- The **Practicum** training program introduces trainees to clinical work in integrated systems, emphasizing the formation of professional identity, ethical practice, and foundational skills in interviewing and assessment.
- The **Doctoral Internship** deepens clinical proficiency, readiness for supervision, and competence across APA profession-wide domains, preparing interns for independent practice within complex healthcare systems.
- The **Postdoctoral Fellowship** consolidates advanced competencies, advances specialized expertise, and strengthens leadership, consultation, and program development skills consistent with the transition to independent licensure and

ongoing professional specialization.

This sequential model supports continuous learning, reflection, and the integration of theory, science, and practice within a framework of health equity.

Commitment to Diversity, Equity, Inclusion, and Belonging (DEIB)

CHA's Psychology Training Programs are deeply committed to fostering a community that values diversity in all its forms and actively works to dismantle systemic barriers to equity in mental-health care. This commitment is reflected in recruitment and selection practices, supervision and mentorship structures, and the integration of cultural humility throughout clinical and didactic learning. DEIB principles are formally integrated into trainee evaluation criteria, supervision processes, curriculum design, and faculty development expectations, ensuring that equity is assessed as a professional competency rather than treated as an ancillary value.

Trainees engage with diverse patient populations across linguistic, cultural, racial, socioeconomic, gender, and ability domains, and are encouraged to examine their own identities and biases as part of their professional development. Training faculty participate in ongoing DEIB education and contribute to CHA-wide initiatives focused on antiracism, inclusion, and workforce equity.

Signature elements of CHA's Psychology Diversity, Equity, Inclusion, and Belonging commitment include:

- Participation in the CHA's Hospital-wide Diversity Council and the Department of Psychiatry Diversity Council and institutional health equity initiatives.
- Diversity Training is infused throughout the training curriculum, which provides structured reflection and skill development in culturally responsive care.
- A Minority Mentorship Program connecting trainees with mentors who share or have expertise in underrepresented identities.
- Active collaboration with community organizations to extend psychological services and training opportunities beyond hospital settings.

Through these structures and commitments, the Division of Psychology cultivates clinicians who demonstrate measurable competence in culturally responsive practice and leadership in advancing equity within mental health systems.

SECTION II

Training Philosophy, Aims, and Competencies

The Scholar–Practitioner Model in a Safety-Net Health System

The Psychology Training Programs at CHA are grounded in the scholar–practitioner model, which emphasizes the dynamic interplay between empirical knowledge, clinical expertise, and cultural responsiveness. This model assumes that the best available evidence should inform clinical practice, and that scientific inquiry should be guided by the realities of diverse clinical populations. Supervisory meetings, case conceptualization frameworks, didactic sequencing, and quality improvement initiatives are structured to require explicit integration of empirical literature, clinical expertise, and patient context.

Within CHA's safety-net healthcare system, this philosophy is operationalized through population-based care models, integrated primary care partnerships, and quality improvement initiatives targeting underserved communities. Trainees learn to view patients within their social and structural contexts, balancing empirically supported interventions with a deep understanding of social determinants of health, cultural identity, and access to care.

Each level of training reflects a developmental stage in professional formation. As trainees progress from practicum to internship to postdoctoral fellowship, clinical autonomy increases in scope and complexity while remaining within structured supervisory oversight consistent with licensure laws and APA accreditation standards.

- **Practicum** training introduces emerging clinicians to foundational skills in interviewing, assessment, and evidence-based intervention. Trainees develop early professional identities as culturally responsive providers working within interprofessional teams.

- **Doctoral Internship** builds on this foundation through increasingly complex clinical responsibility, advanced assessment and consultation skills, and an emerging capacity for leadership and supervision.

- **Postdoctoral** Fellowship represents the transition to independent practice, emphasizing specialization, advanced conceptualization, systems consultation, and scholarly productivity.

The Division of Psychology emphasizes the development of each trainee's professional identity as a reflective, ethical, and systems-minded psychologist. In addition to achieving clinical competence, trainees are encouraged to cultivate leadership skills, curiosity, and the capacity to improve systems of care through innovation and collaboration. Training at

CHA prepares psychologists to apply scientific knowledge to practical challenges in health service delivery and to model a lifelong commitment to learning, mentorship, and health equity. Opportunities to lead quality-improvement and program-development efforts are available developmentally but are not required for successful completion of training.

Aims of the Training Programs

The overarching aim of the Cambridge Health Alliance (CHA) Psychology Training Programs is to cultivate competent, ethical, and socially responsive health service psychologists who deliver high-quality behavioral healthcare across academic, community, and integrated care settings.

Across levels of training—practicum, doctoral internship, and postdoctoral fellowship—the division maintains core aims that are developmentally tailored according to the trainee's stage of professional development. Some aims apply broadly across levels, while others include specific expectations related to training level and scope.

1. **Clinical Competence and Professional Identity**
    a. *Practicum*: Establish a foundation of core therapeutic, assessment, and ethical competencies.
    b. *Internship*: Consolidate proficiency across APA profession-wide competencies in preparation for entry-level practice.
    c. *Postdoctoral*: Achieve advanced practice specialization and readiness for licensure and leadership roles.

2. **Cultural Humility and Health Equity**
    a. Develop a thorough understanding of the sociocultural factors that impact mental health and contribute to systemic inequities.
    b. Demonstrate cultural responsiveness and advocacy across clinical, research, and community domains.

3. **Evidence-Based Practice and Scholarly Integration**
    a. *Practicum*: Learn to apply evidence-based approaches under supervision and start engaging critically with relevant literature.
    b. *Internship*: Demonstrate competence in conceptualizing and delivering evidence-based interventions; develop skills in interpreting outcomes and adapting practices accordingly.
    c. *Postdoctoral*: Integrate EBP principles independently; engage in scholarly activities such as quality improvement, program evaluation, or research dissemination.
    d. Structured scholarly activity is required at the internship and postdoctoral levels. Practicum trainees are encouraged, but not required, to engage in scholarly work consistent with their academic program expectations.

4. **Interprofessional Collaboration and Systems Leadership**
    a. Function effectively as members and leaders of multidisciplinary teams.

b. Contribute psychological expertise to system-level initiatives and quality-improvement efforts.

5. **Ethical Practice and Reflective Professionalism**
    a. Demonstrate self-awareness, ethical integrity, and commitment to continuous growth.
    b. Seek and incorporate feedback to enhance professional effectiveness.

These aims inform curriculum design, supervision, and evaluation across the training continuum, ensuring continuity and developmental progression across training levels.

Profession-Wide Competency Framework (APA Standards of Accreditation)

The CHA Psychology Training Programs are guided by the APA profession-wide competencies as the organizing framework for trainee learning and evaluation. Competency development progresses from foundational to advanced levels across training stages. Trainees are encouraged to reflect on how their experiences align with each competency domain and to work collaboratively with supervisors to identify areas for growth. This framework supports developmental progression from readiness for entry-level practice (internship) to readiness for independent practice (postdoctoral level). Progress toward these competencies is evaluated through structured, competency-based assessments conducted at defined intervals across the training year. Evaluation procedures and benchmarks are described in the Competency Benchmarks and Evaluation Standards section below and in Form A.

The profession-wide competencies outlined below serve as the foundation for training in Health Service Psychology across all levels of education at Cambridge Health Alliance. These competencies define the knowledge, skills, and professional attitudes that all psychologists in training are expected to develop and demonstrate. As you review each area, consider how your own training experiences, clinical work, and professional growth reflect the competencies described. Identify examples of when you have applied each competency in practice and areas where you aim to strengthen your skills during your remaining training period. Supervisors and trainees are encouraged to use this section as a framework for ongoing self-assessment, supervision discussions, and individualized training goals that support progressive development from readiness for entry-level practice to readiness for independent practice.

Competencies and Expectations by Training Level

Profession-Wide and Domain-Specific Competencies — Practicum

Practicum training at Cambridge Health Alliance provides the foundation for developing clinical and professional competencies within Health Service Psychology. While practicum students are not expected to demonstrate the full range or depth of profession-wide competencies outlined for doctoral internship or postdoctoral training, their education and

supervised experiences are designed to cultivate the attitudes, skills, and behaviors that support progressive professional growth toward those competencies.

Training at the practicum level emphasizes the development of foundational clinical skills, professional identity, ethical awareness, and the integration of cultural humility into all aspects of care. Each practicum experience will vary in focus and scope depending on the rotation, population served, and level of prior training. Therefore, supervision and evaluation are individualized and guided by domain-specific competencies that reflect both the practicum's learning objectives and the overarching standards of professional psychology.

Practicum students will work collaboratively with their supervisors to:

- Identify individualized learning goals consistent with their developmental level and training objectives.
- Engage in direct clinical services appropriate to their level of competence, under close supervision.
- Participate in supervision that emphasizes reflection, ethical reasoning, and the integration of science and practice.
- Develop increasing competence in assessment, case conceptualization, intervention planning, and professional communication. Interns demonstrate supervised competence in crisis assessment and management, including suicide and violence risk evaluation, safety planning, and coordination of appropriate levels of care across inpatient, emergency, and outpatient settings.
- Demonstrate openness to feedback, receptivity to supervision, and self-awareness in clinical and professional roles.
- Practicum trainees do not assume independent clinical responsibility, and all services are delivered under close supervision consistent with doctoral program requirements.

Supervisors will utilize domain-specific competencies to assess the progress of practicum students, focusing on developmental growth, professionalism, and readiness for more advanced training. Although the formal APA profession-wide competencies do not directly apply at this level, they serve as an aspirational framework for shaping the practicum curriculum, supervision, and evaluation processes.

Profession-Wide and Domain-Specific Competencies — Doctoral Internship

Doctoral Internship training at Cambridge Health Alliance is designed to consolidate broad and general preparation for entry-level practice in Health Service Psychology. Interns are expected to demonstrate the following competencies with supervision and an emerging capacity for independent functioning.

1. Research and Scholarly Inquiry

a. Critically evaluate and apply research to clinical practice.
b. Demonstrate the ability to use scholarly literature to guide assessment, intervention, and program development.
c. Disseminate findings or conceptual insights (for example, in case conferences, seminars, or presentations).

2. Ethical and Legal Standards
    a. Demonstrate knowledge of and adherence to the APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant federal, state, and institutional regulations.
    b. Recognize ethical dilemmas as they arise and apply ethical decision-making models to resolve them.
    c. Conduct all professional activities in an ethical and accountable manner.

3. Individual and Cultural Diversity
    a. Demonstrate self-awareness of one's own cultural identity, values, and biases.
    b. Apply current theoretical and empirical knowledge of diversity to all aspects of professional practice.
    c. Adapt conceptualizations and interventions to be responsive to individual and cultural differences.
    d. Work effectively with individuals whose identities or worldviews differ from one's own.

4. Professional Values and Attitudes
    a. Exhibit integrity, accountability, and concern for the welfare of others.
    b. Engage in self-reflection and seek feedback to enhance competence and well-being.
    c. Maintain professional demeanor and comportment across settings.
    d. Demonstrate readiness for entry-level independent practice by managing workload responsibly and responding flexibly to complex clinical situations.

5. Communication and Interpersonal Skills
    a. Develop and maintain effective working relationships with clients, colleagues, supervisors, and interprofessional partners.
    b. Communicate clearly and sensitively in written, verbal, and non-verbal modalities.
    c. Manage challenging interactions with professionalism and emotional regulation.

6. Assessment
    a. Conduct evidence-based assessments using empirically supported methods.
    b. Integrate data from multiple sources for accurate diagnosis, conceptualization, and treatment planning.
    c. Interpret and communicate assessment results effectively to diverse audiences, including clients and referral sources.

   d. Demonstrate competence in crisis assessment and management, including suicide and violence risk evaluation, safety planning, and coordination of appropriate levels of care within inpatient, emergency, and outpatient settings.

7. Intervention
   a. Form and maintain effective therapeutic relationships.
   b. Implement evidence-based interventions tailored to clients' presenting concerns and diversity characteristics.
   c. Evaluate intervention outcomes and adjust strategies based on ongoing feedback.

8. Supervision and Consultation
   a. Demonstrate foundational knowledge of supervision models and best practices.
   b. Seek and utilize supervision effectively, incorporating feedback into professional growth.
   c. Consult with peers and professionals to enhance client care and system effectiveness.

9. Interprofessional and Systems Collaboration
   a. Demonstrate understanding of the roles and perspectives of other health professionals.
   b. Collaborate effectively in multidisciplinary teams and broader systems of care.
   c. Contribute psychological expertise to interprofessional discussions and initiatives.
   d. Participate in utilization review, quality assurance, or performance improvement activities as appropriate to the service setting.

Profession-Wide and Domain-Specific Competencies — Postdoctoral

Postdoctoral fellowship at Cambridge Health Alliance provides advanced, focused preparation for independent practice and leadership in Health Service Psychology. Residents are expected to demonstrate the following competencies with a high degree of independence, depth, and professional sophistication.

1. Research and Scholarly Inquiry
   a. Integrate scientific knowledge into advanced clinical practice and systems work.
   b. Contribute to the empirical and scholarly literature through research, program evaluation, or quality improvement projects.
   c. Disseminate findings to professional and community audiences.

2. Ethical and Legal Standards
   a. Apply ethical principles autonomously in complex and novel professional contexts.

   b. Model ethical reasoning and mentor others in ethical decision-making.
   c. Navigate institutional and legal policies with professional judgment and accountability.

3. Individual and Cultural Diversity
   a. Exhibit advanced competence in conceptualizing diversity within systems of care.
   b. Provide leadership in promoting equity and inclusion within training and clinical environments.
   c. Demonstrate skill in supervision and consultation related to multicultural practice.

4. Professional Values and Attitudes
   a. Demonstrate mature professional identity, integrity, and accountability.
   b. Maintain self-awareness and actively cultivate professional growth and resilience.
   c. Model reflective practice and lifelong learning for trainees and colleagues.

5. Communication and Interpersonal Skills
   a. Communicate complex psychological concepts to diverse audiences with clarity and precision.
   b. Demonstrate leadership in managing team dynamics and professional relationships.
   c. Navigate challenging interpersonal situations with diplomacy and professional composure.

6. Assessment
   a. Conduct comprehensive, evidence-based assessments at an advanced level of complexity.
   b. Integrate assessment data to inform treatment, supervision, and systems consultation.
   c. Contribute to the development or refinement of assessment protocols and tools within the service.
   d. Demonstrate advanced competence in crisis assessment and management, including complex suicide and violence risk evaluation, development of safety and disposition plans, consultation with multidisciplinary teams, and coordinating appropriate levels of care across inpatient, emergency, and outpatient settings.

7. Intervention
   a. Implement and adapt evidence-based interventions for complex clinical presentations.
   b. Evaluate and improve treatment effectiveness using data-driven methods.
   c. Provide consultation and supervision regarding intervention strategies across programs.

8. Supervision and Consultation

   a. Demonstrate competence in providing supervision that promotes trainee growth, ethical awareness, and cultural humility.
   b. Apply evidence-based models of supervision and evaluate the competencies of supervisees.
   c. Offer expert consultation to multidisciplinary teams and organizational leaders.

9. Interprofessional and Systems Collaboration
   a. Lead or co-lead interprofessional initiatives that integrate psychological science into system-level decision-making.
   b. Promote effective collaboration among disciplines to improve patient care and institutional outcomes.
   c. Contribute to system innovation, policy development, or training that enhances the role of psychology within healthcare teams.
   d. Contribute to or lead utilization review, quality assurance, or performance improvement initiatives within clinical programs or systems of care.

Specialty-Specific Competency Frameworks

Postdoctoral fellows in specialty tracks, such as clinical neuropsychology, are expected to meet all Division and APA profession-wide competencies outlined above. The manner in which specific competencies are operationalized may vary according to specialty emphasis and clinical role. Specialty guidelines inform the depth and focus of training within each domain but do not replace the Division's core competency framework. In addition, fellows in specialty areas may incorporate relevant national specialty guidelines to inform advanced skill development within their emphasis area. For example, postdoctoral fellows in clinical neuropsychology are expected to align their training goals with the competency expectations articulated in the *Minnesota Conference Guidelines* (Correia et al., 2026) and subsequent specialty training standards. These specialty frameworks supplement, but do not replace, the Division's core competency expectations and evaluation processes.

Training Objectives and Expected Outcomes

The Division of Psychology structures its training to ensure a developmentally sequenced progression from foundational competence to advanced professional performance. Training objectives are anchored in the APA Standards of Accreditation and reinforced through supervision, didactics, and experiential learning.

Practicum

- Develop proficiency in psychological interviewing, case formulation, and initial assessment.
- Acquire skills in evidence-based interventions under intensive supervision.
- Demonstrate basic competency in professional communication, documentation, and ethical reasoning.

Internship

- Demonstrate competence across all APA profession-wide domains.
- Integrate multiple data sources into sophisticated diagnostic and conceptual formulations.
- Deliver interventions grounded in evidence, theory, and patient preference.
- Exhibit emerging skills in supervision and consultation.

Postdoctoral Fellowship

- Achieve independent practice readiness and advanced proficiency in assessment, intervention, and consultation.
- Develop expertise in one or more specialty areas aligned with fellowship emphasis (e.g., adult, child, primary care, health psychology).
- Demonstrate leadership in supervision, teaching, and systems-based work.
- Produce scholarly or programmatic contributions reflecting integration of science and practice.

Competency Benchmarks and Evaluation Standards

Evaluation at Cambridge Health Alliance is designed to ensure that every trainee, whether at the practicum, internship, or postdoctoral level, receives comprehensive, transparent, and developmentally appropriate feedback across all competency domains. The process emphasizes collaboration, reflection, and ongoing growth rather than punitive review.

Evaluation Frequency

Trainees are evaluated at least three times annually, typically at four-month intervals, using a standardized competency evaluation form tailored to each training level. Evaluations may occur more frequently when rotations are shorter or when additional supervision is warranted.

Evaluation Process and Documentation

- Supervisory Input: Each trainee receives evaluations from all designated supervisors and advisors. Supervisors complete structured evaluation forms that assess performance across the APA Profession-Wide Competencies and program-specific domains.

- Primary Advisor Role: The Primary Advisor synthesizes evaluations from all supervisors into a composite narrative and competency rating, ensuring balanced interpretation of feedback across settings and supervisors.

- Program-Level Review: All supervisors and training faculty meet during each evaluation period to discuss trainee progress and calibration across competency domains. This group review allows the training leadership to identify strengths, emerging concerns, and developmental patterns.

- Trainee Feedback: Evaluations are reviewed collaboratively with the trainee, who has an opportunity to provide written comments and reflections. Evaluations are then submitted to the Program Director of Training and placed in the trainee's permanent record.

Proficiency Benchmarks

Each training level uses a benchmarked rating scale reflecting readiness for the next stage of professional development (See Form A for sample evaluations).

CHA's evaluation structure is anchored in a developmental trajectory that parallels APA's competency benchmarks:

- Practicum: Basic to Emerging Proficiency, developing foundational skills with intensive supervision.

- Internship: Intermediate to Readiness for Practice, demonstrating independent application of core competencies across settings.

- Postdoctoral Fellowship: Readiness for Independent Practice, refining advanced and specialized competencies; demonstrating leadership, teaching, and systems-level consultation.

Trainees are expected to achieve the following minimum levels of performance each trimester of the academic year:

- *First Trimester Evaluation:* Demonstrates emerging competencies consistent with early-year developmental expectations; trajectory is on track with no significant concerns.

- *Second Trimester Evaluation*: Demonstrates consistent progress toward middle-to end-of-year competency expectations; performance is broadly aligned with developmental level, with any remaining growth areas clearly identified and responsive to supervision.

- *Third Trimester Evaluation:* Demonstrates competence at or above the expected proficiency level for the training year, indicating readiness to advance to the next stage of training (or independent practice, as applicable to the level).

Successful completion of training requires achievement of ratings consistent with the expected developmental benchmark for the training level across all core competency domains. These benchmarks are operationalized in the standardized evaluation instruments (see Form A). Trainees must demonstrate readiness for progression or independent practice, as applicable to their level, as determined by aggregated supervisor ratings and program-level review.

Remediation and Developmental Support

When performance falls below expected levels, a Focused Development Plan will be initiated collaboratively among the trainee, Primary Advisor, and consulting supervisor(s). The plan will outline:

- Specific competencies requiring improvement.
- Targeted interventions (e.g., increased supervision, focused readings, skill-based exercises, additional observation).
- Timelines for review and reassessment.
- The plan is reviewed and approved by the Program Director of Training for the respective training program. The Chief of Psychology is formally notified of all Focused Development Plans. Final determinations regarding progression, probation, or dismissal follow procedures outlined in the Training Performance and Grievance Procedures Policy.
- For interns, input from the trainee's graduate or affiliated program will be incorporated when appropriate.

Confidentiality and Record Keeping

Evaluation materials are confidential and shared only with those directly involved in the training process, including the Chief of Psychology, relevant Program Director of Training, and supervisory faculty, in accordance with ethical and institutional policy.

Continuous Feedback

In addition to formal evaluations, informal feedback is a cornerstone of CHA's training culture. Supervisors provide real-time guidance and formative feedback throughout clinical and didactic experiences. Trainees are also encouraged to solicit feedback proactively and engage in self-evaluation and reflection as integral components of their professional development.

Summary

The cumulative outcome of training within the CHA Division of Psychology is the development of skilled, principled, and equity-driven psychologists prepared to advance behavioral health through clinical care, scholarship, and leadership. This philosophy reflects CHA's public health mission and commitment to serving diverse communities with distinction.

SECTION III

Program Overview and Structure

Program Description and Setting

The Psychology Training Programs at Cambridge Health Alliance (CHA) operate within an integrated, safety-net healthcare system that provides comprehensive medical and behavioral healthcare to diverse communities across the Greater Boston region. The Department of Psychiatry, which houses the Division of Psychology, serves patients across inpatient, outpatient, emergency, and primary care settings. Trainees gain experience in multidisciplinary teams that reflect CHA's commitment to equitable, community-based care.

Sites and Rotations

Training experiences occur at multiple CHA sites, including Cambridge Hospital, Somerville Hospital, Everett Hospital, and affiliated community health centers. These locations offer a diverse range of services and cater to a broad spectrum of patient populations. Practicum students are typically placed within outpatient behavioral health or primary care settings, where they develop foundational assessment and intervention skills. Interns rotate through multiple service areas, including adult outpatient psychiatry, inpatient psychiatry, primary care behavioral health, and child and adolescent services. Postdoctoral fellows deepen expertise in specialty or leadership areas such as integrated primary care, trauma, or serious mental illness.

Patient Populations

Trainees serve a culturally and socioeconomically diverse population across the lifespan. Patients present with a wide range of psychiatric, medical, and psychosocial conditions, often shaped by systemic inequities and social determinants of health. Trainees gain experience working with individuals and families from varied racial, ethnic, linguistic, gender, and socioeconomic backgrounds, many of whom are recent immigrants or refugees.

Clinical Services Overview

The Division of Psychology contributes to a continuum of behavioral health services across CHA. Trainees participate in diagnostic evaluations, evidence-based treatments, and consultations. Services include brief and long-term psychotherapy, cognitive and neuropsychological assessment, crisis evaluation, group therapy, and multidisciplinary collaboration. The integration of psychology within primary care and specialty medicine enables trainees to experience collaborative, population-focused models of behavioral healthcare.

Clinical, Didactic, Supervision, and Research Hours

Training experiences are organized to balance clinical service, supervision, didactics, and scholarly activity. Minimum direct service expectations are monitored by training leadership and must be met for successful completion of the training year.

The exact distribution varies by training level and rotation, but a typical week includes:

- Practicum: 16 to 20 hours per week, including 10 to 12 hours of direct clinical service, 2 hours of supervision, and participation in didactic seminars.

- Internship: 40-50 hours per week, including approximately 20 hours of direct clinical service, 4 hours of supervision, 4 hours of didactics, and time allocated for research, case preparation, and documentation. Interns document weekly clinical and training hours using a standardized tracking system, which is reviewed monthly by the Primary Advisor and Program Director of Training to ensure compliance with program and accreditation requirements.

- Postdoctoral Fellowship: 40-50 hours per week, with greater emphasis on independent clinical practice, supervision of others, leadership activities, and scholarly or program development work.

A typical weekly schedule includes (time weights vary by placement):

- Clinical services and patient care.
- Individual and group supervision.
- Didactic seminars and case conferences.
- Team meetings and interdisciplinary collaboration.
- Research or program evaluation.
- Administrative and documentation time.

Supervision

Supervision is a foundation of professional development in the Psychology Training Programs at Cambridge Health Alliance. All training takes place within a structured, competency-based supervision system designed to ensure quality, accountability, and alignment with the APA Standards of Accreditation. The full procedures, roles, and documentation standards are outlined in the Division of Psychology Supervision and Advising Policy (*effective July 2026*).

Each trainee is assigned a Primary Advisor and Consulting Supervisors. The Program Director of Training provides oversight and quality assurance across all supervision. Operational oversight of supervision and trainee progression rests with the Program Director of Training. Divisional authority for training quality and trainee status resides with the Chief of Psychology.

The Primary Advisor coordinates supervision, monitors competency progress, integrates feedback from all supervisors, and serves as the trainee's main liaison to the Program Director of Training.

Consulting Supervisors provide day-to-day clinical supervision and site-specific oversight. They may also offer specialized supervision in defined domains such as assessment, trauma, or primary care behavioral health.

Frequency and Format

Supervision occurs weekly in both individual and group formats and follows a developmental model:

- Practicum students receive a minimum of two hours of individual supervision per 16-20 hours of weekly clinical activity.

- Interns receive a minimum of two hours of individual supervision per week and at least four total hours of supervision (individual and group combined), consistent with APA accreditation standards. Additional consultation and advanced seminars are held weekly to support competency development.

- Postdoctoral fellows receive a minimum of two hours of individual supervision per week and at least three hours of supervision in total (individual and group combined). Additional consultation and advanced seminars are held weekly to support advanced clinical, supervisory, and leadership development. The supervision structure reflects increasing autonomy and advanced readiness for licensure at the postdoctoral level.

Philosophy and Standards

Supervision emphasizes structured feedback, ethical reasoning, cultural humility, and measurable competency development. Supervisors foster self-assessment, professional identity formation, and attention to diversity, equity, inclusion, and belonging in every supervisory relationship. All supervisory activities are documented in accordance with CHA policy and the APA Ethics Code.

Supervisors must be licensed psychologists or other credentialed professionals with relevant expertise in psychology. They complete annual training in supervision ethics and DEIB-informed practice and participate in ongoing professional development.

Evaluation and Quality Assurance

Formal evaluations are conducted at least three times per training year and assess progress across the APA Profession-Wide Competencies. Feedback from all supervisors is synthesized by the Primary Advisor and reviewed with the trainee. When needed, a Focused Development Plan is created collaboratively with the Primary Advisor and trainee

and approved by the Program Director of Training. Formal probation, suspension, or dismissal procedures follow the policies outlined in the Training Performance and Grievance Procedures Policy.

Supervision quality is reviewed annually by the Program Directors of Training through trainee evaluations, supervisor self-assessments, and program-wide analyses. The Executive Committee for Psychology Education and Training oversees system-level improvements and policy revisions.

Assessment and Testing Experiences

Assessment training is a central component of the Psychology Training Programs at Cambridge Health Alliance. Across all levels of training, assessment experiences are designed to promote clinical reasoning, diagnostic accuracy, and the integration of data with cultural and contextual understanding. Trainees gain experience in both traditional psychological assessment and the use of assessment to inform clinical formulation and treatment planning.

NAPA and Psychological Testing Procedures

The Neuropsychology and Psychological Assessment (NAPA) Program provides comprehensive cognitive, neuropsychological, and personality assessments for adults, children, and adolescents. Participation in NAPA rotations varies by training level and individual training plan.

- **Practicum** students develop foundational skills in test administration, behavioral observation, and scoring. They assist in clinical interviews, learn to interpret test data under supervision, and contribute to the drafting of reports.

- **Interns** perform full assessments with increasing autonomy. They conduct clinical interviews, administer a range of standardized instruments, integrate test data into comprehensive case formulations, and provide oral and written feedback to patients, families, and referring providers.

- **Postdoctoral** fellows refine their advanced assessment skills, including differential diagnosis, the integration of complex data sources, and the supervision of other trainees conducting assessments. Fellows also participate in consultations regarding assessment findings across medical and psychiatric settings.

All test administrations and reports are supervised by licensed psychologists with expertise in psychological and neuropsychological assessment. Supervisors retain final clinical responsibility for all assessment products entered into the electronic health record.

Inpatient and Outpatient Assessment

Assessment training occurs across inpatient and outpatient settings, providing exposure to a broad range of clinical presentations.

- Inpatient assessments focus on clarifying diagnoses, conducting cognitive screenings, and evaluating risk or capacity to inform treatment and discharge planning.

- Outpatient assessments include comprehensive evaluations for diagnostic, therapeutic, and academic purposes, often integrating collateral data and multidisciplinary consultation.

Trainees work closely with psychiatrists, social workers, occupational therapists, and nursing staff to ensure that assessment findings are effectively communicated and applied within the broader treatment context.

Report Writing, Feedback, and Documentation Standards

Psychological assessment and documentation at Cambridge Health Alliance are guided by professional, ethical, and institutional standards that prioritize accuracy, clarity, and cultural sensitivity. Reports and feedback sessions serve both clinical and educational purposes, ensuring that findings are communicated effectively to patients, families, and interdisciplinary teams.

Trainees learn to integrate quantitative data, clinical observations, and contextual understanding into coherent and actionable formulations. Supervisors review all documentation for clinical accuracy, conceptual integrity, and professional tone. Final reports must meet CHA's expectations for quality, confidentiality, and timeliness before being finalized in the electronic health record.

Feedback is viewed as an essential part of the assessment process and is delivered in a manner that is collaborative, compassionate, and accessible to the recipient's level of understanding. Trainees provide feedback to patients and referring providers with supervision and support, ensuring that results are both clinically useful and aligned with best practices in psychological communication.

Detailed procedures for documentation format, report templates, turnaround timelines, and feedback protocols are maintained separately to allow for regular revision as practices evolve. All assessment documentation adheres to APA ethical standards, applicable state regulations, and CHA institutional policy regarding record integrity and patient confidentiality.

SECTION IV

Administrative Policies and Professional Conduct

Administrative and Technical Support

The Psychology Training Programs at Cambridge Health Alliance (CHA) are supported by a network of administrative and technical resources. The Division of Psychology Program Administrator assists practicum students, interns, and postdoctoral fellows with onboarding, scheduling, system access, and completion of institutional requirements. Trainees may also receive assistance with obtaining identification badges, setting up email accounts, accessing electronic health record credentials, and completing compliance modules.

Information technology support is available for hardware, software, and electronic health record issues. Administrative staff work closely with the Program Directors of Training and Primary Advisors to communicate scheduling changes, maintain directories, and ensure smooth operation of training activities. Trainees are expected to utilize these supports proactively and report any barriers that may interfere with their participation in training or clinical care.

Ethical Principles and Conduct

All trainees are expected to uphold the highest standards of ethical and professional behavior. Ethical practice is a shared responsibility that encompasses awareness of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct, as well as state and federal regulations and CHA institutional policies.

Trainees must act with honesty, integrity, and respect for patients, families, and colleagues. They are expected to recognize ethical dilemmas, consult promptly with supervisors, and document reasoning and actions taken. When concerns arise that cannot be resolved in supervision, trainees must promptly notify the Program Director of Training and may consult appropriate institutional offices as needed. The Division encourages open discussion of ethical issues as part of professional development.

Ethical compliance is evaluated as part of formal competency assessments and may directly impact progression within the training program.

APA Code of Ethics

The APA Ethics Code serves as the foundation for all clinical and professional activities within Psychology Training Programs. Trainees must become familiar with the standards on competence, confidentiality, multiple relationships, informed consent, and record-keeping. Ethical decision-making is a recurring theme throughout supervision and didactics. Trainees are evaluated in part on their ability to apply ethical reasoning to complex and ambiguous clinical situations. Compliance with the APA Ethics Code is required for successful completion of the training year.

CHA Code of Conduct

As members of the Cambridge Health Alliance community, trainees are expected to comply with the CHA Code of Conduct, which governs professional behavior, communication, workplace safety, and the responsible use of organizational resources. The Code of Conduct prohibits harassment, discrimination, and retaliation and applies to all staff, faculty, and trainees. Violations may result in corrective action in accordance with institutional procedures and the Division's Training Performance and Grievance Procedures Policy. Trainees are introduced to these expectations during orientation and may consult Human Resources or the Program Director of Training for clarification.

Equal Employment Opportunity and Anti-Harassment Policy

Cambridge Health Alliance is an equal opportunity employer and maintains a zero-tolerance policy for harassment or discrimination. All training and employment decisions are made without regard to race, color, religion, national origin, sex, age, disability, sexual orientation, gender identity, veteran status, or any protected category under federal, state, or local law. Trainees receive information on reporting options and institutional supports during orientation. Concerns may be reported to supervisors, Human Resources, or other designated offices. Retaliation against individuals who raise good-faith concerns is prohibited.

Confidentiality, Record Keeping, and PHI Compliance

Upholding the privacy and confidentiality of both patients and trainees is a fundamental ethical and professional responsibility within the Division of Psychology. This section outlines the standards and expectations governing the protection, documentation, and communication of sensitive information in clinical care and in training, ensuring compliance with legal, institutional, and professional requirements.

Training-Related Privacy, Confidentiality, and Recordkeeping

The Division of Psychology maintains strict standards for protecting the confidentiality of trainee-related records, evaluations, and communications. These standards align with APA Ethical Standards, CHA Human Resources policy, and best practices in clinical training.

- ***Confidentiality of Training Records***: Evaluation forms, supervision notes, and other trainee-related documents are considered confidential personnel materials. These records are stored in secure, restricted-access files within the Division of Psychology and are accessible only to authorized training leadership and administrative staff.

- ***Disclosure of Information***: Information from trainee files may be shared only with individuals directly involved in training oversight or when required by institutional policy, licensure verification, or law. Written consent from the trainee is required before sharing evaluation materials or letters of recommendation outside CHA.

- ***Retention of Records***: Training files, including evaluations and correspondence, are retained in accordance with APA Standards of Accreditation and CHA institutional record-retention policies. The Division permanently maintains records of trainees' training experiences, evaluations, remediation actions, and certificates of completion in accordance with APA Standards of Accreditation to ensure documentation of progress and for future credentialing verification.

- ***Verification of Records****:* The Division provides verification of training completion and competency documentation upon written request from credentialing boards, employers, or licensing authorities.

- ***Electronic Storage and Communication***: Trainees and supervisors must ensure that all training-related documents and communications containing identifiable information (e.g., supervision notes or evaluations) are stored on secure CHA systems. Cloud-based or personal storage services may not be used for official documentation.

- ***Confidentiality in Supervision***: Discussions in supervision are considered confidential within the professional and educational context. Supervisors may share relevant information with authorized training leadership for coordination, evaluation, or remediation purposes and will inform the trainee of such communication unless prohibited by institutional policy.

Patient-Related Privacy, Confidentiality, and Recordkeeping

Cambridge Health Alliance (CHA) is committed to protecting the privacy and confidentiality of all patients in accordance with the Health Insurance Portability and Accountability Act (HIPAA), applicable state laws, and CHA institutional policy. Trainees share in this responsibility and must adhere to the same standards as licensed clinicians.

Trainees are responsible for safeguarding patient confidentiality and for complying with HIPAA and CHA policies regarding protected health information (PHI). PHI may be accessed only for legitimate clinical, supervisory, or administrative purposes.

- ***Confidentiality of Patient Information***: Trainees must protect all identifiable patient information, including written, electronic, and verbal communications, and disclose such information only for legitimate clinical, training, or administrative purposes. No clinical material may be downloaded, stored on personal devices, or transmitted via non-secure email or messaging platforms.

- ***Clinical Documentation and Recordkeeping***: Clinical documentation must meet CHA and departmental standards for completeness, accuracy, and timeliness. Trainees are responsible for ensuring that progress notes, psychological assessments, treatment plans, and discharge summaries are entered and signed within required time frames. All original patient records remain the property of CHA.

- ***Electronic Communication***: Email or telecommunication involving protected health information (PHI) must occur through secure CHA channels. Use of personal email accounts, text messaging, or social media for clinical communication is strictly prohibited.

- ***Breach and Reporting***: Any potential breach of confidentiality must be reported immediately to the supervising psychologist and the CHA Privacy and Compliance Office. CHA reviews all incidents in accordance with its compliance procedures, and breaches may result in corrective action, remediation, probation, or other disciplinary measures in accordance with institutional and divisional policy.

Professionalism and Use of Social Media

Professional behavior extends to online activity. Trainees should maintain appropriate boundaries and avoid using social media in ways that could compromise confidentiality, professional relationships, or CHA's reputation. Clinical information may not be posted online, and contact should not be made through personal platforms with current or former patients.

Trainees should not represent themselves as speaking on behalf of CHA without authorization. Questions about social media or online professionalism should be brought to the relevant Program Director of Training. The program encourages self-reflection about one’s public professional identity.

Case Presentations, Research, and Dissemination of Clinical Material

Case presentations and scholarly work are essential to training and professional growth. When clinical material is used for teaching, research, or public presentation, confidentiality must be maintained through de-identification or informed consent as required.

Trainees conducting research involving patient data must obtain Institutional Review Board (IRB) approval and follow CHA and Harvard Medical School policies. Supervisors and Primary Advisors provide guidance on ethical dissemination and authorship practices.

Clinical Documentation and EPIC Charting Guidelines

Clinical documentation is an integral part of patient care and communication within the healthcare system. All notes must be accurate, timely, and consistent with CHA documentation standards. Entries should reflect the service provided, assessment, intervention, and plan for care.

Trainee notes must be co-signed by a licensed supervisor. The supervising psychologist retains final clinical responsibility for all documentation entered into the medical record. Supervisors review documentation for accuracy, completeness, and adherence to legal and institutional standards. Trainees receive orientation in EPIC charting and ongoing feedback throughout the year.

NPI and Provider Registration Procedures

All trainees who provide clinical services are required to obtain a National Provider Identifier (NPI). The NPI is a permanent professional identifier used for billing and regulatory purposes.

Trainees must obtain an NPI prior to initiating billable clinical services.

Guidance for obtaining and maintaining the NPI is provided during onboarding. Trainees must keep their registration information current and notify the Division of Psychology Training Office of any updates.

SECTION V

Evaluation, Feedback, and Due Process

Competency Evaluation and Progression Framework

The Division of Psychology employs a developmental, competency-based framework for evaluating trainee performance. Evaluation focuses on observable behaviors that demonstrate readiness for independent practice and alignment with the APA's profession-wide competencies.

Evaluation Process: Trainees receive formal written evaluations at three time points throughout the training year, supplemented by ongoing formative feedback through supervision.

Evaluations assess progress in the following competency domains:

Practicum trainees are evaluated using a developmentally appropriate framework that emphasizes foundational clinical skills, ethical conduct, and emerging professional identity under close supervision. While the formal benchmark table below applies to internship and postdoctoral training, practicum evaluations focus on early competency development consistent with doctoral program expectations and institutional affiliation agreements.

Interns and **postdoctoral fellows** are evaluated using the competency benchmarks outlined in the table below.

Competency	Internship	Postdoctoral
Research and Scholarly Inquiry	Critically evaluate and apply research to clinical practice; use scholarly literature to guide assessment, intervention, and program development; disseminate findings or conceptual insights (e.g., case conferences, seminars, or presentations).	Integrate scientific knowledge into advanced clinical practice and systems work; contribute to empirical or program-evaluation literature; disseminate findings to professional and community audiences.
Ethical and Legal Standards	Demonstrate knowledge of and adherence to the APA Ethical Principles and relevant federal, state, and institutional regulations; recognize ethical dilemmas and apply ethical decision-making models;	Apply ethical principles autonomously in complex or novel contexts; model ethical reasoning and mentor others in ethical decision-making; navigate institutional and legal policies with professional

	conduct all activities ethically and accountably.	judgment.
Individual and Cultural Diversity	Demonstrate self-awareness of cultural identity, values, and biases; apply theoretical and empirical knowledge of diversity to all aspects of practice; adapt conceptualizations and interventions to individual and cultural differences; work effectively with individuals with differing worldviews.	Exhibit advanced competence in conceptualizing diversity within systems of care; provide leadership in promoting equity and inclusion; demonstrate skill in supervision and consultation related to multicultural practice.
Professional Values and Attitudes	Exhibit integrity, accountability, and concern for others; engage in self-reflection and seek feedback; maintain professionalism across settings; demonstrate readiness for entry-level independent practice through responsible workload management and adaptability.	Demonstrate mature professional identity, integrity, and accountability; maintain self-awareness and resilience; model reflective practice and lifelong learning for trainees and colleagues.
Communication and Interpersonal Skills	Develop and maintain effective working relationships with clients, colleagues, supervisors, and interprofessional partners; communicate clearly in written, verbal, and nonverbal modalities; manage challenging interactions professionally.	Communicate complex psychological concepts to diverse audiences with clarity and precision; demonstrate leadership in managing team dynamics; navigate challenging interactions with diplomacy and professional composure.
Assessment	Conduct evidence-based assessments using empirically supported methods; integrate data for accurate diagnosis and treatment planning; communicate results effectively to clients and referral sources.	Conduct comprehensive, evidence-based assessments at an advanced level; integrate findings to inform treatment, supervision, and systems consultation; contribute to development or refinement of assessment protocols.
Intervention	Form and maintain effective therapeutic relationships; implement evidence-based interventions tailored to client diversity and presenting concerns; evaluate outcomes and adjust strategies based on feedback.	Implement and adapt interventions for complex presentations; evaluate and improve treatment effectiveness using data-driven methods; provide supervision and consultation regarding intervention strategies.

Supervision and Consultation	Demonstrate foundational knowledge of supervision models; seek and utilize supervision effectively; consult with peers and professionals to enhance care.	Demonstrate competence in providing supervision that promotes trainee growth, ethical awareness, and cultural humility; apply evidence-based supervision models; provide expert consultation to teams and leaders.
Interprofessional and Systems Collaboration	Demonstrate understanding of other health professionals' roles; collaborate effectively in multidisciplinary teams; contribute psychological expertise to interprofessional discussions and initiatives.	Lead or co-lead interprofessional initiatives; promote effective collaboration to improve patient care and institutional outcomes; contribute to system innovation, policy development, or training initiatives that enhance psychology's role within healthcare teams.

Benchmarks for Progression: Expected competency levels correspond to the trainee's stage of professional development. Practicum students demonstrate foundational skills under close supervision; interns demonstrate intermediate-to-advanced competencies consistent with readiness for entry-level practice; and postdoctoral fellows demonstrate consolidation of advanced competencies and readiness for independent licensure.

Feedback and Goal-Setting: Supervisors and trainees collaboratively review evaluation results, identify strengths and growth areas, and establish learning objectives for the next evaluation period. Primary Advisors monitor overall progress to ensure integration of clinical, scholarly, and professional development goals.

Use of Evaluation Data: Evaluation outcomes inform decisions about progression through the training year, readiness for completion, and, when applicable, remediation plans in accordance with the Division's Due Process Policy. Aggregate evaluation data are reviewed annually as part of the Division's quality-improvement and accreditation processes. Individual evaluation data are used solely for trainee progression and due process determinations and are not shared beyond authorized training leadership.

Documentation: Completed evaluation forms are maintained in the trainee's confidential training file and retained according to CHA recordkeeping policy.

Evaluation Procedures and Timeline

Trainee performance is evaluated through a structured and ongoing process designed to promote learning, ensure competence, and support professional development. Each trainee

receives formal evaluations three times annually. Evaluations are competency-based and informed by input from all supervisors, including Primary Advisors and Consulting Supervisors. Additional evaluations may be conducted following rotation changes or as part of remediation processes, as applicable.

Supervisors complete written evaluations summarizing the trainee's progress toward developmental and profession-wide competencies. The Primary Advisor integrates feedback into a comprehensive report, which is reviewed with the trainee during supervision and submitted to the Program Director of Training. Evaluations are retained in the trainee's educational file and used for program-level quality improvement.

Competency-Based Evaluation Criteria

All evaluations are aligned with the APA Standards of Accreditation and CHA's training competencies. Criteria include assessment and intervention skills, professional values and behavior, cultural humility, ethical reasoning, communication, and the ability to integrate supervision and feedback. Ratings are anchored in observable behaviors, developmental expectations, and readiness for the next level of professional functioning.

Each rating form defines specific benchmarks that describe progress from emerging competence to readiness for independent practice. Trainees are expected to demonstrate consistent growth across domains. Concerns or skill deficits identified during an evaluation lead to individualized learning goals and supervision plans.

Clinical Portfolio and Performance Benchmarks

Each trainee maintains a clinical portfolio that includes evaluations, competency forms, documentation samples, and other materials demonstrating progress and skill acquisition. The portfolio serves as both a learning tool and an archival record of training accomplishments. Performance benchmarks are determined by the level of training and are reviewed during supervision. Practicum students are expected to achieve foundational competence, interns intermediate competence, and postdoctoral fellows proficiency consistent with independent licensure.

Feedback and Annual Program Review

Feedback is an integral part of training and occurs both formally and informally throughout the year. Supervisors provide verbal and written feedback during individual and group supervision. The Program Director of Training conducts an annual program review that incorporates supervisor evaluations, trainee feedback, and program-wide assessment data. Results are discussed with faculty to identify areas for improvement in supervision, didactics, and training structure.

Performance Concerns and Due Process

Due Process and Remediation Procedures

When performance concerns arise, the Division follows a transparent and supportive due process procedure. The goal of remediation is to restore satisfactory performance while maintaining patient safety, professional standards, and program integrity. The process involves the early identification of concerns, clear communication with the trainee, and the collaborative development of a focused development plan that outlines specific goals, strategies, and timelines for achieving these goals.

Focused development plans are reviewed regularly with the trainee and documented in writing. If sufficient progress is not made, the Program Director of Training will refer the matter to the Executive Committee for Psychology Education and Training for formal review.

Probation and Dismissal

If remediation efforts do not result in substantive improvement, the trainee may be placed on probation. Probation outlines the performance deficiencies, the corrective actions required, and the timeframe for resolution. Failure to meet defined expectations may result in further escalation, including dismissal, in accordance with the procedures outlined in Appendix C.

Dismissal may occur with or without a period of probation in cases involving serious ethical misconduct, risk to patient safety, violations of law or institutional policy, or other circumstances in which the severity of the concern warrants immediate separation from the program. Grounds for dismissal include, but are not limited to: (1) failure to demonstrate sufficient improvement during remediation or probation; (2) serious ethical or professional misconduct; (3) behavior that poses risk of harm to patients, staff, or colleagues; (4) violations of institutional or program policies; or (5) failure to maintain standards of professional competence or conduct expected of a trainee.

The decision to dismiss a trainee is made by the Executive Committee for Psychology Education and Training, with divisional authority residing with the Chief of Psychology and, when required by institutional policy, institutional authority residing with the Chair and Chief of Psychiatry. The trainee will be notified in writing of the decision and the effective date. The letter will also outline the trainee's right to appeal and the procedures for doing so.

Appeal Process

Trainees have the right to appeal decisions related to a Focused Development Plan, probation, or dismissal. Appeals must be submitted in writing within ten business days of written notification of the decision.

Appeals of a Focused Development Plan are submitted to the Executive Committee for Psychology Education and Training and reviewed at the divisional level. Appeals of probation or dismissal are submitted to the Office of the Chief of Psychology and forwarded to the Chair and Chief of Psychiatry or designee for institutional review. The Chief of Psychology does not participate in the institutional review of probation or dismissal appeals. All appeals are reviewed in accordance with the procedures outlined in Appendix C.

For doctoral internship trainees, copies of dismissal letters will be provided to the trainee's doctoral program Director of Clinical Training, and formal release from the APPIC match commitment due to exceptional circumstances will be pursued in accordance with APPIC policies. Internship trainees will comply with APPIC policies and communication requirements.

APPIC Informal Problem Consultation (IPC)

The Association of Psychology Postdoctoral and Internship Centers (APPIC) offers an Informal Problem Consultation process as a confidential and supportive resource for interns, postdoctoral fellows, and training programs. The Informal Problem Consultation allows individuals to seek guidance and explore potential solutions to concerns related to supervision, training expectations, interpersonal or ethical conflicts, or other issues affecting their training experience.

Consultations are handled by an APPIC representative (such as the Executive Director, Match Coordinator, or a Board member) who helps clarify options and next steps. The Informal Problem Consultation is available as an optional resource and does not replace or delay access to formal grievance or due process procedures. More information and the request form are available via the APPIC website.

Grievance Policy

The Division of Psychology maintains a grievance process for concerns unrelated to evaluation or performance (for example, supervision quality, interpersonal conflict, or procedural fairness). Trainees are encouraged to address concerns directly with the involved party whenever appropriate. If unresolved, the matter may be brought to the Primary Advisor or Program Director of Training for mediation. Formal grievances may be submitted in writing and are reviewed by the Executive Committee for Psychology Education and Training. Retaliation against individuals who raise good-faith concerns is prohibited.

Detailed procedures and forms related to grievances are maintained in the Division of Psychology Training Performance and Grievance Procedures Policy (Appendix C).

Training Liaison (Ombud)

The Division of Psychology designates a Training Liaison (Ombud) as a confidential, neutral, and independent resource available to all psychology trainees (practicum students, interns, and postdoctoral fellows). The Training Liaison provides informal guidance and support regarding concerns related to supervision, training expectations, communication challenges, interpersonal conflict, or any aspect of the training environment. The role is advisory only and does not replace existing grievance or due process procedures; rather, it offers a safe and confidential space to explore concerns and identify options.

The Training Liaison is a CHA faculty member who is not involved in evaluation, supervision, or program leadership and serves outside the chain of authority to maintain neutrality. Trainees may consult the Training Liaison at any point without initiating a formal process. Conversations are confidential except in situations involving imminent risk of harm or legal or institutional obligations to report.

The Training Liaison may assist trainees by:

- Clarifying concerns and discussing potential approaches to resolution
- Offering perspective on training policies and procedures
- Identifying communication strategies or resources
- Helping trainees consider whether a concern is best addressed informally, through program leadership, or through the formal grievance or due process pathways
- Facilitating connections to institutional resources when appropriate (e.g., Human Resources, Employee Assistance, DEI offices, APPIC IPC)

The Training Liaison does not serve as an advocate for any party, make decisions, or participate in formal evaluations, remediation, or disciplinary processes.

The name and contact information of the designated Training Liaison will be provided annually during orientation and listed in program materials. Trainees may contact the Training Liaison directly, without consulting supervisors or program leadership.

Errors in Evaluation and Record Correction Procedures

Trainees may review their evaluation records and request correction of factual errors. Requests for correction should be submitted in writing to the Program Director of Training within 30 days of receiving the evaluation. If the request is approved, the corrected record is clearly marked and signed by both the trainee and the Program Director of Training. If the request is denied, a written explanation is provided, and the trainee's statement of disagreement may be appended to the record.

Detailed procedures and forms related to evaluation, remediation, and due process are maintained in the Division of Psychology Training Performance and Grievance Procedures Policy (Appendix C).

SECTION VI

Attendance, Leave, and Benefits

Stipends and Health Benefits

Cambridge Health Alliance provides competitive stipends and comprehensive health benefits for interns and postdoctoral fellows. Stipends are reviewed annually and are consistent with institutional policies and available funding. Stipend amounts are reported in Appendix E.

Benefits are provided through CHA, including health, dental, and vision insurance, and access to employee wellness programs. Practicum trainees are not considered employees and do not receive financial compensation or employee benefits unless otherwise stated in affiliation agreements with their academic institutions. Practicum trainees remain subject to all institutional conduct and clinical policies while participating in training activities.

Time-Off and Leave

Trainees are expected to adhere to the CHA policies governing attendance, leave, and time off. All leave must be requested in advance and approved by the Primary Advisor and the Program Director of Training, except in emergencies or cases of unplanned illness. Trainees are responsible for maintaining communication regarding absences and ensuring continuity of patient care and supervision.

Detailed information regarding leave accrual, benefits eligibility, and reimbursement procedures is available in the Division of Psychology Attendance, Leave, and Benefits Policy (Appendix E)

Vacation and Professional Leave

Interns and postdoctoral fellows are granted paid vacation time consistent with CHA policy and the duration of the training year. Vacation requests should be submitted in writing at least six weeks in advance and coordinated with supervisors to ensure adequate clinical coverage. Professional leave may be approved for educational or scholarly activities, including attendance at conferences, presentations, or continuing education events, provided that program responsibilities are maintained.

Sick and Medical Leave

Trainees who are ill should notify their supervisor and the Training Office as soon as possible. Sick time may be used for personal illness, medical appointments, or to care for an ill family member. Extended absences may require medical documentation and review to

determine whether the trainee can complete the program requirements within the training year. In cases where required training hours cannot be completed within the standard training year, an extension of training may be required in accordance with accreditation standards and divisional policy.

Parental and Family Leave (FMLA)

CHA adheres to the Family and Medical Leave Act (FMLA) and Massachusetts Paid Family and Medical Leave (PFML) provisions. Eligible trainees may request leave for childbirth, adoption, or family caregiving needs. Requests for parental or family leave should be made in consultation with the Program Director of Training and Human Resources. Every effort is made to support trainees in balancing family responsibilities with the completion of training requirements, including the possibility of extending the training period when necessary.

Attendance and Seminar Participation Policy

Trainees are expected to attend all scheduled clinical, didactic, and supervisory activities. Attendance is a critical component of professional responsibility and is tracked as part of the trainee's evaluation. Repeated or unexcused absences from required activities may result in remediation or disciplinary action.

Requests for excused absences should be submitted to the Primary Advisor or Program Director of Training in advance whenever possible. Trainees are responsible for obtaining materials and assignments from missed seminars and for maintaining active engagement in all aspects of the training program.

Policies on Clinical Coverage During Absence

Patient care continuity is a shared responsibility. When a trainee anticipates an absence, they must coordinate with their supervisor or team to ensure appropriate clinical coverage. Fellows and interns are responsible for ensuring appropriate clinical coverage and may reassign patients temporarily or arrange for alternate coverage to prevent disruption in care. For unexpected absences due to illness or emergency, trainees should notify their supervisor and the Training Office as soon as possible. Supervisors are responsible for ensuring that patient care responsibilities are addressed during the trainee's absence.

Professional Development Funds and Educational Support

Interns and postdoctoral fellows are eligible for professional development funds to support conference attendance, continuing education, or other approved training activities that enhance clinical and professional growth. Requests for the use of funds must be submitted in writing to the Psychology Division Administrator and include documentation of the event or activity, as per CHA policy. Approval is contingent upon budget availability and alignment with training objectives. Practicum trainees are encouraged to participate in

educational opportunities provided by CHA; however, they do not receive individual funding.

The Division of Psychology periodically hosts workshops, grand rounds, and seminars open to all trainees. Attendance at these events is encouraged as part of ongoing professional development.

Detailed information regarding professional development funds reimbursement procedures is available in the Division of Psychology Professional Development Funds Policy (Appendix H).

SECTION VII.A

Professional Development and Trainee Support

Trainee Wellness, Self-Care, and Access to Support Services

The Psychology Training Programs at Cambridge Health Alliance recognize that clinical training can be both rewarding and demanding. The Division of Psychology is committed to supporting the wellness, resilience, and work-life balance of its trainees. Trainees are encouraged to prioritize self-care and to discuss workload, stress, and personal well-being with their supervisors and Primary Advisors. Supervisors are expected to monitor trainees' stress and provide guidance on managing competing demands in a supportive and nonjudgmental manner.

Trainees have access to confidential counseling and support resources available through CHA Employee Assistance Programs, as well as, for those affiliated with Harvard Medical School, through the Center for Workplace Well-Being. Trainees may also choose to seek counseling independently outside of institutionally affiliated services. Information on accessing these services is provided during orientation and is available through Human Resources and the Training Office.

Professional Identity Formation and Mentorship

The development of a professional identity as a psychologist is a central goal of training. Mentorship is integrated throughout practicum, internship, and postdoctoral experiences to support trainees in clarifying career goals, professional values, and areas of specialization. Professional development at CHA also includes cultivating leadership and systems-thinking skills. Trainees are encouraged to identify opportunities to improve patient care, contribute to program innovation, and engage in interdisciplinary collaboration. Through mentorship and structured reflection, trainees learn to view professional identity as encompassing both clinical expertise and leadership in advancing equitable mental health care.

Primary Advisors and other faculty act as mentors in scholarly and professional development, offering guidance on training progress, career planning, professional conduct, and the integration of science and practice. Postdoctoral fellows are encouraged to assume mentorship roles for less experienced trainees, fostering a culture of collaborative learning and leadership development. The program also facilitates professional networking across CHA, Harvard Medical School, and regional professional organizations.

Mysell Research and Lecture Day

The annual Mysell Research and Lecture Day celebrates scholarship and innovation across the Department of Psychiatry at Harvard Medical School. Psychology trainees are invited to present posters, case studies, and ongoing research projects alongside faculty and peers from multiple disciplines. Participation provides valuable experience in scientific communication and contributes to the culture of inquiry that defines CHA's academic mission.

Trainees are encouraged to collaborate with their supervisors and research mentors to identify potential presentation topics and submit proposals for review and consideration. Attendance at Mysell Research and Lecture Day is incorporated into the didactic and professional development calendar and is expected unless excused for clinical or approved leave reasons.

Harvard Medical School Authorship and Research Integrity Guidelines

Trainees involved in research or scholarly work are expected to follow Harvard Medical School's policies on authorship, research integrity, and responsible conduct of research. These guidelines emphasize transparency, proper attribution of contributions, and adherence to ethical standards in data collection, analysis, and reporting.

All manuscripts, presentations, or public dissemination of CHA-related research must be reviewed with the supervising faculty member before submission. Questions about authorship, publication ethics, or conflicts of interest should be discussed with mentors or the Program Director of Training.

Access to CHA Diversity and Wellness Resources

Cambridge Health Alliance is deeply committed to diversity, equity, inclusion, and belonging (DEIB). Trainees are encouraged to participate in DEIB initiatives, workshops, and discussion groups available through CHA's Office of Equity and Inclusion and the Department of Psychiatry. These programs offer opportunities for reflection, community building, and skill development in culturally responsive care.

In addition to formal programming, trainees may access CHA wellness initiatives, including mindfulness programs, employee fitness and wellness classes, and community-building events designed to promote holistic well-being and a supportive work environment.

ALANA Psychology Mentoring Group at Harvard Medical School

The ALANA (African American, Latinx, Asian, and Native American) Psychology Mentoring Program is for psychology doctoral interns and postdoctoral fellows at any Harvard-

affiliated institution. Through monthly gatherings, the program aims to support the professional development of psychology trainees from various backgrounds. All are welcome. For additional information, trainees may sign up for the ALANA listserv (Harvard login credentials required).

Ongoing Faculty Development and Training Leadership Support

Faculty and supervisors within the Division of Psychology are committed to continuous professional growth and excellence in training. CHA provides faculty development opportunities in supervision, mentorship, DEIB-informed teaching, and clinical leadership. The Executive Committee for Psychology Education and Training coordinates ongoing workshops and peer consultation for supervisors, ensuring consistency and quality across training sites.

The Division also encourages faculty to engage in scholarship related to education and supervision, including research, presentations, and contributions to the broader field of professional psychology training. Faculty development efforts are reviewed annually to ensure they align with the needs of trainees, accreditation standards, and CHA's mission of providing equitable, compassionate, and evidence-based care.

For additional information on wellness, mentorship, and faculty development initiatives, see the Division of Psychology Professional Development and Wellness Policy (Appendix I).

SECTION VII.B

Professional Development Pathways

Professional Development Pathways Overview

In alignment with the Division of Psychology's mission to cultivate excellence, equity, and innovation across all levels of training, Professional Development Pathways provide a shared framework for advanced learning and mentorship throughout the psychology training continuum at Cambridge Health Alliance.

Pathways are designed for both postdoctoral fellows and doctoral interns, fostering collaboration, mentorship, and leadership development within an integrated and developmental model. Through joint seminars, individualized mentorship, and experiential projects, trainees deepen their professional identity while contributing meaningfully to the Division's educational, clinical, and community initiatives.

Each pathway emphasizes a distinct dimension of professional growth: Leadership Development, Mentorship and Equity Development, and Scholarship and Innovation. Pathways are guided by designated faculty leads who oversee mentorship and curricular coordination. Postdoctoral fellows serve as near-peer mentors and project leads, modeling advanced competencies in consultation and systems-level contribution, while interns participate as emerging professionals developing foundational leadership, scholarly, and equity-focused skills.

This tiered, collaborative structure models the Division's interprofessional and developmental training philosophy, ensuring continuity of learning, cross-level mentorship, and shared engagement in advancing the mission of CHA and Harvard Medical School. Participation in any pathway is voluntary and may be recognized through a certificate of completion at the conclusion of the training year.

Faculty leads oversee pathway structure and mentorship; however, pathway participation does not alter formal evaluation, supervision, or progression decisions governed by program leadership. Pathway participation supplements but does not replace required clinical, supervisory, or scholarly competencies outlined in Section II.

Note. Pathway availability will be determined on an annual basis.

Leadership Development Pathway

The Leadership Development Pathway provides structured opportunities for psychology trainees to cultivate leadership skills within academic, clinical, and community systems.

This pathway reflects CHA's mission to train psychologists who not only provide exceptional care but also advance systems change and innovation in behavioral health.

Purpose and Philosophy: The Leadership Development Pathway is designed to foster the development of emerging leaders in psychology through experiential learning, mentorship, and reflection. The pathway emphasizes the translation of psychological expertise into systems-level impact and aligns with CHA's core values of collaboration, equity, and innovation.

Eligibility and Participation: The Leadership Development Pathway is an optional, application-based opportunity for psychology interns and postdoctoral fellows. Eligibility requires a demonstrated interest in areas such as leadership, supervision, quality improvement, education, or program development. Trainees can either apply themselves or be nominated by their supervisors during the first three months of the training year.

Program Structure: Postdoctoral and Internship Training participants will:

- Engage in individualized mentorship with a faculty leader involved in training, administration, or program innovation.
- Participate in leadership seminars and discussions focused on topics such as systems thinking, change management, team leadership, and professional communication.
- Lead or co-lead a project that contributes to the training program, Division of Psychology, or CHA system (e.g., curriculum enhancement, quality improvement initiative, or community partnership).
- Complete a brief leadership reflection or present project outcomes at the annual Mysell Research and Lecture Day.

Minority Mentorship and Professional Development Pathway

The Minority Mentorship and Professional Development Pathway affirms CHA's enduring commitment to diversity, equity, inclusion, and belonging by creating structured opportunities for mentorship, professional development, and community building for trainees from historically underrepresented backgrounds. This pathway complements existing DEIB initiatives within CHA and Harvard Medical School.

Purpose and Philosophy: The pathway aims to enhance mentorship access, foster belonging, and promote the development of culturally responsive clinicians and leaders. It is grounded in the recognition that diversity strengthens clinical excellence, scholarship, and organizational leadership.

Eligibility and Participation: Participation in the Minority Mentorship and Professional Development Pathway is an optional, application-based opportunity for psychology interns and postdoctoral fellows who demonstrate interest in advancing diversity, equity, inclusion, and belonging in clinical practice, training, or systems leadership. Participants will be paired with faculty mentors who share aspects of identity, experience, or expertise in multicultural practice, health equity, or inclusive leadership. Both interns and fellows are encouraged to engage collaboratively, with postdoctoral fellows often serving as near-peer mentors and discussion facilitators to support cross-level learning and community building.

Integration and Support: This pathway is coordinated through the Division of Psychology's DEIB Committee and maintains collaboration with CHA's Department of Psychiatry Diversity Task Force and Harvard Medical School's Office for Diversity Inclusion and Community Partnership. Participation is open to all trainees with an interest in diversity-related leadership, allyship, or mentorship.

Program Structure: Postdoctoral and Internship Training participants will:

- Be paired with faculty mentor(s) who share aspects of identity, experience, or expertise in multicultural practice, health equity, or inclusive leadership.
- Attend quarterly mentorship and community meetings focused on identity in professional development, navigating academic systems, and sustaining cultural humility in practice.
- Participate in educational seminars and case-based discussions on topics such as antiracism, systemic inequities in mental health, and advocacy in healthcare.
- Have the option to design or contribute to a DEIB initiative, training module, or community-engaged project during the training year.

Scholarship and Innovation Pathway

The Scholarship and Innovation Pathway provides structured opportunities for psychology trainees to develop and refine their scholarly identity, strengthen research literacy, and engage in mentored work that bridges clinical practice, quality improvement, and scientific inquiry. This pathway reflects CHA's commitment to training scholar-practitioners who use data, reflection, and innovation to advance equitable behavioral health care.

Purpose and Philosophy: The pathway is designed to foster a culture of inquiry and collaboration across training levels. It supports postdoctoral fellows and doctoral interns in developing the skills, habits, and professional mindset needed to integrate scholarship into their future clinical and academic roles. Participants work with faculty mentors and peers to explore the full arc of knowledge generation and dissemination, including program evaluation, clinical outcomes research, quality improvement, literature reviews, and

conceptual or system-level papers that advance understanding of behavioral health services and interventions.

The pathway is intended to complement, not duplicate, the required scholarly component of the postdoctoral curriculum. It provides an enriched structure for interns and fellows to engage in collaborative scholarly development under faculty mentorship, with a focus on producing work that can be disseminated beyond CHA.

Eligibility and Participation: Participation in the Scholarship and Innovation Pathway is an optional, application-based opportunity for psychology interns and postdoctoral fellows who wish to deepen their engagement in scholarly and quality improvement activities.

- Postdoctoral fellows continue to devote 20% effort to a mentored scholarly project as part of the standard curriculum. This protected time allocation is defined within the postdoctoral fellowship structure and remains subject to clinical service and supervision requirements. The pathway does not add additional protected time; instead, it offers enhanced structure, mentorship, and venues for dissemination to help fellows turn this work into exportable products.

- Psychology interns are encouraged to develop a focused scholarly activity or contribute meaningfully to ongoing faculty- or division-led initiatives that align with their interests and training goals.

Program Structure: The pathway operates as a collaborative learning community, bringing together interns, postdoctoral fellows, and faculty mentors to share ideas, refine questions, and advance individual and collective projects. At the discretion of the faculty leads, the pathway may function as a small research collective or micro-lab, organizing interns and fellows around one or two anchor projects under shared faculty mentorship.

Core activities may include:

- **Monthly Pathway Meetings** that provide structured guidance on project conceptualization, literature synthesis, data interpretation, dissemination strategies, and preparation for professional presentations.

- **Mentored Scholarly Work** in areas such as program evaluation, quality improvement, clinical outcomes, implementation studies, or education scholarship, often using existing or ongoing CHA datasets or initiatives.

- **Peer Consultation and Near-Peer Mentorship**, in which postdoctoral fellows model research-to-practice integration and provide consultation to interns on project design, feasibility, and dissemination.

- **Skill-building Seminars** on key topics such as writing for publication, presenting scholarly work, developing a program of research, leveraging QI and clinical data, and translating findings into practice or policy recommendations.

In addition to completing their individual scholarly project as part of the internship or postdoctoral curriculum, participants in the pathway will engage in collaborative scholarly development activities designed to extend and enhance that work. With faculty and peer support, participants will refine and prepare aspects of their project for dissemination through a conference presentation, internal poster, manuscript draft, or structured reflection on the research-to-practice process. Group members are encouraged to present their work at the annual Division of Psychology Conference or the Mysell Research and Lecture Day.

SECTION VIII

Program Governance and Oversight

Governance Hierarchy and Lines of Authority

The Division of Psychology maintains a defined leadership hierarchy to ensure accountability, transparency, and alignment with APA accreditation standards. Divisional authority for psychology training resides with the Chief of Psychology, subject to institutional governance structures within Cambridge Health Alliance.

The Directors of Practicum, Internship, and Postdoctoral Training are responsible for the operational leadership of their respective programs and report to the Chief of Psychology through the Executive Committee. The Program Directors of Training oversee supervision, evaluation, curriculum implementation, and trainee progression at their respective training levels. Primary Advisors and Consulting Supervisors provide direct supervision and mentorship and report programmatic concerns to the appropriate Director of Training. The Program Administrator for Psychology Training supports all programs operationally but does not participate in evaluation or disciplinary decision-making.

This structure ensures clear lines of responsibility for clinical oversight, educational quality, remediation, and due process.

Training Leadership and Organizational Structure

The Psychology Training and Education Programs at Cambridge Health Alliance operate within the Division of Psychology in the Department of Psychiatry. Governance and oversight for all educational activities are maintained by the Executive Committee for Psychology Education and Training. The committee is chaired by the Chief of Psychology, who holds primary responsibility for the overall direction, quality, and accountability of all psychology training programs. The committee's membership includes permanent members representing each level of training: the Directors of Practicum, Internship, and Postdoctoral Training. Two additional faculty members serve as appointed representatives for two-year terms to ensure broader faculty voice and ongoing renewal of perspectives.

The **Executive Committee for Psychology Education and Training** provides centralized oversight of program quality, accreditation alignment, trainee support, and faculty development. Responsibilities include reviewing training outcomes, evaluating policy and curriculum changes, monitoring adherence to standards, and addressing emerging needs across programs. Oversight is intentionally shared among program leadership, faculty, and administrative staff to maintain coherence across sites and training levels, promote accountability, and ensure that policies and practices reflect current best standards in professional psychology education.

This structure supports transparency, collaboration, and continuous improvement across the practicum, internship, and postdoctoral programs, ensuring that training at CHA is integrated, responsive, and aligned with the Division's mission and values.

Chief of Psychology

The Chief of Psychology provides overall leadership for the Division of Psychology and is responsible for strategic direction, program development, and integration of psychology within CHA's and Harvard Medical School's missions. The Chief of Psychology chairs and oversees the Executive Committee for Psychology Education and Training, ensures compliance with institutional and accreditation standards, and represents the Division within CHA and affiliated academic institutions.

Director of Practicum Training

The Director of Practicum Training manages the coordination and quality of all practicum-level training experiences within CHA. Responsibilities include recruiting and onboarding practicum students, developing rotation opportunities, and maintaining relationships with affiliated academic institutions. The Director ensures that practicum experiences provide appropriate exposure to foundational clinical competencies and are consistent with graduate program expectations. The Director monitors supervision and clinical workload to ensure developmental appropriateness, reviews trainee evaluations, and supports faculty in maintaining high standards of teaching and mentorship. The Director also contributes to program-level assessment and continuous quality improvement, in concert with the Executive Committee for Psychology Education and Training.

Director of Doctoral Internship Training

The Director of Doctoral Internship Training oversees the doctoral internship program, ensuring adherence to APA Standards of Accreditation and CHA policies. Responsibilities include overseeing supervision and evaluation processes, coordinating clinical placements, and facilitating intern professional development. The Director chairs internship faculty meetings and provides direct oversight to supervisors and interns regarding training expectations, due process, and evaluation. The Director monitors supervision and clinical workload to ensure developmental appropriateness, reviews trainee evaluations, and supports faculty in maintaining high standards of teaching and mentorship. The Director also contributes to program-level assessment and continuous quality improvement, in concert with the Executive Committee for Psychology Education and Training.

Director of Postdoctoral Training

The Director of Postdoctoral Training is responsible for overseeing and implementing the postdoctoral fellowship program. This includes recruitment, onboarding, curriculum design, and evaluation of fellows across clinical and specialty tracks. The Director ensures that postdoctoral experiences reflect advanced professional training consistent with APA and

CHA standards, and that fellows receive opportunities for leadership, supervision, and scholarly development. The Director monitors the quality of supervision, participates in evaluations of fellow faculty members, and collaborates with faculty to ensure that training experiences align with the Division's competency framework. The Director also contributes to program-level assessment and continuous quality improvement, in concert with the Executive Committee for Psychology Education and Training.

Program Administrator for Psychology Training

The Program Administrator manages daily operations and administrative functions across all psychology training programs. Responsibilities include coordinating onboarding and credentialing, managing schedules and communication, maintaining trainee records, supporting evaluation processes, and facilitating compliance with institutional requirements. The Program Administrator serves as the primary point of contact for logistical and technical support.

Faculty Roles and Expectations

Faculty and supervisors play a central role in training through supervision, teaching, evaluation, and mentorship. Faculty are expected to model professionalism, ethical conduct, and cultural humility while fostering an environment of mutual respect and inquiry. Supervisors are responsible for ensuring the quality and safety of all clinical care provided by trainees and for maintaining documentation that reflects appropriate oversight. In addition to traditional supervision and teaching roles, faculty serve as leaders in developing trainees' professional and leadership identities through specialized pathways, mentorship initiatives, and faculty-led seminars that promote scholarly inquiry, innovation, and health equity.

Faculty are also expected to contribute to seminars, participate in evaluation and program review, and engage in ongoing professional development related to supervision and training. The Division values diverse teaching styles and areas of expertise and encourages faculty to pursue innovation in education and clinical care.

Faculty Pathway Leads

Faculty Pathway Leads, appointed by the Chief of Psychology in collaboration with the Directors of Postdoctoral and Internship Training, are responsible for overseeing the Division's Professional Development Pathways. Each Lead collaborates with the training leadership team to design and facilitate seminars, mentorship activities, and applied projects within their assigned pathway (Leadership, Mentorship and Equity, or Scholarship and Innovation). These roles offer faculty an opportunity to develop leadership skills, contribute to program innovation, and support the Division's commitment to excellence, equity, and collaboration in psychology training. Faculty Pathway Leads serve in advisory and implementation roles and are not standing voting members of the Executive Committee for Psychology Education and Training.

Primary Advisors (Preceptors)

Each trainee is assigned a Primary Advisor who provides ongoing mentorship, academic guidance, and professional development support throughout the training year. The Primary Advisor serves as the trainee's primary point of contact within the Division of Psychology, assisting with goal setting, progress monitoring, and integration of training experiences across settings. Advisors also participate in mid-year and end-of-year evaluations, communicate with the Program Director of Training regarding trainee progress, and help facilitate access to resources that support the trainee's clinical, scholarly, and career growth.

Consulting Supervisors

Consulting Supervisors are faculty who provide supervision and consultation on specific clinical, assessment, or programmatic activities within the trainee's rotation or service area. They bring specialized expertise that complements the trainee's primary supervision, offering additional perspectives and skill development in targeted domains. Consulting Supervisors maintain communication with the trainee's Primary Supervisor and the Program Director of Training to ensure integrated feedback and consistency in evaluation of competencies.

Supervisor Responsibilities and Evaluation

Supervisors, including primary advisors and consulting supervisors, provide direct, day-to-day supervision and mentorship to trainees in their assigned settings. Responsibilities include orienting trainees to the site, ensuring appropriate clinical workload, monitoring documentation and risk management, and communicating progress or concerns to the Primary Advisor.

Supervisors are formally evaluated annually for the quality and effectiveness of supervision. Feedback is obtained from trainees, peers, and program leadership. The evaluation process is designed to support growth and ensure that supervision meets the standards of the CHA and APA.

Program Evaluation and Continuous Quality Improvement

The Division of Psychology maintains an ongoing process of program evaluation and quality improvement. Program effectiveness is evaluated using aggregate trainee competency outcomes, trainee satisfaction surveys, supervisor evaluations, retention and completion rates, and post-graduation placement data. Evaluation methods include trainee and supervisor surveys, rotation-specific feedback, analysis of competency evaluation data, and periodic program self-studies. Findings are reviewed annually by the Executive Committee for Psychology Education and Training, which identifies trends, recommends improvements, and monitors implementation of changes. Training leadership reviews

rotation-level evaluation data and supervisor performance to ensure consistency and equivalence across training sites.

Quality improvement initiatives may focus on curriculum development, supervision standards, trainee wellness, diversity and inclusion, or systems-level training enhancements. Results are documented and reviewed annually to ensure progress toward strategic goals and compliance with accreditation standards.

Annual Review of Curriculum and Outcomes

The Division of Psychology's training programs conducts an annual, systematic review of its curriculum and program outcomes to ensure alignment with the Division of Psychology's mission, APA accreditation standards, and the evolving needs of trainees and the communities served.

This review includes evaluation of both proximal and distal outcome data. Intern performance is examined across profession-wide and program-specific competencies using established benchmarks and minimum levels of achievement required for successful program completion. Supervisor evaluations incorporate direct observation of clinical work, whether live or recorded, and are aggregated to assess overall competency attainment within the training cohort. In addition, the program reviews trainee feedback on supervision and didactic experiences, as well as faculty input regarding emerging developments in clinical practice, science, and training.

The program also evaluates longer-term outcomes through alumni data, including employment setting, licensure status, and graduates' perceptions of their preparation across core competencies. These data are used to assess the extent to which the program prepares interns for independent entry-level practice and professional roles in health service psychology.

Program evaluation is an inclusive process that engages key stakeholders, including training faculty, current interns, and program alumni. Collected data are used to assess the effectiveness of the curriculum, supervision model, and overall training structure, as well as the continued relevance of program aims and educational activities in relation to institutional priorities, community needs, and evolving professional standards.

Findings from the annual review inform targeted revisions to curriculum, supervision practices, policies, and program structure. For example, recent review data led to refinements in didactic sequencing and increased emphasis on direct observation within supervision to support competency development. All substantive changes are reviewed and approved by the Executive Committee for Psychology Education and Training prior to implementation. Updated materials are then disseminated to faculty and trainees, and subsequent review cycles monitor the impact of these changes.

The overarching goal of this process is to maintain a data-driven, continuously improving training program that reflects best practices in health service psychology and remains responsive to the needs of trainees, faculty, and the populations served.

Additional details regarding governance structure, committee membership, evaluation procedures, and quality improvement processes are described in the Division of Psychology Program Governance and Quality Improvement Policy (Appendix B).

Appendices

APPENDIX A

Institutional and Professional Reference Policies

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs operates within the broader policy framework of Cambridge Health Alliance (CHA) and the American Psychological Association (APA). The following institutional and professional policies govern all trainees and faculty within the Division and are incorporated herein by reference.

Because these documents are maintained at the institutional or national level, they are not reproduced in this manual. The Division adheres to the most current versions as published by the issuing authority.

II. Linked Policies

- CHA Code of Conduct
- CHA Non-Discrimination and Anti-harassment Policy
- CHA Antidiscrimination Statement
- CHA Anti-Racism Statement
- CHA Human Resources and Compliance Reporting Policies
- CHA Human Resources Reference Policies
- APA Ethical Principles of Psychologists and Code of Conduct
- APA Guidelines for the Practice of Telepsychology

III. Linked Resources

- CHA StaffNet
- CHA Infor

APPENDIX B

Program Governance and Quality Improvement Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs at CHA is committed to maintaining a governance structure and a continuous quality improvement (CQI) process that support the Division's mission, protect patient welfare, and ensure compliance with American Psychological Association (APA) accreditation standards.

This policy outlines the roles, responsibilities, and procedures governing program administration and continuous self-evaluation for practicum trainees, doctoral interns, and postdoctoral fellows.

It applies to all training faculty, supervisors, Primary Advisors, Program Directors of Training, the Chief of Psychology, and the Executive Committee for Psychology Education and Training.

The policy will be reviewed biennially and revised as needed to reflect changes in accreditation requirements, institutional policy, or program structure.

II. Philosophy and Guiding Principles

1. *Accountability and Transparency*. Program governance ensures that decisions affecting training are made through defined processes with clear lines of authority and accountability. Written policies and procedures are available to all stakeholders in accordance with APA guidelines.

2. *Inclusive Participation*. Supervisors, trainees, and alumni are involved in program self-evaluation and improvement, consistent with APA standards that call for “appropriate involvement of training supervisors, residents, and former residents.”

3. *Continuous Quality Improvement* (CQI). The program embraces a culture of ongoing self-study and data-driven improvement. CQI processes are designed to ensure that program aims are met, training quality is enhanced and the program remains aligned with institutional and societal needs.

4. *Alignment with Institutional Mission*. Governance and improvement activities reflect CHA’s mission to deliver patient-centered, community-based care and training.

5. *Compliance with Accreditation Standards*. All governance and CQI procedures adhere to the APA Standards of Accreditation and applicable laws and regulations.

III. Governance Structure and Responsibilities

A. **Chief of Psychology:** The Chief of Psychology provides divisional oversight and chairs the Executive Committee for Psychology Education and Training. Responsibilities include:

- Ensuring consistent application of policies across programs.
- Approving Focused Development Plans, probation and dismissal decisions (except when recused).
- Overseeing CQI activities and ensuring that resources are allocated to support program improvement.

B. **Executive Committee for Psychology Education and Training**: The Executive Committee is composed of the Program Directors of Training and at least two additional faculty members appointed by the Chief of Psychology.

The committee meets at least monthly to:

- Review program operations, trainee evaluations and aggregate outcome data.
- Monitor compliance with APA standards and institutional policies.
- Review and approve proposed program changes and CQI initiatives.
- Serve as the first-level appeal body for trainees, with conflicted members recusing themselves (see Appendix C).

The Executive Committee will ensure that governance expectations outlined in this policy are implemented in a manner proportionate to program size and administrative capacity. Documentation and oversight processes are intended to support clarity and accreditation alignment, not to create unnecessary administrative burden. When new processes are introduced, the Committee will assess workflow feasibility and identify appropriate administrative support mechanisms.

C. ***Program Directors of Training:*** Each training program (Practicum, Internship, and Postdoctoral Fellowship) is led by a Program Director of Training who:

- Implements Division policies and accreditation requirements.
- Coordinates curriculum, supervision, evaluation, and CQI activities within the program.
- Serves as a liaison between trainees, supervisors, and the Executive Committee for Psychology Education and Training.
- Ensures that trainees receive written policies regarding admissions, degree requirements, performance evaluation, due process, and grievance procedures.

D. **Training Coordinators:** The Division may appoint faculty coordinators to support key training domains, including D*iversity, Equity, Inclusion, and Belonging, Curriculum, and Scholarship*. Coordinators serve in advisory and implementation roles and are not standing voting members of the Executive Committee for Psychology Education and Training. They do not exercise

independent policy-making authority, and recommendations generated by coordinators are reviewed through established governance channels, including the Executive Committee for Psychology Education and Training.

Coordinators provide quarterly updates to the Executive Committee for Psychology Education and Training and may be invited to attend Committee meetings as appropriate to present domain-specific initiatives, recommendations, or quality improvement findings.

The Executive Committee for Psychology Education and Training determines the structure and frequency of such reporting to ensure integration without expansion of formal governance membership.

E. **Faculty and Supervisor Responsibilities:** Full- and part-time faculty are expected to:

- Participate in program planning, implementation and evaluation, as relevant to their scope of responsibilities and duties.
- Provide trainees with clear expectations and timely formative feedback.
- Contribute to CQI by reviewing aggregated data and participating in self-study processes.
- Engage in continued professional development to maintain and enhance supervisory skills.

IV. Continuous Quality Improvement Process

A. Data Collection and Monitoring

The Division collects and analyzes proximal (in-program) and distal (post-program) data to monitor program quality and outcomes. Sources include:

- *Trainee evaluations of supervisors, rotations, and didactics*. Evaluations are completed at least semi-annually, and aggregated feedback is shared anonymously with supervisors after trainees depart.

- S*upervisor evaluations of trainee performance*. Competency-based evaluations occur at regular intervals and inform individual development plans (see Form A).

- *Program satisfaction surveys*. Trainee and faculty surveys assess program climate, resources, and culture. Exit interviews and alumni surveys (e.g., at one and three years post-completion) provide distal data on program effectiveness.

- *Outcome metrics*. Data such as licensure rates, employment outcomes, scholarly productivity, and contributions to underserved populations are tracked.

- *Clinical and operational indicators*. When relevant, program staff examine patient care metrics (e.g., quality and effectiveness of clinical services) to ensure that training enhances clinical outcomes.

B. Self-Study and Program Evaluation

In accordance with APA standards, the Division engages in periodic self-study to evaluate program effectiveness. The self-study process includes:

1. *Review of Program Aims and Outcomes*. Assess whether training aims and expected competencies remain appropriate and are being met.

2. *Evaluation of Curriculum and Resources*. Ensure that clinical and didactic experiences support competence development and reflect current professional knowledge and community needs.

3. *Assessment of Trainee Preparation and Performance*. Examine trainee outcome data (e.g., evaluations, competency attainment, licensure and employment).

4. *Stakeholder Feedback*. Solicit input from supervisors, current trainees, alumni and program partners regarding program strengths and areas for growth.

5. *Action Planning*. Develop strategies to maintain achievements or implement needed changes, assign responsibilities and timelines, and allocate resources accordingly.

C. Feedback and Communication

Findings from CQI activities and self-studies are documented and communicated:

- Summaries of program evaluation outcomes and planned improvements are shared with the Executive Committee for Psychology Education and Training and Chief of Psychology.
- Trainees receive updates on program changes resulting from feedback, reinforcing the value of their input and modelling a culture of continuous improvement.
- When changes involve curriculum or policy modifications, updated materials are disseminated promptly to all stakeholders.

D. Faculty Development and Support

To enhance training quality, the Division provides supervisors and faculty with:

- Opportunities for professional development in supervision, teaching and cultural competence.
- Resources to attend workshops, conferences or training related to program aims.
- Recognition of supervisory contributions through protected time or institutional acknowledgment.

V. Implementation and Review

A. **Annual Continuous Quality Improvement Cycle**: The Division operates an annual CQI cycle involving data collection, analysis, review, and action planning. Program Directors of Training compile reports summarizing evaluation data and proposed improvements for review by the Executive Committee for Psychology Education and Training.

B. **Self-Study Frequency**: A comprehensive self-study is completed at least every five years (or more frequently if required by APA site visits) for the internship program. The self-study integrates program data, stakeholder feedback and analysis of local and national trends.

C. **Policy Review**: This policy is reviewed biennially by the Division and Executive Committee for Psychology Education and Training. Revisions require approval of the Chief of Psychology and are communicated to trainees and faculty.

VI. Confidentiality and Record Keeping

A. **Confidentiality**: Individual trainee and supervisor evaluations collected for CQI purposes are stored securely and reported in aggregate form to maintain anonymity and psychological safety. Access is restricted to individuals with a legitimate role in program oversight or evaluation.

B. **Records Management**: CQI documentation, including evaluation summaries, self-study reports and action plans, is retained in accordance with institutional policy and APA accreditation requirements. Records related to trainee performance and grievances are managed as described in Appendix C.

VII. Policy Review and Revision

This Program Governance and Quality Improvement Policy will be reviewed biennially by the Executive Committee for Psychology Education and Training to ensure continued alignment with APA accreditation standards, institutional policies and evolving best practices.

Proposed revisions shall be presented to the Executive Committee for Psychology Education and Training for approval and, upon approval, disseminated to all stakeholders and incorporated into the official training manual.

APPENDIX C

Training Performance and Grievance Procedures Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs at Cambridge Health Alliance (CHA) maintains a structured evaluation and due process framework designed to promote developmental growth, ensure professional accountability, and safeguard patient care across all levels of psychology training.

This policy establishes the formal procedures, expectations, and governance mechanisms that guide competency evaluation, identification of performance concerns, remediation planning, probation, dismissal, and appeal. The intent is to ensure that concerns are addressed in a timely, transparent, and equitable manner consistent with the American Psychological Association (APA) Standards of Accreditation, CHA institutional policies, and applicable legal and ethical standards.

This policy applies to all psychology trainees within the Division of Psychology, including practicum students, doctoral interns, and postdoctoral fellows. It also applies to training faculty, supervisors, Primary Advisors, Program Directors of Training, and members of the Executive Committee for Psychology Education and Training who participate in evaluation or oversight processes.

The policy is grounded in a developmental, competency-based model. Whenever possible, concerns are addressed through supportive remediation and structured developmental planning. When necessary, formal review procedures are implemented to ensure fairness, due process, and institutional integrity.

This policy will be reviewed biennially by the Division of Psychology and the Executive Committee for Psychology Education and Training and may be revised to reflect changes in accreditation standards, institutional policy, or program structure.

II. Philosophy and Guiding Principles

Evaluation, remediation, and due process within the Division of Psychology are grounded in a developmental, competency-based model of professional training. The Division recognizes that growth in professional competence occurs through supervised practice, reflective learning, and structured feedback. Performance concerns are addressed with the primary goal of supporting professional development while ensuring patient safety and institutional integrity.

The following guiding principles inform this policy:

- *Developmental Orientation***.** Evaluation is framed within a progression toward readiness for independent practice. Concerns are interpreted in light of training level, context, and expected competency benchmarks.

- *Transparency and Clarity*. Trainees are entitled to clear expectations, timely communication of concerns, and explicit criteria for successful remediation. Written documentation and defined procedures promote fairness and accountability.

- *Proportionality and Fairness.* Interventions are matched to the nature, severity, and persistence of concerns. Informal supervisory interventions are used whenever appropriate before escalation to formal procedures.

- *Patient Safety and Ethical Responsibility.* The welfare of patients and adherence to ethical and professional standards is prioritized. When performance concerns pose potential risk to patients or institutional functioning, timely action is required.

- *Opportunity for Response.* Trainees are afforded meaningful opportunity to respond to concerns, provide contextual information, and participate in the development of remediation plans.

- *Achieving Competence.* Whenever feasible, the Division seeks to restore satisfactory performance through structured support and clearly defined developmental plans.

- *Consistency with Accreditation and Institutional Standards.* All procedures are implemented in alignment with the American Psychological Association (APA) Standards of Accreditation, CHA institutional policies, and applicable legal and regulatory requirements.

These principles ensure that due process functions not as a punitive mechanism but as a structured system for accountability, professional growth, and institutional stewardship.

III. Governance and Oversight Authority

The evaluation and due process procedures outlined in this policy operate within the governance structure of the Division of Psychology at Cambridge Health Alliance.

- Primary responsibility for implementation rests with the appropriate **Program Director of Training** (Practicum, Internship, or Postdoctoral Fellowship), who oversees competency evaluation, identification of concerns, and initiation of remediation procedures.

- The **Chief of Psychology** provides divisional oversight and ensures that procedures are applied consistently across training levels and sites.

- The **Executive Committee for Psychology Education and Training** provides centralized oversight of training quality, policy implementation,

and adherence to accreditation standards. The Committee reviews complex performance matters, including probation and dismissal recommendations. Dismissal determinations are issued by the Committee, the Chief of Psychology, or when required by institutional policy, by the Chair and Chief of Psychiatry at Cambridge Health Alliance.

These procedures function within the broader institutional governance framework of CHA, including Human Resources policies, compliance regulations, and applicable employment or training agreements.

Oversight authority is exercised with attention to:

- Consistency across programs.
- Protection of trainee rights.
- Protection of patient welfare.
- Compliance with APA Standards of Accreditation.
- Alignment with CHA institutional policy.

The governance structure ensures that decisions related to remediation, probation, or dismissal are not made unilaterally and are subject to appropriate review and institutional accountability.

IV. Grievance Procedures

A. Trainee Concerns

Trainees may have concerns related to supervision, training experiences, professional conduct of faculty or peers, discrimination, harassment, or other aspects of the training environment. These concerns are distinct from performance-related remediation procedures and are addressed through a separate grievance pathway.

Trainees are encouraged, when appropriate, to first seek informal resolution through discussion with the involved supervisor, Primary Advisor, or Program Director of Training. Informal resolution is not required when concerns involve harassment, discrimination, retaliation, or other serious misconduct.

If informal resolution is not appropriate or does not resolve the concern, trainees may submit a written grievance to the relevant Program Director of Training. If the grievance concerns the Program Director of Training, it may be submitted directly to the Chief of Psychology. In either case, the Program Director of Training or the Chief of Psychology will review the concern and determine appropriate next steps, which may include consultation with Human Resources, Compliance, the Office of Professional Standards, Title IX officials, or other institutional offices as required by CHA policy.

Concerns involving the Chief of Psychology may be directed to the Vice Chair for Education or to appropriate institutional offices.

Retaliation against a trainee for raising a good-faith concern is strictly prohibited. All grievance procedures are implemented in accordance with CHA institutional policy and applicable legal requirements.

Not all concerns related to supervision require formal grievance. Many supervisory challenges are addressed through consultation and program-level review as described below.

B. Supervisory Concerns and Reassignment

The Division of Psychology recognizes that the supervisory relationship is central to training and that challenges may arise in the course of supervision. Concerns related to supervision are common in training and, in many cases, can be addressed through discussion, clarification of expectations, and ongoing supervisory work.

Trainees are encouraged, when appropriate, to discuss concerns directly with their supervisor. Trainees may also seek consultation with their Primary Advisor, Program Director of Training, or the Chief of Psychology. Consultation is intended to support the trainee, clarify the nature of the concern, and determine an appropriate course of action.

Concerns about supervision are distinct from formal grievances and are typically addressed through consultation, supervisory guidance, and program-level review rather than formal complaint procedures.

Decisions regarding changes in supervisory assignments are made by the Program Director of Training, in consultation with relevant faculty and divisional leadership. Reassignment is considered when concerns cannot be adequately addressed within the supervisory relationship or when it is in the best interest of trainee development, patient care, or program functioning.

In situations involving concerns about professional conduct, safety, or the appropriateness of the supervisory relationship, trainees are not expected to address the issue directly with the supervisor prior to seeking consultation.

The goal of this process is to support effective supervisory relationships while ensuring fairness, appropriate use of supervisory resources, and consistency with program expectations.

V. Identification of Performance Concerns

Performance concerns may arise through multiple sources within the routine operation of the training program. These include supervisor evaluations, direct observation of clinical work, review of documentation, reports related to professional conduct, identification of ethical or legal issues, or emerging patterns indicating insufficient progression in one or more competency domains. Concerns may also become apparent through team feedback, interprofessional collaboration, or institutional review processes.

Concerns typically fall into one or more of the following domains:

- Competency deficits in assessment, intervention, consultation, or other profession-wide areas.

- Professionalism or conduct concerns.
- Ethical or legal violations.
- Administrative noncompliance.
- Impairment affecting professional functioning.

The identification of a concern does not automatically indicate failure or misconduct. Many concerns reflect developmental challenges or contextual factors and may be addressed through structured supervision and support.

When a concern rises beyond routine supervisory feedback, it must be documented in writing within a reasonable timeframe and communicated directly to the trainee. Written documentation promotes clarity, transparency, and shared understanding of expectations.

Documentation will include:

- A clear description of the concern.
- Identification of the relevant competency domain(s).
- Behavioral examples or supporting observations.
- The initial supervisory response or recommended next steps.

A copy of this documentation will be provided to the trainee and maintained in the trainee's confidential training file in accordance with institutional policy.

VI. Informal Resolution Phase

Most performance concerns are expected to be addressed through routine supervisory processes. Supervision is the primary mechanism through which expectations are clarified, skills are strengthened, and developmental challenges are addressed. When concerns are identified early and are limited in scope, supervisors will provide direct feedback, outline specific expectations for improvement, and monitor progress through ongoing supervision.

Informal resolution may include increased supervisory attention, targeted skill development, clarification of role expectations, review of relevant literature or clinical material, or structured opportunities for practice and feedback. The goal at this stage is corrective and developmental rather than disciplinary.

If the concern is resolved through informal supervisory intervention and satisfactory progress is demonstrated, no further formal action is required. Documentation may remain at the supervisory level and does not automatically constitute formal remediation.

If concerns persist, escalate in severity, or involve risk to patient welfare, ethical standards, or institutional integrity, the matter may proceed to a formal review process. The initiation of a Focused Development Plan reflects a determination that concerns cannot be adequately addressed through routine supervisory processes alone. Documentation of informal supervisory discussions does not automatically constitute formal remediation. The decision to escalate concerns to a Focused

Development Plan rests with the appropriate Program Director of Training in consultation with supervisory faculty and, when indicated, the Chief of Psychology.

VII. Formal Review

When a concern warrants formal remediation, the trainee will receive written notice outlining the nature of the concern, the relevant competency domains involved, and the basis for the determination that formal review is necessary. This written notice ensures clarity, transparency, and shared understanding of the issues requiring attention.

A formal review meeting will occur within a defined and reasonable timeframe, typically within ten business days of written notification. The purpose of this meeting is to provide the trainee with an opportunity to respond, offer contextual information, and participate in the development of an appropriate remediation plan.

The formal review meeting typically includes:

- The Trainee.
- The Primary Advisor.
- The relevant Program Director of Training.
- The supervisor(s) directly involved in the concern.
- The Chief of Psychology, when appropriate.

During this meeting, the concern is discussed in detail, including specific behavioral examples and performance expectations. The trainee is encouraged to provide clarification, identify contributing factors, and collaborate in identifying constructive steps toward improvement.

No formal remediation plan is finalized prior to this review meeting. The intent of the hearing is to ensure procedural fairness, shared understanding, and proportional response to the identified concern.

VIII. Focused Development Plan (Remediation)

When performance concerns cannot be resolved through informal supervisory intervention, a formal process will be initiated through a Focused Development Plan. For purposes of accreditation and institutional policy, a Focused Development Plan constitutes formal remediation.

A Focused Development Plan is a structured, time-limited framework designed to address clearly identified performance concerns while supporting restoration of satisfactory professional functioning. The plan is individualized and proportionate to the nature, severity, and persistence of the concern.

The written plan will specify:

- The competencies or performance domains requiring improvement.
- Behavioral indicators that define successful progress.
- The specific corrective interventions and supports to be implemented.
- A defined timeline for reassessment.
- The consequences if expectations are not met.

Interventions may include increased supervisory contact, direct observation of clinical work, structured skills practice, targeted readings or didactic assignments, modified clinical workload, mediation between trainee and supervisor, reassignment to a different supervisor or rotation, or repetition of defined clinical experiences when necessary.

The Focused Development Plan is developed in collaboration with the trainee whenever feasible and must be reviewed and approved by the appropriate Program Director of Training and the Chief of Psychology. For internship trainees, notification to the doctoral program Director of Clinical Training may occur when required by accreditation standards or program agreements.

Progress under the plan is reviewed at predefined intervals. Written documentation of progress and supervisory feedback is maintained in the trainee's confidential training file in accordance with institutional policy.

Successful completion of a Focused Development Plan restores the trainee to good standing within the program.

IX. Impairment and Health-Related Concerns

The Division of Psychology recognizes that trainees may experience health-related challenges that affect professional functioning. These may include physical health conditions, psychological distress, substance use concerns, or other factors that impair the ability to meet professional responsibilities safely and effectively.

The program's primary responsibility in such circumstances is twofold: to protect patient welfare and to support the trainee's well-being in a manner consistent with ethical standards, institutional policy, and applicable law.

When a health-related concern is believed to be affecting professional performance, the focus of review will be on observable functional impact rather than diagnosis. Concerns may arise when a trainee's condition interferes with clinical judgment, reliability, professional conduct, or the safe delivery of services.

When appropriate, the Division may:

- Encourage voluntary disclosure and discussion with the Program Director of Training or Chief of Psychology.
- Recommend consultation, evaluation, or treatment with a qualified external provider.

- Modify clinical workload or supervision structure on a temporary basis.
- Facilitate medical or personal leave in accordance with CHA and Human Resources policy.
- Consult with Human Resources or Occupational Health when required by institutional policy.

Health-related concerns are handled with sensitivity and confidentiality. Information is shared only with individuals who require access for patient safety, training oversight, or institutional compliance.

When impairment contributes to performance concerns, a Focused Development Plan may be implemented in parallel with appropriate health-related supports. The purpose of this process is not punitive but protective and restorative.

All procedures in this section are implemented in compliance with the Americans with Disabilities Act (ADA), Massachusetts state law, and CHA institutional policies governing accommodation and employee health.

X. Probation and Dismissal Procedures

When a Focused Development Plan does not result in sufficient improvement, or when concerns are of such seriousness that enhanced oversight is required, the program may initiate an escalation of training status. Escalation procedures are implemented to protect patient safety, uphold professional standards, and provide clear structure regarding performance expectations.

Escalation may take the form of probation or, in rare and serious circumstances, dismissal.

A. **Probation**: Probation is a formal change in training status indicating that prior developmental interventions have not resulted in satisfactory improvement or that the severity of concerns warrants heightened monitoring and clearly defined performance thresholds.

Probation is time-limited and documented in writing. The written notice will specify:

- The performance deficiencies or conduct concerns.
- The standards that must be met to return to good standing.
- The duration of the probationary period.
- The monitoring structure and supervisory expectations.
- The consequences of failing to meet expectations.

During probation, the trainee continues to receive supervision and structured feedback. The purpose of probation is corrective and protective, not punitive. The program remains committed to the restoration of competence whenever feasible.

Successful completion of probation restores the trainee to good standing. Failure to meet the defined expectations may result in dismissal from the program.

B. **Dismissal**: Dismissal is a formal termination of training status and represents the most serious outcome within the escalation process. It is reserved for circumstances in which prior developmental interventions have been unsuccessful or where the severity of misconduct, risk, or professional deficiency warrants immediate separation from the program. Dismissal is implemented only after careful review and appropriate governance oversight.

Dismissal from a psychology training program is a serious action and occurs when:

- A trainee fails to demonstrate sufficient improvement in the identified competency domains following a Focused Development Plan and probation;
- There is serious ethical or professional misconduct;
- The trainee's behavior poses a risk of harm to patients, colleagues, or the institution;
- There is persistent failure to meet professional competency standards, or
- There are substantial violations of institutional or program policies.

Dismissal decisions are made by the Executive Committee for Psychology Education and Training or, when required by institutional policy, by the Chair and Chief of Psychiatry at Cambridge Health Alliance.

The trainee will receive written notification outlining the grounds for dismissal, the effective date, and the right to appeal and procedures.

For internship trainees, notification will also be provided to the doctoral program Director of Clinical Training, and relevant APPIC procedures will be followed.

Dismissal decisions are subject to the appeal procedures outlined in this policy.

XI. Appeal Process

Trainees have the right to appeal decisions related to a Focused Development Plan, probation, or dismissal. The appeal process is intended to ensure procedural fairness and appropriate review of contested decisions, not to re-litigate supervisory judgment absent procedural or substantive concern.

Appeals must be submitted in writing within ten business days of written notification of the decision. The written appeal must clearly state the grounds for appeal and may include supporting documentation.

Grounds for appeal may include i) procedural error in the implementation of policy; ii) new information not reasonably available at the time of the decision; or iii) evidence that the decision was arbitrary, capricious, or inconsistent with documented standards.

A. Appeal of a Focused Development Plan

A Focused Development Plan is issued by the Program Training Director in consultation with the Primary Advisor. The Chief of Psychology is formally notified of all Focused Development Plans.

A trainee may appeal a Focused Development Plan to the Executive Committee for Psychology Education and Training. Any faculty member directly involved in issuing the Focused Development Plan will recuse from deliberation and voting.

The Executive Committee will review the appeal and issue a written recommendation. The Chief of Psychology retains divisional authority and will issue the final written decision adopting, modifying, or overturning the recommendation of the Executive Committee. This determination constitutes the final decision within the Division of Psychology regarding a Focused Development Plan.

B. Appeals of Probation or Dismissal

Probation and dismissal decisions are made by the Executive Committee for Psychology Education and Training.

A trainee may appeal a probation or dismissal decision directly to the Chair and Chief of Psychiatry or designee. Any designee must not have been directly involved in the original decision.

The Chair and Chief of Psychiatry or designee will review the record for procedural integrity and consistency with institutional policy. The decision of the Chair and Chief of Psychiatry or designee is final within Cambridge Health Alliance.

XII. Documentation, Confidentiality, and Record Retention

A. Documentation

All documentation related to evaluation, Focused Development Plans, probation, dismissal, and appeal is maintained in the trainee's confidential training file. Access to documentation is limited to individuals with a legitimate role in training oversight, patient safety, institutional compliance, or governance review, consistent with CHA policy and applicable privacy regulations. Documentation is handled and maintained in accordance with APA ethical standards, CHA institutional policy, and applicable privacy regulations.

B. Limits of Confidentiality in Training Context

The Division of Psychology is committed to fostering a training environment in which trainees can discuss challenges, learning needs, and professional development openly. At the same time, training occurs within a supervisory and institutional framework that requires appropriate communication among faculty responsible for evaluation, oversight, and patient safety.

Information shared by trainees with supervisors, Primary Advisors, or Program Directors is generally treated with discretion. However, confidentiality cannot be

guaranteed in all circumstances. Information may be shared with relevant training faculty, Program Directors, the Chief of Psychology, the Chair or Vice Chairs of Psychiatry, or institutional offices when necessary for:

- Evaluation of trainee competence and progression.
- Development or implementation of remediation plans.
- Protection of patient safety or quality of care.
- Assessment of impairment or professional functioning.
- Compliance with institutional, legal, or ethical obligations.

When feasible, trainees will be informed about the need to share information and the rationale for doing so. The goal of information sharing is not punitive, but to support trainee development, ensure fairness in evaluation, and maintain professional and institutional standards.

C. Records

Records are retained in accordance with CHA policy and accreditation requirements. Training files constitute official institutional records and may be referenced for verification of training completion, licensure documentation, or accreditation review.

XIII. Correction of Errors in Evaluation

Trainees may review formal evaluation documents and request correction of factual inaccuracies. Requests must be submitted in writing to the Program Director of Training within thirty days of receiving the evaluation.

If a factual error is substantiated, the evaluation will be corrected and the revised document will replace the original in the training file. Documentation of the correction will be maintained to ensure record integrity.

If the Program Director of Training determines that the original evaluation was unsubstantiated or procedurally flawed, the document may be removed from the file and replaced with a corrected version.

If disagreement persists, the trainee may submit a written statement for inclusion in the training file. This statement will be appended to the relevant evaluation materials.

XIV. Policy Review and Revision

This policy is reviewed biennially by the Division of Psychology and the Executive Committee for Psychology Education and Training. Revisions may be made to reflect changes in accreditation standards, institutional requirements, legal guidance, or program structure.

Approved revisions are communicated to trainees and faculty and incorporated into the official training manual.

APPENDIX D

Diversity, Equity, Inclusion, and Belonging (DEIB) Framework

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs at Cambridge Health Alliance (CHA) is committed to advancing diversity, equity, inclusion, belonging, and anti-racism in alignment with CHA's institutional mission and strategic priorities. As a public, community-based academic healthcare system, CHA affirms its commitment to workforce diversity, inclusion, and health equity, and to living its Diversity, Equity, and Inclusion values in all aspects of service to patients, families, staff, and the broader community.

This Diversity, Equity, Inclusion, and Belonging (DEIB) Framework establishes the structures, expectations, and accountability mechanisms through which the Division of Psychology operationalizes these commitments within its training programs. The framework translates CHA's institutional DEI vision and Anti-Racism Statement into concrete expectations related to trainee recruitment, supervision, curriculum, clinical care, scholarship, and governance.

Consistent with the American Psychological Association (APA) Standards of Accreditation, the Division affirms that attention to cultural and individual diversity is an essential component of professional competence in health service psychology. Diversity includes intersecting identities and lived experiences, including but not limited to race, ethnicity, culture, language, gender identity, sexual orientation, disability status, socioeconomic background, religion, nationality, immigration status, age, and other dimensions of social identity and structural inequity.

This framework applies to all psychology trainees (practicum students, doctoral interns, and postdoctoral fellows), as well as faculty, supervisors, and divisional leadership involved in recruitment, supervision, evaluation, and program governance.

The purpose of this framework is to ensure that diversity, equity, inclusion, and belonging are integrated, measurable, and continuously evaluated components of psychology training at CHA.

II. Alignment with CHA Institutional Commitments

The Division of Psychology explicitly affirms and adopts CHA's institutional commitments to diversity, equity, inclusion, and anti-racism. CHA defines diversity as the respect and honoring of unique backgrounds, cultures, identities, and experiences, and commits to fostering an organizational culture unified around inclusion and health equity .

The Division recognizes that training programs operate within this broader institutional context. Accordingly:

- Divisional policies will not conflict with CHA's DEI and Anti-Racism commitments.

- Training initiatives will align with system-wide diversity and health equity priorities.

- Divisional leaders will participate in institutional DEI reporting and accountability processes when appropriate.

- The Division will integrate CHA's anti-racism principles into supervision, curriculum development, and quality improvement efforts.

III. Guiding Principles

The Division of Psychology affirms that diversity, equity, inclusion, belonging, and anti-racism are integral to professional identity, ethical practice, and organizational integrity. The following guiding principles inform the implementation of this framework across all levels of training and governance:

Integration Across Training Domains. Diversity and equity are embedded across recruitment, supervision, curriculum, evaluation, clinical service delivery, scholarship, and program governance. These commitments are not isolated initiatives but integrated components of professional competency and institutional responsibility.

*Cultural Humility and Lifelong Learning***.** The Division recognizes that cultural responsiveness requires ongoing reflection, education, and self-examination. Faculty and trainees are expected to engage in continuous learning related to structural inequity, bias, power, and privilege as they relate to psychological practice and training.

Equity in Access and Opportunity. The Division is committed to equitable access to training opportunities, supervision, mentorship, professional development resources, and leadership pathways. Recruitment and retention efforts reflect an intentional focus on diversifying the psychology workforce in alignment with CHA's public health mission.

*Systemic Responsiveness***.** In addition to individual cultural competence, the Division recognizes the importance of addressing structural and institutional factors that influence health disparities and workforce inequities. Training programs incorporate attention to systemic influences on mental health, barriers to care, and social determinants of health.

*Psychological Safety and Belonging***.** The Division is committed to fostering an environment in which trainees and faculty feel respected, supported, and able to raise concerns related to bias, discrimination, or inequitable treatment without fear of retaliation. Mechanisms for reporting and review are clearly defined within divisional policy.

Accountability and Measurable Progress. Commitments to diversity and equity are accompanied by mechanisms for assessment, feedback, and quality improvement. The Division incorporates DEIB-related metrics into program evaluation processes and continuous quality improvement activities.

*Alignment with Institutional and Accreditation Standards***.** All DEIB initiatives are implemented in alignment with CHA institutional policy, the CHA Anti-Racism Statement, and APA Standards of Accreditation governing diversity and cultural competence in psychology training.

IV. Governance and Oversight

The Executive Committee for Psychology Education and Training provides divisional oversight of DEIB initiatives, monitors progress, and integrates DEIB metrics into program evaluation and quality improvement processes.

To support implementation of this framework, the Division may appoint a DEIB Coordinator from among the psychology faculty. The DEIB Coordinator serves as a liaison between the Division of Psychology, the Department of Psychiatry, and CHA's institutional DEI leadership.

The Coordinator assists in:

- Integrating DEIB principles into curriculum and supervision
- Supporting recruitment and retention initiatives
- Coordinating divisional DEIB programming and training
- Monitoring climate-related feedback and trends
- Contributing to the annual DEIB-related program evaluation review

The DEIB Coordinator does not serve in an investigative or adjudicative role in matters of grievance or due process, which are governed by Appendix C and institutional policy.

The Coordinator reports to the Chief of Psychology and provides periodic updates to the Executive Committee for Psychology Education and Training.

V. Operational Domains

The Division of Psychology integrates diversity, equity, inclusion, and belonging across core domains of training and governance. These operational domains translate guiding principles into structured and measurable practices.

A. **Recruitment and Workforce Development:** The Division is committed to fostering a diverse trainee and faculty workforce consistent with CHA's public health mission and institutional DEI commitments.

Recruitment efforts may include:

- Broad dissemination of training opportunities to diverse applicant pools.
- Inclusive language in program materials.
- Structured and bias-aware review of applications.
- Attention to equitable access to mentorship and professional development.

The Division periodically reviews recruitment data and trainee demographics as part of its continuous quality improvement processes to assess alignment with institutional goals and community representation.

B. **Curriculum and Didactic Integration:** Diversity and equity are integrated into didactic programming, case conferences, supervision seminars, and competency benchmarks across training levels.

Training activities may incorporate:

- Cultural formulation and contextual assessment.
- Structural determinants of mental health.
- Health disparities and barriers to care.
- Bias awareness and reflective practice.
- Anti-racist and equity-informed clinical frameworks.

The Curriculum Coordinator and DEIB Coordinator collaborate to ensure ongoing review and integration of DEIB-related content into formal training activities.

C. **Supervision and Clinical Practice**: Supervision within the Division incorporates attention to cultural humility, power dynamics, and the intersection of identity and clinical work.

Supervisors are expected to engage in culturally responsive case conceptualization, address identity-related dynamics in supervision, support trainees in navigating ethical dilemmas related to bias or inequity, and model reflective practice regarding privilege, bias, and systemic factors.

Clinical services within training programs are attentive to language access, community responsiveness, and equitable treatment practices consistent with CHA institutional policy.

D. **Scholarly Activity and Research**: The Division encourages scholarly work that addresses health equity, disparities, workforce diversity, and culturally responsive interventions, consistent with the Scholarly Activity and Research Policy (Appendix J). Participation in equity-informed scholarship is encouraged but not mandated; scholarly expectations remain consistent across trainees.

Trainees are supported in pursuing projects that examine outcomes across diverse populations, address service access or equity gaps, evaluate culturally adapted

interventions, and contribute to broader discussions of diversity and mental health systems.

E. **Climate, Feedback, and Psychological Safety**: The Division is committed to maintaining a training climate in which trainees and faculty experience respect, inclusion, and belonging.

Mechanisms supporting this commitment include:

- Structured program feedback surveys.
- Access to formal grievance procedures (Appendix C).
- Clear reporting pathways for discrimination or bias consistent with CHA policy.
- Periodic climate review within the Executive Committee for Psychology Education and Training deliberations.

Concerns related to discrimination, harassment, or bias are addressed in accordance with CHA institutional policies and divisional due process procedures.

VI. Accountability and Continuous Quality Improvement

The Division of Psychology integrates diversity, equity, inclusion, and belonging into its continuous quality improvement (CQI) processes as outlined in the Program Governance and Quality Improvement Policy (Appendix B). DEIB-related indicators are incorporated into routine program evaluation, strategic planning, and governance review.

A. **Data Monitoring and Review**: The Division will monitor and review data relevant to diversity and equity, including but not limited to applicant and trainee demographic data, faculty recruitment and retention trends, climate and program feedback survey responses, participation in DEIB-related curriculum and training activities, and scholarly activities addressing health equity or disparities. These data are reviewed periodically by the Executive Committee for Psychology Education and Training to identify strengths, areas for improvement, and opportunities for targeted intervention.

B. **Climate Assessment:** The Division incorporates climate-related questions into trainee feedback surveys and program evaluation processes. When appropriate, climate themes may be discussed in structured forums or incorporated into quality improvement planning.

The purpose of climate assessment is developmental and preventive rather than punitive. Patterns or systemic concerns are addressed through policy refinement, curriculum modification, or supervisory guidance.

C. **Reporting and Transparency:** The DEIB Coordinator, in collaboration with the Executive Committee for Psychology Education and Training, may provide periodic summary reports regarding DEIB initiatives, trends, and quality improvement efforts. Reports focus on aggregate themes rather than individual personnel matters and are presented in a manner consistent with confidentiality standards. When appropriate, DEIB-related goals and progress may be incorporated into

divisional strategic planning documents.

D. **Continuous Improvement and Responsiveness:** Findings from recruitment review, climate assessment, or other DEIB-related data sources may inform modifications to recruitment strategies, revisions to curriculum content, supervisor development initiatives, and policy updates or governance refinements.

The Division recognizes that diversity and equity work is iterative. The goal is ongoing evaluation and improvement rather than static compliance.

VII. Policy Review and Revision

This Diversity, Equity, Inclusion, and Belonging (DEIB) Framework is reviewed biennially by the Executive Committee for Psychology Education and Training to ensure alignment with CHA institutional priorities, APA accreditation standards, and evolving best practices in health service psychology.

Revisions may be made to reflect changes in institutional policy, accreditation requirements, community needs, workforce trends, or findings from divisional quality improvement processes. Substantive revisions will be communicated to trainees and faculty and incorporated into the official training manual.

The Division affirms that diversity, equity, inclusion, and belonging are dynamic and evolving domains. Accordingly, this framework is intended to guide sustained institutional learning, accountability, and measurable progress within psychology training programs at CHA.

APPENDIX E

Attendance, Leave, and Benefits Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs maintains clear expectations regarding attendance, leave, and benefits in order to ensure continuity of patient care, compliance with accreditation standards, and equitable treatment of trainees.

This policy outlines general expectations related to attendance, time away from training, and access to benefits. Specific leave entitlements and benefit details are governed by program-specific agreements and institutional policy.

This policy applies to practicum students, doctoral interns, and postdoctoral fellows, unless otherwise specified.

II. Attendance Expectations

Trainees are expected to maintain consistent attendance across all assigned clinical, didactic, supervisory, and scholarly activities.

Attendance is considered a professional responsibility. Patterns of excessive absence, tardiness, or failure to meet training obligations may be reviewed in accordance with the Training Performance and Grievance Procedures Policy.

Supervisors and trainees share responsibility for maintaining continuity of care and ensuring appropriate coverage during approved absences.

III. Stipends

Stipend amounts are established annually and are determined by training level, institutional guidelines, and applicable funding sources. Payment schedules, payroll procedures, and any associated eligibility requirements are administered in accordance with Cambridge Health Alliance and Harvard-affiliated institutional policies. See policies for professional development funds in Appendix H.

2026-2027 Annual Stipend Amounts by Training Level

Intern Stipend:	$53,000.00
Professional Development:	$1,000.00
Postdoctoral Stipend:	$68,000.00
Professional Development:	$2,000.00

IV. Leave

Leave allocations are determined by training level and institutional policy.

- Paid Time leave, inclusive of professional development/CME time (20 days)
- Sick leave (up to 10 days for trainees)
- Personal leave (if applicable)
- Other leave (e.g., jury duty, bereavement)
- Extended Leave (e.g., family medical leave, leave of absence)

Leave benefits are prorated based on training start and end dates when applicable.

Trainees are responsible for understanding their leave allotment and ensuring that leave use does not compromise training requirements or patient care obligations.

V. Holidays

Holiday schedules for trainees may differ from those of faculty and staff.

Training Programs Holiday Schedule:

New Year's Day
Martin Luther King Day
President's Day
Patriot's Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

When clinical responsibilities require coverage during institutional holidays, supervisors and trainees will coordinate appropriate scheduling in advance.

VI. Requesting Leave

Except in cases of illness or emergency, trainees must submit requests for planned leave at least 60 days in advance.

Leave requests must be:

- Approved by the primary supervisor.
- Reviewed and approved by the appropriate Program Director of Training.
- Coordinated to ensure clinical coverage and continuity of care.

Unplanned absences due to illness or emergency must be communicated as soon as reasonably possible to the supervisor and relevant program leadership.

VII. Leave Restrictions

Due to the structure of the training year, trainees may not take planned leave during the first month of the training year, except under extraordinary circumstances. Trainees may not take planned leave during the final month of the training year, in order to ensure continuity of patient care, appropriate termination processes, and completion of program requirements. Exceptions to this policy require approval by the Program Director of Training and the Chief of Psychology (or designee).

VIII. Benefits

Interns and postdoctoral fellows may be eligible for institutional benefits in accordance with CHA policy and employment classification.

Practicum students are not eligible for employee benefits.

IX. Alignment with Institutional Policy

This policy operates in conjunction with CHA Human Resources policies and applicable employment agreements. In the event of conflict, institutional policy governs.

This policy is reviewed periodically by the Executive Committee for Psychology Education and Training.

APPENDIX F

Seminar Attendance Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs maintains a structured didactic curriculum designed to support the development of profession-wide and program-specific competencies in health service psychology. Consistent with APA accreditation standards, seminars provide sequential, cumulative, and competency-based education that complements experiential clinical training.

Attendance and active participation in required seminars are essential components of training and are expected of all psychology trainees.

This policy applies to practicum students, doctoral interns, and postdoctoral fellows unless otherwise specified by program-specific guidelines.

II. Protected Time and Scheduling

Seminar time is considered protected educational time. Trainees are expected to maintain availability during designated seminar hours and to coordinate clinical coverage in advance when necessary.

Clinical placements and service demands should not routinely interfere with required seminar participation. Supervisors and trainees share responsibility for ensuring that didactic attendance is prioritized within training schedules.

III. Attendance Requirements

Attendance at seminars is required and active engagement is expected.

Patterns of absence related to clinical scheduling conflicts may prompt review by the Program Director of Training to ensure appropriate prioritization of educational activities.

Trainees are expected to attend seminars in person unless:

- Remote attendance is authorized due to institutional policy, public health guidance, or approved accommodation.
- The trainee has received prior approval for absence.

IV. Absences and Notification

Except in the case of illness, emergency, or approved leave, trainees are expected to provide advance notice of anticipated absences to the appropriate Program Director of Training or designated program administrator.

Unplanned absences due to illness or emergency should be communicated as soon as reasonably possible.
Trainees are responsible for obtaining missed materials and coordinating any required make-up activities as determined by program leadership.

V. Review and Accountability

Attendance may be tracked by program directors as part of routine training documentation.

A pattern of excessive or unexcused absences may be reviewed in accordance with the Training Performance and Grievance Procedures Policy (Appendix C). When appropriate, concerns regarding seminar attendance may result in supervisory intervention or development of a Focused Development Plan.

This policy is reviewed periodically by the Executive Committee for Psychology Education and Training to ensure alignment with accreditation standards and program requirements.

APPENDIX G

Remote Supervision Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs at Cambridge Health Alliance (CHA) affirms that supervision is foundational to competency development in health service psychology. The standard expectation across all training levels is that supervision occurs in person whenever feasible.

This policy establishes the conditions under which remote supervision may be utilized in order to preserve continuity, maintain quality of supervision, and ensure adherence to accreditation and institutional standards.

This policy applies to all psychology trainees (practicum students, doctoral interns, and postdoctoral fellows) and supervising faculty within the Division.

This policy does not reduce or supersede supervision requirements outlined in the Division's Supervision Policy or the APA Standards of Accreditation.

II. Definitions

A. **Remote Supervision** refers to supervision conducted through a synchronous, real-time audio and video platform when the supervisor and trainee are not in the same physical location.

B. **In-person supervision** refers to supervision conducted when the supervisor and trainee are physically present in the same location.

C. **Asynchronous communication** (e.g., email, text messaging, recorded feedback without real-time interaction) does not constitute supervision under this policy.

III. Alignment with Accreditation Standards (*as applicable by training program*)

The Division adheres to the remote supervision provisions set forth in the American Psychological Association (APA) Standards of Accreditation and corresponding Implementing Regulations governing supervision in health service psychology training programs.

Remote supervision may not exceed the limits established by current APA accreditation standards regarding minimum required hours of individual and total weekly supervision. In-person supervision must constitute at least the required minimum proportion of supervision hours as defined by the most current APA standards.

IV. Criterion for Use of Remote Supervision

Remote supervision may be utilized under defined circumstances to preserve supervision continuity and training quality. Appropriate circumstances may include:

- Temporary disruption in supervisor availability due to leave, illness, or institutional assignment.
- Situations in which supervisor absence would significantly interrupt the continuity of supervision.
- Circumstances requiring specialized supervisory expertise not otherwise available in person.
- Institutional or public health conditions limiting in-person contact.

Remote supervision is not intended to replace routine in-person supervision when in-person supervision is reasonably available.

V. Privacy, Technology, and Compliance

All remote supervision must be conducted using CHA-approved, HIPAA-compliant platforms and in accordance with institutional privacy, data security, and telehealth policies.

Supervisors and trainees are responsible for:

- Ensuring supervision occurs in a private and secure environment.
- Maintaining confidentiality of all clinical material discussed.
- Adhering to applicable licensure requirements and institutional regulations.

The use of non-approved or unsecured platforms is not permitted.

VI. Oversight and Professional Responsibility

The supervising licensed psychologist retains full professional responsibility for supervision provided via remote supervision. Remote supervision does not alter responsibility for clinical oversight or trainee evaluation.

When remote supervision is implemented:

- The arrangement is communicated to the appropriate Program Director of Training.
- The supervisory structure remains subject to divisional governance oversight.
- The supervising psychologist ensures adequate intensity, documentation, and quality of supervision consistent with accreditation standards.

VII. Approval Process

Occasional or ad hoc remote supervision (e.g., due to temporary scheduling conflicts, illness, or short-term logistical needs) may occur at the discretion of the supervising psychologist and Program Director of Training, provided APA supervision standards are met.

Requests for remote supervision that extend beyond short-term or intermittent use, or that would meaningfully alter the supervision structure of a rotation, must be submitted in writing to the Program Director of Training for review.

Any exception to the supervision requirements outlined in this policy requires approval by the Program Director of Training in consultation with the Chief of Psychology.

Such requests should include:

- Rationale for remote supervision.
- Anticipated duration.
- Confirmation of use of CHA-approved technology.
- Description of how supervision continuity will be maintained.

Any exceptions to supervision requirements or arrangements that exceed standard accreditation limits must be reviewed by the Program Director of Training and submitted to the Chief of Psychology (or designee) for approval.

Remote supervision arrangements may be revisited or modified if circumstances change.

VIII. Policy Review

This policy will be reviewed periodically by the Executive Committee for Psychology Education and Training to ensure continued alignment with APA accreditation standards and CHA institutional policy.

APPENDIX H

Professional Development Funds Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs supports professional development activities that enhance clinical competence, scholarly engagement, and professional identity in health service psychology.

This policy outlines the availability and use of professional development funds for psychology trainees and establishes alignment with CHA's Professional Expense Reimbursement Policy and applicable institutional guidelines.

This policy applies to doctoral interns and postdoctoral fellows. Practicum students are not eligible for divisional professional development funds.

II. Annual Allotment

Professional development funds are allocated on a fiscal year basis (July 1 – June 30 for interns; August 31 - August 30 for fellows) and are subject to institutional reimbursement guidelines. Funds are prorated based on training start and end dates when applicable. Unused funds do not carry over to the subsequent fiscal year.

The annual allotment for trainees is as follows:

- Doctoral Interns**:** $1,000 per fiscal year.
- Postdoctoral Fellows**:** $2,000 per fiscal year.

III. Eligible Expenses

Eligible professional development expenses include those consistent with CHA's Professional Expense Reimbursement Policy and IRS Accountable Plan Guidelines. Covered expenses may include:

- Continuing education courses, conferences, and workshops.
- Conference registration and associated travel.
- Professional licensure and renewal fees.
- Professional organization dues.
- Required educational materials or specialty software.

All expenses must be reasonable, directly related to professional development, and consistent with institutional guidelines. International conference travel may require additional review and approval in accordance with CHA policy.

Additional eligible expense categories may be found in the CHA StaffNet Professional Expense Reimbursement Policy.

IV. Reimbursement Requirements

Reimbursement is contingent upon compliance with CHA institutional policy and documentation requirements. Trainees must:

- Submit appropriate documentation and receipts within 60 days of the expense or event date.
- Follow CHA business travel policies for reimbursable travel expenses.
- Adhere to fiscal year deadlines.

Failure to submit documentation within required timeframes may result in denial of reimbursement or taxable treatment under IRS guidelines.

Detailed reimbursement procedures are available through the CHA StaffNet Professional Expense Reimbursement Policy. In the event of any conflict, the CHA Professional Expense Reimbursement Policy and any subsequent updates shall supersede this manual.

V. Professional Development Time

Time away from internship or fellowship duties for approved professional development activities may be granted in accordance with program expectations and supervisory approval.

Professional development time is included as paid time off and must be approved in advance by the Program Director of Training.

VI. Oversight

Requests for professional development time must be approved in advance by the appropriate Program Director of Training.

Reimbursement requests and supporting documentation are submitted to the Division's program administrator for review and processing. Following divisional review, reimbursement requests are submitted to the appropriate CHA finance office for final approval in accordance with institutional policy.

All reimbursements remain subject to CHA fiscal governance procedures and institutional approval processes.

This policy is reviewed periodically by the Executive Committee for Psychology Education and Training to ensure alignment with institutional policy and fiscal governance standards.

APPENDIX I

Professional Development and Wellness Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology Training Programs recognizes that professional development and personal well-being are foundational to effective practice in health service psychology. Training occurs within complex clinical systems and requires sustained attention to ethical practice, professional growth, and self-care.

This policy affirms the Division's commitment to fostering a training environment that supports professional identity development, resilience, and well-being across all levels of training.
This policy applies to practicum students, doctoral interns, and postdoctoral fellows.

II. Professional Development

Professional development in the Division extends beyond clinical competency to include:

- Ongoing skill refinement.
- Ethical reflection and professional identity formation.
- Scholarly engagement.
- Interprofessional collaboration.
- Leadership development.

Trainees are encouraged to engage actively in opportunities that advance their professional growth, including conferences, scholarly dissemination, mentorship, and participation in professional organizations.

III. Wellness and Support

The Division acknowledges that training in health service psychology can be demanding and that well-being is essential to ethical and effective practice.

Trainees are encouraged to attend to their personal and professional well-being and to seek support when needed.

Available resources may include:

- CHA Health and Wellness resources and institutional wellness initiatives.

- CHA Occupational Health resources.
- CHA Benefits and Resources.
- Informal peer and supervisory consultation.
- CHA Behavioral Health resources.

Supervisors are encouraged to model healthy professional boundaries and to create supervisory environments that support reflective practice and sustainable engagement in clinical work.

IV. Program Initiatives

The Division may periodically sponsor or encourage participation in wellness-related activities, discussions, or initiatives aligned with trainee needs and institutional priorities.

Such initiatives are intended to supplement, not replace, individual responsibility for self-care and professional development.

V. Alignment with Institutional Policy

This policy operates in conjunction with broader CHA wellness and employee support programs. Trainees are encouraged to consult relevant CHA resources for detailed information regarding available services.

This policy will be reviewed periodically by the Executive Committee for Psychology Education and Training and may evolve as divisional wellness initiatives expand.

VI. Oversight

This policy is reviewed periodically by the Executive Committee for Psychology Education and Training to ensure alignment with institutional policy and fiscal governance standards.

APPENDIX J

Scholarly Activity and Research Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Psychology Postdoctoral Fellowship Program at Cambridge Health Alliance (CHA) includes a structured scholarly activity requirement designed to promote the development of postdoctoral fellows as clinician-scholars capable of engaging in applied, clinically relevant research within a public, community-based academic healthcare system.

This policy establishes a clear framework, expectations, and procedures governing scholarly activity during the fellowship year. The intent is to ensure that scholarly work conducted by fellows is feasible, rigorous, aligned with CHA's clinical mission, and results in meaningful dissemination. This policy applies to all psychology postdoctoral fellows, faculty mentors, and affiliated collaborators participating in fellow-led scholarly projects.

This policy will be reviewed biennially by the Division of Psychology and the Director of the Postdoctoral Fellowship Program and may be revised to reflect changes in accreditation standards, institutional requirements, or program structure.

II. Protected Scholarly Time

Postdoctoral fellows are provided **20% protected time,** averaged across the fellowship year, to engage in scholarly activity. Fellows in the Mindfulness Fellowship Program are provided 30% protected time, and fellows in the Neuropsychology Fellowship Program are provided between 10% and 20% protected time, as defined by program-specific training requirements.

Protected time is designated exclusively for approved scholarly work as defined in this policy and may include, but is not limited to:

- Project design and planning
- Literature review
- Data collection and analysis
- IRB processes
- Manuscript or poster preparation
- Meetings with mentors or collaborators

Protected time is not intended for general professional development, clinical work, or unrelated academic activities.

III. Philosophy and Guiding Principles

Scholarly activity within the postdoctoral fellowship is grounded in the following principles:

1. **Clinical Relevance**: Projects must be directly connected to CHA's patient populations, clinical services, workforce, training programs, or systems of care.

2. **Feasibility and Pragmatism**: Projects must be achievable within one fellowship year, using available resources, and without reliance on external grant funding.

3. **Methodological Rigor**: While scope may be modest, scholarly work must adhere to sound research or evaluation methods appropriate to the project type.

4. **Dissemination-Oriented**: All projects must result in a concrete scholarly product suitable for presentation and/or submission for external dissemination.

5. **Ethical and Regulatory Compliance**: All projects must meet CHA requirements for human subjects protection, data security, and institutional review.

IV. Acceptable Scholarly Projects

Fellows must complete **one primary scholarly project** that falls within one of the approved project categories. Projects may involve individual or collaborative work, but must clearly delineate the fellow's substantive contribution.

Clinical Program Evaluation and Outcomes Research

Projects in this category examine the effectiveness, quality, or impact of clinical services, interventions, or care models within CHA. Acceptable data sources include electronic health records (EHR), routine outcome measures, program-level clinical data, and lab-level clinical data. Typical projects include pre- and post-evaluations of clinical interventions or programs, patient- or program-reported outcomes within a service line, and comparative analyses of engagement, retention, or symptom change across clinical models.

Quality Improvement (QI) Projects with Scholarly Framing

Quality improvement initiatives are permitted when they are designed and documented with sufficient rigor to support scholarly dissemination. Projects must be grounded in relevant literature, include a clearly articulated methodology, and extend beyond internal operational reporting. Examples include the implementation or adaptation of evidence-based practices, evaluation of service delivery changes, and equity-focused QI projects addressing access, outcomes, or disparities.

Secondary Data Analysis

This category includes projects that utilize existing, de-identified datasets relevant to CHA or publicly available datasets (e.g., NHANES, NSDUH). Secondary analyses

are strongly encouraged when feasible, given fellowship time and resource constraints. Common examples include retrospective chart reviews, analysis of previously collected survey or program evaluation data, and secondary analysis of institutional datasets.

Community-Engaged and Population-Focused Research

Projects in this area examine the needs, experiences, or outcomes of specific patient populations served by CHA. These studies may focus on service gaps, access, utilization patterns, or patient experience. Examples include needs assessments, service utilization studies, and patient experience or satisfaction analyses.

Education, Training, and Workforce Research

This category encompasses projects focused on psychology education, supervision, workforce development, or professional well-being within CHA. Examples include evaluation of training models or curricula, studies of supervision processes, and research on burnout, retention, or professional development among trainees or staff.

V. Non-Aligned Project Types

The following activities do not meet the scholarly activity requirement:

- **Projects unrelated to CHA's clinical, educational, or workforce mission.** Activities that do not directly involve CHA patients, services, training programs, or institutional priorities are not considered eligible scholarly projects under this policy.

- **Work primarily advancing an external investigator's independent research agenda.** Projects led by non-CHA faculty or collaborators that lack a clear, substantive connection to CHA systems, data, or programmatic goals do not meet the requirement for institutional relevance.

- **Activities lacking a defined methodology or scholarly product.** Projects must include a clear analytic or evaluative framework and a planned scholarly deliverable, such as a presentation, report, or manuscript, to qualify.

- **Solely descriptive or operational initiatives without scholarly framing.** Routine reporting, program summaries, or internal process documentation that are not grounded in relevant literature or designed for broader dissemination are not sufficient.

- **Grant preparation without data-based deliverables.** Grant writing activities alone do not fulfill the scholarly requirement unless they are accompanied by empirical analyses or other scholarly products aligned with this policy.

VI. Mentorship Structure

Required Mentorship Model: Each scholarly project must include, at a minimum, two mentors. This model reflects the applied nature of scholarship at CHA and acknowledges variability in faculty research availability while ensuring both institutional relevance and appropriate scholarly rigor.

- *Primary CHA Mentor.* The primary mentor must be a CHA-affiliated psychologist or faculty member and is responsible for ensuring the project's clinical relevance, institutional alignment, and operational feasibility. This mentor facilitates appropriate access to clinical data, programs, patient populations, or organizational resources necessary for successful project implementation.

- *Secondary Research Advisor.* The secondary advisor may be CHA-affiliated or external, such as faculty from Harvard or other academic institutions. This role focuses on providing methodological, theoretical, and scholarly guidance and may serve in a consultative capacity throughout the design, analysis, and dissemination phases of the project.

Roles and Responsibilities:

- *Fellow Responsibilities*. Fellows retain primary ownership of project development and execution, including adherence to established timelines and program requirements. Fellows are responsible for the preparation and completion of all scholarly products, such as presentations, reports, and manuscripts, in alignment with program standards.

- *Mentor Responsibilities.* Mentors provide guidance appropriate to their role and expertise, support feasibility and ethical compliance, and participate in key project milestones, including project approval, progress reviews, and final evaluation or dissemination activities. The Primary CHA Mentor must approve final project scope prior to submission for regulatory review.

VII. Project Approval and Oversight Process

A. Project Concept Proposal.

Fellows must submit a brief written project concept proposal of approximately two to three pages early in the fellowship year. The proposal must clearly articulate the project's rationale and objectives, proposed methods, anticipated scholarly deliverables, identified mentors, and a preliminary assessment of feasibility. All proposals require the mutual agreement of the identified mentors and formal approval from the Director of the Postdoctoral Fellowship Program prior to initiation.

B. Regulatory Review.

All projects must undergo appropriate institutional review, including either Institutional Review Board (IRB) review or a formal Quality Improvement (QI) determination, as applicable. No data collection, analysis, or program implementation may begin until all required regulatory approvals have been obtained and documented.

C. Progress Monitoring.

The Fellowship Program will maintain active oversight of all scholarly projects through structured mid-year progress check-ins and ongoing documentation of barriers, scope changes, or timeline adjustments. This process is intended to ensure project feasibility, compliance with program expectations, and timely completion of required scholarly deliverables.

D. Alignment and Enforcement

Projects inconsistent with this policy may be revised or discontinued. Protected scholarly time is contingent upon compliance with expectations outlined herein.

VIII. Required Scholarly Deliverables

A. Internal Presentation.

All fellows must present their scholarly project at a Division of Psychology research forum in June of the fellowship year. Presentations must follow the structure and level of rigor typical of a 15–20 minute academic symposium presentation and be suitable for both academic and clinical audiences. Presentations should clearly articulate the project rationale, methods, findings, and implications for clinical practice and systems of care.

B. External Scholarly Product (Required).

Fellows must complete at least one external scholarly product aligned with the scope and rigor of the project. Acceptable options include submission of a poster to a local, regional, or national professional conference or submission of a manuscript to a peer-reviewed journal appropriate to the project's focus and methodological approach.

C. Optional or Alternative Deliverables.

With prior approval from the Director of the Postdoctoral Fellowship Program and project mentors, alternative or supplemental deliverables may include brief reports or methods papers, program evaluation white papers, or co-authored publications with other fellows, provided that such products meet the program's standards for scholarly rigor and dissemination.

IX. Authorship and Dissemination

A. Authorship

Authorship must follow established ethical guidelines, including standards set forth by the American Psychological Association and the International Committee of Medical Journal Editors (ICMJE), as applicable. Fellows are expected to be the first author on fellow-led projects unless otherwise pre-specified and justified in the proposal.

B. Data Governance and Use.

All project data remain the property of Cambridge Health Alliance. Data must be stored on CHA-approved, secure systems in compliance with institutional data security and privacy policies. Fellows may not remove, transfer, or retain identifiable or de-identified datasets following completion of the fellowship without written authorization from CHA and the Primary Mentor.

APPENDIX K

Trainee Feedback and Program Evaluation Policy

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

I. Purpose and Scope

The Division of Psychology is committed to maintaining high-quality training experiences through ongoing program evaluation and continuous quality improvement. Consistent with the values of evidence-based practice, scholarly inquiry, and professional development, the Division regularly solicits and reviews feedback from trainees, faculty, supervisors, and other stakeholders to assess the effectiveness of its training programs.

The purpose of this process is to identify program strengths, recognize opportunities for growth, and ensure that training experiences remain responsive to the evolving needs of trainees, patients, healthcare systems, and the psychology profession.

This policy applies to all psychology training programs within the Division, including practicum training, doctoral internship, and postdoctoral fellowship programs.

II. Guiding Principles

The Division of Psychology views trainees as active contributors to the development and improvement of training programs. Feedback is regarded as an essential component of professional training and is used to inform decisions regarding curriculum, supervision, clinical experiences, professional development opportunities, and program operations.

Program evaluation activities are guided by the following principles:

1. *Continuous Improvement*: Training programs should evolve in response to data, trainee experiences, accreditation standards, and advances in clinical practice.
2. *Collaboration*: Program development is strengthened through open dialogue among trainees, supervisors, faculty, and leadership.
3. *Professional Growth*: Reflective feedback processes support the development of professional identity, self-assessment skills, and lifelong learning.
4. *Respect and Inclusion*: Diverse perspectives and experiences are valued and contribute meaningfully to program development.
5. *Accountability*: Training leadership is responsible for reviewing evaluation data and using findings to guide programmatic improvements.

III. Sources of Feedback

Program evaluation is informed through multiple mechanisms throughout the training year, including but not limited to:

- Individual supervision meetings.
- Meetings with preceptors and rotation supervisors.
- Cohort meetings and trainee forums.
- Mid-year and end-of-year evaluations.
- Program-specific surveys.
- Exit interviews or focus groups.
- Faculty and supervisor feedback.
- Accreditation and outcome data.

Trainees are encouraged to provide feedback throughout the training year rather than waiting for formal evaluation periods whenever concerns, suggestions, or opportunities for improvement arise.

IV. Annual Program Evaluation

All trainees participate in formal program evaluation activities at designated points during the training year. These evaluations provide an opportunity to assess the overall quality and effectiveness of the training experience and may include both quantitative ratings and narrative feedback.

Areas of evaluation may include:

- Clinical and assessment training experiences.
- Supervision and mentorship.
- Didactic programming.
- Diversity, equity, inclusion, and belonging initiatives.
- Professional development opportunities.
- Administrative support and communication.
- Training climate and culture.
- Professional identity development.
- Achievement of training goals and competencies.
- Overall satisfaction with the training program.

Near the conclusion of the training year, trainees are invited to reflect on their professional growth, identify strengths of the training experience, and provide recommendations for future program development.

V. Review and Use of Evaluation Data

Evaluation data are reviewed annually by training leadership and, when appropriate, by faculty and program committees. Feedback is considered alongside accreditation requirements, trainee outcomes, institutional priorities, and faculty perspectives to inform ongoing program development and continuous quality improvement efforts across the training programs.

Trainee feedback may contribute to modifications in clinical rotations, revisions to didactic curricula, enhancements to supervision structures, development of new training opportunities, improvements in communication processes, and changes to policies, procedures, or administrative supports. Whenever feasible, training leadership will communicate significant programmatic changes that result from trainee feedback and other evaluation activities.

VI. Confidentiality

The Division of Psychology is committed to fostering an environment in which trainees can provide honest and constructive feedback. Formal evaluations may be administered anonymously when feasible, and evaluation data are reviewed in aggregate whenever possible.

While individual comments may be considered during program review, information obtained through evaluation processes is used primarily for training program assessment, quality improvement, and accreditation purposes.

VII. Policy Review

This policy will be reviewed biennially by the Division of Psychology and the Directors of Training and may be revised as needed to reflect changes in accreditation standards, institutional requirements, or program structure.

Forms

Form A

Competency Benchmarks and Evaluation

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

Intern: _____ **Supervisor:** _____

Placement(s): _____

Section A. Evaluation Period Completed with Fellow (Insert the date (##-##-####) for each of the following):

July – October _____ November-February _____ March - June _____

Section B. Methods used to Assess Competencies (Place an 'x' in the box for all that applied during this evaluation period):

Assessment Method	OCT	FEB	JUN	Assessment Method	OCT	FEB	JUN
Direct Observation				Review of written work			
Videotape				QA data or clinical measures			
Audiotape				Feedback from staff & supervisors			
Case presentations				Feedback from peers			
Discussion of work				Feedback from patients & families			
Review of documentation				Other (specify):			

Section C: Competency Rating Scale

		Expected Competency Level During Internship			
Rating	**1 Beginning Proficiency**	**2 Basic Proficiency**	**3 Developing Proficiency**	**4 Readiness for Practice Proficiency**	**5 Advanced Proficiency**
Typical developmental level:	Early or mid-practicum	Internship entry	Internship mid-year	Internship exit level/postdoc entry	Postdoc/entry for advanced specialty practice
Skill level:	Learning basic skills	Has acquired basic skills	Developing more advanced skills	Flexibly integrating a range of skills	Flexibly integrating skills at an advanced level

Nature of weekly required supervision:	Supervisor sets agenda	Supervisor sets agenda with fellow input	Agenda set jointly by supervisor and fellow	Fellow largely sets agenda with supervisor input	Seeks consultation on an as needed basis
Direction required:	Very frequent and explicit	Frequent and explicit	Moderate and decreasing	Occasional	Infrequent
Structure required:	Very high	High	Moderate	Low	Very minimal

**Note.* Ratings of N/A (not applicable/observed) are made if there are no supervisor ratings for that competency.

Section D. Competency Ratings

Category I: Communications and Interpersonal Skills.	Jul-Oct	Nov-Feb	Mar-Jun
A. Communicates effectively. 1. Listens attentively to others. 2. Identifies differences in communication needs across contexts and intended recipients and adjusts communications accordingly. 3. Demonstrates a thorough grasp of professional language and concepts and uses them appropriately and clearly in oral and written communications. 4. Produces and comprehends written work that is organized, comprehensive and well- integrated.			
B. Forms positive relationships with others. 1. Develops, maintains, and effectively terminates therapeutic relationships with individuals receiving professional services. 2. Develops and maintains productive working relationships with colleagues, communities, organizations, supervisors and supervisees. 3. Interacts in a manner that is honest, straightforward, and flexible. 4. Expresses genuine interest in others, providing them support and encouragement. 5. Displays compassion and empathy toward others, including those dissimilar from oneself.			
C. Manages complex interpersonal situations. 1. Maintains appropriate boundaries (e.g., sharing of personal information, personal touch, dual relationships). 2. Acknowledges and tolerates others' feelings and attitudes, including those expressed toward them.			

3. Allows and facilitates patients' exploration of emotionally laden issues. 4. Maintains emotional equilibrium and judgment when faced with interpersonal conflict and patient distress. 5. Recognizes and uses problem solving strategies to address interpersonal conflicts. 6. Offers and accepts feedback constructively.			
D. Demonstrates self-awareness as a professional. 1. Identifies and monitors personal attitudes, values, beliefs, individual and cultural identities, and their typical role in groups. 2. Recognizes how others experience them and the impact of self on others. 3. Uses personal reactions to inform work with patients and other professionals. 4. Adjusts professional behavior based on awareness of self and awareness of impact on others.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Communications and Interpersonal Skills Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category II: Individual and Cultural Diversity.	Jul-Oct	Nov-Feb	Mar-Jun
A. Demonstrates awareness of diversity and its influence. 1. Identifies the various dimensions of individual and cultural diversity (e.g., age, race, ethnicity, national origin, language, socioeconomic status, gender, gender identity, sexual orientation, religion, spiritual beliefs, physical and mental ability). 2. Recognizes and appreciates complexities inherent to individual and cultural diversity (e.g., intersectionality). 3. Recognizes the potential influence of individual and cultural diversity on others and on the interactions between individuals, groups and systems of care. 4. Explores and monitors how s/he or they are influenced by individual and cultural characteristics and experiences. 5. Moves beyond recognition and identification toward an integrated and developed framework for working with populations that are diverse.			
B. Develops effective relationships with culturally diverse individuals, families, and groups. 1. Recognizes and respects differences between self and others. 2. Communicates in patient's preferred language or uses interpreter services as needed.			

3. Explores with patients their individual and cultural identities and the meaning of these identifications to them. 4. Recognizes and responds appropriately to the impact of individual and cultural diversity in clinical, consultative, and supervisory relationships.			
C. Applies knowledge of individual and cultural diversity in practice. 1. Selects assessment instruments, uses assessment tools, and interprets findings within the context of patients' linguistic and cultural characteristics and identities. 2. Considers individual and cultural characteristics and identities in developing treatment plans and selecting, modifying, implementing, and monitoring interventions. 3. Is aware of and integrates knowledge of individual and cultural diversity across aspects of professional role (intervention, assessment, consultation, research, leadership, etc.). 4. Connects patients to culturally responsive services and resources. 5. Recognizes, brings attention to, and/or addresses disparities in access to services or other forms of discrimination.			
D. Pursues professional development about individual and cultural diversity. 1. Recognizes the limitations in their abilities to work with individuals from diverse backgrounds. 2. Reviews and applies relevant literature and practice guidelines on providing services to diverse populations. 3. Seeks supervision to enhance their abilities to work with individuals from diverse backgrounds. 4. Pursues continuing education and multicultural experiences to enhance their abilities to work with individuals from diverse backgrounds.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Individual and Cultural Diversity Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category III: Professional Values, Attitudes, and Behavior.	Jul-Oct	Nov-Feb	Mar-Jun
A. Displays professional behavior. 1. Maintains appropriate personal hygiene and professional attire. 2. Utilizes appropriate language and non-verbal communications, including in difficult interactions. 3. Demonstrates sound judgement in their responses to routine, complex and/or challenging situations.			

4. Responds professionally in increasingly complex situations with a level of independence that matches their professional role. 5. Clarifies expectations and engages in behavior appropriate for their professional role and adjusts behavior to the setting and situation.			
B. Engages in self-assessment and self-reflection. 1. Uses multiple methods to routinely assess professional strengths and areas for growth (e.g., supervision, peer supervision/consultation, audio/video recordings, patient feedback). 2. Is open, receptive and responsive to feedback around performance and professional functions. 3. Recognizes and observes the limits of personal knowledge and skills. 4. Recognizes changes in the field that require the development of new or enhanced competencies.			
C. Demonstrates accountability. 1. Acts responsibly (e.g., organizes workload; completes assigned duties efficiently; keeps appointments; honors commitments; follows policies, procedures and administrative requirements). 2. Demonstrates reliability (e.g., arrives on time, completes work on time, documents in an accurate and timely manner). 3. Remains available and accessible as their role requires. 4. Acknowledges and assumes responsibility for errors, lapses in judgment, and deviations from professional ethics and values.			
D. Demonstrates professional identity. 1. Exhibits knowledge of the profession and awareness of issues central to the field. 2. Reflects the professional value of life-long learning by pursuing continuing education. 3. Articulates and pursues professional and career goals. 4. Demonstrates emerging leadership skills.			
E. Engages in the self-care essential for functioning effectively as a psychologist. 1. Uses multiple self-care approaches to maintain health and wellness. 2. Uses positive coping strategies to tolerate ambiguity and uncertainty and to manage stress. 3. Recognizes personal challenges and addresses them to minimize their impact on professional performance.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Professional Values, Attitudes, and Behavior Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category IV: Ethical and Legal Standards.	Jul-Oct	Nov-Feb	Mar-Jun
A. Demonstrates awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research. 1. Recognizes the ethical values and principles held by professional psychology and the institutions in which they work. 2. Demonstrates awareness of relevant laws, regulations, rules and policies governing health service psychology practice at the organizational, local, state, regional and federal levels. 3. Demonstrates awareness of specific concepts that underlie the above laws, regulations and policies (e.g., informed consent, confidentiality, mandated reporting). 4. Articulates own ethical values and priorities.			
B. Recognizes and manages ethical and legal issues in Health Service Psychology practice, training, and research. 1. Adheres to all ethical and legal standards in all professional activities. 2. Recognizes and helps others recognize ethical and legal issues as they arise. 3. Demonstrates a clear decision-making process in the development and implementation of plans to resolve ethical and legal issues. 4. Takes appropriate action when others behave in an unethical or illegal manner. 5. Seeks supervision or consultation on ethical and legal issues.			
C. Adheres to the APA Ethical Principles and Code of Conduct. 1. Strives to benefit others and do no harm. 2. Develops relationships of trust with others and accepts responsibility for their behavior. 3. Maintains personal integrity. 4. Promotes fairness and justice. 5. Respects the dignity, worth, and rights of all people.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Ethical and Legal Standards Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category V: Assessment.	Jul-Oct	Nov-Feb	Mar-Jun
A. Conducts clinical interviews. 1. Quickly establishes rapport with individuals being interviewed.			

2. Formulates relevant and culturally responsive interview questions. 3. Conducts semi-structured interviews.			
B. Appropriately selects and applies evidence-based assessment methods. 1. Screens referrals and identifies clear goals for assessments. 2. Selects psychometrically sounds assessment methods and tools that draw from the best empirical literature and that are relevant to assessment aims. 3. Administers methods and tools accurately and efficiently Scores and interprets results.			
C. Collects and integrates data. 1. Obtains and integrates multiple sources of information (e.g., observations, historical information, interview data, test results, information from collateral sources, and findings from the literature). 2. Demonstrates current knowledge of diagnostic classification systems and awareness of cultural (and other) limitations of such systems. 3. Uses above systems to classify and differentiate functional and dysfunctional behaviors as well as identify strengths and protective factors. 4. Formulates case conceptualizations that demonstrate a clear understanding of behavior within its context (e.g., familial, societal, cultural, social, etc.). 5. Formulates treatment recommendations that arise from collected data. 6. Uses alternative, non-diagnostic approaches to conceptualizing individuals and their environments, groups, and organizations.			
D. Summarizes and reports data. 1. Writes clear, accurate and timely integrated reports. 2. Communicates findings and recommendations clearly to patients and other providers. 3. Recognizes and reports the strengths and limitations of assessments and findings.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Assessment Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category VI: Intervention.	Jul-Oct	Nov-Feb	Mar-Jun
A. Formulates case conceptualizations and treatment plans. 1. Collaborates with patients and families to identify goals and plans.			

2. Links case conceptualizations and treatment plans to assessments. 3. Utilizes at least one theoretical orientation and theory of change. 4. Selects appropriate evidence-based interventions and best practices.			
B. Implements evidence-based interventions. 1. Displays clinical skills with a wide range of evidence-based interventions, patients and patient service needs. 2. Implements interventions with fidelity and adapts them to honor diversity characteristics and contextual factors as is appropriate. 3. Recognizes and manages problems and issues that arise with interventions. 4. Modifies and adapts evidence-based approaches effectively when a clear evidence- base is lacking.			
C. Monitors the impact of interventions. 1. Routinely evaluates progress toward service delivery goals. 2. Measures outcomes. 3. Modifies intervention methods and treatment goals based on evaluation findings. 4. Monitors and adapts own role and performance with the intervention.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Intervention Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category VII: Consultation and Interprofessional/ Interdisciplinary and Systems-Based Practice.	Jul-Oct	Nov-Feb	Mar-Jun
A. Provides consultation (e.g. case-based, group, organizational systems). 1. Forms effective consultative relationships. 2. Clarifies and refines referral questions and consultation goals. 3. Develops and implements a consultation plan, recognizing the individual, group, organizational, and systems issues that may impact it. 4. Communicates consultation results and recommendations.			
B. Engages in interprofessional/interdisciplinary collaboration. 1. Demonstrates awareness and respect of the roles, beliefs, values, practices and contributions of other professionals, providers, patients, family, and community members. 2. Contributes psychological information while working flexibly with others to develop and implement a plan of care.			

3. Represents their professional opinions, encourages others to express their opinions, and works to resolve differences of opinion or conflicts. 4. Integrates behavioral healthcare with other services (e.g., primary and specialty medical care; rehabilitative, recovery, vocational, residential and social services). 5. Shares and receives information from others in a sensitive manner when authorized by the patient and permissible under applicable laws, regulations, policies, and ethical codes.			
C. Engages in systems-based practice. 1. Delivers care using knowledge of healthcare benefits, coverage limits, utilization management procedures, billing, and reimbursement. 2. Analyzes and understands problems within organizations and systems from individual, interpersonal, group, and intergroup perspectives. 3. Recognizes the potential influence of group memberships on the behavior of individuals in organizations and systems. 4. Responds appropriately to problems within organizations and systems given their role.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Consultation and Interprofessional/ Interdisciplinary and Systems-Based Practice (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category VIII: Supervision.	Jul-Oct	Nov-Feb	Mar-Jun
A. Seeks and uses supervision effectively. 1. Establishes strong working relationships with supervisors of diverse practice orientations. 2. Clarifies broad personal goals for supervision and specific agendas items for supervisory sessions. 3. Seeks supervision routinely and when specifically needed (e.g., complex cases, unfamiliar patients or services, ethical and legal issues, strong personal reactions to patients). 4. Uses multiple methods to provide supervisors with timely, accurate information about their work and is open to being observed.			
B. Uses supervisory feedback to improve performance. 1. Accepts feedback without being overly defensive. 2. Acknowledges challenges and areas for professional growth. 3. Follows supervisors' direction. 4. Adjusts professional behavior based on feedback.			
C. Facilitates peer supervision/consultation. 1. Leads peer supervision/consultation groups.			

2. Structures the groups using an explicit method to guide discussions by peers of their work. 3. Maintains a constructive and supportive environment within the groups. 4. Gives constructive and supportive feedback to peers.			
D. Provides individual supervision (if applicable). 1. Establishes supportive supervisory relationships with explicit roles and responsibilities for supervisor and supervisee (or does so by engaging in simulated practice of supervision). 2. Uses multiple methods to monitor the quality of care provided and assess supervisee level of development, strengths, and learning needs (e.g., observation; audio and video recording; case discussion and presentations; review of documentation; clinical measures; QA data; and feedback from others). 3. Uses an explicit model of supervision and multiple methods to ensure the quality of care being provided and to address supervisee learning needs (e.g., case discussion, feedback, instruction, modeling, coaching, providing publications). 4. Provides feedback that is direct, clear, timely, behaviorally anchored, and mindful of the impact on the supervisee and supervisory relationship. 5. Maintains accurate and timely documentation of supervision and supervisee performance. 6. Requests and uses feedback from supervisees to improve the quality of supervision.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Supervision Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Category IX: Research & Scholarship.	Jul-Oct	Nov-Feb	Mar-Jun
A. Displays critical scientific thinking. 1. Demonstrates scholarly curiosity and routinely questions assumptions. 2. Understands and values evidence-based practice. 3. Formulates questions that can be addressed by the literature, research, and program evaluation. 4. Critically evaluates and shares ideas with others through teaching and scholarly writing.			
B. Uses the scientific literature. 1. Accesses, summarizes, and evaluates the literature related to their professional activities. 2. Discusses the relevant literature in case conferences, lectures, and/or professional presentations.			

3. Applies the scientific literature to their work (e.g., clinical, consultation, research, program evaluation, quality assurance).			
C. Implements scientific methods. 1. Selects and implements methods appropriate to the question, setting, and/or community. 2. Uses scientific methods to evaluate interventions and programs and to engage in continuous quality improvement. 3. Manages, analyzes, and interprets quantitative and qualitative data. 4. Collaborates with other professionals, persons in recovery, family members, and stakeholders in developing questions, implementing methods, and understanding results. 5. Contributes to the preparation of manuscripts, technical reports, case studies, or other scholarly work.			
Overall Rating for this Competency Category (This rating integrates all supervisor numerical ratings.)			
Comments on Research and Scholarship Competency (*Optional*. Comments should Integrate supervisors' feedback for this competency):			

Section E. Integrative Summary Statement of Fellow's Progress and Signatures
Note. Typing names into the document is equivalent to written signatures.

Supervisor's Overall Assessment of Progress (Place an 'x' in one box).

	The fellow has made adequate progress in developing the core competencies that I am assessing.
	The fellow has **not** made adequate progress in developing the core competencies that I am assessing.

Supervisor's Integrative Summary of Fellow Progress:

[insert text here…]

Fellow's Comments (Optional):

Supervisor's Signature	Date	Fellow's Signature	Date

(Signatures indicate that the supervisor and fellow have discussed this evaluation)

Form B

Leave (Personal Time) Request

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

Requests for vacation, personal time, and other planned absences must be submitted through the online Leave Request Form.

Whenever possible, leave requests should be submitted at least 60 to 90 days in advance to allow for appropriate scheduling and coordination of clinical responsibilities. Approval of leave is contingent upon adequate clinical coverage, fulfillment of training requirements, and the operational needs of the clinical service.

Trainees should discuss anticipated absences with their supervisors and relevant clinical service leadership prior to submitting a leave request. Submission of a leave request does not guarantee approval, and trainees should not finalize travel or other commitments until approval has been received.

Questions regarding leave requests should be directed to the Director of Training.

Form C

Focused Development Plan

Division of Psychology Training Programs
Harvard Psychiatry at Cambridge Health Alliance (CHA)

Name: _____ Date: _____

Primary Adviser/Preceptor: _____ _____

Training Program: _____

Placement(s): _____

Plan Type:

☐ Developmental Support ☐ Formal Remediation

Reason for Plan:

Provide a summary of concerns prompting this plan. Include relevant evaluation data related to specific competency areas, patterns across supervisors, and timeline.

_____

_____

_____

_____

_____

Competency Areas of Focus:

Select all that apply relevant to the above summary and evaluations.

☐ Communication & Interpersonal Skills
☐ Professional Values & Behavior
☐ Assessment
☐ Consultation/Systems
☐ Individual & Cultural Diversity
☐ Ethical & Legal Standards
☐ Intervention
☐ Supervision

Competency-Specific Plan:

For each competency area of concern, develop a remediation plan that includes a) a behaviorally anchored description of the performance concern with illustrative examples; b) target performance expectations aligned with the trainee's stage of training; and c) specific, measurable goals, benchmarks, and timelines for demonstrating improvement.

_____

_____

Intervention

Actions by Trainee:

Describe the specific activities, practice opportunities, and expected behaviors that will support improvement in the identified competency area(s).

Actions by Supervisor/Program:

Describe the supervisory, educational, and programmatic supports that will be provided to facilitate improvement. Examples may include increased supervision, direct observation, assigned readings, skills practice, targeted training experiences, or other individualized interventions.

Methods for Evaluating Progress

Select all methods that will be used to assess progress toward the identified goals.

- ☐ Direct Observation
- ☐ Review of Clinical Documentation
- ☐ Case Presentations
- ☐ Audio/Video Review of Work
- ☐ Patient Outcome or Quality Data
- ☐ Skills Demonstration or Role Play
- ☐ Other
- ☐ Formal Competency Evaluation
- ☐ Supervisor Feedback
- ☐ Multisource Feedback (360-degree)
- ☐ Self-Assessment/Reflection
- ☐ Goal Attainment Review
- ☐ Training Director/ECPET Review

Progress:

Start Date:
Midpoint Review Date:
Final Review Date:

Criteria for Successful Remediation:

Identify the specific performance benchmarks and evidence that will be used to determine successful completion of this plan. Criteria should be directly linked to the identified competency concerns and should clearly define the level of performance expected for the trainee's stage of training. Whenever possible, criteria should be objective, measurable, and based on multiple sources of evaluation (e.g., direct observation, competency ratings, documentation review, or other evidence of sustained improvement).

Outcome

Select one of the following outcomes of the Focused Development Plan:

- ☐ Successfully Completed
- ☐ Modify Plan
- ☐ Renew Plan
- ☐ Renew Plan on Probation

Primary Adviser Comments (Optional):

[insert text here…]

Fellow's Comments (Optional):

[insert text here…]

Supervisor's Signature	Date	Fellow's Signature	Date
Training Director's Signature	Date		

(Signatures indicate that the supervisor and fellow have discussed this evaluation)

Preparing the *next generation of psychologists* to advance clinical excellence, health equity, and behavioral health innovation.

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