

**Harvard Medical School/ Massachusetts General Hospital
Internship in Clinical Psychology**

A.P.A. Site Visit Report: 1999

Domain A: Eligibility

A1. Internship Training at MGH

The Harvard Medical School/Massachusetts General Hospital Internship in Clinical Psychology offers didactic and supervised training appropriate for the education and practice of professional psychology. More specifically, we select and train psychologists to be leaders in the delivery of competent clinical care as well as scholars and administrators in the practice of professional psychology. The internship is 12 months beginning July 1st of each year and ending June 30th the following year. There are three training tracks: Adult, Child-Adult and Cognitive Behavioral Therapy with 6 fully funded intern slots.

Table 1: Internship Eligibility
Program Name:
<i>Harvard Medical School/Massachusetts General Hospital Internship in Clinical Psychology</i>
Primary Educational Model and Training Goals:
<i>The Massachusetts General Hospital/Harvard Medical School model is organized in a manner to facilitate psychology interns preparation for leadership, academic and clinical careers in professional psychology. Our goal is to help interns function independently under supervision as professionals and to develop the range of clinical, consultation and research skills central to the functioning of a clinical psychologist in the scientist /practitioner tradition. The internship strives for the intern to achieve prerequisite of scientific and scholarly knowledge, sufficient direct clinical experience with diverse mental conditions requiring accurate diagnosis and appropriate treatment so that they may use these experiences to continue careers that include competent clinical care, scholarly and administrative activities within psychology.</i>
Date of Last Site Visit: October 20-21, 1994
A copy of the most recent Intern Brochure is provided in Appendix 1
A copy of the MGH Institutional Procedures and Policies applicable to interns is provided in Appendix 2
A copy of the Certificate of Internship Completion issued by the program is provided in Appendix 3

A2. Sponsoring Institution

The HMS/MGH Psychology Internship is sponsored by Massachusetts General Hospital, a private, non-profit teaching hospital founded in 1811. Mission Statement of the MGH: "To provide the highest quality care to individuals and to the community, to advance care through excellence in biomedical research, and to educate future academic and practice leaders of the health care professions". Psychology training has been in existence since the beginning of the 20th century when one of William James' students, L. Eugene Emerson, began applying psychological knowledge to the treatment of mental and emotional disorders within the Department of Medicine at MGH. Psychology and Psychiatry have been allied since the

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Department of Psychiatry was founded in 1934. The internship first received A.P.A. approval in 1978. MGH is a major teaching facility of the Harvard Medical School, and as such, trains medical students, psychiatry residents, social work interns, nursing students, as well as psychologists. All faculty hold academic appointments to Harvard Medical School.

Services at M.G.H.:

- a. Child Psychiatry- evaluation, individual, group and family
- b. Adult Psychiatry- evaluation, individual, group and family
- c. Pediatric Psychopharmacology Unit
- d. Adult Psychopharmacology Unit
- e. Blake Adult In-patient Unit- 21 beds, locked capacity
- f. Acute Psychiatry Service- Emergency Department
- g. Consultation Service- Adult & Pediatric
- h. Law & Psychiatry and Children and the Law
- i. Andrews Unit , HIV Clinic
- j. West End Clinic- substance abuse
- k. Women's Health
- l. Primary Care Psychiatry
- m. Somatic Therapies
- n. Behavioral Medicine Unit
- o. Cox Cancer Center
- p. Geriatric Psychiatry Unit
- q. Obsessive-Compulsive Disorder Institute
- r. Psychological Assessment Center- neuropsychological, career and personality assessment

Populations Served:

- a. Adult, diverse population in terms of geography, ethnic background and age served
- b. Children, diverse population in terms of geography, ethnic background and age served
- c. School Consultations
- d. Employment Centers
- e. Courts and Judges
- f. Gay and Lesbian
- g. Geriatric
- h. Health Providers
- i. HIV positive clients
- j. Physically impaired/disabled clients
- k. Racial and ethnic minority clients
- l. Rural populations and telepsychiatry
- m. Severely/chronically mentally ill
- n. Substance abuse treatment
- o. Eating Disorders
- p. OCD
- q. Occupational guidance and EAP consultation
- r. Developmental neuropsychological assessment and consultation
- s. Chronic illness

A3. Integration with Institutional Mission

Psychology within the Department of Psychiatry has been an integral part of the MGH's mission to provide excellence in care, teaching and research. There are no units or practice groups that do not have the presence of staff psychologists. Within each of these Units, the integration is apparent in the shared clinical activities, co-authored research papers and grant applications. The presence of senior psychologists on all department committees speaks to the functional integration of psychology within the planning and execution of Department activities. Despite the numerous significant threats to the financial status of teaching hospitals, there has never been a crisis or significant deleterious outcome to the quality, stability or continuity of the Internship Program.

A4. Residency Requirements and Work Load

The Internship Program at MGH requires a 12 month full-time residency (July 1st-June 30th) or 24 months for a half-time position. Holidays observed officially by the hospital are listed on the hospital calendar (see Appendix 4). Each intern has a total of 15 vacation days and 5 conference days for a total of 20 days. No vacation time can be carried over from the internship year into the post-doctoral or fellowship year. Because MGH is a major teaching hospital with large and diverse clinics and units in psychology and psychiatry, the opportunities for learning and training seem endless. In the spirit of maintaining a life that is both manageable and enjoyable, MGH interns can anticipate that their weekly responsibilities will be approximately 50 hours per week. These time estimates account for clinical service, supervision, seminars, notes and evaluation reports, collateral communications as well as administration, scoring and write-ups of psychological assessments.

A5. Commitment to Cultural and Individual Diversity

The HMS/MGH Internship Program in Clinical Psychology is committed to the recruitment, retention and career development of a diverse and multi-cultural staff as well as trainees. This interest comprises individual as well as collective issues regarding race, culture, gender, socioeconomic status and age. Four MGH psychologists are members of the Diversity Committee within the Department of Psychiatry where efforts are coordinated to effectively further our goals in this area for both trainees and staff. Recent activities have involved direct outreach by e-mail and the Web and guaranteed interview status of underrepresented minorities. These efforts improved attracting minority intern applicants who had a likely chance to rank high in our selection ranking. For instance, in 1999, the number of minority interns ranked in the top 10 for each training slot jumped from 3% the previous year to 23% in 1999. It has been easy to recruit foreign nationals who either received graduate education in the US or Canada, e.g. 17 applicants for the 1999 class. In the last 5 years we have selected 5 foreign born interns who have comprised 13% of our classes. The MGH policies regarding issues of diversity and discrimination are found in Appendix 2.

A6. Access to Institutional Policies and Procedures

The MGH Psychology Internship Program makes public published documentation and provides a Web site with all recruitment procedures and policies, academic and clinical requirements, stipend and administrative policies. Additional written information regarding performance evaluation, retention, termination, due process, grievances for both training and staff are distributed once trainees have been accepted to the program. Numerous other materials regarding EAP support, extra-curricular benefits and educational activities are provided to all staff and trainees by e-mail and written documentation. See Appendix 2 for the MGH policies and procedures manual.

Domain B: Program Philosophy, Objectives, and Training Plan

B1(a) Overall Philosophy and Goal

The Harvard Medical School/Massachusetts General Hospital Internship in Clinical Psychology offers didactic and supervised training in clinical psychology in order to prepare its trainees to be leaders in the field of psychology by acquiring and consolidating the necessary scientific and scholarly knowledge, as well as having sufficient direct clinical experience with diverse populations, diagnostic categories and treatment modalities. Our graduating interns are capable of both providing competent clinical care and assuming continuing scholarly pursuits and administrative activities.

B1(b) Specific goals are:

- 1) to flexibly integrate scholarly and experimental knowledge with clinical experience in the diagnosis and treatment of mental disorders and conditions;
- 2) to build upon previous acquired skills and knowledge in an increasingly integrated and complex manner;
- 3) to assist and support the completion of the intern's dissertation before the completion of internship, and,
- 4) to clarify personal interests of trainees in order to help them develop strategies for continued professional development after the completion of internship.

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Long-term goals are:

- 1) for graduates to assume teaching and training positions within the field of professional psychology
- 2) for graduates to contribute to the scientific and scholarly basis of psychology by presenting papers at local and national meetings and publishing papers in national journals.
- 3) for graduates to assume leadership roles within organizations that deliver psychology services and provide for the education or training of professional psychologists.

The development of increasing competence that builds upon clinical, didactic and supervisory experiences is part of the philosophy and evaluation of interns. Our commitment to this process extends beyond the internship and is reflected in our training philosophy by the commitment to post-doctoral training. Both the adult and child-adult track interns are selected for a 2 year program that includes a post-doctoral or post-internship fellowship in addition to internship. The C.B.T. track is exclusively one-year in order to flexibly apply for teaching positions post-internship. Many of the C.B.T. trainees do in fact stay at MGH for post-doctoral training, but the track was designed for ultimate flexibility in applying for academic positions. The Adult and Child-Adult Tracks use the second year of training to build upon their clinical and scholarly skills without disruption. The vast majority of the interns in these 2 tracks are licensed for clinical practice at the completion of their internship and second year of training. All training tracks subscribe to the scientist/scholar/practitioner model and all MGH teaching faculty take part in either research or scholarly activities with many doing both.

The didactic training seminars are designed exclusively for the psychology interns with the exception of the orientation to emergency room psychiatry which is co-taught for the interns and psychiatry residents. There are a few shared seminars with the post-doctoral psychology fellows because of either advanced or elective placement in particular seminars.

B2(a)

Program Objectives:

- 1) Develop the necessary skills to independently evaluate mental and emotional conditions and assign appropriate diagnoses.
- 2) Develop the ability to recognize and apply appropriate treatments for diverse diagnoses and disorders. At least one of the treatment modalities during internship training will be an empirically endorsed treatment.
- 3) All diagnostic formulations and treatments will be informed by psychological research and scholarship.
- 4) Develop the ability to communicate effectively to a multidisciplinary staff and patients.
- 5) Expose psychology interns to a diverse faculty representing biological, bio-social, behavioral, psychodynamic and systemic theoretical models so that they may find mentors and advisors within their own areas of interest.
- 6) To model and facilitate the development of scientific and professional interests during and beyond internship training.
- 7) Ability to judge the appropriateness of psychological assessment by referral question, administer and interpret a variety of cognitive, intellectual, emotional, personality and neuropsychological measures. (adult and child-adult tracks only).

B2(b) The goals and objectives of the internship program are designed to prepare interns for the scientific practice of psychology and to discern avenues of future career development. The majority of our interns assume positions that require them to practice their acquired clinical proficiency while simultaneously furthering both their clinical skills and their scholarly development. Since two-thirds have a built in post-doctoral fellowship, they tend to acquire specialty clinical skills and are, according to history, likely to participate in research. The CBT interns all take positions which require research and clinical refinement, some focusing on teaching with others completing their clinical proficiency (see Table 3c for career outcomes for recent graduates).

B3(a) In order to achieve the above objectives, tremendous effort is devoted to the orientation of the new intern. This process initially is aimed at familiarity with the functional aspects of the institution, introduction of supervisors, orientation to specific clinical services where the interns function, and review of ethical and confidentiality concerns. During this process, interns gradually build up an out-patient case load that is specifically chosen to be appropriate for new interns. The case load is chosen in terms of variety and complexity that fit with a new intern's level of preparedness. Across the year all new cases are reviewed by track directors to insure a balanced case load in terms of disorders and treatment modalities as well as making sure that the trainees progressively assume more challenging and difficult cases. For those

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on the in-patient service, there is intensive orientation to the service, the roles of the multidisciplinary staff and their clinical role on each evaluation/ treatment team. After initial orientation, the interns progressively play an increasingly crucial role in diagnostic interviewing, focal psychological assessment, and individual and group treatment of the in-patients. There are always staff psychologists in residence for immediate supervision and teaching. All interns are given six weeks of orientation specific to the acute psychiatry service (APS) where they are extensively trained in crisis interviewing, psychotic and aggressive presentation, personal and patient safety, medical consultation and documentation, issues of suicidality and involuntary commitment. Across the year the interns become increasingly more self-sufficient in the management and disposition of acute presentation under the supervision and collaboration of an attending staff member. In this setting there is never solo learning, there is always senior staff working in collaboration with the interns. Clinical training is always balanced against the training needs of the intern and the functional needs of their assigned service, with training always the goal of the internship. The MGH philosophy emphasizes that competence in the clinical arena requires an immersion in the clinical milieu with the educational support of senior staff. Training needs always take functional precedence over the financial concerns of the institution which are handled apart from the interns experience to take into account the values and educational mission of the Department and program.

All clinical experiences with the exception of the Acute Psychiatry Service are provided in Units where there are staff psychologists as direct supervisors. The APS functions on an attending model where the majority of patients seen require immediate evaluation of the need for or continuation of psychoactive medications. In this limited instance the interns work conjointly with a psychiatrist to evaluate and treat psychiatric emergencies and have a staff psychologist supervising the overall experience.

B3(c) All interns have a minimum of 5 hours of individual supervision plus an additional 1-2 hours of group supervision.

Amount and nature of supervision:

Adult Track:

- 1 hr./week for inpatient training
- 1-1.5 hr./week for psychological assessment (adult)
- 1hr./week for psychotherapy evaluations (adult)
- 2hrs./week for outpatient psychotherapy (adult)
- APS direct supervision on site with Attending Psychiatrist

Child Track:

- 1hr./week for psychological assessment (children/adolescents/adults)
- 1hr./week for psychological assessment (adults)
- 2hrs./week for outpatient psychotherapy/evaluation (children and adolescents)
- 2hrs./week for outpatient psychotherapy (adults)
- 1 hr./week for outpatient psychotherapy/psychodiagnostic evaluations (adult)
- APS direct supervision on site with Attending Psychiatrist

Cognitive Behavioral Track:

- 2-3 hr./week individual supervision
- 1 hr/week supervision for group psychotherapy (Anxiety team)
- 1 hr/week supervision for group psychotherapy (Depression team)
- 1 hr/week individual supervision (Child behavior therapy -optional)

Virtually all clinical supervision is provided by licensed psychologists although interns may also receive some supervision from board certified staff psychiatrists. Both the psychologists and psychiatrists are members of the Department of Psychiatry at the MGH and hold joint appointments at the hospital and Harvard Medical School.

All psychology staff members are licensed psychologists in the Commonwealth of Massachusetts with certification as a health care provider. These credentials are a basic requirement for staff membership with clinical privileges. There are a limited number of research psychologists who are not licensed psychologists. These staff do not play a role in internship training, but might be research mentors in post-doctoral training. The scientific and scholarly activity of the MGH staff is summarized in Table 2c, p.11. Every effort is made to review, discuss and refine our trainees sense of professional ethics and behavior. This is an ongoing process that evolves with new experiences that challenge a trainees experience. Many of the staff serve as consultants to other professionals in the area regarding ethical or professional concerns. Over the last 5 years, 3 members of the MGH staff have been President of the Massachusetts Psychological Association, two have been members of the Board of Registration, 1 has been a site-visitor for APA's Education Directorate and many take part in local as well as national issues regarding professional psychology (please see Appendix 5 for training staff vitae and Table 2c, p. 11 for professional contributions).

B(e) The MGH Internship Program is organized within the Department of Psychiatry under the Chief of Psychology. The Chief of Psychology is directly responsible to the Chief of Psychiatry, Ned Cassem, M.D., and is a member of the Planning and Steering Committees within the Department of Psychiatry. Psychology training is organized and coordinated under the Psychology Training Committee which is comprised of senior psychology educators within the Department. The Training Committee includes the Chief of Psychology/Director of Internship Training (Dennis Norman, Ed.D.), Associate Director of Internship Training (Sheila O'Keefe, Ed.D.), Associate Chief of Psychology (Mark Blais, Psy.D.), Director of Behavioral Therapy Unit (Mike Otto, Ph.D.:coordinator of the CBT training track), Coordinator of Child-Adult training track (Steve Durant, Ed.D.), Consult Service Coordinator (Mary Moskowitz, Ph.D.), Senior Consultants (Eva Schoenfeld, Ph.D., Roberta Pressman, Ed.D. and Ward Cromer, Ph.D., Kathleen Ulman, Ph.D., Katja Baker, Psy.D.,and Bruce Masek, Ph.D.) The entire Training Committee meets monthly with sub-groups meeting weekly and on an ad hoc basis as needed for specific projects. The Training Committee works on a consensus model where differing perspectives are valued and fostered to strengthen our program. In the occasional event of non-consensus, the Chief of Psychology will guide the direction with full discussion of the reason for this decision. Central to the functioning of the Training Committee is a position that was added in 1998, administrative coordinator of psychology training (Roxanna Billings). Ms Billings is responsible chiefly to the Director and Associate Director of Psychology Training, but coordinates all activities that sustain our teaching and organizational activities.

B3(f) The MGH Internship Program is directed by Dennis Norman, Ed.D. who has also been the Chief of Psychology at MGH since 1989 and at the MGH since 1979. Dr. Norman is a licensed psychologist in the Commonwealth of Massachusetts (#3150;1982), a certified Health Care Provider (Mass.), ABPP Diplomate (Clinical Psychology;#4900). He is also Associate Professor of Psychology, Harvard Medical School; Psychologist, Massachusetts General Hospital; Consultant, McLean Hospital & Shriners Burn Institute; and holds Fellow Status in Division 12 of the APA, the Society for Personality Research and the Academy of Clinical Psychology. Dr. Norman was also past-Chair and Vice-chair of the Board of Registration of Psychology, Commonwealth of Massachusetts.

B4 (a-b) There is no singular theory that defines the methods of training in diagnosis and intervention in the MGH program. The CBT track focuses primarily upon behavioral techniques and research supporting such conceptualization and interventions. The adult and child-adult tracks are trained in CBT, psychodynamic, systems and developmental theories that inform the diagnosis and chosen treatment interventions. The supervision in all modes forces the intern to conceptualize the individualized concerns of the patient into a diagnostic framework that allows for DSM-IV formulation as well as other salient factors that clarify the symptoms, syndromes and the patient's view of their concerns. The supervisors help the intern clarify prominent issues into a framework that allows for triaging the interventions in a manner that optimize success in treating the patient and meeting the immediate concerns with possible issues that are beyond the awareness of the patient. Clinical supervision is often the focal point for the integration of didactic and empirical knowledge and it's translation in the professional care of patients

B4(c) Scholarly inquiry at the MGH is one of three equally valued missions of the hospital and is reflected in the numerous research/scholarly activities of the psychology training supervisors as well as our trainees (see Tables 2c and 5c). While no intern is absolutely required to be involved in research during their internship year, all are inundated with information from ongoing research projects and encouraged to pursue and develop their interests with faculty, especially during their post-doctoral training.

B4(d) Issues regarding diversity are explored in didactic seminars, rounds and in supervision. These concerns are ever present and go beyond clear empirical studies or didactic lectures. These issues are viewed as important in all cases because of the inherent biases an individual brings regarding class, education, perspective and culture. Ultimately, none of the didactic exercises are seen as adequate if we have not made the trainee aware that their own values and experiences are limited, probably biased, and must be examined carefully in a field that requires judgments that impact upon beliefs, values and philosophical orientations. Without self-awareness in this area, all teaching is deemed inadequate.

Modeling the discussion of such issues is essential and unfortunately not able to be provided by all of the staff despite their other professional competencies. The training committee tries to insure through both supervision and seminars that the trainees are exposed to minority and other staff who are able to articulate these issues in collegial relations, patient care and their impact upon practice.

Several members of MGH's staff are very active in providing services to discrete populations where these concerns are paramount. Examples include staff involved in primary care with patients of various ethnic and racial background, the AIDS clinic, the women and health clinic, staff devoted to the disenfranchised, teleconferencing with the Passamaquoddy tribe in rural Maine, and other minority staff who have attracted specialty groups of psychological practice. The proseminar is an avenue where these issues are often presented and discussed. Supervision of clinical cases in which these issues emerge are arranged on an ad hoc basis when needed for specific cases.

B5(a) To ensure that internship clinical activities are primarily in the service of education, the MGH training committee has developed a rigorous didactic experience with extensive clinical supervision so that any clinical encounter is discussed with at least one supervisor and often with more than one. The internship schedule is intense, in large part because the staff and trainees have found that elective seminars, rounds, case conferences and supervision provide for specific individual interests that cannot be covered in the CORE seminars and rotations. All interns have a track director who ensures that the intern's clinical cases and supervision achieve the breadth of experience that the training committee endorses and that their experiences progress in terms of complexity and clinical proficiency. The track directors, under the coordination of Dr. Sheila O'Keefe, Associate Director of Training, are the primary agents of feedback regarding the interns evaluations so that corrections or modifications can be made to accommodate a trainees professional development. The evaluation forms completed by supervisors are designed to specifically address the stated goals of the MGH internship (see Appendix 6).

Domain C: Program Resources

C1(a,b,c) The supervisory staff of MGH psychologists is comprised of 81 psychologists (29 full-time and 52 part-time) of which 28 form the nucleus of our training supervisors and the others are used for specialty training. Of the 28 training supervisors, 11 are full-time psychologists, although their time allocated for teaching activities in the internship is usually a portion of their total activities at MGH. Virtually all the full-time staff have small private practices as well as seeing clinic patients. The part-time staff are chosen for their expertise in providing quality supervision in the treatment of psychological disorders. The majority of the part-time staff are engaged in a significant clinical practice as well as their supervisory endeavors. Many have other institutional jobs but are chosen for part-time training at MGH to deepen our pool of specialty expertise. The full-time staff are essential to the integration of the overall mission of the department and there is no service or unit where there is not the presence of a supervising psychologist. All clinical supervisors see patients, despite administrative, research or teaching responsibilities. We are lucky to have a large number of staff available for supervision and mentoring psychology interns. By department policy, psychology interns receive preference over post-doctoral fellows in the assignment of supervisors and mentors. This policy reflects our commitment to the central role and value that is placed upon internship training. All psychology supervisors are licensed health care providers in the Commonwealth of Massachusetts. The Department of Psychiatry recognizes the importance of integrating the practice of psychology and training of psychologists by having the Chief of Psychology be a member of the Department's Planning Committee and the Associate Director serving on other leadership committees.

C1(d-e) The ongoing commitment of the psychology staff to professional psychology is reflected by the numerous contributions to scholarly and peer reviewed journals, participation in local and national professional organizations and educational and teaching activities (see Appendix 2c and 5c). Given the dedication to scholarly activities demonstrated by the quantity and quality of the training staff there are ample resources for the teaching, mentoring and integration of these activities in the professional practice of psychology. The roles of specific supervisors are determined by the Chief of Psychology in concert with the Associate Director, Track Directors and Training Committee. The primary criterion for position placement is competence, specific skills necessary for the role and demonstration of the interpersonal abilities to actualize these skills and competence. See table 2 for an overview of the training supervisors, their training roles and amount of time committed to training. Vitaes for the supervisory training are available in Appendix 5.

Table 2a: Current Program Training Supervisors

Training Staff	% Time to Training	Role
Ahern, David, Ph.D.	5	Supervisor Beh Medicine
Albert, Marilyn, Ph.D.	5	Supervisor Neuroscience
Alonso, Anne, Ph.D.	5	Instructor Group Tx
Ayoub, Catherine, Ed.D.	10	Sup/Instructor Children & Law
Baer, Lee, Ph.D.	20	Sup/Instructor Dissertation Seminar
Baker, Katja, Psy.D.	10	Supervisor Lindemann
Baker, Sharon, Ph.D.	5	Supervisor Addictions
Bekken, Kaaren, Ph.D.	5	Supervisor Neuropsychology
Bishop, Stephen, Ph.D.	5	Supervisor Psychotherapy
Blais, Mark, Psy.D.	75	Chief Psychologist In-Pt Unit
Breslau, Barbara, Ed.D.	5	Instructor Psychotherapy
Brown, Allen, Ph.D., J.D.	5	Instructor Diversity
Buckminster, Susan, Ph.D.	5	Instructor Beh. Therapy
Caggiano, Robert, Ed.D.	5	Supervisor Neuropsychology
Carey, Robert, Ed.D.	5	Instructor Psych Assess.
Chappell, Ginger, Ph.D.	5	Supervisor Psychotherapy
Chedekel, David, Ed.D.	5	Supervisor Child Psychotherapy
Collette, Martha, Ph.D.	5	Inst/Supv Neuropsychology
Conboy, Cathy, Psy.D.	5	Supervisor Psychotherapy
Cromer, Ward, Ph.D.	25	Chief Psychologist Bunker Hill
Crown, Judith, Ph.D.	5	Instructor Group Psychotherapy
Cummins, Robert, Ph.D.	5	Supervisor Psychotherapy
Deutsch, Robin, Ph.D.	25	Inst/Supv Law & Psychiatry
Deters, Thomas, Ph.D.	5	Supervisor Neuropsychology
Duffly, Paul, Ph.D.	5	Supervisor Addictions
Durant, Steve, Ed.D.	50	Supervisor Child Psychotherapy
Eisenthal, Sherman, Ph.D.	5	Supervisor Psychotherapy
Etcoff, Nancy, Ph.D.	5	Supervisor Neuropsychology
Faraone, Stephen, Ph.D.	5	Supervisor Research Methods
Fishel, Anne, Ph.D.	15	Instructor Couples Therapy

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Friedman, Joel, Ph.D.	5	Supervisor Psychotherapy
Friedman, Meredith, Ph.D.	5	Supervisor Psychotherapy
Gardner, Julie, Ph.D.	5	Instructor Group Psychotherapy
Gould, Robert, Ph.D.	25	Instructor Beh. Therapy
Greene, Ross, Ph.D.	15	Instructor Beh. Therapy
Gore, Neil, Ph.D.	5	Supervisor Psychotherapy
Herman, Ken, Ph.D., J.D.	5	Supervisor Children & Law
Higgins, Regina, Ed.D.	5	Supervisor Psychotherapy
Jacobo, Michelle, Ph.D.	25	Supv In-Pt Unit
Jacques, Michael, Ph.D.	5	Supervisor Psychotherapy
James, Samuel, Ed.D.	10	Instructor Group Psychotherapy
Katz, Ellis, Ph.D.	5	Supervisor Beh. Therapy
Keating, Elizabeth, Ph.D.	5	Supervisor Psychotherapy
Keuthen, Nancy, Ph.D.	5	Supervisor Psychotherapy
Lang, Elaine, Ph.D.	5	Supervisor Psychotherapy
Levy, Raymond, Psy.D.	10	Supervisor Psychotherapy
Lundy, Nancy, Ed.D.	25	Instructor DBT/Supv Psychotherapy
Masek, Bruce, Ph.D.	5	Instructor Beh. Med/ Therapy
Mathews, John, Psy.D.	5	Supervisor Psychotherapy
Medrano, Luisa, Ph.D.	5	Instructor Diversity
Meminger, Susan, Ph.D.	5	Supervisor Beh. Therapy
Minichiello, William, Ed.D.	5	Supervisor Beh. Therapy
Moskowitz, Mary, Ph.D.	5	Inst/Supv Neuropsychology
Murphy, Michael, Ed.D.	5	Supervisor Research Methods
Nisenbaum, Steven, Ph.D.	5	Instructor Ethics
Norman, Dennis K., Ed.D.	75	Chief of Psychology MGH/Dir Training
Ohye, Bonnie, Ph.D.	5	Supervisor Psychotherapy
O'Keefe, Sheila, M., Ed.D.	50	Assoc Dir Training
Otto, Michael, Ph.D.	50	Dir. Beh. Therapy Unit
Pava, Joel, Ph.D.	5	Supervisor Beh. Therapy
Penava, Susan, Ph.D.,	5	Inst/Supv. Beh. Therapy
Pressman, Roberta, Ed.D.	5	Instructor System Theory
Prudent, Suze, Ph.D.	5	Instructor Group Psychotherapy
Reifsnyder, Robert, Ed.D.	5	Inst. System Theory/Supv Psychotherapy
Riley, John, Ph.D.	5	Supervisor Beh. Therapy
Ronell, Diana, Ph.D.	5	Supervisor Beh. Therapy
Rosal, Milagros, Ph.D.	5	Supv. Beh. Med./Inst. Diversity
Savage, Cary, Ph.D.	5	Instructor Neuropsychology
Schoenfeld, Eva, Ph.D.	5	Supervision Committee
Shackleton, Bruce, Ed.D.	5	Supervisory Career Assessment
Sherman, Janet, Ph.D.	5	Supervisor Neuropsychology
Sokol Scott, Ph.D.	5	Supervisor Neuropsychology
Sokoloff, Dale, Psy.D.	5	Supervisor Psychotherapy
Taylor, Carol, Ph.D.	5	Supervisor Psychotherapy
Thorbeck, Jane, Ed.D.	5	Supervisor Psychotherapy
Tokarz, Thomas, Ph.D.	5	Supervisor Psychotherapy

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Ulman, Kathleen, Ph.D.	10	Instructor Group Psychotherapy
Weckstein, Muriel, M.A.	5	Supervisor Psychotherapy
Weisberg, Laura, Ph.D.	5	Supervisor Psychotherapy
Wilhelm, Sabina	10	Supervisor Beh. Therapy
Wilcox, Nancy, Ph.D.	5	Supervisor Psychotherapy
Wu, Jenai, Ph.D.	5	Supervisor Psychotherapy
Other Agency Supervisors:		
Hamburg, Paul, M.D.	5	Instructor Psych Evaluation
Henderson, David, M.D.	5	Instructor Diversity

2b: MGH Training Supervisors

		Training Supervisors	Other Agency Supervisors
African American/Black	M	1	2
	F	0	1
Caucasian	M	13	18
	F	9	31
Hispanic/Latino	M	0	0
	F	2	1
Asian/Pacific Islander	M	0	0
	F	2	0
American Indian/Alaska Native	M	1	0
	F	0	0
Multi-Ethnic	M	0	0
	F	0	0
Total Number	<i>M</i>	<i>15</i>	<i>20</i>
	<i>F</i>	<i>13</i>	<i>30</i>
Subject to Americans with Disabilities Act	M	1	0
	F	0	0

2c: Current Program Training Supervisors: Professional Activities Last 5 Years

	Member in Prof/Research Society	Author/Co-Author of Papers at Prof. Mtgs.	Author/Co-Author of Articles at Prof. Sci. Journals	Recipient Of Grants/ Contracts	Engaged in Delivery of Prof. Service
Male	15 100%	4 27%	9 60%	13 87%	15 100%
Female	13 100%	5 38%	5 38%	6 46%	13 100%

C2(a) The intern class is comprised of 6 psychology interns per year, 3 adult track, 2 CBT track and 1 child-adult track. All prospective interns are matriculated doctoral students who have completed all their doctoral course work and practicums which comprise face-to-face delivery of professional psychology services. They must have certification from their graduate directors of training that they are eligible and prepared for internship. Virtually all of our interns are from APA approved clinical or counseling psychology programs with an occasional student from school psychology with particular interests in neuropsychology but with sufficient clinical skills to compete with other applicants. No students are considered from programs without regional accreditation. The MGH internship is extremely competitive with over 500 inquiries per year and approximately 150 completed applications for the 6 training slots. The training program requires the APPIC universal application with a supplemental MGH application. The prospective interns are all given access to a printed or Web brochure that outlines our philosophy, goals and model of training.

Once accepted, interns participate on our training committee and are encouraged to share opinions of how to refine and supplement their training. There is universal understanding of the hospital and departmental mission which is embraced by staff and trainees by mutual selection. All trainees are officially appointed to the MGH staff as clinical fellows in psychology. This title is mandatory for all non-licensed psychologists.

Communication with Doctoral Programs

C2(b) The Psychology Internship Program at MGH cooperates fully with the intern's graduate program. Some programs request progress reports, which we provide in the form of written evaluations. In addition, some programs request and are granted in-person or telephone meetings with the Training Directors and other key faculty. At the completion of the internship, all programs receive formal written notification from MGH that the student has satisfactorily completed the requirements of their pre-doctoral internship.

At the local level, we often meet with Training Directors from the psychology graduate programs in the Boston area to update them on the internship and exchange ideas about the training of psychologists. Finally, we send program materials to selected Psychology programs who might have students interested in specific training opportunities available at the MGH.

All interns are matriculated doctoral students from accredited, degree-granting graduate programs in professional psychology (U.S. and Canada) who have completed clinical practicums and have written authorization from their graduate training program that they are eligible for internship training. MGH attracts a significant number of applicants from foreign programs. These are individually reviewed and the applicant must be from a graduate program in psychology that meets the requirements for licensure in the U.S. as a prerequisite for consideration. In the last 20 years we have had 2 such trainees, one currently a member of the training staff and one a current intern.

C2(c) All interns have completed adequate and appropriate supervised practicum training, which must include face-to-face delivery of professional psychological services. The average number of practicum hours for MGH's current class is 2,453 (range 1064-3537).

C2(d-e)) All interns are intensively scrutinized regarding their academic background, interests and "fit" for our training program. The most salient factors in intern selection are evidence of scholarly and clinical promise, personal integrity and goodness of fit with the philosophies and training goals of the MGH program.

C2(f) Interns have representation to the psychology training committee and are participants in the ongoing evaluation and analysis of courses and supervisors.

C(g) Interns are formally appointed to MGH and Harvard Medical School as clinical fellows. Throughout the institution they are referred to as "interns". Fellowship status at both the hospital and medical school is one exclusively for trainees

Table 3a: Intern Statistics

Application Statistics

	99-00	98-99	97-98	96-97	95-96
Applied to Program	162	154	~150*	~150*	~150*
Offered Admission	6	6	7	7	6
Funded	6	6	6	6	6
Unfunded	0	0	1	1	0

*not recorded

2b: Intern Demographics

		99-00	98-99	97-98	96-97	95-96
African Am/ Black	M	0	0	0	0	0
	F	0	0	0	0	0
Caucasian	M	3	1	4	0	0
	F	3	6	3	5	4
Hispanic/ Latino	M	0	0	0	0	0
	F	0	0	0	1	1
Asian/Pacific Islander	M	0	0	0	0	0
	F	0	0	0	0	1
Nat. Amer./ Alaskan Nat.	M	0	0	0	0	0
	F	0	0	0	0	0
Multi- Ethnic	M	-	-	-	-	-
	F	-	-	-	-	-
Foreign Nationals	M	1	0	0	0	0
	F	0	1	2	0	1
Total Interns	M	3	1	4	0	0
	F	3	6	3	6	6
# Subject to Amer.	M	0	0	0	0	0

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Disabilities Act	F	0	0	0	0	0
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2c: Intern Professional Activities

	99-00	98-99	97-98	96-97	95-96
Member of Prof./ Res. Societies	6 (100%)	6 (100%)	7 (100%)	7 (100%)	6 (100%)
Author/Co-Author of Papers at Prof. Mtg.	6 (100%) (49 papers)	4 (67%) (27 papers)	4 (57%) (44 papers)	4 (57%) (8 papers)	4 (67%) (5 papers)
Authors/Co-Authors Articles in Prof./ Scientific Journals	6 (100%) (36 pub.)	4 (67%) (25 pub.)	5 (71%) (34 pub.)	4 (57%) (5 pub)	4 (67%) (13 pub)
Leadership roles/ activities state/ provincial, regional or nat. prof. organ.	0	1 (17%)	3 (43%)	2 (29%)	3 (50%)

2d: Intern Support

A. # hours/week required of full-time intern	40-50
B. Stipend for a full- time intern	\$15,000
C. # hours/week required of a part- time intern	20-25
D. Stipend for a part- time intern	\$7,500
E. Total hours required to complete internship	1920

Table 4: Pre-Internship Experience/Education

ID#	Graduate Degree Institution	Area of Prof. Psychology	Type of Degree Program	Area of Training Emphasis	Doctoral Training Model
99.01	Catholic Univ.	Clinical	Ph.D.		Sci/Pract.
99.02	Boston College	Counseling	Ph.D.		Sci/Pract.
99.03	U. of Missouri	Clinical	Ph.D.		Sci/Pract.
99.04	U. of Marburg, Ger.	Clinical	Ph.D.		Sci/Pract.
99.05	Temple U	Clinical	Ph.D.	CBT	Sci/Pract.
99.06	Temple U	Clinical	Ph.D.	CBT	Sci/Pract.
98.01	Colorado State U	Counseling	Ph.D.	Child	Sci/Pract.
98.02	Temple U	Clinical	Ph.D.	CBT	Sci/Pract.
98.03	Univ. of Oregon	Clinical	Ph.D.		Sci/Pract.
98.05	W. Vir. Univ.	Clinical	Ph.D.	CBT	Sci/Pract.
98.06	Clark Univ	Clinical	Ph.D.		Sci/Pract.
98.07	Univ. of Colorado	Clinical	Ph.D.		Sci/Pract.
97.01	Univ Calf. Berkely	Clinical	Ph.D.	Child	Sci/Pract.
97.02	New York Univ.	Clinical	Ph.D.		Sci/Pract.
97.03	U Mass Amherst	Clinical	Ph.D.		Sci/Pract.
97.04	U Mass Amherst	Clinical	Ph.D.		Sci/Pract.
97.05	SUNY Albany	Clinical	Ph.D.	CBT	Sci/Pract.
97.06	Louisiana St. Univ.	Clinical	Ph.D.	CBT	Sci/Pract.
97.07	Univ. of Denver	Clinical	Psy.D.		Sci/Pract.
96.01	Univ. of Minn.	Clinical	Ph.D.		Sci/Pract.
96.02	Boston Univ	Clinical	Ph.D.		Sci/Pract.
96.03	U Mass Amherst	Clinical	Ph.D.		Sci/Pract.
96.04	American Univ.	Clinical	Ph.D.		Sci/Pract.
96.05	Baylor Univ.	Clinical	Psy.D.		Sci/Pract.
96.06	Northwestern U	Clinical	Ph.D.	CBT	Sci/Pract.
96.07	Northwestern U	Clinical	Ph.D.	CBT	Sci/Pract.
95.01	U Mass Boston	Clinical	Ph.D.		Sci/Pract.
95.02	U Virginia	Clinical	Ph.D.		Sci/Pract.
95.03	Boston Univ	Clinical	Ph.D.		Sci/Pract.
95.04	U of Marburg Ger.	Clinical	Ph.D.	CBT	Sci/Pract.
95.05	U Mass Amherst	Clinical	Ph.D.		Sci/Pract.
95.06	U Chicago/Med	Clinical	Ph.D.	CBT	Sci/Pract.

Table 5: Post-Internship Experience

ID#	Initial Post-Internship Employment Code	Initial Job Title	Current Empl. Code	Current Job Title	Prof. Achievements
99.01	5	Intern	5	Intern	5 papers, 3 publications
99.02	5	Intern	5	Intern	6 papers, 6 publications
99.03	5	Intern	5	Intern	14 papers, 12 publications
99.04	5	Intern	5	Intern	17 papers, 6 publications
99.05	5	Intern	5	Intern	1 paper, 1 publication
99.06	5	Intern	5	Intern	6 papers, 8 publications
98.01	5	Post-doc Fellow	5	Post-doc Fellow	3 pub papers in prof journ
98.02	5	Post-doc Fellow	5	Post-doc Fellow	10 pub papers in prof. journ
98.03	5	Post-doc Fellow	5	Post-doc Fellow	1 pub paper in prof. journ
98.05	5	Post-doc Fellow	5	Post-doc Fellow	7 pub papers in prof. journ
98.06	5	Post-doc Fellow	5	Post-doc Fellow	5 pub papers in prof. journ
98.07	5	Post-doc Fellow	5	Post-doc Fellow	funded research
97.01	5	Post-doc Fellow	5	Staff Psych.	12 pub pap/funded research.
97.02	5	Post-doc Fellow	5	Staff Psych.	2 pub papers
97.03	5	Post-doc Fellow	5	Staff Psych.	1 paper presented prof. organ.
97.04	5	Post-doc Fellow	5	Staff Psych.	1 paper pub/5 papers presented
97.05	5	Post-doc Fellow	5	Staff Psych.	13 pub papers/11 papers presented
97.06	15	Asst Professor	15	Asst Professor	6 pub. papers/23 presented /funded research
97.07	5	Post-doc Fellow	5	Staff Psych.	consulting with Law & Psychiatry Service MGH
96.01	5	Post-doc Fellow	5	Dir of Neuro	5 papers, 4 publications
96.02	5	Post-doc Fellow	12	Dir Coun. Ctr	Associate Dean for Personal Dev.
96.03	5	Post-doc Fellow	5	Staff Psych.	Training Sup In-Patient Unit MGH
96.04	14	Post-doc Fellow	14	Staff Psych.	1 paper pub/3 papers presented
96.05	5	Post-doc Fellow	5	Staff Psych.	Dir of Training
96.06	5	Post-doc Fellow	5	Staff Psych.	Training Supervisor
96.07	5	Post-doc Fellow	5	Staff Psych.	Harrington??
95.01	5	Post-doc Fellow	8	Staff Psychologist	diversity consultant
95.02	5	Post-doc Fellow	1,2,5	Project Dir. Staff Psych	2 pub papers/2 papers
95.03	5	Post-doc Fellow	5,14	Staff Psychologist	training sup
95.04	5	Post-doc Fellow	5	Staff Psychologist	7 articles,4 chaps., 1 bk review
95.05	5	Post-doc Fellow	33	Staff Psychologist	Training Supervisor, 1 publication
95.06	5	Post-doc Fellow	5	Staff Psychologist	Training Supervisor,4 papers, 2 publications

C3(a) Financial support for the internship is shared across the Department due to the numerous training activities within the various units and clinics. The major sources of support are the Psychiatry General Fund (linked to training on the in-patient unit and the acute psychiatry service) Out-Patient Fund (linked to the many ambulatory units and clinics) and the Psychiatry Special Fund (which contributed to the support of teaching and academic activities). All revenues for the operation of this unit and the internship program are "hard money" in that none of the money is from grants. The Outpatient Units also contribute directly to the salaries of the staff psychologists who administrate and direct psychology training within their units. Because the six intern stipends are based on hard money, the financial structure is extremely stable and is wholly under the auspices of the Department. All positions are funded.

C3(b) Clerical support is offered at the individual sites where the interns are placed. Overall support for teaching materials and other resources are coordinated by the administrative assistant for the internship program.

C3(c) All materials needed for clinical service and courses are provided by the internship. At no time are interns expected to purchase books or supplies, for didactic courses or for clinical requirements. An additional resource for the interns is the availability of e-mail, internet service and pagers. Interns can log-on to any computer in the various setting to access their e-mail or acquire information from the internet. All interns have access to the medical library at MGH and all of the Harvard libraries.

C3(d) The MGH has ample conference rooms for all teaching and supervisory activities. Clinic space is always in high demand so rooms are assigned for blocks that match an intern's schedule. This is a fixed schedule that is stable week to week throughout the internship year. There is a shared trainee room in the out-patient department that is available for phone calls or computer work when the interns are not assigned to a specific location.

C3(e) The department's physical space is particular to each individual sub-unit within Psychiatry and is designed for the practical functioning of each unit. For example the Child Psychiatry Service has its own reception area and waiting room with support staff dedicated to patients and staff utilizing this area. This model is typical of all Units and Clinics.

C4(a) MGH is not partner to any consortium arrangement.

Domain D: Cultural and Individual Differences and Diversity

DI. The MGH program has made systematic, coherent, and long-term efforts to attract and retain interns and staff from differing ethnic, racial, and personal backgrounds into the program. We have been more successful with latino/hispanic and foreign nationals than with African-American students. There are many factors that contribute to this difficulty, although it must be noted that in the last two recruitment seasons, the top ranked applicant for the child track ('99) and adult track ('98) were African American males. In one case the applicant's graduate program was in California and he became concerned that he would lose momentum with his dissertation. In the second case the intern opted for a site that provided in-patient child training which is not possible to receive at MGH. Every effort is made to retain trainees from underrepresented minority groups for additional training or staff positions. Our efforts at the staff level have historically been more successful than at internship recruitment (see Appendix 7 for a relevant article).

D2 The MGH program provides a didactic section within the proseminar that addresses issues relevant to the role of cultural and individual diversity in psychological phenomena and professional practice. The instructors are all minority staff whose expertise is sought throughout the department for clinical consultation and didactic teaching in this area. All the interns are required to spend 4 hours a week in the acute psychiatry service which is one of the largest services of its kind in the Northeast. The patient population in the APS is extremely diverse in terms of individual and cultural presentation and the training incorporates this in the supervision. Mastery of any issues related to diversity in clinical care is the responsibility of the supervisor and is considered essential to any diagnostic or treatment planning.

Domain E: Intern-Staff Relations

E1 The HMS/MGH Internship in Clinical Psychology respects, encourages and values collegial communications and relations between trainees and staff. We view interns as "colleagues in training" with tremendous skills and potential that we are fortunate to share and enhance. Our selection process is acutely attuned to the contribution and potential of prospective applicants. We select trainees that will thrive within this value system. All staff and trainees are expected to conform the APA "Ethical Principles of Psychologists and Code of Conduct". Discussion is encouraged so that both staff and trainees refine and clarify how these principles may be realized in their day-to-day activities. The program provides a series of lectures at the beginning of internship, which review and discuss ethical guidelines and dilemmas.

Formal institutional policies that outline trainee/staff rights and privileges are provided to each intern during the initial orientation. (see Appendix 2). There have been no formal complaints from interns or directed from the program toward interns in the last ten years. There were certainly complaints prior to the current administration that culminated with the program being put on probation by A.P.A. in 1988. This process has left a positive impression on the senior staff of how the accreditation process can be extremely constructive in maintaining standards and morale in a training program.

E2 In addition to the close contact interns have with their individual supervisors on a weekly basis, the Associate Director of Training has a weekly proseminar with trainees that, at least on a monthly basis, reviews issues and concerns that arise in their training. The remainder of the proseminar topics/lectures are directed to professional issues that are not covered in semester or year long courses, e.g. diversity, ethics, confidentiality, private practice, licensure and requested topics of interest.

E3 Issues of diversity are approached across the institution and training programs in a manner that highlights their specific impact institutionally and in clinical practice. With recruitment, efforts are directed to reaching out to minority applicants and answering questions about their chance of matching with our training program. During the intern interviews, there is an additional meeting with a member of our staff for any issues or questions regarding the training experience at MGH as well as social, cultural and living concerns in the Boston area. This meeting is hosted by a minority staff member who has exhibited interest in the recruitment and retention of a diverse training and teaching staff at the MGH. Retention of trainees and junior staff is reflected in psychology's participation in the Diversity Committee of the Department as well as the ongoing activities of the Department. This Committee is charged with formulating policy recommendations that ensure the goals of diverse recruitment, retention, and career development.

3. The program shows respect for cultural and individual diversity among the interns by treating them in accord with the principles contained in domain A, Section 5 of this document.

4. Written policies and procedures regarding program requirements, expectations for interns performance and continuance in the program and procedures for the termination of trainees is provided upon acceptance to the internship. Interns and training staff are formally evaluated semi-annually. Interns, their track directors and the Assoc. Director of Training meet to review all supervisor evaluations and agree on any changes needed in goals, objectives or performance. The evaluation covers: progressive development of professional skills, specific psychological knowledge, student goals and professional conduct. Should any questions arise before the semi-annual review, a member of the training committee most familiar with the issues will meet individually with the intern and notify the remaining members of the training committee of the nature and outcome of the meeting. The vast majority of these meeting are instituted by interns requesting additional information about opportunities that might expand their educational activities around a specific interest. During the term of the Chief of Psychology, 1989-present, there has been no need for a formal disciplinary hearing regarding the behavior or progress of an intern. (see Appendix 2 for written procedures for formal discipline or grievances. All CORE training staff are accessible for meeting as needed or by e-mail for specific questions that do not require a face-to-face meeting.

(a) Guidance regarding steps to remediate all problems (if remediable) (see Appendix 2).

(c) Substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern (see appendix 2).

E5. Copy of certificate of graduation (see Appendix 3).

E6 *Harvard Facilities*: athletic, libraries, housing assistance, Career Development Office
MGH Facilities: EAP, health-care, library, computer access, e-mail with unlimited internet access
Foreign Student Office, Minority Development Office, biostatistical consultation, presentation development (slides etc.), photocopy, legal assistance, and writing consultation. These services are described in the orientation process and are reinforced periodically in the proseminar and individually when there is a possible benefit to the intern.

Domain F: Program Self-Assessment and Quality Enhancement

F1(a) The MGH Internship in Clinical Psychology participates in a formal evaluation process of interns twice per year; supervisors and seminars are evaluated once per year. The intern evaluation involves a face-to-face meeting with the track director and Associate Director training in which all supervisor evaluations are reviewed and discussed. Information from these evaluations is used to:

- 1) evaluate the progress of our interns in respect of our stated goals and objectives
- 2) evaluate the quality supervision and intern-staff relations relative to our stated goals and objectives
- 3) evaluate the teaching and intern-staff relations relative to our stated goals and objectives

It must be emphasized that the formal process is not the only method for quality control and assessment. As mentioned earlier, the proseminar is often the quickest avenue for self-correction because of the monthly review of issues and progress in training. A recent example of this process was a new required module in which the interns let us know that the level of didactic instruction was not sufficiently more advanced than their graduate school courses, so the training restructured the content for the next fall without having to wait for the formal evaluations.

Our long-term goals are evaluated by the career success of our graduates and their contribution to the field of professional psychology. Tables 2c and 5 provide empirical support for their accomplishments but the staff is even more proud that most are happy with their careers and professional development.

It is somewhat daunting that the evaluation process forces continual work and change, but we embrace and accept this as permanent. Of interest and with some irony we realize that our goals have remained consistent (although not always clearly articulated) but our work is never ending to actualize them with the changing nature of scholarly information, models of service delivery and the changing nature of the field itself.

F2-3. The MGH Internship Program is committed to the long-term career development of interns, post-doctoral fellows and staff. To ensure the trickle down effect of optimal training we offer mentoring and additional supervision for junior staff to develop areas of professional interest. The commitment of the Department of Psychiatry and MGH to the psychology program is not to be underestimated. The history of our Departments professional growth and the staff's development is directly related to the cooperation of psychologists and psychiatrists collaborating on research and clinical care. There is not one unit or sub-unit that does not reflect this rich synergy. We are fortunate that this relationship is not taken for granted and is reflected by the presence of psychology on all major teaching and administrative committees within the Department.

Domain G: Public Disclosure

G1(a) Detailed information concerning the internship program, applications procedures and practices are available in print, a dedicated Web site with associated links to APA and APPIC and by e-mail. Included on this site are admissions statistics and the last available site visit report to APA (see Appendix 8).

G1(b) The status of the internship program is listed on the first page of the brochure and Web site. The Web site has links to APA to verify the accreditation status as well as APA's address and phone number.

Domain H: Relationship with Accrediting Body

H1. It is the expressed policy of the HMS/MGH Internship in Clinical Psychology to abide by the policies and procedures of the Education Directorate of the American Psychological Association in regards to accreditation.

H2. There have been no disruptions that have required such notification outside of information provided in annual reports. The APA Directorate was contacted by phone in 1996 and 1997 regarding personal issues that prompted offering an unpaid internship slot. Both cases involved last minute moves by spouse to the Boston area that negated the normal internship selection. While, in principle, we are opposed to unfunded

training, we made personal exceptions in these two cases with the approval of the APA directorate. These are the only unfunded training positions in the last 10 years.

H3. To the best of our knowledge, there have been no issues regarding payment of fees associated with APA accreditation.

3. The internship is in good standing with the accrediting body in terms of payment of fees associated with the maintenance of its accredited status.