



Brigham and Women's Hospital

Founding Member, Mass General Brigham

Clinical Psychology Internship Training Program Brochure

2024-2025



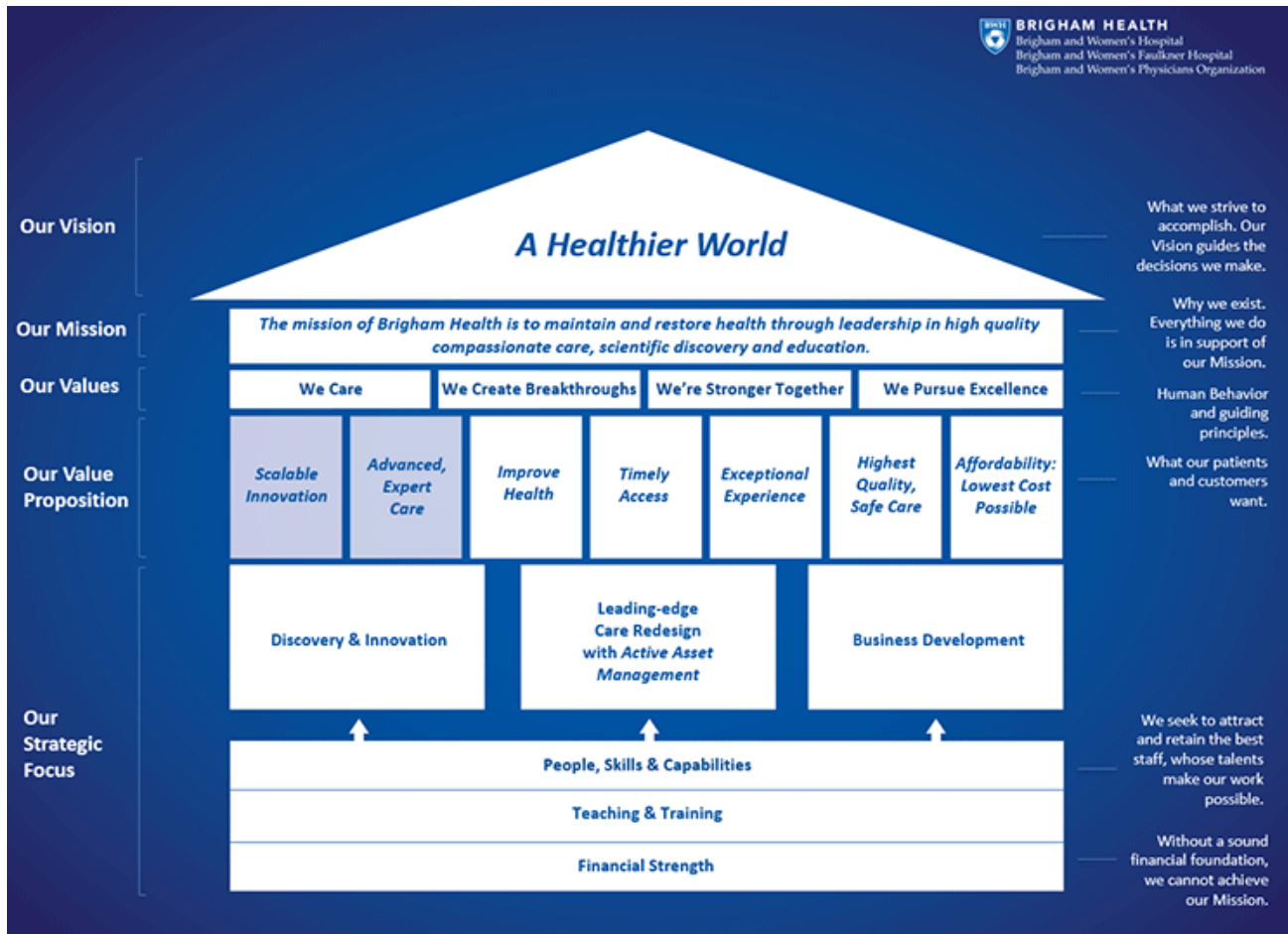
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BRIGHAM AND WOMEN'S HOSPITAL VISION AND MISSION STATEMENTS

Throughout Brigham Health, every decision we make is guided by our vision of a healthier world, and delivered through our mission of maintaining and restoring health through leadership in compassionate care, scientific discovery and education.

To deliver on our mission, there are five essential elements that we must provide to our patients and their families: improve health, provide timely access, deliver an exceptional patient service experience, provide highest-quality and safe care, and deliver care at the lowest possible cost. What makes the Brigham stand out among our peer institutions is our commitment to creating scalable innovation and delivering the most advanced, expert care. These two areas are what we believe set Brigham Health apart – the highly specialized and individual care we offer in all settings, from an exam room to a virtual visit or in an ICU receiving highly specialized, compassionate care; and the remarkable discoveries and innovations that improve our understanding, prevention and treatment of diseases.



BRIGHAM HEALTH DEPARTMENT OF PSYCHIATRY

The Department of Psychiatry at Brigham and Women's Hospital is at the forefront of advancing the care of patients with mind-brain disorders through clinical, research, and educational innovation and excellence. Our psychiatrists, psychologists, and social workers collaborate with primary care and medical specialists to provide coordinated, expert care for patients with primary psychiatric illnesses and those with psychiatric conditions due to other medical and neurological conditions. We are committed to transforming care for future generations through our robust research and education programs. Utilizing advanced, multi-modal brain imaging and biomarker studies, our researchers are identifying brain circuitry and pathophysiologies, providing a foundation for new diagnostic and treatment approaches that will improve outcomes and quality-of-life for patients with psychiatric disorders. Our educational programs reflect a contemporary, specialized approach for training the next generation of leaders in academic psychiatry.

CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM - MISSION STATEMENT

The mission of the psychology internship program at Brigham and Women's Hospital is to provide a comprehensive training year in the application of clinical psychology interventions and assessments that support the development of doctoral interns in psychology within the science and practice of professional psychology. Our program emphasizes a scientist-practitioner model of training of professional competencies in psychology including research, ethical and legal standards, individual and cultural diversity, professional values, attitudes and behaviors, communication and interpersonal skills, assessment, intervention, supervision, as well as consultation and interprofessional/interdisciplinary skills. Training components integrate emphases on empirically-supported, evidence-based interventions, culturally-responsive, trauma-informed, collaborative, and patient-centered approaches and recovery-based practice. Psychology interns within the program will develop expertise in an academic medical center environment that incorporates provision of care for medically-compromised and other adult psychiatric patients. Interns will develop expertise in professional psychological skills of collaboration, connections and access across interprofessional contexts within an academic medical center. Training settings are diverse and include both inpatient and outpatient care environments. Our broad-based and generalist program engages interns through clinical supervision, didactics, research and psychological assessment practices.

Overview

The Department of Psychiatry at Brigham and Women's Hospital (BWH) offers a 12-month, full-time psychology internship for doctoral students in clinical psychology. The training program is centered upon the provision of training within a scientist-practitioner model. Clinical psychology interns are provided with training that is geared to the development of expertise in the provision of clinical care, engagement in clinical scientific endeavors and research activities. The training program aims to provide a generalist approach to training in clinical psychology with opportunities for specialization through specialty tracks and electives. All training activities are centered upon services for an adult population that is served within the institution and affiliated programs.

Our program is in alignment with the American Psychological Association's profession-wide competencies for training in health service psychology including:

- Research
- Ethical and legal standards
- Individual and cultural diversity
- Professional values, attitudes and behaviors
- Communication and interpersonal skills
- Assessment
- Intervention
- Supervision
- Consultation and Interprofessional/Interdisciplinary skills

The training program emphasizes three primary components associated with the delivery of psychological services within an academic medical center including: 1) Collaboration, 2) Connections and 3) Access. First, collaboration represents a central component to service delivery within an interprofessional training environment.

Clinical psychology interns will develop expertise in the provision of care that incorporates an interdisciplinary function given roles on multidisciplinary treatment teams, consultation/liaison services, and opportunities for collaborative care that exist all within a world-renowned academic medical center. Second, the training program is embedded within the Department of Psychiatry that promotes establishing and extending connections with patients using innovative models that aim to integrate technological interventions including telehealth and internet-based services. Third, interns will have an opportunity to engage in service delivery that addresses important areas of expanded access to treatment through brief, interactive and high-impact sessions across both inpatient and outpatient settings.

The BWH internship training program utilizes the APPIC Internship Match Program to match clinical psychology interns and is compliant with all of the rules and regulations of APPIC. The BWH internship training program participates as an APPIC full member program. The BWH internship training program is not accredited by the American Psychological Association.

American Psychological Association

Office of Program Consultation and Accreditation

750 First Street NE
Washington, DC 20002-4242

Telephone: (202) 336-5979
TDD/TTY: (202) 336-6123
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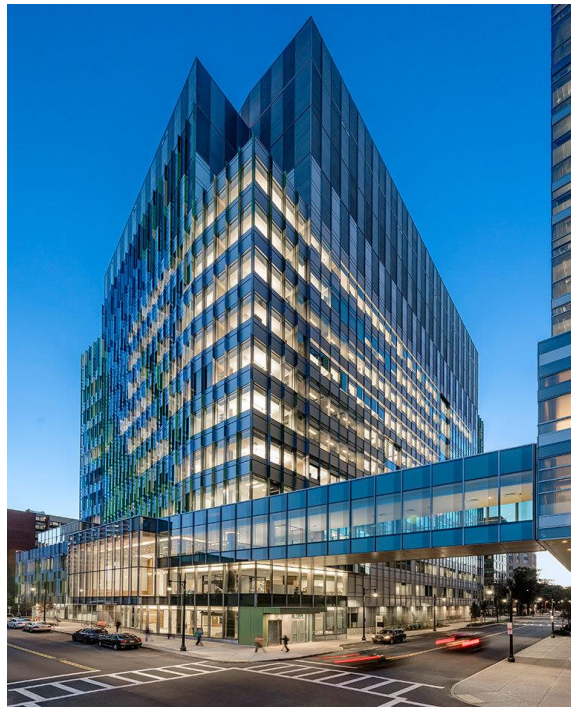
Diversity, Equity and Inclusion

The Department of Psychiatry is committed to diversity, equity and inclusion efforts across training activities and institutional structures.

Psychology interns should expect that their psychology training at Brigham and Women's Hospital will be based within a culturally-informed framework through attention to the cultural formulations of patient presentations, culturally-responsive CBT interventions, and supervision that fosters attention to diversity constructs. Didactics are incorporative of diversity and inclusion themes and interns are offered opportunities to connect to local educational trainings across BWH and Harvard Medical School including an HMS ALANA Mentoring Program for HMS psychology interns and postdoctoral fellows who identify as African-American, Latinx, Asian, and Native American.

The internship program is based within a department that has an established Psychiatry Justice, Equity, Diversity and Inclusion (JEDI) committee that invites faculty, staff and trainees across disciplines to join together in addressing equity issues within the institution. Efforts have included facilitation of openness to diversity dilemmas, educational outreach and collaborations with local academic institutions, colloquia offered within the department and institutional change efforts.

Training Institutions



Brigham and Women's Hospital

Brigham and Women's Hospital (BWH) is an internationally-respected and nationally-ranked hospital institution, which is a primary teaching hospital for Harvard Medical School. The institution includes 150 outpatient practices with over 60 psychologists and neuropsychologists across all campuses who provide care for patients who are from Boston, New England and also over 120 countries. The hospital consistently ranks as a top institution for many specialty areas including cancer, cardiology and heart surgery, gynecology, neurology and neurosurgery, orthopedics and rheumatology. BWH was formed in 1980 when the Harvard Medical School affiliated teaching institutions Peter Bent Brigham Hospital, the Robert Breck Brigham Hospital and the Boston Hospital for Women merged. The hospital maintains training for over 1,200 trainees across over 140 training programs including Harvard Medical School students. Psychiatric services at BWH include specialized treatment centers including addiction recovery, community mental health, depression center, global mental health, and women's mental health services.

The Department of Psychiatry features the outpatient Brigham Psychiatric Specialties (BPS) Clinic located at 221 Longwood Avenue within the Longwood Medical Area and this is the clinic where the outpatient cognitive-behavioral therapy training is offered. The BPS Clinic is within a historic healthcare building previously known as the Boston Lying-In Hospital, one of the first maternity hospitals in the United States in 1832. Today, the BPS outpatient clinic is set in a modern and updated facility that was completely renovated in 2018. The populations served within the BPS at BWH include psychiatric patients who have established primary care services within the hospital; patients who are referred for psychiatric services at BPS who do not have established primary care at BWH are provided with community referrals. The population of patients at BPS include those with treatment needs for mood disorders (depression, bipolar disorders, etc.), anxiety disorders (generalized anxiety disorder, panic disorders, phobias, obsessive-compulsive disorder, etc.), PTSD and other trauma-related disorders, psychotic disorders (schizophrenia, schizoaffective disorder, delusional disorder, etc.), personality disorders (borderline personality disorder, etc.), gender dysphoria and addiction disorders (alcohol use disorder, opioid use disorder, cannabis use disorder, etc.). The service is a large one with over 10,000 patients served per year and 1,200 referrals for medication, therapy or combined services each month. The demographics of the patients served include diversity of race (11% Black/ African American, 6% Asian, 1% multiracial, 69% white, 13% unknown/missing/declined), ethnicity (11% Hispanic, 80% Not Hispanic, 9% unknown/missing), age (3% <20, 17% 21-30, 16% 31-40, 13% 41-50, 16% 51-60, 18% 61-70, 16% >70), gender (70% female, 30% male), and language preferred (6% Not English, 94% English). The training opportunities in this setting include being a member of an interdisciplinary treatment team, intake evaluations, individual psychotherapy, psychological assessments, and group psychotherapy.

The Department of Neurology includes the Center for Brain Mind Medicine (CBMM), located at 60 Fenwood Road, Boston MA. The CBMM provides comprehensive evaluations of complex diagnostic conditions at the interface of psychiatry and neurology. The CBMM fosters a multidisciplinary approach to clinical care and research and is comprised of a team of specialists in behavioral neurology, neuropsychiatry, geriatric psychiatry, neuropsychology, and social work. The population of patients served at the CBMM includes adults who present with cognitive, emotional, or behavioral difficulties secondary due to disease, injury, or developmental disorders of the central nervous system. These conditions include mild cognitive impairment, neurodegenerative conditions, epilepsy, stroke, brain tumors, cancer, multiple sclerosis, traumatic brain injury, neurobehavioral, primary psychiatric syndromes, and neurodevelopmental syndromes. The training opportunities at the CBMM include neuropsychological assessment and group cognitive rehabilitation interventions.



Brigham and Women's Faulkner Hospital

The Brigham and Women's Faulkner Hospital (BWFH) is a community hospital located in the Allandale Woods neighborhood of Jamaica Plain, MA, about 3.4 miles from the

BWH main campus and the Longwood Medical Area. The hospital, with a total of 162-beds, was founded in 1900 and is situated across street from Harvard University's Arnold Arboretum. In 1998, Faulkner Hospital joined with Brigham and Women's Hospital to form Brigham and Women's/Faulkner Hospitals, which is a member of Partners HealthCare. BWFH offers comprehensive medical, surgical and psychiatric care as well as complete emergency, outpatient and diagnostic services. The hospital's largest inpatient services are internal medicine, cardiology, psychiatry, orthopedics, gastroenterology and general/GI surgery. Effective October 1, 2012, Faulkner Hospital was renamed to Brigham and Women's Faulkner Hospital (BWFH).

The inpatient psychiatry service (2 South unit) provides acute inpatient psychiatric care primarily to Brigham and Women's Faulkner Hospital patients and Brigham and Women's Hospital patients who may be transferred from the Longwood main campus. In addition, the 2 South unit provides care for patients who present for admission to the hospital at various other locations outside the BWH network of facilities. The inpatient service provides acute inpatient psychiatric care to upwards of 24 young adult and adult individuals (ages 16+) within a locked unit. The average length of stay is 9-10 days, although outlying patients can be hospitalized for weeks and months depending on their treatment needs and legal status. A total of over 460 patients are admitted per year. Between 2020-2021, the population was notably diverse including adults across the lifespan (Mean 42.84 years old; range: 17-87), sex identity (41% male, 59% female), gender identity (25% female, 33% male, 1% transgender, and 41% unidentified), race and ethnicity (27% Black/African-American, 7% Hispanic, 2% Asian, 1% Native American/Alaskan Native, 13% Not defined, 50% White). The training in this setting includes being a member of an interdisciplinary treatment team, intensive individual psychotherapy, psychological assessments, and group psychotherapy. The inpatient unit provides an array of daily activities provided by multiple disciplines including nursing, occupational therapy, chaplain services, social work, and psychology. We also host multiple volunteers who provide peer support, music performances, and pet

therapy. New additions to our programming include multiple peer-recovery services by a certified peer specialist employee. The unit was renovated in 2017 to expand the number of single occupancy beds, add an outdoor terrace and provide aesthetic updates throughout.



Dana Farber Cancer Institute

The Dana Farber Cancer Institute (DFCI) is a world-renowned BWH-affiliated institution that provides expert and compassionate care to children and adults with cancer through various initiatives including advancements in understanding, diagnosis, treatment, cure, and prevention of cancer and related diseases. DFCI is an affiliate of Harvard Medical School and was founded in 1947. The Department of Palliative Care and Psychosocial Oncology houses the Psychology Service. The Psychology services provides training opportunities including individual and group psychotherapy from a health / psycho-oncologic perspective. Opportunities exist for training with bereavement, adult and young adult psycho-oncology. The service works with an interdisciplinary outpatient team based on disease centers and these teams include oncology, social work, palliative care, and psychiatry.

Internship Tracks

The internship program for **2024-2025** will offer two training program tracks and prospective interns may apply to one or both tracks to be considered for a match to the program. The two tracks include:

- General Adult Track (2 positions)
- Neuropsychology Track (1 position)

General Adult Track

Psychology interns in the General Adult Track will be provided with training activities across two specialty rotations, each for 6 months, during the internship year. The specialty rotations include the Ambulatory Psychology rotation and the Inpatient Psychology rotation, which are based at Brigham and Women's Hospital and Brigham and Women's Faulkner Hospital respectively.

- *Ambulatory Psychology*

Training within the Ambulatory Psychology rotation will focus specifically on the application of CBT, ACT, DBT, Motivational Interviewing, and mindfulness-based interventions that are delivered for adult outpatients who present to the clinic primarily for mood and anxiety disorders. Additional populations may include those with PTSD, personality disorders, as well as those with complex and comorbid medical illnesses. Opportunities to engage in psychotherapy services with older adults for those 60 years old and above are available.

Opportunities to collaborate with geriatric psychologists, neurologists, geriatric psychiatrists, neuropsychologists, and dementia specialists and within other brain health initiatives are available.

Modalities of treatment delivery include short-term individual psychotherapy, group psychotherapy and internet-based CBT (iCBT). Interns join an

interdisciplinary treatment team including psychiatry and social work to coordinate care for individual patients together.

- *Inpatient Psychology*

Training with those who experience serious, acute psychiatric symptoms will include a primary focus on individual and group psychotherapy for psychiatric inpatients who are receiving treatment within the 2 South inpatient unit. Interns are expected to provide intensive individual therapy for 1-2 patients at a time and are providing this treatment daily. Group psychotherapy training includes various evidence-based approaches that are adapted for the inpatient care setting including CBT, ACT, DBT, mindfulness-based and other recovery-based interventions. Interns are also provided with training in psychological assessment including structured clinical interviewing, psychological assessment including report writing. Psychology interns will provide treatment with an interdisciplinary treatment team setting including nursing, psychiatry, occupational therapy, social work and other allied health professionals.

Interns also are provided training in psychological testing and assessment through the department's Psychological Assessment and Research Service (*PARSe*), which provides assessment consultation services for psychiatric inpatients and outpatients with complex clinical presentations within the Department of Psychiatry. The *PARSe* team consults with psychiatric / medical providers and patients to help elucidate differential diagnosis, provide greater clarity around complexity and comorbidity, and assist in treatment planning. These evaluations incorporate a flexible battery of cognitive, psychological, personality, and other types of psychometric tools and techniques (in addition to a comprehensive, semi-structured clinical interview) as a means of obtaining a more differentiated picture of a patient's psychological functioning across domains. Assessment training includes weekly group and individual supervision for purposes of gaining a deeper understanding of the assessment process and to review

clinical cases, and direct supervision of all assessments performed. In addition to learning about the administration, scoring, and interpretation of common psychological tools and techniques, interns will also gain competency in data integration and clinical formulation, and reflecting this in a psychological evaluation report. The *PARSe* team is also actively engaged in clinical research using a database of completed assessments and has presented this work at the Harvard Medical School Psychiatry Research Day and in the journal *Psychological Assessment*.

Electives

Psychology interns in the General Adult Track are required to choose two electives for specialized training during the year. One elective will be arranged for each specialty rotation whereby the intern is primarily based given the training institution (BWH, BWFH) although additional arrangements are possible for smaller sites of training (BWH at 850 Boylston St). Electives are offered for 4 months during each rotation and begin during the 3rd month of training to allow time for interns to integrate into their specialty rotations. Electives are planned for 3-4 hours/week. The following electives are available:

- *Addictions (BWFH)*

Addiction services include inpatient substance use treatment, outpatient individual and group therapy as well as a short-term partial hospital program. Psychology interns may have an opportunity to provide dual diagnostic services to address addictions including tobacco, alcohol, opiate and other drugs of use.

- *Gender Diversity Clinic (BWFH)*

This clinic within the Department of Psychiatry provides individual assessment and treatment services for outpatients who identify as a gender minority including genderqueer, transgender, and other identifications. The purpose of

the clinic is to provide services that address gender dysphoria as well as myriad other mental health needs. Coordination with other medical services is an important aspect of training in this clinic.

- *Serious Mental Illness (BWFH)*

Opportunities to engage in psychotherapy services for those with serious mental illness are available within the inpatient and outpatient psychiatry service including individual psychotherapy and group psychotherapy that incorporate CBT, ACT and recovery-based interventions. Availability to partner with peer specialists are available as well on a variety of initiatives.

- *Neuropsychology (BWH/FH)*

The Center for Brain Mind Medicine at BWH provides comprehensive evaluation and treatment of patients presenting with cognitive and behavioral difficulties. While training provided in this 4-month rotation is not sufficient preparation to practice as a clinical neuropsychologist, psychology interns will benefit from a deeper understanding of the practice of neuropsychology, including the role of assessment, the interpretation of neuropsychological evaluations, an awareness and appreciation for how a patient's cognitive status can impact treatment, and how to work with patients and caregivers within a multi-disciplinary medical setting. Interns should ideally have completed some coursework and a practicum in neuropsychology. Interns will have the opportunity to observe/participate in neurological and neuropsychological evaluations, participate in clinical teaching rounds to discuss complex cases, and participate or co-lead groups that focus on either cognitive rehabilitation or caregiver support). For more information:

<https://www.brighamandwomens.org/neurology/cognitive-and-behavioral-neurology/center-for-brain-mind-medicine>

- *Pain Management Center (BWH)*

The BWH Pain Management Center (PMC) offers comprehensive care for patients with chronic pain in an outpatient setting. Training in the PMC include opportunities to engage in individual psychotherapy services that incorporate CBT, ACT, and mindfulness-based interventions for those with a variety of chronic pain conditions. There are opportunities to collaborate with pain management providers including anesthesiologists, psychiatrists, nurse practitioners, acupuncturists, etc. There are also opportunities to conduct psychological evaluations for spinal cord stimulators and pain pumps.

- *Pediatric Newborn Medicine (BWH)*

In this clinic, interns have the opportunity to train in follow-up pediatric developmental assessments for patients who were born in the neonatal intensive care unit (NICU) at BWH. These patients are seen for regular follow-up assessments with a psychologist and the intern has the opportunity to learn these assessments as well as potential additional opportunities for clinical interventions for the children and families.

- *Psycho-oncology (DFCI)*

The Dana Farber Cancer Institute (DFCI) offers interns an elective rotation in the Department of Palliative Care and Psychosocial Oncology. This interdisciplinary experience provides focused work in the field of psycho-oncology and supervision in individual and group psychotherapy, as well as experience in bereavement. Our psychotherapy service is shaped by the biopsychosocial model and incorporates CBT, ACT, and mindfulness-based interventions.

Core Clinical Activity

All General Adult track interns' training includes the core clinical activity (CCA) of adult outpatient psychotherapy intake evaluations and psychotherapy within the Brigham Psychiatric Specialties (BPS) clinic. The CCA is a 4-hour per week, year-long activity for all interns. Psychology interns will provide individual psychotherapy to a wide range of diagnostically diverse patients in the outpatient clinic. All individual therapy patients will first be seen for an intake evaluation to determine their psychotherapy needs within the clinic. All psychotherapy cases are referred internally within the BPS clinic from existing providers. Interns will provide long-term treatment for 2-3 patients within their CCA as a means of developing clinical skills to identify and address multiple treatment goals for each individual patient. Opportunities to develop, recruit for and co-lead psychotherapy groups with faculty or other trainees are also available. The BPS clinic provides treatment from a variety of modalities, including (but not limited to) Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Exposure and Response Prevention, Dialectical Behavioral Therapy, and mindfulness-based treatments.

Summary of Weekly Clinical Activities

General	<i>July through December</i>			<i>January through June</i>		
Adult Track	Specialty Rotation [24 hours total; 6-8 hours direct service]	Core Clinical Activity [4 hours direct service]	Elective #1 [4 hours direct service]	Specialty Rotation [24 hours; 6-8 hours direct service]	Core Clinical Activity [4 hours direct service]	Elective #2 [4 hours direct service]

Neuropsychology Track

Psychology interns in the Neuropsychology track will spend 50% of their time training within the Department of Neurology and 50% of their time training within the Department of Psychiatry at Brigham and Women's Hospital.

Within the Department of Neurology, interns will see patients through the Center for Brain Mind Medicine (CBMM), which is uniquely collaborative, interdisciplinary group comprised of Neuropsychologists, Behavioral Neurologists, Neuropsychiatrists, and Social Workers. Interns will develop competency in the assessment of patients presenting with a range of neurological and neuropsychiatric syndromes at the interface of brain and behavior, including mild cognitive impairment, neurodegenerative conditions, epilepsy, stroke, brain tumors, cancer, multiple sclerosis, traumatic brain injury, neurobehavioral, primary psychiatric syndromes, and neurodevelopmental syndromes. In addition to the core didactic trainings required of all interns, interns in the Neuropsychology Track will also participate in weekly multidisciplinary clinical teaching rounds, as well as a weekly neuropsychology seminar with trainees at BWH and MGH. For more information:

<https://www.brighamandwomens.org/neurology/cognitive-and-behavioral-neurology/center-for-brain-mind-medicine>

Within the Department of Psychiatry, interns will focus their training on psychological testing and assessment as well as core clinical activities of individual and group psychotherapy. The psychological testing and assessment training will be within the BWFH Psychology Assessment and Research Service (PARSe) within both the Ambulatory Psychology and Inpatient Psychology settings. The PARSe receives referrals from across the Brigham Psychiatric Specialties (BPS) providers and is focused on providing comprehensive assessments to assist with diagnostic clarity and resolution of differential diagnostic questions for providers as a consultation to the

attending clinician or other allied health professional. Assessment training includes a weekly group supervision and seminar as well as supervised assessment cases. Assessment procedures include clinical interviewing, objective personality testing, performance-based testing, cognitive testing, symptom reporting measures, identity/acclimation measures and other tools relevant to the referral questions and individual being assessed. The *PARSe* team is also actively engaged in clinical research using a database of completed assessments and has presented this work at the Harvard Medical School Psychiatry Research Day and in the journal *Psychological Assessment*.

Core Clinical Activity

As part of the Department of Psychiatry, the training of Neuropsychology track interns will include a core clinical activity (CCA). The CCA will include adult outpatient psychotherapy intake evaluations and psychotherapy within the Brigham Psychiatric Specialties (BPS) clinic. The CCA is a 4-hour per week, year-long activity for all interns. Psychology interns will provide individual psychotherapy to a wide range of diagnostically diverse patients in the outpatient clinic. All individual therapy patients will first be seen for an intake evaluation to determine their psychotherapy needs within the clinic. All psychotherapy cases are referred internally within the BPS clinic from existing providers. Interns will provide long-term treatment for 2-3 patients within their CCA as a means of developing clinical skills to identify and address multiple treatment goals for each individual patient. Opportunities to develop, recruit for and co-lead psychotherapy groups with faculty or other trainees are also available. The BPS clinic provides treatment from a variety of modalities, including (but not limited to) Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, Exposure and Response Prevention, Dialectical Behavioral Therapy, and mindfulness-based treatments.

Summary of Weekly Clinical Activities

Neuropsychology Track	<i>July through June</i>		
	Neuropsychological Assessments [16 hours; 8 hours direct service with 2 evaluations]	PARSe Psychological Assessments [4 hours; 3 hours of direct service with 1 evaluation biweekly]	Core Clinical Activity [4 hours direct service]

Supervision

Primary clinical supervision for at least 4 hours per week is provided. Licensed clinical psychologists provide weekly individual and group supervision arrangements. Ad hoc supervision is provided as needed throughout the week to support developing treatment plans for individual therapy cases, reviewing progress toward treatment goals as well as planning and discussing group psychotherapy sessions.

Interns will each provide at least 6-months of weekly supervision to a psychology extern student from a local doctoral training program in psychology who is completing an advanced practicum training program at BWH/BWFH. Supervision may include trainees from the Department of Psychiatry and/or Department of Neurology depending on the internship track. Supervision-of-supervision will be provided for the psychology intern by an assigned licensed psychologist who will be legally responsible for the clinical care provided by the extern.

Research

All psychology interns will be provided with 4 hours per week for research activities in conjunction with research programs at BWH/BWFH. Interns are provided with access to join active research programs within and in collaboration with the Departments of Psychiatry or Neurology. Alternatively, interns may choose to develop a small program

evaluation or research project. Interns are expected to develop a research product at the end of the training year that may include, but is not limited to, a research manuscript, grant proposal, paper or poster presentation. Financial support is available for interns to pursue presentation of research activities and products at local and national conferences.

Core Educational Activities

A total of at least 4 hours per week are dedicated to core educational activities to complement the clinical care training of the internship program. All interns will attend the Psychology Seminar weekly. Other educational activities are track-specific and include the Department of Psychiatry Grand Rounds, Inpatient Psychiatry Case Consultation Series, and others as listed below. Additional training activities may be chosen by the intern based upon interest from an array of educational sessions within the hospital and department. Educational activities are described as follows:

Psychology Seminar (General Adult & Neuropsychology Tracks)

A weekly 2-hour psychology seminar on Fridays at 1pm is **required** for psychology interns. The seminar is organized by the education training committee and the primary domains of learning mirror the competency areas of development during the internship year including Research, Ethical and legal standards, Individual and cultural diversity, Professional values, attitudes and behaviors, Communication and interpersonal skills, Assessment, Intervention, Supervision, and Consultation and interprofessional/interdisciplinary skills. Topics are informed by intern interest and feedback from previous interns.

Psychology Ethics Seminar (General Adult & Neuropsychology Tracks)

Interns attend a monthly ethics seminar integrated into the **required** Friday Psychology Seminar that is led by national ethics expert, Dr. Eric Drogin JD PhD ABPP. The seminar features a core competency area of ethical principles and practice that is emphasized each month. Interns engage in pre-work readings, case discussion and other active

learning techniques to develop competency in ethical practice for practice as entry level psychologists. Readings are drawn primarily from *Ethical Conflicts in Psychology (5th Edition)*, a text edited by Dr. Drogin and provided to interns by the program.

Schwartz Rounds (General Adult & Neuropsychology Tracks)

BWH and BWFH both provide monthly **optional** 1-hour Schwartz Rounds. These rounds are a unique forum for interdisciplinary treatment providers to discuss the complexities for healthcare providers in caring for patients in the hospital from a humanitarian perspective. These are unique forums for clinicians to discuss the challenges associated with complex care delivery amongst colleagues in a confidential and supportive setting. At BWFH, these Rounds are provided on the 3rd Wednesday at 12pm virtually. At BWH, these Rounds are provided on the 2nd Tuesday at 12pm virtually.

20/20 Ambulatory Academic Conference (General Adult & Neuropsychology Tracks)

These 1-hour monthly meetings are an **optional** opportunity for the providers within the ambulatory psychiatry service to gather around a specialty topic of interest. Presenters provide a 20-minute academic presentation followed by a 20-minute case discussion Q&A for attendees. Attendees including psychologists, psychiatrists, social workers, nurses and trainees across these disciplines.

Research Initiatives (RI; General Adult & Neuropsychology Tracks)

This 1-hour **optional** meeting is akin to a mini 'grand rounds' where an internal or external/invited speaker presents results from a completed research project or body of work. Meetings are held at virtually on the 1st Monday of the month at 10am.

Works in Progress (WiPS; General Adult & Neuropsychology Tracks)

This **optional** meeting is intended to be less formal than RI and will consist of investigators presenting projects that are still in some stage of development where feedback is critical. Meetings are held virtually on the 3rd Monday of the month at 10am.

Forum for Investigative Growth (FIG; General Adult & Neuropsychology Tracks)

This **optional** meeting is focused on career development topics ranging from how to write a grant, how to work with a mentor, institutional research resources and so on. We have an open agenda for this meeting and are happy to incorporate any suggested topics from participants. Meetings are held virtually on the 4th Monday of the month at 10am.

UMASS/WRCH Professional Development Seminar Series (General Adult & Neuropsychology Tracks)

In collaboration with the internship training program at the University of Massachusetts/Worcester Recovery Center Hospital, interns may attend this **optional** monthly program of topics and speakers focused on various topics including post-doc application strategies, self-care, wage negotiation, barriers for women, grant writing, and social justice advocacy. The seminar is offered on the 1st Tuesday of the month from 12-1:30pm and all seminars are virtually accessible.

Inpatient Psychiatry Case Consultation Series (General Adult Track)

Interns attend and present to external case consultants or within the learners who attend the session to provide case consultation. These 1-1.5 hour **required** sessions for interns in the General Adult Track on Tuesdays at 2pm on the unit are designed to provide training for all trainees to learn case presentation skills, solicit answers to case consultation questions, and complement care provided on the unit. The identified presenter each week provides a presentation of a patient to the expert consultant and the session includes an in vivo interview with the patient and case consultation

audience prior to a case discussion. Attendees include trainees in psychology, psychiatry, social work, occupational therapy, and medical students.

Department of Psychiatry Grand Rounds (General Adult Track)

A **required** weekly 1-hour Grand Rounds on Thursdays at 12pm for interns on the General Adult Track is organized by the BWH Department of Psychiatry is provided for all psychiatry department faculty, staff and trainees at Brigham and Women's Hospital and Brigham and Women's Faulkner Hospital. The Grand Rounds are attended by all faculty, staff and trainees across the department and offer an opportunity to learn about cutting-edge innovations in clinical practice, assessment and therapeutics across the field of mental health care from national experts.

Neuropsychology Seminar (Neuropsychology Track)

One-hour weekly **required** seminar focusing on professional issues related to neuropsychology practice, neuroanatomy and neuroimaging, development and neurodevelopmental syndromes, clinical neurology, acquired CNS syndromes, and dementia. This seminar is hosted through the Psychology Assessment Center at MGH and is held virtually on Thursdays from 3:15-4:30

Center for Brain/Mind Medicine (CBMM) Multidisciplinary Clinical Teaching Rounds (Neuropsychology Track)

Weekly 2-hour **required** clinical teaching rounds with colleagues in Behavioral Neurology, Neuropsychology, Neuropsychiatry, and Social Work. This is a unique opportunity to collaborate with colleagues and trainees across these varied disciplines to provide comprehensive clinical care. and Rounds will be held via a hybrid model on the first Wednesday of the month and virtually the rest of the time. Wednesdays 10:00-12:00.

Journal Club (Neuropsychology Track)

Journal Club is **required** for interns on the Neuropsychology Track on Wednesdays from 12-1 during the academic year (September-June). This is a 10-month, weekly conference with colleagues in related disciplines to discuss current research relevant to the field and is held virtually following CBMM rounds. Faculty, staff, and trainees take turns presenting, and outside speakers are sometimes invited to present.

Supervision Seminar (Neuropsychology Track)

A **required** seminar to help prepare advanced neuropsychology students to take on the role of neuropsychology supervisor. Most didactic training in supervision has been focused on psychotherapy, so this time is dedicated specifically to helping students figure out their supervisory styles and develop skills to supervise neuropsychology trainees. Interns will be paired with practicum students and will work in a tiered supervision model and will practice goal setting, establishing boundaries and rapport, providing constructive feedback, and navigating any legal and ethical dilemmas that arise. This seminar is held on the first Wednesday of the month from 9-10am. The Neuropsychology Track intern will participate in this seminar during the 3-month rotation when they are engaged in peer-supervision.

Feedback Seminar (Neuropsychology Track)

A monthly **required** seminar to discuss issues related to providing neuropsychology feedback. Topics include discussion of suboptimal performance, sharing difficult diagnoses, and explaining tests in clear and understandable terms. The format will be largely discussion-based, and students are welcome to bring challenging cases to review/practice. This seminar is open to practicum students, interns, and fellows and is held on the third Wednesday of the month from 9-10am.

Fact-Finding (Neuropsychology Track)

The second and fourth Wednesdays of the month from 9-10am are dedicated to mock group fact-finding exercises and are open to all trainees and **required** of interns in the Neuropsychology Track.

Introductory Topics in Behavioral Neurology & Neuropsychiatry (Neuropsychology Track)

There is no journal club during July and August. Instead, this time is dedicated to a **required** weekly one-hour seminar series for incoming behavioral neurology and neuropsychology fellows. All neuropsychology trainees are invited and are encouraged to attend. This is a great way to establish connections with other trainees who are beginning their time at CBMM, and the content will be highly relevant. These seminars are presented virtually, and the schedule is listed below.

CBMM Seminar (Neuropsychology Track)

The CBMM Seminar Series is run by the Psychiatry department and is held virtually every 3rd Thursday of the month. Neuropsychology Track interns are **required** to attend.

Mentorship

All clinical psychology interns are connected with a non-evaluative mentor within the Brigham and Women's Hospital institution to support their professional development throughout the year. Interns are connected with a mentor at the beginning of the year and meet with the mentor on a regular basis throughout the year. Mentorship is identified as an important professional relationship in clinical psychology and interns will be offered opportunities to develop new mentorship relationships with their mentor as a means of supporting their training and professional success throughout the program.

Virtual Learning Policy and Modifications

Following the COVID-19 pandemic, the provision of psychological services and training in psychology has changed to incorporate numerous virtual learning practices. Mass General Brigham has instituted various enterprise policies and practices across the training environments including the Departments of Psychiatry and Neurology at both hospital systems. Training settings include both on-site and off-site locations to provide clinical care, engage in supervision and other learning activities. With clinical care, these changes have included provisions for ambulatory clinical services to be provided using telephone or virtual video visits through the Epic medical record software system. This method of delivery of care may also be applicable to other settings in the hospital as permitted. We also now provide both live and virtual supervision and other educational activities as permitted by the licensing board of Massachusetts, the American Psychological Association's Commission on Accreditation (CoA) guidance and Mass General Brigham policies and procedures.

Recruitment and Selection

Doctoral students in psychology from Clinical Psychology and Counseling Psychology are invited to apply for the internship. Students from both PsyD and PhD doctoral program will be considered eligible for application consideration. Applicants should have completed a minimum number of AAPI hours is 300 total and applicants should have a minimum of 3 graduate training years prior to beginning internship. Applicants from APA or CPA-accredited institutions are encouraged to apply.

To apply for the Brigham and Women's Hospital Clinical Psychology Internship Program, please submit an application through the APPIC website (www.appic.org) using the **AAPI Online** via the **Applicant Portal**. All applications must include a completed AAPI form, verification from the Academic Director of Clinical Training of readiness for internship training, curriculum vitae, all graduate transcripts and three letters of recommendation (including at least one letter from a clinical supervisor).

Intern candidates should specify within their cover letter which track(s) they wish to be considered for in the program. If invited to interview, intern candidates will receive notification of which track they are invited to interview for and will be asked to indicate after interview whether they wish to be considered for both tracks prior to rank list submissions.

To submit our program for rank order within the National Matching Service (NMS) portal, please note the following Match Code Numbers for each track:

- General Adult Track: 251911 (2 positions)
- Neuropsychology Track: 251912 (1 position)

All matched psychology applicants must complete a Massachusetts name-based criminal record check service (CORI) and national background check during onboarding prior to the beginning of the internship. Findings of adult and youthful offender convictions and pending offences (e.g., convicted felonies and outstanding warrants for arrest) will preclude a student from beginning the internship. Psychology applicants who match are required to submit documentation to meet the infection control requirements of BWH and Occupational Health Service (OHS) Medical Clearance by the start date of the internship program. Matched applicants must complete a drug test within 2 weeks of the match to test for cocaine, amphetamine, methamphetamine, PCP, opiates, barbiturates, benzodiazepines, and methadone. Matched applicants must complete this test to be eligible for employment. In the case of a positive test, case-by-case review will occur by the hospital and program administration.

For the 2024-2025 internship training year, all applications are due Tuesday November 14, 2023 11:59 PM EST.

Administrative and Financial Assistance

A total of 3 full-time, one-year internship positions are available for the 2024-2025 training year. The annual salary/stipend for the full-time internship training is \$44,000. Additional benefits include 20 vacation days, 12 sick days, 10 paid holidays, as well as 3 days of educational leave time for use to attend conferences, dissertation associated work and other educational/professional needs. Psychology interns on internship are eligible for benefits including health insurance arranged through the hospital.

Academic appointments as a Clinical Fellow in Psychology within the Department of Psychiatry at Harvard Medical School will be solicited from the institution.

The 2024-2025 internship program begins on July 1, 2024 and ends on June 30, 2025.

Community



BWH/BWFH Psychology Training Graduation 2022-2023



Boston Pride for the People Parade 2023 – Brigham and Women's Hospital



Psychological Assessment and Research Service (PARSe) – Harvard Research Day 2023



Department of Psychiatry Faculty and Trainees



Department of Neurology Faculty and Trainees

Internship Admissions, Support, and Initial Placement Data

INTERNSHIP PROGRAM TABLES

Date Program Tables are updated: 8/9/2023

Internship Program Admissions		
The Harvard Medical School/Brigham and Women’s Hospital Clinical Psychology Internship Training Program accepts applications from doctoral psychology students in either clinical or counseling PhD or PsyD programs that are accredited by APA or CPA. All applicants are expected to have completed all coursework for their home institution as well as have a department-approved dissertation proposal prior to the start of the internship training program. Applicants are expected to have accrued a minimum of 300 supervised practicum direct contact intervention hours. There is no required minimum number of direct contact assessment hours. For complete eligibility requirements, kindly review our APPIC directory listing.		
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:		
Total Direct Contact Intervention Hours	Y	300
Total Direct Contact Assessment Hours	N	NA
Describe any other required minimum criteria used to screen applicants: NA		

Financial and Other Benefit Support for Upcoming Training Year	
Annual Stipend/Salary for Full-time Interns	\$44,000
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	No
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time	180

Off (PTO and/or Vacation)	
Hours of Annual Paid Sick Leave	108
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe) NA	

Initial Post-Internship Positions		
(Provide an Aggregated Tally for the Preceding 3 Cohorts)		
	2021-2023	
Total # of interns who were in the 3 cohorts		6
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree		0
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center		
Military health center		
Academic health center	2	
Other medical center or hospital		1
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		

School district/system		
Independent practice setting	2	
Not currently employed	1	
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position.

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Selected Recent Faculty and Trainee Publications

Christopher AhnAllen, Ph.D.

1. AhnAllen CG. Reflections of a psychology educator during COVID-19. *Journal of the HMS Academy*. 2020; 2-2.
2. Nadkarni A, Hasler V, AhnAllen CG, Amonoo HL, Green D, Levy-Carrick N, Mittal L. Telehealth during COVID-19 - Does everyone have equal access? *Am J Psychiatry*. 2020; 177:1093-1094.
3. AhnAllen CG. How should trainees be taught to have compassionate intention when force is necessary to care well for patients? *AMA Journal of Ethics*. 2021; 23: E287-368.
4. Amonoo H, Levy-Carrick NC, Nadkarni A, Grossman S, Green D, Longley R, Silbersweig D, AhnAllen CG. Diversity, equity and inclusion committee: An instrument to champion diversity efforts within a large academic psychiatry department. *Psychiatric Services*. 2022; 73: 223-226.
5. Hamnvik OPR, Agarwal S, AhnAllen CG, Goldman AL, Reisner SL. Telemedicine and inequities in healthcare access: The example of transgender health. *Transgender Health*. 2022; 7: 113-116.
6. Macenski C, Keuroghlian A, AhnAllen CG, Beemyn G, Erlick E, Gill-Peterson J, Harper JM, Ramos R, Stroumsa D, Benetti F, Fromson J. (In)Equality and Beyond: Achieving Justice in Gender-Affirming Hormone Initiation. *Harvard Review of Psychiatry*. 2022; 30: 369-372.
7. Kleespies PM, Feinman A, AhnAllen CG, Hausman C, Thach T, Woodruff J, Loomis S, Bongar B. A national survey of doctoral psychology education and training in suicide risk and violence risk

assessment and management. *Suicide and Life-Threatening Behavior*. 2023; 53: 666-679.

8. Schnitzer K, AhnAllen CG, Beck S, Oliveira Y, Fromson JA, Evins AE. Multidisciplinary barriers to addressing tobacco cessation during an inpatient psychiatric hospitalization. *Addict Behaviors*. 2021; 120: 106988. <https://doi.org/10.1016/j.addbeh.2021.106988>.
9. Lebovitz JG, AhnAllen CG, Luhrmann TM. Experience of psychosis during the COVID-19 pandemic among hospitalized patients. *Psychosis*. 2022. <https://doi.org/10.1080/17522439.2021.2009548>.
10. Sinclair SJ, Carpenter KE, Cowie KD, AhnAllen CG, Haggerty G. A critical review of the Social Cognition and Object Relations Scale - Global (SCORS-G) and Thematic Apperception Test (TAT) in clinical practice and research: Psychometric limitations and ethical implications. *Psychological Assessment*. Forthcoming.

Abby Altman, PhD

1. Kumar AB, Zide BS, Bhardwaj T, Lipschitz JM, Altman AN, Donovan NJ. Evaluating Feasibility, Value and Characteristics of an Intergenerational Friendly Telephone Visit Program During the Covid-19 Pandemic. *Am J Geriatr Psychiatry*. 2023 May;31(5):341-352. PMID: 36635117
2. Altman AN, Willment KC, Morrissey L, Searl M, Campbell L. Psychosocial Interventions in Neuropsychiatry. In Silbersweig D, Daffner K, Safar L, editors. *Neuropsychiatry and Behavioral Neurology: Principles and Practice*. New York, NY: McGraw Hill; c2021.p.271-292.

Arthur Barsky, MD

1. Barsky AJ, Ahern DK, Bauer MR, Nolido N, Orav EJ: A randomized trial of treatments for high-utilizing somatizing patients. *J Gen Intern Med* 2013; 28: 1396-1404.
2. Dimsdale JE, Creed F, Escobar J, Sharpe M, Wulsin L, Barsky AJ, Lee S, Irwin MR, Levenson J: Somatic symptom disorder: an important change in DSM. *J Psychosom Res* 2013; 75: 223-228.
3. Barsky AJ: Assessing somatic symptoms in clinical practice. *JAMA Intern Med*. 2014;174(3):407-408.
4. Perez DL, Barsky AJ, Vago DR, Baslet G, Silbersweig DA: A neural circuit framework for somatosensory amplification in somatoform disorders. *J Neuropsychiat Clin Neurosci* 2015; 27:40-50.
5. Barsky, AJ: Assessing the new DSM 5 diagnosis of Somatic Symptom Disorder. *Psychosom Med* 2015; 78: 2-4.
6. Scarella TM, Laferton JAC, Ahern DK, Fallon BA, Barsky AJ: The relationship of hypochondriasis to anxiety, depressive, and somatoform disorders. *Psychosom* 2016; 57: 200-207.
7. Doering BK, Nestoriuc YA, Barsky AJ, Glaesmer H, Braehler E, Rief W. Is somatosensory amplification a risk factor for an increased report of side effects? Reference from the German general population. *J Psychosom Res*, 2015; 79: 492-497.

8. Rief W, Barsky AJ, Bingel U, Doering B, Schwarting R, Woehr M, Schweiger U. Rethinking psychopharmacology: The role of treatment context and brain plasticity in antidepressant and antipsychotic interventions. *Neurosci Biobehav Rev* 2016; 60: 51-64.
9. Nestoriuc Y, von Blankenburg P, Schuricht F, Barsky AJ, Hadj, P, Albert US, Rief W. Is it best to expect the worst? Influence of patients' side effect expectations on endocrine treatment outcome in a two year prospective clinical cohort study. *Ann Oncol* 2016; 27: 1909-1925.
10. Fallon BA, Ahern DK, Pavlicova M, Slavov I, Skritskya N, Barsky AJ: A randomized, controlled trial of medication and cognitive behavior therapy for hypochondriasis. *Am J Psychiat* 2017; 174:756-764.
11. Barsky AJ: The iatrogenic potential of the physician's words. *JAMA*. 2017;318: 2425-2426.
12. Colloca L, Barsky AJ: Placebo and nocebo effects. *New Engl J Med* 2020;382:554-561.
13. Fallon B, Basaraba C, Pavlicova M, Ahern, D, Barsky A. Differential treatment response between hypochondriasis with and without somatic symptoms. *Front Psychiat*; 2021; 12: 691-703. Doi:10.3389/fpsy.2021.691703
14. Barsky AJ, Silbersweig DA. Amplification of symptoms in the medically ill. *J Gen Int Med* 2022; [https://doi: 10.1007/s11606-022-07699-8](https://doi.org/10.1007/s11606-022-07699-8)

Eric Drogin PhD, JD, ABPP

1. Drogin, E. Y. (in press). Hoist by one's own petard: Mining the opposing expert's writings when preparing for cross-examination. *Criminal Justice*.
2. Drogin, E. Y. (in press). The principles of forensic psychology and criminal law – an American perspective. In B. D. Kelly & M. Donnelly (Eds.), *Routledge handbook of mental health law*. Routledge.
3. Nason, J., & Drogin, E. Y. (in press). Decision making in civil matters: The role of substituted judgment. In M. K. Miller, L. A. Yelderman, M. T. Huss, & J. A. Cantone (Eds.), *Cambridge handbook of the psychology of legal decision making*. Cambridge University Press.
4. Drogin, E. Y. (2022). Dementia in the legal profession. In E. Kelley (Ed.), *Representing people with dementia* (pp. 201-216). American Bar Association.
5. Drogin, E. Y. (2022). Propaganda and lone-actor terrorism. In J. Holzer, P. Recupero, P. Gill, & A. Dew (Eds.), *Lone-actor terrorism: An integrated framework* (pp. 109-119). Oxford.
6. Drogin, E. Y. (2022). Working with clients with dementia. In E. Kelley (Ed.), *Representing people with dementia* (pp. 103-118). American Bar Association.
7. Burton, B. I., & Drogin, E. Y. (2021). Acquisition and interpretation of digital information in forensic assessments. *Harvard Review of Psychiatry*, 29(3) 234-239.

8. Drogin, E. Y. (2020). Forensic mental telehealth assessment (FMTA) in the context of COVID-19. *International Journal of Law and Psychiatry*, 71, Article 101595. <https://doi.org/10.1016/j.ijlp.2020.101595>
9. [Kumaravel, A.](#), & Drogin, E. Y. (2020). Dementia: An overview for criminal law practitioners. *Criminal Justice*, 34(4), 4-9.
10. Drogin, E. Y. (2019). *Ethical conflicts in psychology* (5th ed.). American Psychological Association.

Gabe Gruner, LICSW

1. Oser, M.L., Khan, A.J., Kolodziej, M., **Gruner, G.B.**, Barsky, A., Epstein, L. (September 2019). *Mindfulness and Interoceptive Exposure Therapy for Anxiety Sensitivity in Atrial Fibrillation: A Pilot Study*. Behavior Modification.

Cindy Liu, PhD

1. ElTohamy, A.**, Hyun, S.**, Macaranas, A.R.**, Chen, J.A., Stevens, C., & Liu, C.H. (2022). Testing positive, losing a loved one, and financial hardship: Real-world impacts of COVID-19 on US college student distress. *Journal of Affective Disorders*, 314, 357-364.
2. Zhang, E.**, Hyun, S.**, Yip, T., Hahm, C., & Liu, C.H. (2022). Learning about discrimination during childhood: Implications for racial trauma among Asians and Asian Americans. *Asian Journal of Psychiatry*, 77, 103250.
3. Erdei, C., Feldman N.**, Koire, A.**, Mittal, L. & Liu, C.H. (2022). COVID-19 pandemic experiences and maternal stress in neonatal intensive care units. *Children*, 9, 2, 251.
4. Liu, C.H., Koire, A.**, Erdei, C., Mittal, L. (2022). Unexpected changes in birth experiences during the COVID-19 pandemic: Implications for maternal mental health. *Archives of Gynecology and Obstetrics*, 306, 3, 687-697.
5. Liu, C.H., Hyun, S.**, Mittal, L., & Erdei, C. (2022). Psychological risks to mother-infant bonding during the COVID-19 pandemic. *Pediatric Research*, 91, 4, 853-861.
6. Li, J.**, Hyun, S.**, Stevens, C., Chen, J.A., & Liu, C.H. (2022). Binge drinking and sexual risk behavior among sexual and gender minority college students. *American Journal of Addictions*, 31, 1, 22-30.
7. Hyun, S.**, Hahm, C., Zhang, E.**, Wong, G.**, Liu, C.H. (2021). Psychological correlates of poor sleep quality among U.S. young adults during COVID-19 pandemic. *Sleep Medicine*, 78, 51-56.
8. Liu, C.H., Zhang, E.**, Snidman, N., & Tronick, E. (2020). Infant affect response in the face-to-face still face among Chinese- and European American mothers and infants. *Infant Behavior and Development*, 60, 101469.

9. Stevens, C., Zhang, E.**, Cherkerzian, S., Chen, J., & Liu, C.H. (2020). Problematic internet use/computer gaming among US college students: Prevalence and correlates with mental health symptoms. *Depression and Anxiety*, 11, 1127-1136.
10. Liu, C.H. & Doan, S. (2019). Innovations in biological assessments of chronic stress through hair and nail cortisol: Conceptual, developmental, and methodological issues. *Developmental Psychobiology*, 61, 465-476.
11. Liu, C.H., & Tronick, E. (2013). Re-conceptualizing prenatal life stressors in predicting postpartum depression: Cumulative, specific, and domain specific approaches to calculating risk. *Paediatric and Perinatal Epidemiology*, 27, 481-490.
12. Liu, C.H., Stevens, C., Wong, S.**, Yasui, M., & Chen, J. (2019). The prevalence and predictors of mental health disorders and suicide among US college students. *Depression and Anxiety*, 36, 8-17.

**indicates student/trainee

Samantha Meints, PhD

1. Meints SM, Illueca M, Miller MM, Osaji D*, Doolittle B. The Pain and PRAYER Scale (PPRAYERS): development and validation of a scale to measure pain-related prayer. *Pain Medicine*. 2023.
2. Pester BD*, Wilson JM*, Yoon J*, Lazaridou A, Schreiber KL, Cornelius M, Campbell CM, Smith MT, Haythornthwaite JA, Edwards RR, Meints SM. Brief Mindfulness-based Cognitive Behavioral Therapy is Associated with Faster Recovery in Patients Undergoing Total Knee Arthroplasty: A Pilot Clinical Trial. *Pain Med*. 2022 Nov 17. PMID: 36394250, <https://doi.org/pnac183>
3. Meints SM, Garcia RG, Schuman-Olivier Z, Datko M, Desbordes G, Cornelius M, Edwards RR, Napadow V. The effects of combined respiratory-gated auricular vagal afferent nerve stimulation and mindfulness meditation for chronic low back pain: a pilot study. *Pain Med*. 2022 Feb 11:pnac025. doi: 10.1093/pm/pnac025. Epub ahead of print. PMID: 35148407.
4. Meints SM, Mawla I, Napadow V, Kong J, Gerber J, Chan ST, Wasan AD, Kaptchuk TJ, McDonnell C*, Carriere J, Rosen B, Gollub RL, Edwards RR. The relationship between catastrophizing and altered pain sensitivity in patients with chronic low-back pain. *Pain*. 2019 Apr;160(4):833-843. PMID: 30531308, PMCID: PMC6424610, <https://doi.org/10.1097/j.pain.0000000000001461>
5. Meints SM, Wang V*, Edwards RR. Sex and Race Differences in Pain Sensitization among Patients with Chronic Low Back Pain. *J Pain*. 2018 Dec;19(12):1461-1470. PMID: 30025944, PMCID: PMC6289602, [https://doi.org/S1526-5900\(18\)30332-8](https://doi.org/S1526-5900(18)30332-8)
6. Meints SM, Miller MM, Hirsh AT. Differences in Pain Coping Between Black and White Americans: A Meta-Analysis. *J Pain*. 2016 Jun;17(6):642-653. PMID: 26804583, PMCID: PMC4885774, <https://doi.org/10.1016/j.jpain.2015.12.017>

7. Overstreet DS*, Pester BD*, Wilson JM*, Flowers KM*, Kline NK*, Meints SM. The Experience of BIPOC Living with Chronic Pain in the USA: Biopsychosocial Factors that Underlie Racial Disparities in Pain Outcomes, Comorbidities, Inequities, and Barriers to Treatment. *Curr Pain Headache Rep.* 2023 Jan;27(1):1-10. PMID: 36527589, <https://doi.org/10.1007/s11916-022-01098-8>
8. Pester BD*, Edwards RR, Martel MO, Gilligan CJ, Meints SM. Mind-body approaches for reducing the need for post-operative opioids: Evidence and opportunities. *J Clin Anesth Intensive Care.* 2022;3(1):1-5. PMID: 36590137, PMCID: PMC9802583
9. Janevic MR, Mathur VA, Booker SQ, Morais C, Meints SM, Yeager KA, Meghani SH. Making Pain Research More Inclusive: Why and How. *J Pain.* 2021 Oct 20. PMID: 34678471, [https://doi.org/S1526-5900\(21\)00352-7](https://doi.org/S1526-5900(21)00352-7)
10. Meints SM, Edwards RR. Evaluating psychosocial contributions to chronic pain outcomes. *Prog Neuropsychopharmacol Biol Psychiatry.* 2018 Dec 20;87(Pt B):168-182. PMID: 29408484, PMCID: PMC6067990, [https://doi.org/S0278-5846\(17\)30985-5](https://doi.org/S0278-5846(17)30985-5)

Ashwini Nadkarni, MD

1. Marchioni Beery RM, Barnes EL, Nadkarni A, Korzenik JR. Suicidal behavior among hospitalized adults with inflammatory bowel disease: a United States nationwide analysis. *Inflammatory bowel diseases.* 2018 Jan 1; 24(1):25-34.
2. Nadkarni A, Harry E, Rozenblum R, Schissel S, Jackson A, DeOliveira M, Kimberly H, Giess C, Ashley S, Dudley K. 2021. Understanding Perceived Appreciation to Create a Culture of Wellness. *Academic Psychiatry.* 2021. <https://doi.org/10.1007/s40596-021-01489-w>
3. Nadkarni, A, Levy-Carrick NC, Kroll DS, Gitlin D, Silbersweig D. Communication and Transparency as a Means to Strengthening Workplace Culture during COVID-19. *NAM Perspectives.* 2021. <https://doi.org/10.31478/202103a>
4. Nadkarni A, Mittal, L. Can Telehealth Advance Professional Equity for Women in Medicine? *Telemedicine and e-Health.* 2021 Mar 03. DOI: [10.1089/tmj.2021.0015](https://doi.org/10.1089/tmj.2021.0015)
5. Amonoo HL, Levy-Carrick NC, Nadkarni A, Grossman S, Green D, Silbersweig D and AhnAllen, C. Diversity, Equity and Inclusion Committee: An Instrument to Champion Diversity Efforts within a Psychiatry Department. *Psychiatric Services.* June 23rd, 2021. DOI: [10.1176/appi.ps.202000934](https://doi.org/10.1176/appi.ps.202000934)
6. Harris JH, Levy-Carrick NC, and Nadkarni A. Open Notes in Psychiatry: The Conflict between Transparency in Patient Care and Mental Illness Stigma. *The Lancet,* 2022. [https://doi.org/10.1016/S2215-0366\(22\)00062-1](https://doi.org/10.1016/S2215-0366(22)00062-1)
7. Nadkarni A, Biswas J. Gender Disparity in Cognitive Load and Its Threat to Female Physician Burnout. *JAMA Psychiatry.* 2022 Jun 08. DOI: [10.1001/jamapsychiatry.2022.1382](https://doi.org/10.1001/jamapsychiatry.2022.1382)
8. Nadkarni A, Behbahani K, Fromson J. When Compromised Professional Fulfillment Compromises Professionalism. 2022 Feb 23. DOI: [10.1001/jama.2023.2076](https://doi.org/10.1001/jama.2023.2076)
9. Nadkarni A, Hasler V, AhnAllen CG, Amonoo HL, Green DW, Levy-Carrick NC, Mittal L.

Telehealth During COVID-19—Does Everyone Have Equal Access? *American Journal of Psychiatry*. 2020 Nov 1; 177(11):1093-4.
<https://doi.org/10.1176/appi.ajp.2020.20060867>

Aaron Nelson, PhD, ABPP

1. Nelson, AP. *The Harvard Medical School Guide to Achieving Optimal Memory*. New York (NY): McGraw-Hill; 2005.
2. Nelson AP, O'Connor MG. Mild cognitive impairment: a neuropsychological perspective. *CNS Spectr*. 2008; 13(1):56-64.
3. Suarez RO, Whalen S, Nelson AP, Tie Y, Meadows ME, Radmanesh A, Golby AJ. Threshold-independent functional MRI determination of language dominance: a validation study against clinical gold standards. *Epilepsy Behav*. 2009; 16(2):288-97.
4. Nelson, Aaron. Education is a double-edged sword in AD. In: *Journal Watch Neurology* (Martin Samuels, Editor). Waltham (MA): Massachusetts Medical Society; 2005. p. 9-10.
5. Nelson, Aaron. Subtle cognitive deficits in acute lacunar stroke. In: *Journal Watch Neurology* (Martin Samuels, Editor). Waltham (MA): Massachusetts Medical Society; 2007. p. 2.
6. Nelson, Aaron. Cognitive Reserve: Where we've been and where we're going. In: *Journal of the International Neuropsychological Society*. New York (NY): Cambridge University Press; 2007. p. 906-908.
7. Deak MC, Stickgold R, Pietras AC, Nelson AP, and Bubrick EJ. The role of sleep in forgetting in temporal lobe epilepsy: A pilot study. *Epilepsy Behav*. 2011; 21(4):462-466.
8. Nelson, A. President's annual state of the academy report. *The Clinical Neuropsychologist*. 2014; 28(1): 1-13.
9. Nelson A, Roper B, Slomine B, Morrison C, et al. Official Position of the American Academy of Clinical Neuropsychology: (AACN) Guidelines for Practicum Training in Clinical Neuropsychology. *The Clinical Neuropsychologist*. 2016.
10. Weisholtz D, Sullivan J, Nelson A, Daffner K, and Silbersweig S. Cognitive, Emotional, and Behavioral Inflexibility and Perseveration in Neuropsychiatric Illness. In Goldberg E, editor. *Executive Functions in Health and Disease*, 1st Edition. London (UK): Academic Press (Elsevier); 2017.
11. Green D and Nelson A. The Neuropsychological Evaluation in Neuropsychiatry. In Silbersweig D and Daffner K, editors. *Neuropsychiatry and Behavioral Neurology: Principles and Practice*, 1st Edition. New York: McGraw Hill; 2020.
12. AACN Relevance 2050 Subcommittee on Use of Race in Neuropsychological Test Norming and Performance Prediction (Barisa M, Bauer R, Boone K, Byrd D, Nelson A, Norman MA, Ready B, Stringer AY (Chair), and Stucky K). *Position Statement on Use of Race as a Factor in Neuropsychological Test Norming and Performance Prediction*; 2021

Kathryn Papp, PhD, ABPP

1. Papp KV, Buckley R, Mormino E, Maruff P, Villemagne VL, Masters CL, Johnson KA, Rentz DM, Sperling RA, Amariglio RE; Collaborators from the Harvard Aging Brain Study, the Alzheimer's Disease Neuroimaging Initiative and the Australian Imaging, Biomarker and Lifestyle Study of Aging. Clinical meaningfulness of subtle cognitive decline on longitudinal testing in preclinical AD. *Alzheimers Dement*. 2019 Nov 20. doi: 10.1016/j.jalz.2019.09.074. [Epub ahead of print] PMID:31759879.
2. Rentz DM, Papp KV, Mayblyum DV, Sanchez JS, Klein H, Souillard-Mandar W, Sperling RA, Johnson KA. Association of digital clock drawing with PET amyloid and tau pathology in normal older adults. (2021). *Neurology*, 96(14), e1844-e1854.
3. Samaroo A, Amariglio RE, Burnham S, Sparks P, Properzi M, Schultz AP, Buckley R, Johnson KA, Sperling RA, Rentz DM, Papp KV. Diminished learning over repeated exposures (LORE) in preclinical Alzheimer's disease. (2021). *Alzheimer's and Dementia: Diagnosis, Assessment and Disease Monitoring*, 12.1:e12132.
4. Papp KV, Samaroo A, Chou HC, Buckley R, Schneider OR, Hsieh S, Soberanes D, Quiroz Y, Properzi M, Schultz A, Garcia-Magarino I, Marshall GA, Burke JG, Kumar R, Snyder N, Johnson KA, Rentz DM, Sperling RA, Amariglio RE. (2021) Unsupervised mobile cognitive testing for use in preclinical Alzheimer's disease. *Alzheimer's & Dementia: Diagnosis, Assessment & Disease Monitoring*. 13(1):e12243.
5. Öhman F, Hassenstab J, Schöll M, Papp KV. (2021). Current advances in digital cognitive assessment for preclinical Alzheimer's disease, *Alzheimer's and Dementia: Diagnosis, Assessment and Disease Monitoring*, 13(1), e12217.
6. Farrell ME, Papp KV, Buckley RF, Jacobs HI, Schultz AP, Properzi MJ., ... & Sperling, RA. (2022). Association of emerging β -amyloid and tau pathology with early cognitive changes in clinically normal older adults. *Neurology*, 98(15), e1512-e1524.
7. Papp KV, Rofael H, Veroff AE, Donohue MC, Wang S, Randolph C, Grober E, Brashear HR, Novak G, Ernstrom K, Raman R, Aisen PS, Sperling RA, Romano G, Henley D. (2022). Sensitivity of the Preclinical Alzheimer's Cognitive Composite (PACC), PACC5, and Repeatable Battery for Neuropsychological Status (RBANS) to Amyloid Status in Preclinical Alzheimer Disease -Atabecestat Phase 2b/3 EARLY Clinical Trial, *Journal of the Prevention of Alzheimer's disease*, 9(2), 255-261.
8. Jutten RJ, Papp KV, Hendrix S, Ellison N, Langbaum JB, Donohue MC, Hassenstab J, Maruff P, Rentz DM, Harrison J, Cummings J, Scheltens P, Sikkes, S. Why a clinical trial is as good as its outcome measure: A framework for the selection and use of cognitive outcome measures for clinical trials of Alzheimer's disease. *Alzheimer's & Dementia*. 19(2), 708-720.
9. Skirrow C, Meszaros M, Meepegama U, Lenain R, Papp KV, Weston J, Fristed E. Validation of a Remote and Fully Automated Story Recall Task to Assess for Early Cognitive Impairment in Older Adults: Longitudinal Case-Control Observational Study. *JMIR aging*. 2022 Sep 30;5(3):e37090.

10. Weizenbaum E, Soberanes D, Hsieh S, Molinare C, Buckley RF, Betensky RA, Properzi MJ, Rentz DM, Johnson KA, Sperling RA, Marshall GA, Amariglio RE, Papp KV. Capturing learning curves with the multi-day Boston Remote Assessment of Neurocognitive Health (BRANCH): Feasibility, Reliability, and Validity. *Neuropsychology* (in press)

Barbara Schildkrout, MD

1. Schildkrout, B., Niu, K., Cooper, J.J. (2023) Clinical Neuroscience Education for Psychiatrists. *Academic Psychiatry*, 1-7.
2. Schildkrout, B. (2023) What Caused Joan of Arc's Neuropsychiatric Symptoms? Medical Hypotheses from 1882 to 2016. *Journal of the History of the Neurosciences*, 1-25. DOI: [10.1080/0964704X.2023.2171799](https://doi.org/10.1080/0964704X.2023.2171799)
3. Benjamin, S., Schildkrout, B., et al. Life-long Deficits in Social Adaptation and the Frontal Lobes: New Evidence, Seventy-five Years after Ackerly and Benton's Landmark Case Report of JP. *Cortex*, 158, 4-23. <https://doi.org/10.1016/j.cortex.2022.08.006>
4. Schildkrout, B., Raj, S., MacGillivray, L., Lauterbach, M.D. (2020) Photography's Underappreciated Contributions to Neuropsychiatry: The Photographs of W. Eugene Smith in Minamata, Japan. *Journal of Nervous and Mental Disease*, 208(7), 574-578.
5. Schildkrout, B., MacGillivray, L. (co-first authors), Lauterbach, M.D. (2019) Wilder Penfield and the Architecture of Collaboration. *Journal of Neuropsychiatry and Clinical Neurosciences*, 31(4), 397-398.
6. Benjamin, S., MacGillivray, L., Schildkrout, B., et al. (2018) Six Landmark Case Reports Essential for Neuropsychiatric Literacy. *Journal of Neuropsychiatry and Clinical Neurosciences*, 30(4), 279-290.
7. Schildkrout, B. (2018) Complexities of the Diagnostic Process. *Journal of Nervous and Mental Disease*, 206(6), 488-490.
8. Schildkrout, B. (2017). Joan of Arc - Hearing Voices. *American Journal of Psychiatry*, 174(12), 1153-1154.
9. Schildkrout, B. (2016). How to Move Beyond the Diagnostic Statistical Manual of Mental Disorders and the International Classification of Diseases. *Journal of Nervous and Mental Disease*, 204(10), 723-727.
10. Lauterbach, M. D., Schildkrout, B., Benjamin, S. & Gregory, M. D. (2016). The Importance of Rare Diseases for Psychiatry. *The Lancet Psychiatry*, 3(12), 1098-1100.
11. Schildkrout, B., Benjamin, S., & Lauterbach, M. D. (2016). Integrating Neuroscience Knowledge and Neuropsychiatric Skills into Psychiatry: The Way Forward. *Academic Medicine*, 91(5), 650-656.
12. Schildkrout, B. "Psychotherapy with the Individual Neuropsychiatric Patient." Silbersweig, D.A., Safar, L.T., Daffner, K.R., *Neuropsychiatry and Behavioral Neurology: Principles and Practice*. McGraw Hill, New York, 2021.
13. Unmasking Psychological Symptoms: How Therapists Can Learn to Recognize the Mental Presentation of Medical Illnesses. John Wiley & Sons. 2011
14. Masquerading Symptoms: Uncovering Physical Illnesses That Present as Psychological Problems. John Wiley & Sons. 2014

S. Justin Sinclair, PhD

1. Leidenfrost C, Randal E, Scalco M, Martin P, Sinclair SJ, Stewart T, Schoelerman R, Antonius, D. Effectively assessing treatment needs in incarcerated seriously mentally ill individuals: the utility of the Personality Assessment Inventory - Level of Care Index. *J Corr Health Care*, 2018; 24(2): 145-155.
2. Perkey H, Sinclair SJ, Blais M, Stein M, Neal P, Pierson A, Slavin-Mulford J. External validity of the Psychiatric Diagnostic Screening Questionnaire (PDSQ) in a clinical sample. *Psychiatry Research*, 2018; 261: 14-20.
3. Haggerty G, Stein MB, Siefert C, Zodan J, Mehra A, Ogbuli K, Sangha J, Habib M, Sinclair SJ, Blais, M.A. Dimensional measure of self and interpersonal functioning: Comparisons with treatment alliance and readiness for inpatient psychotherapy. *Clin Psychol Psychother*, 2018; 25(4): 575-582.
4. Gold D**, Rosowsky E, Piryatinsky I, Sinclair SJ. Comparing patient and informant ratings of depressive symptoms in various stages of Alzheimer's disease. *Neuropsychology*, 2020; 34(5): 535-550.
5. Blais MA*, Sinclair SJ*, Richardson LA, Massey C. External correlates of the Spectra: Indices of Psychopathology. *Clin Psychol Psychother*, 2021; 28(4):929-938.
6. Sinclair SJ, McRitchie A, DeFilippo S, Blais MA, Toomey J, Colby KA, Goldsmith G, Antonius D, Laguerre J, Haggerty G. The Spectra: Indices of Psychopathology: Construct validity and sensitivity to change in an inpatient psychiatric sample. *J of Psychopath and Behav Assess*, 2021. <https://doi.org/10.1007/s10862-021-09885-0>.
7. Blais MA, Stein M, Sinclair SJ, Ruchensky J. Exploring the Spectra: Indices of Psychopathology's (SPECTRA) Hierarchical Factor Structure in a Clinical Sample. *Personality and Individual Differences*, 2021. <https://doi.org/10.1016/j.paid.2021.110946>.
8. Kolodziejczak O**, Sinclair SJ. Barriers and facilitators to effective mental health care in correctional settings. *J Corr Health Care*, 2018; 24(3): 253-263.
9. Sgroi A**, Sinclair SJ. Cultural implications for mental health professionals working with deaf individuals. *New School Psychology Bulletin*, 2018; 15(1): 55-69.
10. Sinclair SJ, Carpenter KE, Cowie KD, AhnAllen CG, Haggerty G. A critical review of the social cognition and object relations scale – global and thematic apperception test in clinical practice and research: Psychometric limitations and ethical implications. *Psychological Assessment*, in press.
11. Sinclair SJ, Blais MB, Blacker D. Psychiatric Rating Scales. In Kaplan BJ, Sadock VA (Eds.), *Kaplan and Sadock's Comprehensive Textbook of Psychiatry, 11th edition*. Philadelphia, PA: Lippincott Williams & Wilkins, a division of Wolters Kluwer Health, Inc, (In Press).
12. Blais MA, Sinclair SJ. SPECTRA Assessment of Bipolar Spectrum Disorders. In Kleiger JH, Weiner IB (Eds.) *Psychological Assessment of Bipolar Spectrum Disorders*. Washington, DC: American Psychological Association (In Press).
13. Blais M, Sinclair SJ, Stein MB. Understanding and applying psychological assessment. In Stern TA, Wilens T, Fava M (Eds.), *Comprehensive Clinical Psychiatry, 3rd Edition*. London: Elsevier (In Press).

14. Blais MA, Sinclair SJ. Introduction to the Spectra: Indices of Psychopathology: An Assessment Inventory Aligned With the Hierarchical-Dimensional Model of Psychopathology. Lutz, FL: Psychological Assessment Resources (PAR), 2020.
15. Blais M, Sinclair SJ. *The Spectra: Indices of Psychopathology*. Lutz, FL: Psychological Assessment Resources (PAR), 2018.