



Brigham and Women's Hospital

Founding Member, Mass General Brigham

Clinical Psychology Internship Training Program Brochure

2025-2026



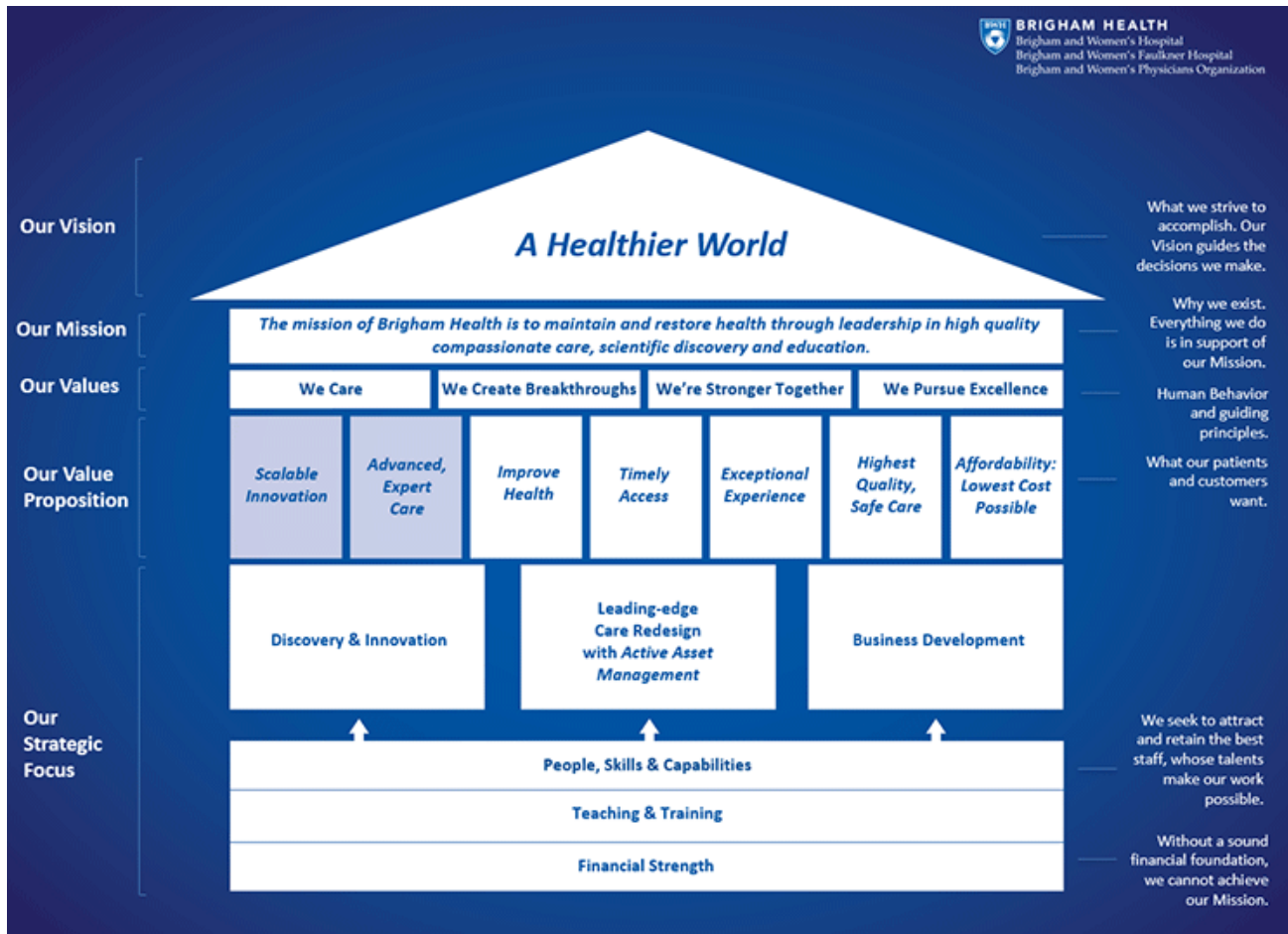
Brigham and Women's Hospital
Department of Psychiatry
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<https://www.brighamandwomens.org/psychiatry/clinical-psychology-internship-training-program>

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.

Our program provides ongoing evaluative feedback throughout the year as well as formal written evaluations on intern competence development at 6 and 12 months within the program. Interim written evaluations are provided at the 3- and 9-month periods within the program to determine ongoing professional growth toward competence development. The intern competence evaluation forms are based within the profession wide competencies of the program, which are in line with those of the American Psychological Association's Commission on Accreditation. Interns are expected to demonstrate competence development within specified minimum levels of achievement as specified within the evaluation criteria for the program including at the intermediate level at the 6-month period and the autonomous level at the 12-month period. Additional information about our evaluation procedures are described in our training manual that is provided to interns at the start of the internship year during orientation. This manual also include additional information about remediation, due process, and grievance procedures.

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 currently accredited on contingency by the Commission on Accreditation of the American Psychological Association*.

**Questions related to the program's accredited status should be directed to the Commission on Accreditation:*

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

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.

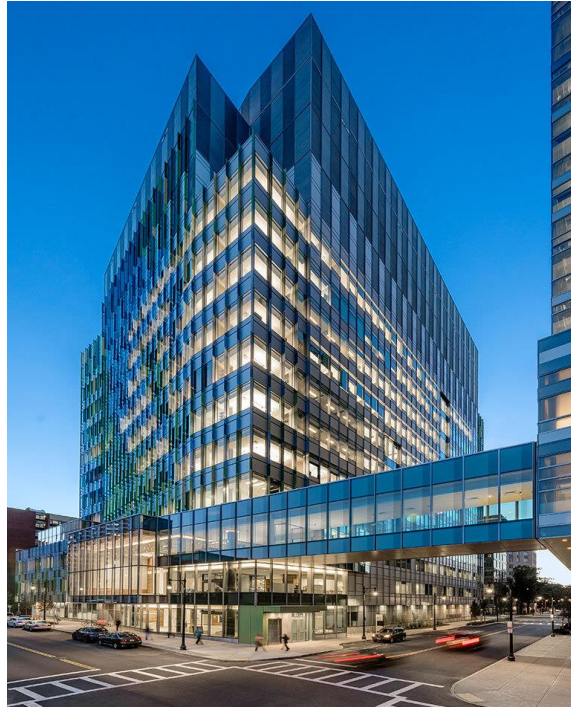
The internship program is based within a department that has an established Psychiatry Justice, Equity, Diversity and Inclusion (JEDI) committee that invites faculty, staff and trainees across disciplines to join together in addressing equity issues within the institution. Efforts have included facilitation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

International students are encouraged to apply to our internship training program. Our institution and program welcomes international students from APA-accredited doctoral program in psychology to apply. We have previously trained numerous international students in the past from institutions across the country.

Our program attends to social responsiveness and advocacy through various initiatives and philosophical approaches within the learning context. We aim to engage both within and apart from the BWH community to connect with individuals served as well

as opportunities to advocate and support those who are underrepresented and historically marginalized through community action and participation.

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 and a founding member of Mass General Brigham. The institution includes 150 outpatient practices with over 55 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, psychiatry 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.

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 ambulatory psychotherapy 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. 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.), minority stress, 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/Latinx, 80% Not Hispanic/Latinx, 9% unknown/missing), age (3% <20, 17% 21-30, 16% 31-40, 13% 41-50, 16% 51-60, 18% 61-70, 16% >70), gender (67% female, 28% male; 5% transgender/non-binary), 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.

The Department of Psychiatry at Brigham and Women's Hospital has recently become an integrated department across both BWH and MGH and is referred to as the Mass General Brigham (MGB) Academic Medical Center (AMC) Department of Psychiatry. This new integrated department provides exciting new opportunities for training activities that may span both hospitals next year with additional activities in development.



Brigham and Women's Faulkner Hospital

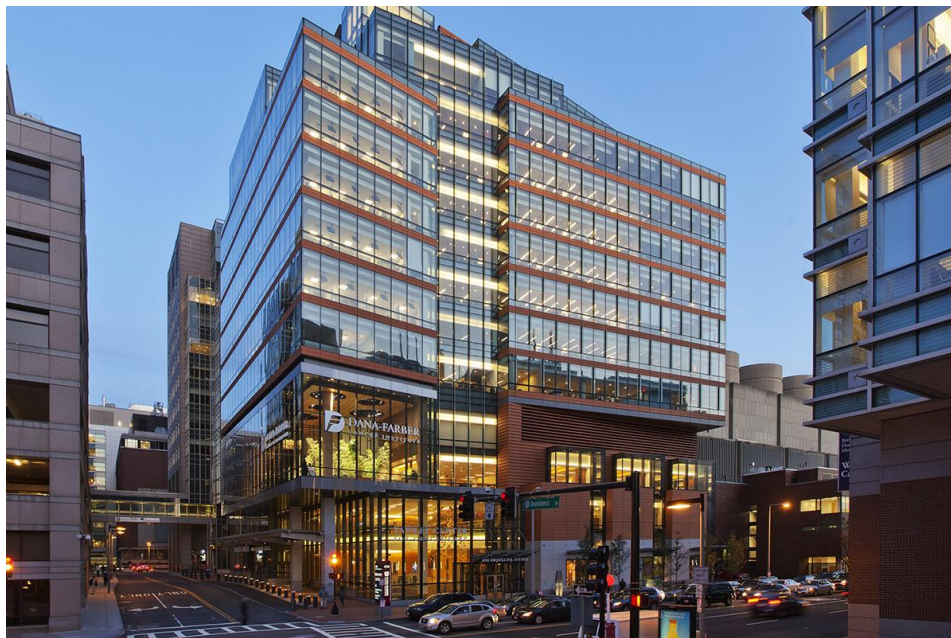
The Brigham and Women's Faulkner Hospital (BWFH) is a community hospital located in the Allendale Woods neighborhood of Jamaica Plain, MA, about 3.4 miles from the BWH main campus and the Longwood Medical Area. The hospital, with a total of 162-beds, was founded in 1900 and is situated across street 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 was a member of Partners HealthCare. Effective October 1, 2012, Faulkner Hospital was renamed to Brigham and Women's Faulkner Hospital (BWFH) and is a hospital within the Mass General Brigham enterprise. 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.

The inpatient psychiatry service (2 South unit) provides acute inpatient psychiatric care primarily to Brigham and Women's Faulkner Hospital, Brigham and Women's Hospital and Massachusetts General Hospital who require inpatient psychiatric care. 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.

A total of 391 patients were admitted to the 2 South unit between May 2023 and May 2024. During this time, the population was notably diverse including adults across the lifespan (Mean 42.62 years old; range: 18-87), sex assigned at birth (43.40% female, 56.60% male), gender (27.85% female, 33.3% male, 0.13% genderqueer, 0.89% nonbinary, 0.26% transgender, and 37.57% unidentified), race and ethnicity (23.90% Black/African-

American, 2.29% Hispanic/Latinx, 2.10% Asian, 0.62% Native American/Alaskan Native, 16.79% Not defined, 54.30% 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 and music performances. New additions to our programming include multiple peer-recovery services by a certified peer specialist employee. The unit was renovated in recent years 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 **2025-2026** will offer three training program tracks and prospective interns may apply to any of the tracks to be considered for a match to the program. The tracks include:

- General Adult Track (2 positions)
- Neuropsychology Track (1 position)
- Gender-Affirming Care 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	Core	Elective #1	Specialty	Core	Elective #2
	Rotation [24 hours total; 6-8 hours direct service]	Clinical Activity [4 hours direct service]	[4 hours direct service]	Rotation [24 hours; 6-8 hours direct service]	Clinical Activity [4 hours direct service]	[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	PARSe Psychological Assessments	Core Clinical Activity
	[16 hours; 8 hours direct service with 2 evaluations]	[4 hours; 3 hours of direct service with 1 evaluation biweekly]	[4 hours direct service]

Gender-Affirming Care Track

The psychology intern in the Gender-Affirming Care Track will be provided with training activities within a number of programs that provide services to transgender and gender expansive people. This includes training within the Gender Diversity Clinic and Psychiatry Gender Identity Program of the Mass General Brigham Academic Medical Center (AMC) Department of Psychiatry, as well as the Center for Transgender Health at Brigham and Women’s Hospital. Interns will be expected to develop skills in the provision of gender-affirming psychological services for people who have transgender, nonbinary, and gender expansive identities. The competency areas include psychological assessment, individual and group psychotherapy, navigating interdisciplinary team care, advocacy, research, and other domains as associated with development of entry-level competence as a psychologist. Interns will also develop competence in psychological services provided within a general ambulatory clinic as part of Brigham Psychiatric Services (BPS) and the Massachusetts General Hospital

Psychiatry Ambulatory Services. These training activities are located at Brigham and Women's Faulkner Hospital, Brigham and Women's Hospital, and Massachusetts General Hospital.

- *Gender Diversity Clinic - BWH*

This clinic within the Department of Psychiatry provides individual assessment and psychological treatment services for outpatient adults who have transgender, nonbinary, and gender expansive identities. Patients are referred for psychological services within this clinic from allied health professionals who provide care primarily within the Departments of Medicine and Surgery, including endocrinologists and surgeons. Referrals are also received from within the Department of Psychiatry's Brigham Psychiatric Specialists (BPS) as well as primary care providers.

The services provided within the Gender Diversity Clinic include psychological evaluations, endocrinology and surgery evaluations, letters of support for gender-affirming medical procedures, individual psychotherapy, group psychotherapy and support groups. The intern will be provided training to deliver a diverse array of psychological services that promote development as a gender-affirming therapist. The primary areas of psychotherapy include gender-specific considerations such as gender exploration and identification, gender dysphoria, coming out, navigating social support, navigating minority stress, and managing the dynamic and structural nature of gender affirmation across domains (medical, social, legal, and psychological). Additional areas of service include treatment of psychiatric symptoms and disorders including depression, anxiety, PTSD, OCD, and other conditions.

- *Gender Identity Program - MGH*

Opportunities to receive supervision and participate in training and educational activities within the Massachusetts General Hospital (MGH) Psychiatry Gender Identity Program may include participating in treatment development projects, advocacy and social justice activities, and clinical services for transgender and gender expansive youth and adolescents. Referrals to the Psychiatry Gender Identity Program are received from the MGH Transgender Health Program, which encompasses pediatric and adult primary medical care, integrated with endocrinology, plastic surgery, urology, OBGYN, and otolaryngology.

- *Brigham Psychiatric Specialties – Ambulatory Psychology*

Training within the Gender Diversity Clinic will also include the application of CBT, ACT, DBT, Motivational Interviewing, and mindfulness-based interventions that are delivered for adult outpatients who present to the BPS Ambulatory Psychology service 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. 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 collaboratively coordinate care for individual patients.

- *Center for Transgender Health – BWH*

The Brigham and Women’s Hospital’s Center for Transgender Health (CTH) is a multidisciplinary team of providers who coordinate care for transgender and gender expansive people across the institution. The CTH is co-led by leaders in the Departments of Medicine and Surgery. Interns will join the CTH monthly team meetings that include educational presentations, clinical discussions, and

administrative components. Membership includes psychology, endocrinology, surgery, social work, speech-language pathologists, gynecologists, and other allied health professionals.

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:

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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.

- *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

Gender-Affirming Care 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

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

Supervision

Primary clinical supervision for at least 4 hours per week is provided for all interns. 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 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.

The program also maintains a formal policy on telesupervision. This policy includes specific information as to the definitions, rationale, consistency with program aims and training outcomes as well as other details. The policy is reviewed with interns at the start of the program during orientation and may be requested in advance for review by contacting the program director Dr. Christopher AhnAllen at cahnallen@bwh.harvard.edu. Furthermore, all interns and faculty have ready access to this policy on shared folders at BWH.

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, Neurology, Medicine and Surgery. 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.

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 (All 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.

Starting in 2024, the internship program is integrating a Trauma Specialty Series into the psychology seminar training. These seminars capitalize on the expertise across clinicians within BWH who work patients impacted by trauma histories. Topics will focus on trauma-informed care within interdisciplinary hospital systems, feature evidence-based treatments for PTSD, and identify clinical approaches when working with patients who have complex trauma and associated personality features.

Psychology Ethics Seminar (All 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 (All 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 (All 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; All 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; All 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; All 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 (All 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.

Gender-Affirming Care Seminar (Gender-Affirming Care Track)

A biweekly 1-hour multidisciplinary seminar is **required** for the intern in the Gender-Affirming Care Track that is organized by the affiliated faculty of the Mass General Brigham Academic Medical Center Department of Psychiatry. This seminar provides education on various topics that are designed to promote acquisition of knowledge, skills and abilities in the provision of gender-affirming psychological and other medical

services. Specific areas of focus include gender identity development, medical affirmation approaches and advocacy.

Department of Psychiatry Grand Rounds (General Adult Track; Gender-Affirming Care 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)

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.

CBMM 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.

Neuropsychology Group Supervision (Neuropsychology Track)

One-hour weekly required supervisory/ didactic learning run by neuropsychology fellows. The content will vary from week to week and may include things such as (1) reviewing neuroanatomy and neuroimaging, (2) learning about various medical/neurological syndromes, (3) sharing case vignettes and practicing presentation skills, (4) discussing interesting or challenging cases, and (5) discussing training and practice-related issues. Meets weekly on Wednesdays from 9:00-10:00, except for the weeks designated for specific topics (see below).

- **FACT-FINDING**

One Wednesday per month will be dedicated to mock group fact-finding exercises for trainees.

- **SUPERVISION SEMINAR**

An 8-session seminar to help prepare advanced 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 and Fellows 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 select Wednesdays (exact dates TBD) from 9:00-9:30.

- **FEEDBACK SEMINAR**

A 4-session 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 will be held on select Wednesdays (exact dates TBD) from 9:00-9:30.

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 can attend this **optional** training activity.

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. Training settings may also include “work from home” arrangements that permit interns to complete training activities from their residence with specific provisions. 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.

Due Process and Grievance

Our program has developed Due Process and Grievance policies that are in line with the expectations of the Mass General Brigham Graduate Medical Education office (<https://www.massgeneralbrigham.org/en/education-and-training/graduate-medical-education/resources/policies>). The policies are reviewed with interns at the start of the program during orientation and may be requested in advance for review by

contacting the program director Dr. Christopher AhnAllen at cahnallen@bwh.harvard.edu. Furthermore, all interns and faculty have ready access to these policies on shared folders at BWH.

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 (300 intervention hours) 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 the following:

- Completed AAPI form
- Verification from the Academic Director of Clinical Training of readiness for internship training
- Curriculum vitae
- All graduate transcripts
- 3 letters of recommendation (including at least one letter from a clinical supervisor)
- **Neuropsychology Track Only:** 2 de-identified neuropsychological reports in the APPIC supplemental activities section

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 one or both tracks they are invited to interview for; only intern candidates who interview for a given track will be ranked by the program.

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)
- Gender-Affirming Care Track: 251913 (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 2025-2026 internship training year, all applications are due Tuesday November 19, 2024 11:59 PM EST.

Administrative and Financial Assistance

A total of 4 full-time, one-year internship positions are available for the 2025-2026 training year. The annual salary for the full-time internship training is \$44,000. Interns

are also expected to receive a \$10,000 stipend, before taxes, paid as a lump sum at the beginning of the year, to assist with varied costs of training for the year including moving, child care, personal computer equipment, etc. 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 2025-2026 internship program begins on July 1, 2025 and ends on June 30, 2026.

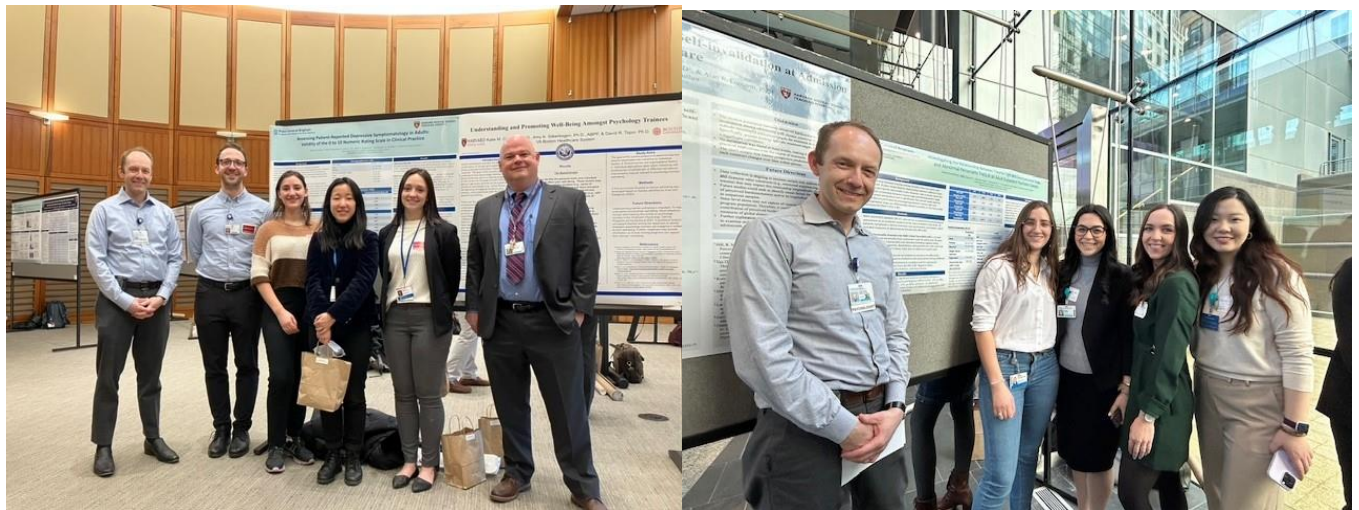
Community



BWH/BWFH Psychology Training Graduation



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



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



Social Justice Engagement at Community Servings, Jamaica Plain



Department of Psychiatry Faculty and Trainees



Department of Neurology Faculty and Trainees

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Instructor in Psychiatry, Harvard Medical School

Selected Recent Faculty and Trainee Publications

Christopher AhnAllen, Ph.D., ABSMIP

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. <https://doi.org/10.1176/appi.ajp.2020.20060867>
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. <https://doi.org/10.1001/amajethics.2021.318>
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. <https://doi.org/10.1176/appi.ps.202000934>
5. Felhofer A, Crowe T, AhnAllen CG, Mistler MS, Suzuki J. Assessment of a deaf patient with alcohol use disorder – Limitations and special considerations. *Harvard Review of Psychiatry*. 2022; 30: 198-206. <https://doi.org/10.1097/hrp.0000000000000333>
6. 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. <https://doi.org/10.1089/trgh.2020.0122>
7. 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. <https://doi.org/10.1097/hrp.0000000000000349>
8. Lebovitz JG**, AhnAllen CG, Luhrmann TM. Experience of psychosis during the COVID-19 pandemic among hospitalized patients. *Psychosis*. 2022; 15: 44-55. <https://doi.org/10.1080/17522439.2021.2009548>
9. 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. <https://doi.org/10.1111/sltb.12972>

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. 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.
7. Barsky AJ: The iatrogenic potential of the physician's words. *JAMA*. 2017;318: 2425-2426.
8. Colloca L, Barsky AJ: Placebo and nocebo effects. *New Engl J Med* 2020;382:554-561.

9. 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
10. 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. (2023). Hoist by one's own petard: Mining the opposing expert's writings when preparing for cross-examination. *Criminal Justice*, 38(3), 54-55.
2. Drogin, E. Y. (2024). The principles of forensic psychology and criminal law – an American perspective. In B. D. Kelly & M. Donnelly (Eds.), *Routledge handbook of mental health law* (pp. 272-284). Routledge.
3. Nason, J., & Drogin, E. Y. (2024). Decision making in civil matters: The role of substituted judgment. In M. K. Miller, L. A. Yelder, M. T. Huss, & J. A. Cantone (Eds.), *Cambridge handbook of psychology and legal decision making* (pp. 664-674). Cambridge.
4. Drogin, E. Y. (in press). Competency to stand trial for clients with mental disabilities. In E. Kelley (Ed.), *Representing people with mental disabilities* (2nd ed.). American Bar Association.
5. Gutheil, T. G., & Drogin, E. Y. (in press). Legal repercussions. In T. Durns, C. Scott, B McDermott, & P. Whitehead (Eds.), *A clinical guide to cults and persuasive leadership*. Cambridge.
6. Rogers R., Tazi K. Y., & Drogin, E. Y. (in press). Assessment of malingering for clients with mental disabilities. In E. Kelley (Ed.), *Representing people with mental disabilities* 2nd ed.). American Bar Association.
7. Drogin, E. Y. (2024). What price victory? Deciding whether to raise competency to stand trial. *Criminal Justice*, 38(4), 56-57.
8. Drogin, E. Y. (2024). When is three a crowd? Observing the forensic mental health evaluation. *Criminal Justice*, 39(1), 57-58.
9. Drogin, E. Y. & Hourigan, Y. (2024). Depression in the legal profession: Identification and solutions for better performance. *Bench & Bar*, 88(1), 10-14.

10. Drogin, E. Y. (2022). Dementia in the legal profession. In E. Kelley (Ed.), *Representing people with dementia* (pp. 201-216). American Bar Association.

Tiffany Glynn, PhD

1. **Glynn, T. R.**, Broedlow, C. A., Rodriguez, V., Fonseca Nogueira, N., Londono, V., Brophy, T., Pallikkuth, S., Roach, M., Pahwa, S., Fein, L. A., Hurwitz, B., Jones, D. W., Alcaide, M. L., Klatt, N. R., Martinez, C. (in press). Microbiota and inflammatory biomarkers in transgender women with HIV: Potential implications for cardiovascular disease. *Transgender Health*.
2. **Glynn, T. R.**,...Roach, M., Pahwa, S., Mendez, A., Rosa-Cunha, I., Hurwitz, B., Potter, J., Kanamori, M., Duthley, L., & Martinez, C. (in press). The role of intersectional stigma in coronary artery disease among women aging with HIV. *Behavioral Medicine*.
3. **Glynn TR**, Khanna SS, Hasdianda MA, O'Cleirigh C, Chai PR. Characterizing syndemic HIV risk profiles and mHealth intervention acceptability among patients in the emergency department. *Psychol Health Med*. 2024 Oct 21; 1-17. PMID: [39428983](#).
4. Foley J, Batchelder AW, Bernier L, **Glynn T**, Moskowitz J, Carrico A. Facets of mindfulness are associated with inflammation biomarkers in a sample of sexual minority men with HIV. *Psychol Health Med*. 2024 Sep 24; 1-16. PMID: [39315986](#).
5. **Glynn TR**, Kirakosian N, Stanton AM, Westphal LL, Fitch C, McKetchnie SM, O'Cleirigh C. A Longitudinal Examination of HIV Risk Perception Accuracy among Sexual Minority Men with History of Childhood Sexual Abuse. *AIDS Behav*. 2024 Sep; 28(9):3103-3111. PMID: [38856844](#); PMCID: [PMC11390329](#).
6. **Glynn TR**, Khanna SS, Hasdianda MA, Tom J, Ventakasubramanian K, Dumas A, O'Cleirigh C, Goldfine CE, Chai PR. Informing Acceptability and Feasibility of Digital Phenotyping for Personalized HIV Prevention among Marginalized Populations Presenting to the Emergency Department. *Proc Annu Hawaii Int Conf Syst Sci*. 2024; 57:3192-3200. PMID: [38196408](#); PMCID: [PMC10774708](#).
7. Irie WC, Chitneni P, **Glynn TR**, Allen W, Chai PR, Engelman AN, Hurtado R, Li JZ, Li P, Lockman S, Marcus JL, Ogunshola FJ, Rönn MM, Haberer J, Ghebremichael M, Ciaranello A, Harvard University Center for AIDS Research Diversity, Equity, and Inclusion Working Group. Pathways and Intersections: Multifaceted Approaches to Engage Individuals From Underrepresented and Marginalized Communities in HIV Research and Career Development. *J Acquir*

Immune Defic Syndr. 2023 10 01; 94(2S):S116-S121. PMID: [37707858](#);
PMCID: [PMC10503030](#).

8. **Glynn, T. R.**, Gamarel, K., Kahler, C.W., Iwamoto, M., Nemoto, T., & Operario, D. (2016). The role of gender affirmation in psychological well-being among transgender women. *Psychology of Sexual Orientation and Gender Diversity*, 3(3), 336-344. PMC5061456
9. **Glynn, T. R.** & van den Berg, J. J. (2017). A systematic review of interventions to reduce problematic substance use among transgender individuals: A call to action. *Transgender Health*, 2(1), 45-59. PMC5549596
10. **Glynn, T. R.**, Operario, D., & Nemoto, T. (2018). HIV and substance use among transgender women sex workers: a vicious cycle of socioeconomic hardship, unmet service needs, and health risk. In L. Nuttbrock (Ed.), *Transgender Sex Work and Society*. (Vol. 1, pp. 146-163). New York, NY: Harrington Park Press.

Kenia Gomez, PhD

1. Maldonado-Durán, J.M., Gómez, K., Chandra, P., Lartigue, T., Saucedo, J., Morales, M., 2018. Psicosis Perinatal. In Parentalidad, perinatalidad y salud mental en la primera infancia (pp. 208-223). Asociación Española de Neuropsiquiatría.
2. Maldonado-Duran, J.M., Becerra, T.L. and Gomez, K., 2019. Culture and Eating in the Perinatal Period and Early Childhood. In Clinical Handbook of Transcultural Infant Mental Health (pp. 181-194). Springer, Cham.
3. Gomez, K.L & DiCarlo, J. 2023. Functional Gastrointestinal Conditions in Children and Adolescents (Gut-Brain Interaction Disturbances). In Handbook of Mind-Body Integration in Child and Adolescent Development. (pp. 254-258). Springer Nature.

Gabe Gruner, LICSW

1. Oser, M.L., Gruner, G.B. & Alvarez, V.A. (2015). Acceptance and commitment therapy for treatment-refractory patients with medical and psychiatric conditions. *Annals of Behavioral Medicine*, 49, S217-S217.

2. Oser, M.L., Gruner, G.B., & Ukomado, C. (2015). The role of distress tolerance in patient initiation of antiviral therapy for hepatitis C. *Annals of Behavioral Medicine*, 49, S253-S253.
3. Oser, M., Khan, A., Kolodziej, M., Gruner, G., Barsky, A. J., & Epstein, L. (2021). Mindfulness and Interoceptive Exposure Therapy for Anxiety Sensitivity in Atrial Fibrillation: A Pilot Study. *Behavior modification*, 45(3), 462–479.
<https://doi.org/10.1177/0145445519877619>

Aude Henin, PhD

1. Hull S, Origlio J, Noyola N, **Henin A**, Liu RT. Dimensions of experienced gender and prospective self-injurious thoughts and behaviors in preadolescent children: A national study. *J Affect Disord*. 2024 Oct 09; 369:467-474. PMID: [39389112](https://pubmed.ncbi.nlm.nih.gov/39389112/).
2. Hubbard NA, Bauer CCC, Siless V, Auerbach RP, Elam JS, Frosch IR, **Henin A**, Hofmann SG, Hodge MR, Jones R, Lenzini P, Lo N, Park AT, Pizzagalli DA, Vaz-DeSouza F, Gabrieli JDE, Whitfield-Gabrieli S, Yendiki A, Ghosh SS. The Human Connectome Project of adolescent anxiety and depression dataset. *Sci Data*. 2024 Aug 02; 11(1):837. PMID: [39095370](https://pubmed.ncbi.nlm.nih.gov/39095370/); PMCID: [PMC11297143](https://pubmed.ncbi.nlm.nih.gov/PMC11297143/).
3. Noyola N, Ver Pault M, Hirshfeld-Becker DR, Chudnofsky R, Meek J, Wells LN, Wilens TE, **Henin A**. The Resilient Youth Program: a promising skills-based online program for resiliency and stress management. *Behav Cogn Psychother*. 2024 May; 52(3):331-335. PMID: [38282531](https://pubmed.ncbi.nlm.nih.gov/38282531/).
4. Abel MR, **Henin A**, Holmén J, Kagan E, Hamilton A, Noyola N, Hirshfeld-Becker DR. Anxiety and Disruptive Behavior Symptoms and Disorders in Preschool-Age Offspring of Parents With and Without Bipolar Disorder: Associations With Parental Comorbidity. *J Atten Disord*. 2024 Mar; 28(5):625-638. PMID: [38084063](https://pubmed.ncbi.nlm.nih.gov/38084063/).
5. Maffei C, Lee C, Planich M, Ramprasad M, Ravi N, Trainor D, Urban Z, Kim M, Jones RJ, **Henin A**, Hofmann SG, Pizzagalli DA, Auerbach RP, Gabrieli JDE, Whitfield-Gabrieli S, Greve DN, Haber SN, Yendiki A. Using diffusion MRI data acquired with ultra-high gradient strength to improve tractography in routine-quality data. *Neuroimage*. 2021 12 15; 245:118706. PMID: [34780916](https://pubmed.ncbi.nlm.nih.gov/34780916/); PMCID: [PMC8835483](https://pubmed.ncbi.nlm.nih.gov/PMC8835483/).
6. Auerbach RP, Pagliaccio D, Hubbard NA, Frosch I, Kremens R, Cosby E, Jones R, Siless V, Lo N, **Henin A**, Hofmann SG, Gabrieli JDE, Yendiki A, Whitfield-Gabrieli S, Pizzagalli DA. Reward-Related Neural Circuitry in Depressed and Anxious Adolescents: A Human Connectome Project. *J Am Acad Child Adolesc Psychiatry*. 2022 02; 61(2):308-320. PMID: [33965516](https://pubmed.ncbi.nlm.nih.gov/33965516/); PMCID: [PMC8643367](https://pubmed.ncbi.nlm.nih.gov/PMC8643367/).

7. Uchida M, Hirshfeld-Becker D, DiSalvo M, Rosenbaum J, **Henin A**, Green A, Biederman J. Further Evidence that Subsyndromal Manifestations of Depression in Childhood Predict the Subsequent Development of Major Depression: A Replication Study in a 10 Year Longitudinally Assessed Sample. *J Affect Disord.* 2021 05 15; 287:101-106. PMID: [33774317](#); PMCID: [PMC8085095](#).
8. Siless V, Hubbard NA, Jones R, Wang J, Lo N, Bauer CCC, Goncalves M, Frosch I, Norton D, Vergara G, Conroy K, De Souza FV, Rosso IM, Wickham AH, Cosby EA, Pinaire M, Hirshfeld-Becker D, Pizzagalli DA, **Henin A**, Hofmann SG, Auerbach RP, Ghosh S, Gabrieli J, Whitfield-Gabrieli S, Yendiki A. Image acquisition and quality assurance in the Boston Adolescent Neuroimaging of Depression and Anxiety study. *Neuroimage Clin.* 2020; 26:102242. PMID: [32339824](#); PMCID: [PMC7184183](#).
9. Hubbard NA, Siless V, Frosch IR, Goncalves M, Lo N, Wang J, Bauer CCC, Conroy K, Cosby E, Hay A, Jones R, Pinaire M, Vaz De Souza F, Vergara G, Ghosh S, **Henin A**, Hirshfeld-Becker DR, Hofmann SG, Rosso IM, Auerbach RP, Pizzagalli DA, Yendiki A, Gabrieli JDE, Whitfield-Gabrieli S. Brain function and clinical characterization in the Boston adolescent neuroimaging of depression and anxiety study. *Neuroimage Clin.* 2020; 27:102240. PMID: [32361633](#); PMCID: [PMC7199015](#).
10. Hirshfeld-Becker DR, **Henin A**, Rapoport SJ, Wilens TE, Carter AS. Very early family-based intervention for anxiety: two case studies with toddlers. *Gen Psychiatr.* 2019; 32(6):e100156. PMID: [31922092](#); PMCID: [PMC6936974](#).

Alex Keuroghlian, MD, MPH

1. McDowell MJ, Miller AS, King DS, Gitin S, Allen AE, Yeo EJ, Batchelder AW, Busch AB, Greenfield SF, Huskamp HA, Keuroghlian AS. Opioid Use Disorder Treatment in Sexually and Gender Diverse Patients: A Retrospective Cohort Study. *J Clin Psychiatry.* 2024 Oct 30; 85(4). PMID: [39480148](#).
2. Sandhu S, Liu M, Fok K, Kincaid JWR, Noel WC, **Keuroghlian AS**. Information About Sexual and Gender Minority Services and Policies on US Hospital Websites. *JAMA.* 2024 Oct 14. PMID: [39401011](#).
3. Kim HH, Thayer N, Bernstein C, Cruz R, Roby C, **Keuroghlian AS**. On the Frontlines: Protecting and Advancing Gender-Affirming Care in a Hostile Sociopolitical Environment. *J Gen Intern Med.* 2024 Oct 09. PMID: [39384688](#).

4. Goldhammer H, Marc LG, Massaquoi M, Cancio R, Cahill S, Downes A, Rebchook G, Bourdeau B, Head J, Psihopaidas D, Chavis NS, Cohen SM, Mayer KH, **Keuroghlian AS**. Closing the Dissemination Gap: Accessible Toolkits for the Rapid Replication of Evidence-Informed Interventions to Improve Health Outcomes Among People with HIV. *AIDS Behav.* 2024 Oct 07. PMID: [39375289](#).
5. Shin A, **Keuroghlian AS**. Implications of Restrictive Legislation: Bullying and the Health of Sexually and Gender Diverse Youth. *Pediatrics.* 2024 Oct 01; 154(4). PMID: [39252663](#).
6. Saade Z, Hanshaw BD, **Keuroghlian AS**. Including Sexually and Gender Diverse Populations in 3,4-Methylenedioxymethamphetamine-Assisted Psychotherapy Trial Research. *LGBT Health.* 2024 Aug 27. PMID: [39158366](#).
7. **Keuroghlian AS**, Radix AE. Transgender health research needed. *Science.* 2024 Aug 23; 385(6711):809. PMID: [39172821](#).
8. Liu M, Patel VR, Reisner SL, **Keuroghlian AS**. Health Status and Mental Health of Transgender and Gender-Diverse Adults. *JAMA Intern Med.* 2024 Aug 01; 184(8):984-986. PMID: [38913367](#); PMCID: [PMC11197009](#).
9. Chun AS, **Keuroghlian AS**. The Education Crisis and the Allied Role of School-Based Mental Health Care. *J Am Acad Child Adolesc Psychiatry.* 2024 Jul 26. PMID: [39069257](#).
10. Dorfman M, Goldhammer H, Krebs D, Chavis NS, Psihopaidas D, Moore MP, Downes A, Rebchook G, Cahill S, Mayer KH, **Keuroghlian AS**. Interventions for Improving HIV Care Continuum Outcomes Among LGBTQ+ Youth in the United States: A Narrative Review. *AIDS Patient Care STDS.* 2024 Aug; 38(8):358-369. PMID: [39047018](#).

Cindy Liu, PhD

1. Woolverton, G.A.**, Rastogi, R.**, Brieger, K. **, Wong, S.H.M. **, Keum, B.T., Hahm, H.C, & Liu, C.H. (In Press). Barriers and risk factors associated with non-treatment-seeking for suicidality onset during the COVID-19 pandemic among young adults. *Psychiatry Research*.
2. Rastogi, R.**, Woolverton, G. A.**, Yip, T., Lee, R. M., Chen, J. A., Stevens, C., & Liu, C. H. (In press). Microaggression and discrimination exposure on young adult anxiety, depression, and sleep. *Journal of Affective Disorders*.

3. Ibrahim, A.** , Wong, S. H. ** , Kim, S. E., Wong, G. T. F. ** , Macaranas, A. R. ** , Rastogi, R., ... & Liu, C. H. (2024). A scoping review of mental health and discrimination of Asian Americans and Pacific Islanders in the United States during the COVID-19 pandemic. *Nature Mental Health*, 2(2), 244-253.
4. Koire, A. ** , Feldman, N. ** , Erdei, C., Mittal, L., & Liu, C.H. (2023). Postpartum experiences among individuals with suspected and confirmed prenatal generalized anxiety disorder during the COVID-19 pandemic: Implications for help-seeking. *Psychiatry research*, 323, 115169.
5. Macaranas, A.R.** , ElTohamy, A.** , Hyun, S.** , Chae, D.H., Chen, J.A., Stevens, C., & Liu, C.H. (2023). Covid-19-related direct and vicarious racial discrimination: Associations with psychological distress among US college students. *Journal of Affective Disorders*, 325, 747-754.
6. 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.
7. 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.
8. Li, J.** , Kamal, K.** , Hahm, H.C., & Liu, C.H. (2021). Psychological impacts of the COVID-19 global pandemic on sexual and gender minority (SGM) young adults: Clinical and advocacy implications for SGM mental health disparities. *Psychiatry Research*, 299-113855.
9. Liu, C.H., Erdei, C., & Mittal, L. (2021). Risk factors for depression, anxiety, and PTSD symptoms in perinatal women during the COVID-19 pandemic. *Psychiatry Research*, 295-113552.
10. Liu, C.H., & Doan, S.N. (2020). Psychosocial stress contagion in children and families during the COVID-19 pandemic: A behavioral health perspective. *Clinical Pediatrics*, 59(9-10), 853-855.
- 11.

**i indicates student/trainee

Samantha Meints, PhD

1. Yamin JB*, Meints SM, Edwards RR. Beyond pain catastrophizing: rationale and recommendations for targeting trauma in the assessment and treatment of chronic pain. *Expert Review of Neurotherapeutics*. 2024 Mar 3;24(3):231-4.
2. 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.
3. 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>
4. 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.
5. 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>
6. 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)
7. 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>
8. 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>
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*. *NAM Perspect*. 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)

Natasha Ramanayake, PhD

1. Santoro AF, Suchday S, Benkhokha AB, Ramanayake NP, and Kapur S. Adverse childhood experiences and religiosity/spirituality in emerging adolescents of India. *Psychology of Religion and Spirituality*. 2016, 8(3) 185-194.
2. Alvarez K, Wang Y, Alegria M, Ault-Brutus A, Ramanayake N, Yeh YH, Jeffries JR, and Shrout PE. Psychometrics of shared decision making and communication as patient centered measures for two language groups. *Psychological Assessment*. 2016, 28(9), 1074-1086.
3. Suchday S, Santoro AF, Ramanayake N, Lewin H, and Almeida M. Religion, spirituality, globalization reflected in life beliefs among urban Asian Indian youth. *Psychology of Religion and Spirituality*. 2018, 10(2), 146-156.
4. Agenor M, Zubizaretta D, Geffen S, Ramanayake N, Giraldo S, McGuirk A, Caballero M and Bond K. "Making a way out of no way": Understanding the sexual and reproductive health care experiences of transmasculine young adults of color in the United States. *Qualitative Health Research*. 2022, 32(1), 121-134.
5. Agenor M, Lett E, Ramanayake N, Zubizaretta D, Murchison GR, Eiduson R, and Gordon AR. Racial/ethnic differences in sexually transmitted infection testing among transgender men and nonbinary assigned female at birth young adults in the United States: A national study. *Journal of Racial and Ethnic Health Disparities*. 2023 Dec, 10(6) 2900-2910.

Barbara Schildkrout, MD

1. Schildkrout, B., MacGillivray, L., Raj, S. and Lauterbach, M., 2024. Dysphoric Milk Ejection Reflex (D-MER): A Novel Neuroendocrine Condition with Psychiatric Manifestations. *Harvard Review of Psychiatry*, 32(4), pp.133-139.
2. Gettens Bourgea, K.M., Erkkinen, M., Gale, S.A., McGinnis, S.M., Daffner, K.R., Silbersweig, D. and Schildkrout, B., 2024. Case Studies 7A and 7B: Two Physician-Patients With Early Alzheimer's Disease and Differing Levels of Insight. *The Journal of Neuropsychiatry and Clinical Neurosciences*, pp.appi-neuropsych.
3. Schildkrout, B., 2024. Videos for Psychiatric Education: Could Deidentification Technology Make it Possible to Use Video Recordings of Patients for Psychiatric Education?. *The Journal of Nervous and Mental Disease*, 212(1), pp.2-3.
4. Schildkrout, B., Niu, K., Cooper, J.J. (2023) Clinical Neuroscience Education for Psychiatrists. *Academic Psychiatry*, 1-7.

5. 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
6. 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>
7. 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.
8. 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.
9. 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.
10. Schildkrout, B. (2018) Complexities of the Diagnostic Process. *Journal of Nervous and Mental Disease*, 206(6), 488-490.

S. Justin Sinclair, PhD

1. Sinclair SJ, Bello I, Nyer M, Slavin-Mulford J, Stein MB, Renna M, Antonius D, Blais MA. The Suicide (SPI) and Violence Potential Indices (VPI) from the Personality Assessment Inventory: A preliminary exploration of validity in an outpatient psychiatric sample. *J of Psychopath and Behav Assess*, 2012; 34: 423-431.
2. Sinclair SJ, Slavin-Mulford J, Antonius D, Stein MB, Siefert CJ, Haggerty G, O'Keefe S, Blais MA. Development and preliminary validation of the Level of Care Index (LOCI) from the personality assessment inventory in a psychiatric sample. *Psych Assess*, 2013; 25: 606-617.
3. Sinclair SJ, Roche M, Temes C, Massey C, Chung W, Stein M, Richardson L, Blais M. Evaluating chronic suicide risk with the Personality Assessment Inventory (PAI): Development and initial validation of the chronic suicide risk index (S_Chron). *Psychiatry Research*, 2016; 245: 443-450.

4. Roche MJ**, Sinclair SJ, Denckla C, Chung W, Stein M, Blais M. The empirically-derived Violence and Aggression Risk Index (VARI) from the Personality Assessment Inventory: Development, Validation, and Application in General Psychiatric Settings. *Bull Menninger Clin*, 2017; 81(3): 213-232.
5. 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.
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. 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*, 2023; 35(9): 778-790.
8. 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).
9. Sinclair SJ, Antonius D. *The psychology of terrorism fears*. Oxford: Oxford University Press, 2012.
10. Sinclair SJ, Antonius D (Eds.) *The political psychology of terrorism fears*. Oxford: Oxford University Press, 2013.