



THE WARREN ALPERT
Medical School
BROWN UNIVERSITY

Clinical Psychology Internship Training Program

Training Manual

(This document is updated annually. Subject to change in future training years.)

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2026-2027

JUNE 30, 2026

The Brown Clinical Psychology Training Consortium
Box G-BH, Providence, RI 02912

Clinical Psychology Internship Training Program

Overview

The Clinical Psychology Internship Training Program, within the Brown Clinical Psychology Training Consortium, views the training of clinical psychologists as a cumulative process beginning in graduate school and continuing through postdoctoral training experiences. The predoctoral internship year is a step in that process in which there is a primary emphasis on the acquisition and refinement of clinical skills. Although many of the basic skills in core clinical areas should be acquired in graduate school coursework and practica, it is the responsibility of the Clinical Psychology Internship Training Program to ensure that these skills are adequately refined and extended in preparation for professional practice.

The internship year is viewed as a time when clinical psychology residents should begin acquiring more training in a particular area of clinical practice (*i.e.*, *Adult, Child, Health Psychology/Behavioral Medicine, or Neuropsychology*). This does not imply that they will be "specialists" in that area by the completion of their internship, but rather that they are expected to become especially well-prepared for postdoctoral training, clinical research, and/or teaching in a particular area of emphasis.

The internship year consists of three four-month rotations. Clinical psychology residents in the **Adult track** and the **Health Psychology/Behavioral Medicine track** must complete two rotations within their identified track. The 3rd rotation may be outside of their track area. Clinical psychology residents in the **Child track** and the **Neuropsychology track** complete three rotations within their identified tracks.

The training program aims reflect a commitment to the development of clinical psychologists who are clinical scientists with broad-based clinical skills. There are a variety of theoretical orientations represented within the program. Particular emphasis, however, is given to cognitive behavioral and behaviorally-oriented approaches to assessment and treatment.

All clinical psychology residents are expected to meet the rotation specific competencies for the three four-month rotations and meet the core training objectives, regardless of their area of emphasis, in order to pass the internship.

Upon program completion, we expect that all clinical psychology residents will demonstrate an intermediate to advanced level of professional psychology skills, abilities, proficiencies, competencies, and knowledge in the areas of:

a) Professionalism, including ethical and legal standards, professional attitudes, values, and behaviors, and effective communication and interpersonal skills.

Competencies in this area are acquired through 1) track-based rotations; (2) elective rotation assignments; (3) research placements; (4) seminars; and (5) ongoing mentoring relationships with supervisors and an advisor. The particular experiences acquired will vary according to the Track in which the clinical psychology resident is based, the combination of rotations taken, and the nature of the clinical psychology resident's research placement.

b) Core clinical skills in assessment/diagnosis, effective intervention, consultation, and theories and methods of supervision.

The competencies for core clinical skills are acquired through 1) track-based rotations; (2) elective rotation assignments; (3) research placements; (4) seminars; and (5) faculty facilitated peer supervision experiences.

c) Strategies of scholarly inquiry/research.

The competencies for scholarly inquiry/research are acquired through 1) track-based rotations; (2) elective rotation assignments; (3) research placements; (4) seminars; and (5) the faculty advisory process.

d) Issues of cultural and individual diversity.

The competencies in this area are acquired through 1) track-based rotations; (2) elective rotation assignments; (3) research placements; (4) seminars; and (5) the faculty advisory process. A diversity mentoring program is also available for those interested in further professional development in this area.

Important Dates

2026

June 30 - Orientation to Brown's Clinical Psychology Internship Training Program

July 1 - Butler Employment Orientation; 1st rotation begins!

July 10 – Internship Evaluations Meeting - at Butler Hospital, Duncan Conf Room 159

July 15 – Beginning of the Year Community Engagement Event – Walking Tour!

Mid July- Submit Research Placement Training Activities to the Training Office

Month of July - Internship class selects committee representatives

Beginning of August - Select an Advisor

End of August – Complete: Mid-Rotation 1 Progress Evaluations (your supervisor of you)

Beginning of September - Clinical psychology residents and postdoctoral fellows present list of potential Invited Speakers

October - Rank preferences for elective rotation (Adult & Behavioral Medicine tracks)

October 30 - Release Day – Orientation to 2nd rotation. Complete: End-Rotation 1 Evaluations; Research Placement Progress Evaluation; & Long-Term Therapy Progress Evaluations for Adult & Behavioral Medicine Tracks (of you and your supervisor)

November 2 - 2nd rotation begins

Month of November - Select new Advisor, if desired - Notify Training Office

December 31 – Complete: Mid-Rotation 2 Progress Evaluations (your supervisor of you); and Long-Term Therapy Rotation Evaluations for Adult & Behavioral Medicine Tracks

2027

January - Program sends mid-year review to graduate program

February 3 – Grand Rounds Luncheon – In-person

February 26 - Release Day – Orientation to 3rd rotation. Complete: End-Rotation 2 Evaluations; Research Placement Progress Evaluations; & Long-Term Therapy Progress Evaluations for Adult & Behavioral Medicine Tracks (of you and your supervisor)

March 1 - 3rd rotation begins; Mind Brain Research Day (*typically takes place in March*)

April 30 – Complete: Mid-Rotation 3 Progress evaluations (your supervisor of you)

June TBD – DPHB Graduation Ceremony (*Typically 2nd Friday in June*)

June 30 – Complete: End-Rotation 3 Evaluations; Research Placement Evaluations; & Long-Term Therapy End Evaluations (of you and your supervisor). Program sends final review to graduate program contingent upon completion of all work and evaluations

June 30 – Final Day of Internship. Includes luncheon and site orientation of new clinical psychology residents – Mandatory

[Note: Clinical psychology residents are not permitted leave during the last two weeks of internship. The June orientation is mandatory. Please keep this in mind when scheduling your final weeks of internship.]

Supervision Arrangement

At least 4 hours a week of regularly scheduled supervision are provided by at least two doctoral level licensed psychologists.

At least 2 of these hours must be individual supervision. Only clinical supervision by a licensed psychologist (*including through a tiered supervision model, as described below*) counts towards licensing requirements. Administrative or non-clinical research supervision hours do not count, nor do supervision hours from a non-psychologist clinical supervisor.

You will be required each week to report the number of hours of supervision you have received on the [Internship Supervision Log](#) Google Sheet.

Tiered Supervision

Clinical psychology residents may at times receive supervision from a Brown University postdoctoral fellow, under supervision of a licensed psychologist in a “tiered” supervision model. In these circumstances, the licensed psychologist’s supervisory responsibilities include overall clinical oversight, adherence to all ethical and legal standards, and a weekly supervision meeting that includes “supervision of the supervision” for the postdoctoral fellow. In addition, when tiered supervision has been arranged for a given rotation, the licensed psychologist supervisor is required to:

- Notify the Training Program office of the tiered supervision, specifying the name of the postdoctoral fellow who will be providing this supervision of the clinical psychology resident, and the time period during which the tiered supervision will occur.
- Hold an initial joint introduction meeting with the resident and postdoctoral fellow supervisor for a general orientation to the tiered supervision model.
- Continue to provide some direct supervision of the clinical psychology resident during this period, with a minimum of one hour per month of direct licensed psychologist supervision of the clinical psychology resident during the clinical rotation.

Tiered supervision hours qualify as supervision provided by a licensed psychologist, given their clinical, ethical, and legal responsibilities for oversight as described above, and should therefore be included in Supervision Log Google Sheet. If the licensed psychologist providing tiered supervision is also providing individual supervision separately from the postdoctoral fellow, *please list the tiered supervision separately from any other direct psychologist supervision with the same licensed supervisor.*

To document tiered supervision, enter both the name of the supervisor AND the postdoctoral fellow providing supervision. This will enable the Training Office to be able to distinguish between what supervision is provided directly by supervisor vs. supervision in a tiered format. It also provides a space for documentation of which postdoctoral fellow is providing the tiered supervision and for monitoring of the experience.

Advisor

All clinical psychology residents have a designated non-evaluative faculty advisor. Within the first month of training, clinical psychology residents in the Adult, Child, and Health Psychology/Behavioral Medicine tracks are to identify a faculty member and request that he or she be their advisor for the year. Neuropsychology clinical psychology residents are assigned an advisor prior to start.

It is recommended that each clinical psychology resident secure an advisor who is within their track or area of specialization and who is a member of the full-time or hospital-based faculty. It is possible, for a clinical psychology resident to select a community-based clinical faculty member as an advisor, provided that he/she can ensure that all of the responsibilities of the advisory process (see below) will be fully met. **Please submit the name of your advisor to the Training Office by August 1.**

All clinical psychology residents will have a programmed break in their relationship with their advisor at the end of the first rotation. Clinical psychology residents are free, at that time, to continue with their advisor or, if they wish, secure a new advisor. **If you wish to select a new advisor, submit the name of your new advisor to the Training Office by November 1.**

Faculty Advisor Responsibilities:

1. Assists the clinical psychology resident in any, and all, matters related to his/her internship experience, and provide not only information, but also guidance and support.
2. Serves as liaison to the Training Committee in the event that such a need arises during the course of the training experience.
3. Assists the clinical psychology resident in selecting their rotation assignments and provide advice about job and/or fellowship interviews.

Representatives

The input of the trainees is valuable to the training program at Brown and clinical psychology residents are requested to provide input into their training experience. To ensure that clinical psychology residents have adequate representation, they are asked each year to nominate **two classmates to serve as representatives on the [Training Committee](#).**

The clinical psychology resident representatives on Training Committee are required to attend the Wednesday monthly meetings of the Training Committee and provide a report of any questions or concerns that the clinical psychology residents may have. The meetings are held the first Wednesday of the month, virtually via Zoom, from 9:00am-10:00am.

The clinical psychology resident representatives on the Training Committee serve as liaisons between the internship class and the Training Committee. While clinical psychology residents are expected to participate in discussions and provide the committee with input from the internship class, they are non-voting members of the committee. Clinical psychology residents are also requested to provide active input and representation on other committees within the Clinical Psychology Internship Training Program including the admission and diversity committees.

Clinical psychology residents will also select **representatives for the following committees:**

- **Community and Belonging Council (CBC) Rep.** Please select [Faculty and Training Resources](#)
- **Invited Speakers Program Rep.** Will extend an invitation to the speaker for the Academic Grand Rounds and organize the speaker's itinerary. (See **Invited Speaker Program** below)
- **Admissions Rep.** Please select [Duties of Admissions Representatives](#)

Clinical psychology residents select their representatives, at the first Internship Core seminar.

Invited Speaker Program

Each year the clinical psychology residents and postdoctoral fellows have the opportunity to invite a distinguished psychologist of their choice to Brown, to present Academic Grand Rounds in the Department of Psychiatry and Human Behavior.

The faculty coordinator of this activity is Dr. Tracy O'Leary-Tevyaw. The clinical psychology resident and postdoctoral fellows are requested to meet as soon as possible to elect a delegate to work with Dr. O'Leary-Tevyaw in coordinating this activity. The representatives will serve as liaison between the clinical psychology residents, postdoctoral fellows and Dr. O'Leary-Tevyaw; and assist in making arrangements for the invited speaker of their choice. The clinical psychology residents and postdoctoral fellows are requested to nominate their choices for invited speakers no later than September 15.

Please contact Tracy O'Leary-Tevyaw at Tracy.O'Leary-Tevyaw@va.gov with specific questions.

Didactics

Nicole McLaughlin, PhD, Coordinator

[NOTE: SOME SEMINARS MAY BE HELD IN VIRTUAL FORMAT. PLEASE VIEW THE INDIVIDUAL SEMINAR SCHEDULE FOR SPECIFICS]

Overview

The Clinical Psychology Internship Training Program has two structured seminar series. First is the **Core Seminar Series** in which the attendance of all clinical psychology residents is required. The purpose of this series is to provide the clinical psychology residents with information regarding a broad range of topics relevant to professional development, ethical issues, and clinical practice and research with diverse populations. Topics are intended to provide the clinical psychology residents with knowledge that complements specific clinical topics covered within the Track Seminar Series. These meetings also provide the opportunity to interact with a broad range of faculty with whom the clinical psychology residents may not otherwise have regular contact.

The second are **Track Seminars** (*Adult, Child, Health Psychology/Behavioral Medicine, and Neuropsychology*). Each track also offers a seminar series to meet the specific knowledge-based objectives in its curriculum. The Track Seminar Series is required for all clinical psychology residents within the respective tracks and is available to others on an optional basis.

In addition to the Core and Track Seminars, Clinical psychology residents are also expected to attend the **Department of Psychiatry and Human Behavior (DPHB) Academic Grand Rounds** (which are mandatory). Grand Rounds is held on the 1st Wednesday of the month, virtually, from 11:00am - 12:15pm.

Attendance

Didactics are a valuable requirement of the Clinical Psychology Training Programs at Brown and the Clinical Psychology Internship Training Program is responsible for providing didactic training to all trainees as part of our APA-accreditation.

To meet this criterion, the Training Programs, as a whole, have set a standard for the maximum number of seminars a trainee can miss without requiring make-up. Trainees are permitted to miss 10 percent of the seminars before being required to make up missed seminars.

Attendance and evaluation forms should be submitted at the end of each seminar; a seminar is considered missed if the attendance form is not completed before the end of the calendar week of that seminar. **If more than 10% of seminars are missed, trainees will work with the seminar coordinator on possible make-up options.**

Each of the Clinical Psychology Internship seminars has a **Google Calendar** accessible to anyone with a Brown email address. Within the calendar, clinical psychology residents will have access to:

- Seminar Series Schedule
- Handouts (*if applicable*)
- Attendance & Evaluation Forms (*must be completed at completion of each seminar*)

Department Required Didactics

The Department of Psychiatry and Human Behavior (DPHB) Academic Grand Rounds are mandatory. They are held on the **1st Wednesday of the month, virtually, from 11:00am - 12:15pm.**

The first Grand Rounds of the academic year will be held on September 3!

Clinical psychology resident virtual **Brown Bag meetings** are held immediately following Grand Rounds each month (*with the exception of January*). The Director of Training typically attends these luncheons.

Title	Coordinator	Description	Time & Location	Attendance Required
DPHB Academic Grand Rounds	Chair's Office	Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	1st Wednesday of each month (September-June) 11-12:30pm via Zoom (Program sponsored Grand Rounds is held in May)	Mandatory all trainees
Child & Adolescent Grand Rounds	Child Psychiatry	Child Grand Rounds is offered monthly to all fellows, residents, and faculty and features nationally known faculty presenting their research	2 nd Wednesday of each month (Sept-June) 11-12:00pm via Zoom	If in a Child - focused, you may be required to attend. Speak with your supervisor

Clinical Psychology Internship Training Program Seminars

Title	Coordinator	Description	Time & Location	Attendance Required
Core Seminar Series	Rebecca McLean, PhD	Seminar cover broad content issues relevant to all tracks. There are also numerous seminars dedicated to professional development.	Wednesdays, 4:30pm - 6:00pm Butler Hospital Duncan Conference Room (Rm. 159)	All clinical psychology residents
F32 Seminar Series	Elissa Jelalian, PhD	Guidance in writing an F32 application.	1 st Wednesday of month, Aug-Nov 4:30pm - 6:00pm Butler Hospital Duncan Conference Room (Rm. 159) or Zoom (as noted on schedule)	Optional - For clinical psychology residents interested in submitting an F32 training grant
Adult Track Seminars	Abigail Mansfield Marcaccio, PhD	Each week, a different faculty member presents on their field of expertise,	Thursdays, 3:30pm - 5:00pm Butler Hospital, Duncan Small Conference Room 163	All Adult Track clinical psychology residents

		incorporating case presentations, discussion of empirically-supported treatments and research findings.		
Child Track Seminars	David Lichtenstein, PhD	Seminars vary in format (didactic presentation, group discussion, problem-based learning, etc.).	Wednesdays, 9:00am - 10:30am Coro West or Zoom (as noted on schedule)	All Child Track clinical psychology residents
Health Psychology/Behavioral Medicine Track Seminars	Micheline Anderson, PhD	Seminars cover content issues relevant to clinical experiences that clinical psychology residents will encounter while on internship.	Thursdays, 8:30am -10:00am Zoom or 200 Corliss St. (as noted on schedule)	All Health Psychology/Behavioral Medicine Track clinical psychology residents
Neuropsychology Track Seminars	Sherri Provencal, PhD	Faculty present on topics relevant to knowledge and skills specific to clinical neuropsychology and also meet together for Neuropsychology Rounds.	Thursdays, 4:00pm - 5:30pm Coro Building, Neuropsychology Suite Conference Room (#301)	All Neuropsychology Track clinical psychology residents

Seminar Schedule Links

Note: If links do not work, please copy and paste the address directly into your browser.

[Core Seminar Schedule](#)

[Adult Track Seminar Schedule](#)

[Child Track Seminar Schedule](#)

[Beh Med Track Seminar Schedule](#)

[Neuro Track Seminar Schedule](#)

Rotation Assignments

2026-2027 Primary & Supplemental Rotation Assignments:

[Primary Rotation 1](#)

[Primary Rotation 2](#)

[Primary Rotation 3](#) (*Adult and Health Psychology/Behavioral Medicine Rotation 3 assignments are determined, and distributed, in the fall*)

[Child Supplemental Rotations](#)

[Neuropsychology Supplemental Rotations](#)

Rotation Assignment Procedures

ADULT & HEALTH PSYCHOLOGY/BEHAVIORAL MEDICINE TRACKS:

The Clinical Psychology Internship Training Program has a number of rotations available within each track. Clinical psychology residents are to complete two of the three, 4-month rotations within their track and do the third rotation either within track or outside of their track (*i.e., Adult Track clinical psychology residents have the opportunity to complete a Behavioral Medicine rotation and vice versa*).

First and Second Rotation Assignments:

All first and second rotation assignments are made by the track committee and reviewed by the Training Committee. First and second rotation assignments are determined based on a clinical psychology resident's stated interests, training needs, specific career goals, requests, and availability as determined by the Clinical Psychology Internship Training Program. Every effort will be made to meet each individual's request and ensure equity in the assignment process. For clinical psychology residents in the clinical-research focused slot (*Obesity when available*), there are not distinct first and second rotations. The first 8 months of the experience will be determined prior to entering the program.

Third Rotation Assignments:

Third rotation assignments are determined on the basis of a clinical psychology resident's stated interest, specific career goals and objectives, and training needs as determined by the Clinical Psychology Internship Training Program. Each clinical psychology resident should meet with his or her advisor and rank order their top choices for the third rotation. The clinical psychology resident will then forward this information to the Director of Training in mid-October. Based upon this information and assessment of the clinical psychology resident's training needs, third rotation assignments will be decided by the Director and reviewed by the Training Committee. Every effort will be made to meet each individual's request and ensure equity in the assignment process.

CHILD TRACK:

Clinical psychology residents in the Child Track will stay within track for the entire training year. Residents rank order potential primary rotations within their area of emphasis (child, pediatric, Juvenile-Justice -focused) as well as supplemental rotations from any of these areas. Primary rotations are typically three days per week and supplementary rotations are typically 4-6 hours per week. These supplemental rotations provide training within existing or new specialty areas and allow each clinical psychology resident to design an individualized training experience.

NEUROPSYCHOLOGY TRACK:

Clinical psychology residents in the Neuropsychology track stay within track for the entire year. The clinical psychology residents will complete three primary 4-month rotations, potentially including experiences at Butler Hospital, the Brown University Health system, and/or the Providence VA Medical Center. Clinical psychology residents' rotation assignments are made by the track faculty and reviewed by the Training Committee. Rotation assignments are made on the basis of the clinical psychology residents' prior experience, training needs, and interests. In addition to neuropsychology rotations, clinical psychology residents will also complete one supplemental therapy-orientation rotation and one supplemental research-oriented rotation.

CLINICAL-RESEARCH FOCUSED RESIDENTS (*Obesity when available*):

Clinical research-focused residents complete one within track 8-month clinical rotation with a primary focus on a faculty mentor's clinical research protocols rather than completing two different rotations. They also complete a third rotation assignment either within track or outside of their area of specialization.

Rotation Specific Materials

If there are materials or readings that are required for supervision, it is incumbent upon the supervisor to provide them. If a clinical psychology resident chooses to buy any such materials or books on their own, this would be their choice, not a requirement.

Rotation Descriptions

Adult Track

Prachi Bhuptani, PhD, Track Coordinator

The focus of the Adult Track is on the application of empirical behavioral science to the understanding and treatment of adult behavior disorders. The general goals are to promote the achievement of adequate levels of proficiency in the assessment and treatment of adult psychiatric disorders, including substance use disorders, and to prepare clinical psychology residents for careers that integrate clinical research with clinical practice. Clinical psychology residents are exposed to a broad spectrum of problems, ranging from mild to severe psychopathology, and develop skills in both assessment and intervention with a particular focus on cognitive-behavioral interventions. In addition, clinical psychology residents become familiar with biological components of adult psychopathology and acquire an awareness of the utility of psychotropic medications commonly used in the treatment of severe psychopathology. Clinical psychology residents also receive specialized training in one or two treatment interventions (i.e., cognitive therapy, exposure-oriented behavior therapy, dialectical behavior group therapy, motivational interviewing) suitable for outpatient cases. Issues relevant to the ethical and professional practice of psychology are stressed.

Rotation Descriptions for the Adult Track:

[Alcohol and Drug Treatment Services \(ADTS\)](#), Butler Hospital

[Intensive Outpatient Program for OCD and Anxiety Disorders Program](#), Butler Hospital

[Inpatient and Family Therapy Program](#), Rhode Island Hospital

[Collaborative Addiction & Recovery Services](#), VAMC

[Trauma Recovery Services \(PTSD\) Program](#), VAMC

[Acute Psychiatric Care Program](#), Butler Hospital

[Perinatal Mental Health Program](#), Women & Infants

[Acceptance & Mindfulness-Based Partial Hospital](#), Rhode Island Hospital

Health Psychology/Behavioral Medicine Track
Megan Pinkston-Camp, PhD, Track Coordinator

The primary goals of the Health Psychology/ Behavioral Medicine Track are to enable clinical psychology residents to understand the relationship between behavior and health, and to learn evidence-based assessments and interventions targeted toward health promotion, disease prevention, health behavior change, and management of chronic illness. Clinical psychology residents learn the biopsychosocial model of illness and, through their work with a variety of patient populations, become familiar with psychosocial factors and behaviors influencing adjustment and adaptation to chronic medical conditions. Clinical psychology residents also develop specific skills for behavioral consultation and intervention in general medical settings, such as primary care, and acquire an understanding of how a psychologist can be utilized in those settings.

Rotation Descriptions for the Health Psychology Behavioral Medicine Track:

[Behavioral Medicine Rotation A: Specialty Care and Partnership Programs in Behavioral Medicine](#), The Miriam Hospital

[Behavioral Medicine B – Cardio Rehab](#), The Miriam Hospital

[Behavioral Medicine Primary Care A](#), VAMC

[Behavioral Medicine Primary Care B](#), VAMC

[Geropsychology](#), VAMC

Child Track

Jennifer Wolff, PhD, Track Coordinator

The general goal of the Child Track is to provide training in the assessment and treatment of a variety of childhood disorders while allowing the clinical psychology residents to gain greater depth of experience in specific areas of interest within clinical child or pediatric psychology. Clinical psychology residents have access to a diverse range of patient populations (e.g., psychiatric, medical, school). The Child Track is organized in such a way as to allow clinical psychology residents to specialize in one of three areas: General Clinical Child Psychology, Pediatric Psychology, or Juvenile Justice/Behavioral Health. Clinical psychology residents in the Child Track also are involved in child or pediatric research placements.

Rotation Descriptions for the Child Track:

Child

[Adolescent Inpatient Unit \(AIU\)](#), Bradley Hospital
[Children's Partial Hospital Program](#), Bradley Hospital
[Community-Based Therapeutic Schools](#), Bradley Hospital Schools
[Intensive Program for OCD](#), Bradley Hospital

Juvenile Justice Behavioral Health

[Rhode Island Family Court Clinic Program](#)
[Adolescent Co-Occurring Disorders Outpatient Clinic Program \(IOP\)](#), Bradley Hospital

Pediatric Psychology (*any combination of below*)

- [Cardiology](#)
- [Consultation Liaison](#)
- [Hasbro Partial Hospital Program](#)
- [Hasbro 6](#)
- [Hematology](#)
- [Primary Care Clinic](#)
- [Sleep](#)

Child and Pediatric Supplemental Rotations:

[Child Early Childhood Clinic](#)
[Child Adolescent Inpatient Unit \(AIU\)](#)
[Child Outpatient DBT](#)
[Child PARC](#)
[Child Fostering Health](#)
[Pediatric Med Peds](#)
[Pediatric Consultation Liaison](#)
[Pediatric Cystic Fibrosis](#)
[Pediatric Rehab Clinic](#)
[Pediatric Hematology](#)
[Pediatric Oncology](#)

[Pediatric Diabetes Clinic](#)
[Pediatric Feeding](#)
[Pediatric Primary Care](#)
[Pediatric Neurology](#)
[Pediatric Cardiology](#)

Juvenile Justice Behavioral Health Supplemental Rotation:

[Adolescent Inpatient Unit \(AIU\)](#)
[Juvenile Detention, Rhode Island Training School](#)

Neuropsychology Track

Ryan Van Patten, PhD, ABPP-CN, Track Coordinator

The Neuropsychology Track rotations are designed to meet American Psychological Association (Division 40)/International Neuropsychological Society guidelines for internship training in clinical neuropsychology. Rotations therefore provide both didactic and experiential training in a) general clinical psychology; b) diagnosis, consultation, and treatment methods in neuropsychology; and c) methods and practices in neurology, neurosurgery, and psychiatry. Track rotations provide complementary experiences in general medical, psychiatric, and pediatric settings. A weekly Neuropsychology Seminar is taught by track faculty, and provides didactic instruction on such topics as neuropathology, neuroimaging, and specific neuropsychological disorders.

Rotation Descriptions for the Neuropsychology Track:

[Psychiatric Neuropsychology](#), Butler Hospital

[Neuropsychological Assessment](#), Butler Hospital & VAMC

[Medical Neuropsychology](#), Rhode Island Hospital

[Neuro Cognitive/Behavioral Disorders and Neurorehabilitation](#), Rhode Island Hospital & Newport Hospital

[Neurodegenerative Disorders and Geriatric Psychiatry](#), Rhode Island Hospital

Neuropsychology Supplemental Rotations:

[Behavioral Pain Management](#) – VAMC

[Psychosocial Rehabilitation](#) – VAMC

[Trauma Recovery Services](#) – VAMC

[Neuropsychology Interventional](#) – Rhode Island Hospital

Clinical Research Focused Rotations

(Obesity Project only when available)

Structure

1st 8 months:

- 50% time in clinical research setting
- 40% time in within-track clinical setting
- 10% time in program didactics (i.e., track seminar, core seminar, and grand rounds)

Last 4 months:

- 60% time in clinical research setting
- 40% time either within-track or out-of-track hospital clinic setting (third rotation elective)
- The 40% time for clinic activities is set aside as protected time and no part of it is to be reallocated to research or other activities without jeopardizing the goals of clinical training

Overview and Statement of Purpose and Goals

The purpose in training research-focused residents is to meet the aims of the Brown Clinical Psychology Internship Training Program while providing more concentrated clinical research training in a particular specialty area.

The overall aims of the program reflect a commitment to the development of clinical psychologists who are clinical scientists with broad-based clinical and clinical research skills. The aims of the research-focused internship experience are implemented through a number of program components: (1) year-long concentrated clinical and research training; (2) 8-month broad within-track clinical training; (3) 4-month within-track or out-of-track clinical placement; (4) seminars; and (5) a faculty advisory process. The particular experiences acquired will vary according to the Track in which the clinical psychology resident is based, the combination of clinical experiences received, and the nature of the clinical psychology resident's research experience.

Each clinical psychology resident must meet the specific training aims and core competencies within his/her particular Track (i.e., Adult, Child, Health Psychology/Behavioral Medicine, or Neuropsychology). The Core Training Objectives (see at the end of document) provide an overall outline as to the knowledge and skill that all clinical psychology residents within the program are expected to demonstrate. They serve to ensure comparability in training objectives across Tracks, and also help to identify key areas of training that must be addressed by the program as a whole.

Clinical Experience:

At least half of the experience (20 hours total - 10 in research setting & 10 in clinical setting) shall consist of providing diagnosis, remediation techniques, assessment, therapy, other interventions, consultation, and interdisciplinary relationships.

At least 25% time (10 hours total - 5 in research setting & 5 in clinical setting) face to face psychological services to patients / clients.

No more than 25% of the experience (10 hours) can be spent in non-clinically related research. Clinical psychology residents must be involved with multidisciplinary teams with a minimum of two other disciplines whose expertise is relevant to treatment decision.

Experience limited to repetitious and routine tasks at the pre-professional level will not be accepted (i.e., administering and scoring structured tests, computing statistics, assisting in therapy).

Didactic Experience:

Clinical psychology residents are released (10% time total) from their research and clinical duties to attend track-specific seminar series, core seminar series, and monthly departmental grand rounds.

Supervision Arrangement:

At least 4 hours a week of regularly scheduled supervision are provided by at least two doctoral level licensed psychologists. At least 2 of these hours must be individual supervision. Only clinical supervision counts towards licensing requirements (administrative or non-clinical research supervision hours do not count).

You will be required each week to report the number of hours of supervision you have received by an electronic survey.

For each research-focused clinical psychology resident, the Track Coordinator will assure that the core clinical training objectives are being met in both the hospital-based clinic and research settings. The research supervisor cannot serve in this role. If the research supervisor also is Track Coordinator, then the Research Coordinator will serve in this role.

Research

Cynthia Battle, PhD, Research Placement Coordinator

Research Placement Assignments: [2026-2027](#)

Review your [Research Placement Rotation Description!](#)

The **Research Placement Program** provides clinical psychology residents with opportunities to work on programmatic faculty research, typically grant funded projects. Clinical psychology residents are assigned to a project based upon experience, interests, training needs, and availability of training sites.

Clinical psychology residents participate in a research placement experience throughout the course of the entire internship year at Brown. The purpose of the research placement program is to expose clinical psychology residents to clinical scientist role models and, in many cases, to the mechanics of running large-scale research studies and grants. Specific duties will vary depending upon the placement, but may include participating in one research meeting per week, administrative tasks, budget management, day-to-day running of the project, assisting with literature reviews, consulting on statistical analysis, data interpretation, manuscript writing, and grant writing. Clinical psychology residents may also consult on sub-projects that may exist within the data being collected or work with the primary investigator on developing new research sub-projects.

Clinical psychology residents are to spend 4 hours per week for the entire internship year at their assigned research placement. Please also note: As 6 of our internship training slots are funded through the VA, there is a requirement that 6 of our residents participate in VA-relevant research. You will be notified by your research supervisor(s) if you are assigned to one of these corresponding placements; and you will be required to log your 4 hours of research with the VA for the 12 months of internship training, even when your clinical placement may be outside of the VA. As this is a new requirement in 2026-2027, more details regarding documentation of research hours for the VA will be forthcoming.

Each clinical psychology resident is responsible for scheduling the time of visits at their placement, taking into consideration convenience for the research project, as well as for their other internship duties. It is important that the clinical psychology resident maintain a regular schedule with his/her research placement. Problems that develop regarding the research placement experience should be handled by the faculty supervisor at the placement involved. In the event that a problem arises that cannot be resolved satisfactorily, Dr. Cynthia Battle, Research Placement Coordinator, should be consulted.

TIMETABLE

July – Contact research placement supervisor:

- In conjunction with your research placement supervisor, set the time for placement hours (note, the timing of the research placement hours may vary by rotation, so it might shift accordingly in early November and early March). This is protected time and should be approximately four hours a week.
- Discuss project participation so that you can outline your individualized training activities list.

- **Submit list of individualized training activities to the Training Office by the 3rd week of training.**

August

- Review training activities with supervisor and begin work towards fulfilling your goals.

End of 4 months:

- Review progress toward your research placement training activities with your research placement supervisor. If necessary, address barriers to achieving your goals through ongoing discussion with your research supervisor.
- Complete supervisor evaluation and have your supervisor complete Progress evaluation on *MyEvaluations.com*. (*Note: Your mid-year update to the training director will be delayed if you should fail to do this in a timely manner!*)
- **Submit a poster for the Department of Psychiatry and Human Behavior Mind-Brain Research Day (typically in March).**
- Work toward fulfilling your goals.

End of 8 months:

- Complete supervisor evaluation and have your supervisor complete Progress evaluation on *MyEvaluations.com*.
- Review progress toward your research placement training activities with your supervisor.

End of 12 months:

- Submit end of year supervisor evaluation and have your supervisor complete end of year trainee evaluation on *MyEvaluations.com*.
- Complete Rotation Evaluation

Contact information:

Cynthia L. Battle, PhD, Professor of Psychiatry & Human Behavior
Cynthia_Battle@brown.edu

Research Placement Rotation Descriptions

Below are **Research Placement Rotation Descriptions** assigned this training year. Research Placement Rotation Descriptions are listed by Track. Review your Research Placement Rotation assignment to ensure that it is clear as to what the expectations are of the Research Placement Rotation!

Adult Track

[Research in Perinatal Mental Health](#)

[Vista Clinical Research Group](#)

[Translational Research Training on the Etiology and Treatment of Substance Use Disorder with Emphasis on Inclusivity](#)

[Suicide Prevention and Intervention Development Across At-Risk Groups and Care Transitions](#)

[Multi-method Research on the Etiology of Alcohol and Cannabis Use and Co-use Behaviors](#)

[Psychosocial Treatments for Patients with Severe Mental Illness](#)

[Longitudinal and Multimethod Research on Suicide and Maladaptive Behaviors](#)

[Cognitive-Affective Processes in the Context of Health Behaviors, Addictive Behaviors, and Mood Disorders](#)

Behavioral Medicine/Health Psychology Track

[Biobehavioral Mechanisms of Substance Use and Stress, Trauma, and Resilience \(STAR\)](#)

[Mental Health, HIV, and Implementation Research across Veteran and non-Veteran Populations](#)

[Obesity Clinical Research - Digital Health](#)

[Research Placement in Cardiovascular Behavioral Medicine, Weight Management, Clinical Trials, and Veterans Health](#)

[Implications of Loss and Bereavement on Health of Older Adults](#)

Child Track

[Vista Clinical Research Group](#)

[Pediatric Anxiety Disorders](#)

[Adolescent Mental Health Research Program](#)

[Early Childhood Mental Health](#)

[Pediatric Diabetes](#)

[Adolescent Health Behavior Promotion](#)

Neuropsychology Track

[Behavioral Interventions for Prevention of Alzheimer's Disease and Related Disorders](#)

[Cognition and Mental Health in Complex Neuropsychiatric Conditions](#)

[Research in Neuropsychiatric Symptoms in Neurodegenerative Disorders](#)

[Characterizing Everyday Financial Decision Making](#)

[Digital Cognitive Assessment Tools and their Applications in ADRD Clinical Practice and Research](#)

Research Grant Program

Overview

The **Clinical Psychology Internship Research Grant Program** was created to provide the opportunity for clinical psychology residents to apply for ‘seed money’ for small research projects during the internship year. This research is generally an outgrowth of the research placement, with the research placement supervisor serving as a mentor. Small, independent projects are appropriate, as are projects that build on the existing infrastructure of the mentor’s research program. Given budgetary constraints, projects should be focused in scope, and should attempt to answer a specific research question or questions.

Examples of prior research projects that have received funding include the following:

- Small survey studies designed by the clinical psychology resident
- Original qualitative data collection (e.g., a series of focus groups to generate pilot data for a future project)
- Projects implementing archival data analysis that may require additional research assistant time (e.g., coding videotapes, entering additional data)

Note: We strongly encourage applicants to avoid projects that involve a lengthy IRB review process and recommend that clinical psychology residents and their mentors carefully consider the logistics and timeframe of any IRB submission that is necessary to complete the work. Because no-cost extensions are not possible, clinical psychology residents and their mentors should evaluate whether or not the project is realistic to complete during the short timeframe between notice of funding (typically mid-October) and project completion (late May).

Application

Applications are limited to 6 pages total, and should include the **Title** and following components:

1. **Specific Aims**, describing the overall purpose of the project.
2. **Research Plan**, including all aspects of the methods and any references.
3. **Budget**, itemizing in detail how the funds will be spent – be mindful of what is permissible.
4. **References**
5. **(1 page) Letter of support** from the research mentor, indicating that no alternative sources of support are available for this specific project.
6. **(1 page) IRB Plan**, a form detailing when the project was (or will be) submitted for IRB approval

Application Deadline

September 15. Funds will be awarded no later than October 15. Completed applications may be emailed (*as one pdf file*) directly to Kelly_Griffin@Brown.edu.

Review Process

In evaluating the applications, reviewers will consider 1) the methodological rigor of the project, 2) the potential of the project to generate a conference presentation, manuscript, and/or pilot data for future grant applications, and 3) the budgetary request (e.g., are the funds requested appropriate? Could the project be completed without these funds?).

Grants will be evaluated by a minimum of two independent reviewers. Funding Decisions will be made by the subcommittee consisting of the reviewers and the training director.

Budget

We have a limited amount of funds available for these awards each year. A typical application is funded at approximately \$1,000-1,500.

Payments will be authorized only when received by **May 30** and accompanied by bills, receipts, or other appropriate documentation.

If you request payment for the services of a **research assistant or data entry personnel**, please be advised direct payment to employees who are not employed by Butler Hospital is not allowed. The employee should be paid by their employer and the Brown Clinical Psychology Internship Training Program will reimburse the employer directly.

If you request gift cards for **subject payment**, please be aware that Butler allows for Stop n Shop gift card purchases. Electronic gift cards are not allowed. This process to obtain gift cards can take 3-4 weeks or longer, plan ahead! All gift cards need to be tracked (*a tracking form will be provided*) and unused cards and tracking form returned to the Training Office by May 30.

If you wish to purchase **software**, please be aware that an itemized receipt showing full payment will need to be submitted to the Training Office to process reimbursement.

Funds need to be **used as awarded**. If you foresee any deviation to what was awarded, please contact the Training Office immediately to discuss. Reallocation of funds can be requested, but not typically approved.

No-Cost Extensions (NCE) are not permitted. All expenses need to be submitted by May 30 (current budget year). This includes the return of unused gift cards and gift card log. No reimbursements for research related expenditures can be provided after May 30.

Monitoring of Funded Projects

Day-to-day operations of funded projects will be primarily overseen by the clinical psychology resident's research mentor. In addition, an interim report will be required by the Training Office in January, so that progress of all projects can be monitored. A final summary may also be requested.

Due to the short timeframe for completion, it is essential that projects begin as soon as possible after funding is awarded in the Fall, with any delays being identified and resolved as early as possible. In cases where projects have not been successfully launched by February, the Training Office may discuss with the awardee and his/her mentor whether or not it is feasible to complete the research in the training year.

When planning a project, clinical psychology residents are urged to work with mentors to ensure that it is feasible to launch the research shortly after funds are awarded.

Evaluation

Melanie Dubard, PhD, Coordinator

Clinical psychology residents are evaluated during each clinical rotation by their rotation supervisors. Evaluation is based on a detailed competency-based format that emphasizes the acquisition of specific clinical knowledge and skills. Evaluations occur half-way through the course of the rotation and at the end of the rotation. Performance at his/her research placement is also evaluated every 4 months.

Clinical psychology residents are required to evaluate their faculty supervisors for each rotation. These evaluations are completed by the clinical psychology residents at the end of each clinical rotation and at the end of the 4th month and 12th month of their year-long research placement experience.

A clinical psychology resident must demonstrate competence at an intermediate, or advanced level, at the end of the training year in order to fulfill the requirements of the Clinical Psychology Internship Training Program. The core competency areas are:

1. ***Ethics & Legal Standards***
2. ***Professionalism & Self-Awareness***
3. ***Interpersonal & Communication Skills***
4. ***Assessment & Diagnosis***
5. ***Effective Intervention***
6. ***Consultation***
7. ***Supervision & Teaching***
8. ***Research & Scholarly Activities***
9. ***Cultural & Individual Diversity***

Clinical psychology residents should be engaged in an open, ongoing dialogue with their supervisors in reviewing their progress. Clinical psychology residents have the right to appeal any evaluation that they have received. If a disagreement cannot be resolved between the clinical psychology resident and supervisor, the clinical psychology resident's advisor should be contacted to ensure that the proper procedures for appeals and due process are followed (See [Remediation Policy](#) & [Grievance Policy](#)).

The Clinical Psychology Internship Training Program maintains ongoing communication with each clinical psychology resident's graduate training program throughout the year. Letters are sent to graduate training programs four times during training:

1. Prior to start of the internship, we provide the assigned clinical and research training experiences.
2. After initial meeting with Director of Training, we provide an update on the clinical psychology resident's current rotation experiences and overall adjustment to the program.
3. Mid-point of the internship year, we provide a brief overview of the clinical psychology resident's experiences to date, his/her general progress, as well as the experiences planned for the remainder of the year.
4. End-point of the year, we provide a summary of the clinical psychology resident's experience and performance.

There is also a record of this correspondence in the office of the Director of Training.

Evaluation - Instructions

Evaluations (e.g., *Evaluation of Internship Competencies*, *Evaluation of Supervisor/Mentor*, and *Evaluation of Rotation*) are completed online through MyEvaluations.com. You will receive your username and password via e-mail directly from MyEvaluations.com. If you have not received this e-mail, please let the Training Office know.

To login, follow the steps below:

1) Web address: www.MyEvaluations.com

2) Login: Type in your **username** and **password**.

Select the login button in order to securely log into MyEvaluations.com. *(If you do not remember your username/password, then click "Forgotten Your Username/Password" and enter your registered email address. Click OK - your information will be immediately e-mailed to you.)*

Evaluations are assigned based upon the most current information provided to the training office at the start of the training year. In the event that a change is needed, email [Brett Requintina@Brown.edu](mailto:Brett_Requintina@Brown.edu).

View [Evaluation Instructions & Time Frame!](#)

Evaluation - Primary & Supplemental Rotations

Review your [Rotation Description](#)!

The Rotation Descriptions are listed by track. Clinical psychology residents should review the rotation descriptions of your assigned rotations at the beginning of each rotation to ensure that they are clear as to what the expectations are of the rotation. **[Note: every rotation may not provide opportunities to demonstrate every competency. For example, supervision experiences are not provided on every rotation.]** The goal is for you to demonstrate competency in all areas of training by the end of the training year, based on your training and experiences across all rotations and training experiences. Any questions or concerns about the specific rotation expectations and/or experiences should be raised with your rotation supervisor(s) as early as possible to avoid potential problems or misunderstandings at the time of your evaluations.

Evaluation Time Frame:

You are evaluated by your supervisor(s) at the middle and end of each primary and supplemental rotation. E-mails are sent automatically from MyEvaluations, letting your supervisor(s) know what evaluations need to be completed and when they are due. You need to schedule a meeting with your supervisor(s) to review the evaluations face-to-face. Once they have finalized your evaluation in the MyEvaluations system, the system will prompt you to review the evaluation and acknowledge that it is correct and that you and your supervisor had an opportunity to review it together face-to-face. **Click here to see a sample of the MyEvaluations [Progress Evaluation Form](#) and [End Evaluation Form](#).**

You will have an opportunity to **evaluate your supervisor(s) and rotation experience** at the end of each rotation. You will also receive an e-mail from MyEvaluations to inform you of what evaluations need to be completed and when they are due. **[Note:** You will receive notification e-mails well before the evaluations are due. Please do not complete them until shortly before the due date listed. If completed too early, the evaluation(s) will be sent back.] After the evaluations are entered via the on-line system, **clinical psychology residents must print a hard copy of the supervisor/mentor evaluation form and schedule a meeting with their supervisor(s) to discuss the evaluation before submitting the final version of the evaluation.** You should be providing feedback to your supervisors **AFTER** they have provided you with feedback on your evaluation. After this meeting is held, the final evaluations should be submitted by clicking on the **“Finish / Final Submission”** button at the bottom of the evaluation form. Your supervisor will be prompted to review and acknowledge your evaluation of them in the MyEvaluations system after you have finalized it. **Click here to see a sample of the MyEvaluations [Supervisor Evaluation Form](#), and [Rotation Evaluation Form](#).**

Evaluation - Research Placement

Research Placement *(all clinical psychology residents)*

Review your [Research Placement Rotation Description!](#)

Research Placement Rotation Individualized Training Activities & Time Frame:

By your 3rd week of training, you should have developed your **INDIVIDUALIZED TRAINING ACTIVITIES** for the **RESEARCH PLACEMENT**. Click here for a [Sample of Training Activities](#) and for a blank [Training Activities Form](#).

You should review these activities with your supervisor(s)/mentor(s) and submit to the training office for faculty review and your file.

You are evaluated by your supervisor(s) every four months, at **4, 8 and 12 months**, during your research placement. E-mails are sent automatically from MyEvaluations, letting your supervisor(s) know what evaluations need to be completed and when they are due. You need to schedule a meeting with your supervisor(s) to review the evaluations face-to-face. Once they have finalized your evaluation in the MyEvaluations system, the system will prompt you to review the evaluation and acknowledge that it is correct and that you and your supervisor had an opportunity to review it together face-to-face. **Click here to see a sample of the MyEvaluations [Progress Evaluation Form](#) and [End Evaluation Form](#).**

You will have an opportunity to **evaluate your research placement supervisor(s)** at the 4-, 8-, and 12-month points during the training year. You are encouraged to provide feedback regarding this training experience within the Evaluation of Supervisor/Mentor form that you complete. You will receive an e-mail from MyEvaluations to inform you of what evaluations need to be completed and when they are due. **[Note:** You will receive notification e-mails well before the evaluations are due. Please do not complete them until shortly before the due date listed. If completed too early, the evaluation(s) will be sent back.] After the evaluations are entered via the on-line system, clinical psychology residents should schedule a meeting with their supervisor(s) to discuss the evaluations before submitting the final versions. You should be providing feedback to your supervisor(s) **AFTER** they have provided you with feedback on your evaluation. After this meeting is held, the final evaluations should be submitted by clicking on the **“Finish / Final Submission”** button at the bottom of the evaluation form. Your supervisor will be prompted to review and acknowledge your evaluation of them in the MyEvaluations system after you have finalized it. **Click here to see a sample of the MyEvaluations [Supervisor Evaluation Form](#).**

Anonymous Evaluation of Supervisor/Mentor & Training

Although trainees are encouraged to share any feedback with their supervisors directly, such that it can be discussed and incorporated into future training experiences, it is understood that there are some circumstances in which it can be difficult to deliver feedback. If you find yourself in such a situation, you are encouraged to seek out guidance from your faculty advisor and/or track coordinator regarding how you might be able to approach your supervisor in a professional manner to discuss your feedback constructively.

If you do not feel comfortable doing this, or if you and your faculty advisor or track coordinator determine that it would not be in your best interest to deliver your feedback directly to your supervisor, you can utilize the **Confidential Comments** text box at the bottom of your Supervisor evaluation form and/or Rotation evaluation form.

Comments given in the *Confidential Comments* section can only be reviewed by the Training Director. In order to ensure your confidential comments are seen by the Training Director, you will need to choose “Yes, send an immediate notice to the Program Director.” This will not be visible to the supervisor being evaluated; be aware that if you choose to request a meeting with the Training Director through MyEvaluations, this request will be visible to the supervisor.

I would like to request a meeting with the Training Director to further discuss my training experience.	2.No
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No

Yes, send an immediate notice to the Program Director(s)

Community and Belonging Council

The Community and Belonging Council consists of faculty, trainees, and staff in the Department of Psychiatry and Human Behavior who work together to build a culture of respect and belonging within the department and in partnership with the greater community.

Clinical Psychology trainees are welcome to join any of the Council's committees:

- The **Community Engagement Committee** collaborates with the many different communities in which our patients live to better meet their needs in clinical work, training, and research.
- The **Education Committee** works to educate trainees and faculty alike on the ways a person's culture and identity – and their subsequent treatment in society – can influence health and well-being.
- The **Faculty Belonging Committee** assists in the recruitment and retention of faculty from varied backgrounds and develops policies to support their ability to provide clinical care, teaching, and research that meets the needs of disparate communities.
- The **Trainee Support Committee** facilitates the recruitment and retention of trainees from varied backgrounds and works to create an inclusive learning and social environment for all trainees.

The committees typically meet once per month; release time must be approved by your primary supervisor. Please [fill out this form](#) to join a committee or to learn more.

The Trainee Support Committee coordinates a **Mentoring Program** that facilitates networking and career development among trainees and faculty of the Department of Psychiatry and Human Behavior. The program offers trainees and faculty opportunities to discuss clinical, research, and professional issues relevant to varied populations in a supportive, collegial environment. This program is open to all trainees and faculty within the DPHB and/or School of Public Health Center for Alcohol and Addiction Studies. Look for the next enrollment opportunity via email or contact CBC-mentoring@brown.edu to learn more.

Moonlighting

Clinical psychology residents are not permitted to engage in the practice of psychology outside of the Brown Clinical Psychology Internship Training Program. It is necessary for the program to prohibit such outside practice or "moonlighting" because the program is responsible for overseeing all practice-related activities of clinical psychology residents, as they are not licensed to practice psychology independently within the State of Rhode Island.

Clinical psychology residents are not permitted to engage in other non-clinical outside activities relevant to the practice of psychology (e.g. Coding videotapes on a research project) during 1st rotation (the first 4 months for Clinical- Research focused residents) because of the potential for interference with training, the primary commitment for this year of your professional development.

Permission to moonlight on research activities during 2nd and 3rd rotation is granted by the Training Committee on occasion. To request permission to participate in non-clinical outside activities relevant to the practice of psychology, the clinical psychology resident must submit a written request to the Director of Training.

Media Requests

On occasion clinical psychology residents and postdoctoral fellows have been approached by the media to give an interview or provide information on a topic in which they may have special knowledge or involvement. However, special procedures must be followed by the trainee prior to any communication with the media including television, radio or newspapers. Clinical psychology residents and postdoctoral fellows who are approached by the media must obtain approval from their respective hospital Chief of Service and the Director of Training to ensure that all administrative and ethical issues have been properly addressed prior to their appearance or the provision of information.

Stipends & Benefits

Clinical psychology residents receive their financial support from Butler Hospital.

Stipends

The 26-27 stipend for clinical psychology residents is **\$39,344**.

Butler Hospital withholds taxes from clinical psychology residents' pay.

Benefits

Individual and family health insurance is provided by Butler Hospital. Dental is not included.

Support

Clinical psychology residents are provided with appropriate office space and equipment at each of their rotations. They are also provided with access to telephone and photocopy services to complete their clinical duties on each of their rotations. The specific amounts and/or procedures for such activities will vary from rotation to rotation and clinical psychology residents are required to clarify these details in advance with their rotation supervisors. If clinical psychology residents are unable to obtain necessary support, they are instructed to contact the Director of Training who will make every effort to meet all reasonable requests for secretarial and facilities assistance.

Support for the clinical psychology resident's personal or private use, such as copying or typing a dissertation, is not the responsibility of the Clinical Psychology Internship Training Program.

Brown Benefits

Clinical Psychology Residents, although not employed by Brown University, receive an academic appointment of "Clinical Psychology Intern" in the Department of Psychiatry and Human Behavior in the Alpert Medical School of Brown University. The title "Clinical Psychology Intern" is your official Brown University title only. "Clinical Psychology Resident" is your Department of Psychiatry and Human Behavior and Hospital title.

Your official term of appointment as a trainee is determined through the Training Program and the Department of Psychiatry and Human Behavior. All verifications of training should be directed to the Clinical Psychology Training Program.

Brown ID

As a clinical psychology resident or a postdoctoral fellow you are entitled to receive a Brown University ID card which will provide you **access** to Brown University facilities and the libraries. **With a Brown ID, Ride RIPTA Buses or Trolleys for Free!** Current faculty, staff, and students are able to ride any RIPTA bus or trolley anytime, anywhere in the state at no charge. How it Works: Swipe your Brown ID through RIPTA's farebox and take a seat – it's that easy! Rides will be electronically counted and RIPTA will bill the University monthly.

Bear Bargains is a discount program for all members of the Brown community. A Brown ID Card allows students, faculty, and staff access to a variety of discounts and services in the Providence area community and beyond. Visit the [BEAR Bargains & Working Advantage Discount Programs](#) page on University's website for more information!

The Brown I.D. card also provides access to Brown facilities such as the athletic complex and the libraries. It should be noted that the athletic facilities can be used only with purchase of membership for **"Brown/RISD Faculty/Staff Individual or Spouse"**.

A Brown email account is established for each clinical psychology resident.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA is a federal law that created national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. **ALL** hospitals comply with HIPAA requirements and their policies will be reviewed in detail within your hospital specific orientations. All residents are expected to adhere to the direct guidance and policies specified by the hospitals regarding HIPAA within the settings within which they rotate. General HIPAA policies include:

- Medical records and patient protected health information (PHI) shall be kept secure at **all** times.
- **All** information concerning patients is confidential by law and shall be handled as such by all employees (i.e., do not share, gossip, leave PHI displayed on a computer screen, etc.).
- Accessing medical records for any purpose outside of treatment, payment or business operations (TPO) is prohibited.
- Access to patient records is limited to authorized business purposes only. This means that access must be business-related and limited to the following purposes: (1) Treatment (2) Payment (3) Health Care Operations (e.g., audit, compliance, quality) (4) Research (IRB approved)
- Access to patient records for personal or other non-work-related purposes, even if written or oral patient authorization has been obtained, is not permitted and will be considered a violation of patient privacy. **(Examples of accessing patient records for non-business or personal reasons include: (1) Self access (2) Family members/friends (3) Co-workers (4) Neighbors (5) Celebrities, athletes, public figures or other VIPs).**

Violation of HIPAA policies could result in receiving a warning, suspension, and/or termination (determined by hospital).

Leave and Professional Time Policy & Request Instructions

Internship Leave Policy: This document contains the full policy and instructions (with screen shots) for requesting leave.

This Clinical Psychology Internship is based on a minimum 8-hour workday, Monday-Friday. Any hours not worked must be accounted for as leave.

For trainees participating in rotations through the VA Medical Center: Your supervisor will also be required to report any leave taken directly to the VAMC, if it intersects with your scheduled time at VA in a given week. So please be certain that your supervisors have documented your time off-station.

Leave Types

Personal: This includes vacation time as well as any other time off that does not fall under sick or professional.

Sick: This includes time off for illness or medical appointments; sick leave of more than 3 days must be accompanied by a physician's note.

Professional: This includes time off for professional conferences, colloquium, job/postdoc interviews, and no more than 3 days for dissertation defense.

How to Request Leave

1. Schedule a calendar event for the date and hours requested with the title as follows:
Last Name, First Name – Type of Leave (personal/sick/professional)

Example: Requintina, Brett - professional

2. In the description, include any notes to supervisor(s) about the requested leave. If leave type is professional, please include conference details.
3. Invite affected supervisor(s) and clinical_psychology_leave@brown.edu
4. Supervisor(s)' acceptance of calendar invite serves as their approval; clinical_psychology_leave will accept invite as final approval that this leave has been documented. Personal and Professional leave cannot be taken until you receive final approval from the Training Office.

Program Policy

- Holiday Policy: Residents rotating through VA sites will follow the VA holiday schedule. Residents rotating through any non-VA site will follow the Care New England holiday schedule. Clinical psychology residents are entitled to these holidays even if the clinical sites (namely, Brown University Health sites) are operating on those dates.
- You must clear personal or professional time with your rotation supervisor(s) at least 2 weeks ahead of time using the calendar request process outlined in this document. Sick leave (including partial days off for medical appointments) should be requested using the same process on the day it occurs (if possible) or within 2 days of your return to work.
- No more than 7 days of personal and/or professional time may be taken per rotation (July-October, November-February, March-June) unless there are extenuating circumstances and an exception is approved by rotation supervisor(s), Track Coordinator, and Training Director.
- Protected research time cannot be counted as hours worked in combination with personal time off or during travel periods. Vacation and/or professional time must be used.
- Personal time cannot be taken during the last two weeks of June unless there are extenuating circumstances and an exception is approved by rotation supervisor(s), Track Coordinator, and Training Director.

Butler - Personal/Professional/Sick Leave

Personal: 10 days for the year as of July 1st

Professional: 10 days for conferences, colloquium, job interviews, dissertation defense. ***Please note:*** *No more than 3 days will be granted for dissertation defense; professional days will not be granted to attend graduation.*

Sick: 12 accrued days

Holidays:

- ✓ Independence Day
- ✓ Victory Day
- ✓ Labor Day
- ✓ Columbus Day/Indigenous Peoples' Day
- ✓ Veterans Day
- ✓ Thanksgiving Day
- ✓ Christmas Day
- ✓ New Year's Day
- ✓ MLK Day
- ✓ Memorial Day
- ✓ Juneteenth

Social Media Committee

Carly M. Goldstein, PhD, Coordinator

Mission and Projects

The Social Media Committee, in collaboration with the Department of Psychiatry and Human Behavior Director of Communications, is dedicated to disseminating snapshots of department life, connecting current trainees to other Department members and alumni, and displaying trainee and faculty accomplishments through social media. The Social Media Committee collaborates with trainee representatives to share glimpses of trainee life for both other trainees and prospective applicants.

Currently Available Resources:

- @brownclinicalpsych (instagram)
- @brownclinpsych (X/Twitter)
- Brown Clinical Psychology Training Consortium on Facebook

Partners

- Postdoctoral Fellow Representatives
- Internship Training Committee Representatives

Representing Brown Affiliation on Social Media

The Brown Clinical Psychology Consortium has in place a policy with regards to professional representation, which all trainees within the Consortium are expected to follow.

It is appropriate for trainees to reference Brown and the Training Programs on official social media sites relating to training and program related activities, including but not limited to:

- Program's Instagram Site (coordinated by Dr. Carly Goldstein)
- Mention of personal accomplishments as a Brown trainee (i.e., "x" posts, Facebook, etc.)
- Online promotion of a Program sponsored event

The Brown affiliation may not be used in relation to activities that are not sanctioned by the Training Programs (e.g. on sites such as fundraising, political messages/lobbying, etc.)

Please visit the Brown University site related for Social Media Guidelines and Best Practices <https://www.brown.edu/university-communications/social/guidelines> for additional information.

If you have any questions, we encourage you to reach out to the appropriate Director.

Policy on Telehealth

Telehealth psychological service delivery refers to any remote service such as telephone, remote televideo connection, or other remote platform. Any services delivered via telehealth **must** be via a HIPAA compliant platform.

Telehealth is only permitted from a designated Brown training site, and the approved "telework" location (the trainee's local home address).

1. Patient in a state other than RI

- ✓ The patient has committed to consistently being seated in the same state for each telehealth session.
- ✓ In all encounter instances, the trainee is seated in RI and the patient is seated in the state they have committed to. Neither can be in another state.
- ✓ The supervisor has a valid temporary or permanent license in the state where patient will be located when receiving telehealth psychological service.
- ✓ The supervisor possesses documentary verification that their temporary or permanent license in that state permits delivery of psychological services via telehealth and that this includes delivery of services by supervised pre-doctoral interns or post-doctoral fellows.
- ✓ The supervisor agrees with and is comfortable with the plan.
- ✓ The supervisor's RI license and any malpractice insurance requirements are recognized in the state where the patient will be located when receiving telehealth psychological services and is anticipated to remain so long enough to reasonably provide a course of treatment.
- ✓ Appropriate documentation of telehealth in the progress notes.

2. Intern or postdoctoral fellow in a state other than RI

At present time, there is no allowance for trainees to be located outside of RI while delivering telehealth. Rhode Island recently joined the Psychology Interjurisdictional

Compact (PSYPACT), which means that properly credentialed psychologists licensed in Rhode Island can apply to practice telepsychology and/or conduct temporary in-person, face-to-face practice in PSYPACT states. Participating in PSYPACT is intended to facilitate patient care. Individual supervisors may not necessarily choose to participate in PSYPACT; initial application and annual renewal fees may not be reimbursed by the hospitals. In addition, not all states are participating in PSYPACT, such that monitoring compliance is not feasible.

At this time, RI inclusion in PSYPACT will not impact options for trainees to be outside of RI while providing clinical care.

The only potential exception to this policy is when a trainee is within a reasonable commuting distance to the hospital through which services are provided.

Policy on Telework and Telesupervision

It is our Training Program policy that all primary clinical rotations are required to include an in-person training component. Telework will only be allowed and approved under certain defined circumstances.

There is limited guidance from APA specific to telework; however, the sentiments regarding telesupervision described below apply to both telework and telesupervision at Brown:

The APA Commission on Accreditation (CoA; IR C-15 I) “recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs.”

The details and expectations for Telework and Telesupervision are outlined below. We first offer the following definitions, to enhance clarity for these policies:

Telework: *refers to a work arrangement under which a resident performs the duties and responsibilities of their position (in this case, clinical rotation responsibilities) from an approved worksite other than the location from which the resident would otherwise work.*

Telesupervision: *is a form of supervision that utilizes electronic devices, such as video conferencing or telephone, to provide guidance and feedback from supervisor to supervisee at a distance. It is essentially the same process as in-person supervision but occurs remotely using technology. Similar to in-person supervision, telesupervision may be synchronous (e.g., direct observation) or asynchronous with real-time patient care.*

Per APA, “Programs that utilize telesupervision are expected to address generally accepted best practices. Programs utilizing any amount of telesupervision must have a formal policy addressing their utilization of this supervision modality.”

Telehealth: refers to the use of electronic information and telecommunication technologies to deliver health care services when distance separates the patient and provider. Please see corresponding “Telehealth Policy” within the online Clinical Psychology Internship Training Manual.

Please note that, *when residents are teleworking*, it is the expectation that they are always doing so under active telesupervision from a designated licensed psychologist supervisor. There will also be some circumstances when a resident is *in-person* at the clinical worksite, with a licensed psychologist present, but in which they may deliver telehealth services and/or receive telesupervision from another off-site psychologist supervisor.

Below we outline Internship Program policies and expectations for telework and telesupervision.

Telework

An option to telework is not a given but may be available at the supervisor and training program’s discretion to determine how the work should be accomplished when off-site. A telework arrangement can be terminated at any time, at the discretion of the supervisor and training program.

Acknowledging that most of the primary clinical rotations sites of the Brown Internship do not allow telework arrangements, there are some that allow some degree of telework as a function of the work setting (e.g., a clinical site that uses telehealth services).

When telework is allowable:

- ✓ For primary clinical rotations, accounting for time “off rotation” for didactics, supplemental rotations, and the research placement, a resident must work a minimum of 2 full in-person workdays per week at the primary clinical worksite, where there will be a licensed psychologist on site.
- ✓ For supplemental rotations, given their more limited scope (e.g., typically half-day/week), the proportion of in-person vs. telework hours, if any, will be set by the supervisor(s) and documented in the rotation description.
- ✓ The telework schedule will be set at the beginning of the rotation and remain fixed for the remainder. The telework schedule will only change if a formal decision is made and documented to adjust the days when the resident is expected to report in-person to the clinical worksite.
- ✓ The only approved remote worksite will be the resident’s home. Per the Internship Program’s Telehealth Policy within the online Clinical Psychology Internship Training Manual, there is a residency requirement that all residents must live in Rhode Island or within reasonable commuting distance to Rhode Island.
- ✓ At the start of the rotation, it is the responsibility of the resident to confirm, with the supervisor(s), that any telehealth services or telesupervision meetings will be conducted in a distraction-free and private setting, to protect against any direct or incidental violations of patient privacy. If these conditions cannot be met, the resident will instead report to the clinical worksite to deliver services for the entirety of the clinical rotation.

- ✓ At the start of the rotation, it is the responsibility of the resident to confirm, with the supervisor(s), that there is an appropriate device available for delivering telehealth services. The digital platforms used (e.g., Zoom) and the device must be HIPAA compliant and supported by the hospital information technology office. If these conditions cannot be met, the resident will instead report to the clinical worksite to deliver services for the entirety of the clinical rotation.
- ✓ When teleworking, the resident is expected to work the same schedule from the remote worksite that they would work at the clinical worksite.
- ✓ If the resident is unable to work due to illness, dependent care responsibilities, or other personal needs, the resident is expected to take appropriate leave (e.g., annual or sick leave).
- ✓ In the event of a power failure or other unusual circumstance that would impede work during designated telework time, it is expected that the resident will make every effort to report to the clinical worksite. However, the resident may be assigned alternative activities (e.g., readings in place of telehealth care) on a case-by-case basis when other circumstances (e.g., unsafe travel) prevent the resident from reporting to the clinical worksite.

Telesupervision

Telesupervision may be offered across clinical rotations to ensure appropriate training experiences that are needed to provide clinical services; these are contingent on recognition that the resident possesses a level of independence to justify this modality of supervision. Telesupervision provides opportunities related to training, monitoring, and evaluating clinical services provided by the resident to develop expected profession wide competencies as a clinical psychologist.

Given the numerous settings, services offered, and organizational structures for both the primary and supplemental clinical rotations offered by the Brown Clinical Psychology Internship Training Program, it is beyond the scope of this policy to specify the exact number of hours (of the minimum required 4 hours) of supervision that will be provided via telesupervision vs. in-person in each clinical rotation. Instead, we provide the following guidelines to ensure that a minimum expectation for in-person supervision is provided in all clinical rotations, across all Internship Training Tracks.

- ✓ Trainees must be making consistent progress with meeting all required competencies to be able to participate in telesupervision.
- ✓ All clinical rotations are required to begin with an in-person meeting with the licensed psychologist supervisor to ensure that relationships between supervisors and trainees are established at the onset of the supervisory experience.
- ✓ All initial onboarding and orientation to the clinical site must occur in-person with the psychologist supervisor(s) and/or administrative staff, as appropriate and dictated by the setting.
- ✓ It is the responsibility of the supervisor(s) to communicate the expectations and schedule for telesupervision for the clinical rotation, which will be set at the beginning of the

rotation and remain fixed for the remainder. The telesupervision schedule will only change if a formal decision is made and the change in schedule is documented.

- ✓ At the start of the rotation, it is the responsibility of the resident to confirm, with the supervisor(s), that any telesupervision meetings will be conducted in a distraction-free and private setting, to protect against any direct or incidental violations of patient privacy. If these conditions cannot be met, the resident will instead report to the clinical worksite to deliver services for the entirety of the clinical rotation.
- ✓ At the start of the rotation, it is the responsibility of the resident to confirm, with the supervisor(s), that there is an appropriate device available for telesupervision. The digital platforms used (e.g., Zoom) and the device must be HIPAA compliant and supported by the hospital information technology office. If these conditions cannot be met, the resident will instead report to the clinical worksite to deliver services for the entirety of the clinical rotation.
- ✓ For primary clinical rotations, at least one hour of weekly in-person supervision will be required. This minimum requirement for in-person supervision cannot be met through tiered supervision with a postdoctoral fellow supervisor.
- ✓ Each rotation is responsible for ensuring and communicating to the resident the availability of a licensed psychologist on-site (in the event that a psychologist supervisor is teleworking, but the resident is in-person) or via telesupervision (in the event that a resident is teleworking). The supervising licensed psychologist maintains full professional responsibility for clinical services.
- ✓ Each rotation is responsible for documenting and communicating to the resident a clear emergency coverage plan and response procedures when either the resident is off-site (through telework) or on-site. This will be consistent with the rotation site policy for managing consultation and emergency coverage with psychology trainees and in compliance with Professional/Ethical/Legal standards set forth by APA.
- ✓ Each rotation must have a documented plan for and provide the opportunity for real-time, direct observation of the resident's clinical service delivery, whether via telehealth or in-person.
- ✓ Participation in telesupervision requires ongoing conversations between the supervisor(s) and resident regarding utility of, and satisfaction with, telesupervision. Assessment of telesupervision will also be included in formal touch points with the Internship Track Coordinator overseeing the rotation. Dissatisfaction with the approach will result in discussion with the supervisor and Track Coordinator – and Training Director if necessary – regarding potential change to in-person supervision.
- ✓ The training program will conduct annual review of telesupervision policies and associated outcomes via feedback solicited from residents in standard end-of-year feedback.

Policy on AI Use

Purpose

This policy establishes ethical, professional, and practical standards for the responsible use of large language models (LLMs) and other forms of generative artificial intelligence (AI) by psychology residents and postdoctoral fellows in clinical, research, and supervisory contexts. This document will be amended in accordance with updated institutional and educational guidance related to the use of AI.

The goal of this policy is to ensure that all uses of AI in training, research, and service delivery:

- Align with APA's Ethical Principles of Psychologists and Code of Conduct (2017);
- Protect client confidentiality, autonomy, and privacy;
- Preserve the integrity of professional training and competency development;
- Encourage informed, supervised, and transparent AI use; and
- Promote ethical innovation that enhances learning, efficiency, and client well-being.

Definition

For the purpose of this policy, generative AI refers to computational systems (*e.g.*, *ChatGPT*, *Gemini*, *Claude*, *Copilot*, *Notebook LM*) trained on large datasets of text, speech, and/or images to produce human like responses, analyses, or creative content. AI systems may support—but not replace—human clinical judgment, interpretation, or documentation.

Guiding Principles

This policy applies to all clinical psychology residents, postdoctoral fellows, and supervisors affiliated with the program, including any training activities conducted in clinical, research, or educational contexts.

The policy reflects three overarching principles:

- (1) Any plan for use of AI as part of clinical or research activities needs to be discussed with a supervisor prior to implementation.
- (2) Content generated by AI needs to be carefully edited, tailored, and reviewed for accuracy.
- (3) AI may inform—but never replace—clinical reasoning or evidence-based decision-making. AI outputs must be treated as tentative information requiring human editing and verification.

AI may not be used to derail learning. As such, original work (*e.g.* writing) is expected and AI may not replace it for primary educational activities – *e.g.* may not be used as make up work for missed didactics.

Ethical and Confidential Use of Patient Information

- (1) **Input of Patient Data:** Identifiable or de-identified data that may be re-identifiable patient information (*e.g.*, *assessment data*, *treatment notes*, *personal background*, *health records*) may only be entered into AI tools that are HIPAA compliant and approved by the hospital system in which the trainee is working. Trainees should review any plan for using an AI tool with their supervisor before proceeding.

- (2) **Ethical Accountability:** Even when using HIPAA compliant platforms, the primary ethical responsibility for patient privacy rests with the clinician. Trainees must ensure AI use aligns with APA Ethics Code Principles A (Beneficence and Nonmaleficence) and E (Respect for People’s Rights and Dignity).

Use of AI in Clinical Decision-Making, Training, and Documentation

1. **Priority of Human Judgement and Skill Development:**
 - a. AI must not replace the trainee’s personal responsibility to build competency in clinical documentation, conceptualization, feedback, and treatment planning. Residents and fellows should demonstrate original work consistent with training objectives. AI may inform – but never replace – clinical reasoning of evidence-based clinical decision-making.
2. **Acceptable Supplemental Uses:**

Under supervisor guidance, AI may be used for:

 - a. Generating psychoeducational materials (e.g., mindfulness scripts, coping-skills handouts);
 - b. Formatting or proofreading clinical writing;
 - c. Brainstorming educational content.
3. **Critical Review:**
 - a. Trainees should evaluate AI-generated content for accuracy, recency, and bias, particularly given limitations in the training data of such systems.
4. **Prohibited Uses:**
 - a. AI may not be used to generate psychological reports, therapy summaries, diagnostic impressions, or evaluation narratives that could misrepresent trainee competence or obscure authorship.
5. **Transparency:**
 - a. Any document, presentation, or product that has used AI-assisted text generation must include a clear disclosure (e.g., footnote):
 - b. “Portions of this document were developed with the assistance of AI technology and reviewed for accuracy and ethical compliance by [Name].”

Use of AI in Research Training

- (1) **Priority of Human Judgment and Skill Development:**
 - a. AI must not replace the trainee’s personal responsibility to build competency in designing and reporting on independent research. Residents and fellows should demonstrate original work consistent with training objectives. AI may inform—but never replace—critical review and understanding of the research literature.
- (2) **Permissible Uses:**

Under supervised guidance, AI may be used for:

 - a. Data analysis
 - b. Literature synthesis, or methodological support consistent with institutional ethics
 - c. Formatting or proofreading non-clinical writing
 - d. Brainstorming research questions, presentation outlines, or educational content.
- (3) **Critical Review:**
 - a. Trainees should evaluate AI-generated content for accuracy, recency, and bias, particularly given limitations in the training data of such systems. Trainees should review requirements of funding agencies, journals, and other presentation forums to ensure that use of AI is consistent with policy.
- (4) **Prohibited Uses:**
 - a. AI may not be used to replace original writing such as that required in manuscripts and grant applications.

Supervision, Consultation, and Transparency

(1) Supervisor Consultation:

- a. Before using AI in any clinical or educational task, residents and fellows must consult with their clinical or research supervisors to discuss appropriateness, goals, and ethical implications.

(2) Transparency:

- a. When AI contributes to material presented to patients or supervisors, the role of AI in the process should be disclosed clearly and accurately.

Bias, Equity, and Responsible Innovation

(1) Bias Awareness:

- a. Residents and fellows must be aware that generative AI systems reflect biases present in their training data. There is likely limited diversity in the original samples on which algorithms were trained. It is important to remain vigilant against perpetuating stereotypes or structural inequities.

(2) Commitment to Equity and Inclusion:

- a. Trainees must use AI in ways that promote culturally competent care, digital literacy, and equitable access to psychological services.

(3) Ongoing Education:

- a. The training program will provide periodic seminars and updates on emerging developments and ethical guidance related to AI, consistent with APA (2024) principles emphasizing human rights, fairness, and transparency.

Institutional and Legal Compliance

All AI use must comply with:

- APA Ethical Principles and Code of Conduct (2017)
- HIPAA
- State and Institutional Privacy Standards
- University or Hospital System AI Policies

References and Supporting Resources

- American Psychological Association (2024). Artificial Intelligence and the Field of Psychology: Policy Statement.
- Farmer, R. L., Lockwood, A. B., Golforth, A., & Thomas, S. (2023). Artificial Intelligence in Psychological Practice. *Psychotherapy: Research & Practice*, 56(1), 13–27.
- University of Colorado Clinical Psychology Residency Manual (2025-2026).
- San Diego State University C&PS Artificial Intelligence Use Policy (2025-2026).
- Stony Brook University (2023). Psychology Generative AI Policy.
- UIC (2023). Statement on the Responsible and Acceptable Use of Generative AI.

Appendix: Summary Table of Permitted and Prohibited AI Uses

Domain	Permitted with Supervisory Oversight	Prohibited Uses
Clinical Documentation	Proofreading, formatting	Generating notes, reports, or assessments
Psychoeducation	Educational handouts, coping strategies	Direct client communication or diagnosis
Research	Data summarization, coding, literature mapping	Analyzing confidential datasets
Administration Workflow	Templates	Uploading any identifiable client or trainee information

Equal Employment, Americans with Disabilities Act (ADA) and Reasonable Accommodations

The Brown Clinical Psychology Internship Training Program is committed to ensuring compliance with the Americans with Disabilities Act, including the provision of reasonable accommodations to assist qualified trainees with disabilities to perform the essential functions of their jobs safely and effectively. As the employing institution responsible for compliance, we follow the Butler Hospital policies.

A reasonable accommodation is a modification or adjustment to a course, program, service, job, activity, facility that enables a qualified person with a disability to have equal access to full participation in our training program activities. A reasonable accommodation does not lower or modify essential requirements, fundamentally alter the nature of a service, program or activity, or result in undue financial or administrative burdens. The process of identifying a reasonable accommodation requires an individualized assessment of how a person's disability affects them in the particular context for which the accommodation is sought.

How to request a Reasonable Accommodation?

Internship trainees who require a reasonable accommodation due to a medical condition or disability should notify Occupational Health to initiate the interactive process. Upon notification, Occupational Health will provide the appropriate accommodation request form for completion by the employee's healthcare provider. Occupational Health will review the documentation and collaborate with the employee, manager, Human Resources, and LOA, as appropriate, to support the interactive process and determine reasonable accommodations. All documentation will be kept confidential and stored separately from the trainee's personnel file.

You are entitled to request accommodations without disclosing any confidential medical information to your supervisors and the Training Director. However, if you choose, it may be helpful to you to discuss the nature of your request so that the training program may support and hasten the process of seeking accommodations.

Submit requests to:

- Butler Occupational Health at: occhealthbh@CareNE.org
- Absence Management at: 1.855.426.3365

Questions may be directed to:

- Jennifer Belasco, Butler LOA Administrator
 - Email: jbelasco@carene.org
 - Phone: 401.680.4325

Due Process: Remediation Policy

APA (1979) standards for internships state: "Faculty have special responsibility to assess continually the progress of each student. Students who exhibit continued serious difficulties and do not function effectively in academic and/or interpersonal situations should be counseled early, made aware of career alternatives and, if necessary, dropped from the program. There should be specific advisement policies and mechanisms (including grievance and due process procedures) to handle academic problems, conflict situations, and problems related to expectations, interpersonal relations, and other areas." The following Remediation Policy was established to meet the requirements of these APA guidelines.

Clinical Psychology Internship Training Program Remediation Policy.

Problems in a clinical psychology resident's professional or personal conduct can take many forms. For example, a supervisor may feel that a clinical psychology resident has a marked deficiency in skills or motivation. A clinical psychology resident may be unable to function professionally because of emotional or substance abuse problems. A clinical psychology resident may have a physical illness that precludes him or her from completing assignments or attending critical training sessions. The stressors and demands a resident face may be beyond his or her control. Problems such as these may prevent the clinical psychology resident from completing the Brown Clinical Psychology Internship Training Program or make it impossible for him or her to function clinically for a period of time. The mechanism for addressing these issues must provide the clinical psychology resident with appropriate support and remediation, while having sufficient flexibility to protect the program and the public.

The procedures described below are followed by faculty who perceive that a clinical psychology resident has any serious difficulty affecting his or her professional conduct. Basically, there are three general problem areas to which the following procedures apply: (1) a clinical psychology resident has a serious deficit in knowledge or skill(s); (2) physical or emotional difficulties are present that impair or compromise expected standards of performance; and (3) the resident has demonstrated professionally inappropriate behavior. **(A procedure to be used by clinical psychology residents who wish to challenge or appeal decisions of the faculty (grievances) is also included.)**

1) A Problem is Detected by a Faculty Supervisor:

The faculty supervisor and the clinical psychology resident should discuss the problem and attempt to arrive at a mutually acceptable solution. Such a situation is not unusual and, in the vast majority of instances, would require no further action.

2) The Problem Persists, or the Faculty Supervisor and Clinical Psychology Resident are Unable to Reach an Acceptable Solution:

The clinical psychology resident's advisor, Track Coordinator, and Director of Training are informed by the faculty supervisor and are fully apprised of the problem. If problems are identified during an out-of-track rotation, the faculty supervisor will notify the rotation Track Coordinator, who will inform the Home Track Coordinator. The advisor and Track Coordinator(s), subject to the approval of the Director of Training, gather information from the concerned parties and from other faculty or clinical psychology residents in positions to provide relevant information. Consistent with APA ethical guidelines, the advisor should proceed in a manner so as to protect confidentiality to the fullest extent possible. If the advisor can act as a mediator and suggest a method of resolving the problem, no further action is necessary.

3) Further Remedial Action is Deemed Necessary:

The advisor will notify, in writing, the involved faculty member(s), track coordinator, the Director of Training, and the Director of the Division of Clinical Psychology of the proposed remediation plan. The clinical psychology resident also is informed in writing of the required actions that he or she must take and the possible consequences for failing to do so. The written remediation plan should define specifically (in behavioral terms) the problematic behaviors or skills that need to be developed in relation to expected standards of performance, required actions or changes, the faculty support necessary and timetable involved, and method(s) of evaluation, noting the criteria for successful completion. For issues requiring remediation that emerge in the final rotation, evaluation of the success of the plan must occur no later than June 1st. A copy of this correspondence will be placed in the student's internship file. The Director of Training informs the Training Committee of the situation and the proposed plan at the next Training Committee meeting. The Director of Training will notify the Director of Clinical Training (DCT) at the clinical psychology resident's graduate program that a remediation plan has been put in place. The DCT will be notified of the outcome of this plan (i.e., successful remediation or failure to complete the internship) in writing at the end of the training year.

4) Clinical Psychology Resident Progress is Reviewed at a Predetermined Interval to Ensure Compliance with the Remedial Program:

If the problem is judged by the primary supervisor to be rectified, no further action is necessary, beyond a letter to that effect that is distributed in accordance with Step 4. The Training Committee is apprised of the outcome. If the problem has not been rectified: (a) further remediation is proposed and reviewed at an appropriate interval (return to Step 4 for documentation and distribution) or (b) recommendation is made for termination. Remediation plans may be granted a renewal or extension only once during the internship year. In no case, however, will an extension exceed the duration of the originally recommended time interval for remediation.

5) Identifying another Faculty Member to Serve in an Advocacy Role for the Clinical Psychology Resident:

If the clinical psychology resident's advisor is also serving as the rotation supervisor in charge of the remediation program, or if a conflict exists between the clinical psychology resident and advisor, then another faculty member will be identified by the Director of Training to serve in an advocacy role for the clinical psychology resident.

6) If the Clinical Psychology Resident does not Successfully Complete the Remediation Plan:

If completion of the remediation plan does not result in successful achievement of competence in all areas (and renewal/extension has already been granted or is not deemed feasible), the task of determining whether the clinical psychology resident passes the internship goes to a new subcommittee consisting of the 4 track coordinators, the training director, and the clinical psychology resident's advisor (as a non-voting participant). The subcommittee will review all

materials and render a decision as to whether the clinical psychology resident will be granted additional, unpaid training opportunities in order to achieve competence, or if the clinical psychology resident will fail to complete the internship.

7) The Advisor Recommends that the Clinical Psychology Resident be Terminated from the Program:

The Training Committee votes on whether a clinical psychology resident shall be terminated from the program. The clinical psychology resident is informed in writing of the outcome. This decision is forwarded to the Chairperson of the Department of Psychiatry and Human Behavior, to the Chief of Psychology at the hospital where the clinical psychology resident is based, to the Director of the Division of Clinical Psychology and to the Director of Clinical Training at the clinical psychology resident's graduate school.

8) Considerations:

- ***In the Case of Personal/Health Problems which Seriously Impair Professional Performance, the Supervisor should Request that the Clinical Psychology Resident's Clinical Activities be Suspended Immediately:*** In taking this action, there must be a substantial likelihood that the clinical conduct or activities of the clinical psychology resident would be detrimental to the patients under his or her care. Discussion would involve the resident, advisor, Track Coordinator, the Chief of Psychology at the hospital where the clinical psychology resident is based, the Director of the Division of Clinical Psychology, and the Director of Training. The final decision regarding suspension of clinical activities would rest with the hospital's Chief of Staff, upon the recommendation of the Chief of Psychology, the Director of the Division of Clinical Psychology and the Director of Training. Any decision to suspend clinical activities must be documented in the clinical psychology resident's record. Where appropriate, the advisor should assist the clinical psychology resident in locating the proper resources to deal with the difficulty (e.g., the advisor should aid the clinical psychology resident in seeking referral for treatment, as necessary). The Training Committee should be notified about the situation and the corrective actions taken at its next regularly scheduled meeting. All other actions regarding remediation, suspension, or termination from the program, as well as appeals, would be subject to the procedures outlined below.
- ***In the Event of Professionally Inappropriate Behavior, A Supervisor may Initiate Procedures Leading to the Suspension of a Clinical Psychology Resident as Follows:*** The supervisor should notify the Director of Training, the clinical psychology resident's advisor and the Track Coordinator immediately and apprise them of the problem. If the faculty members agree that a suspension is in order, the Director of Training will bring the issue to the Director of the Division of Clinical Psychology, to the Chairman of the Department of Psychiatry and Human Behavior, and to the Chief of Psychology at the hospital where the clinical psychology resident is based. The final decision regarding suspension of clinical activities would rest with the hospital's Chief of Staff, upon the joint recommendation of the Chief of Psychology, the Director of the Division of Clinical Psychology, and the Director of Training. Any decision to suspend a clinical psychology resident, as well as the terms of the suspension, must be documented in the clinical psychology resident's record. All other actions, including the clinical psychology resident's right to appeal, are subject to the procedures outlined above.

9) Appeals:

Disagreements should be immediately resolved among the parties whenever possible, as outlined in Steps 1 and 2. Once formal remediation has been approved by the Training Committee (Step 4), the involved clinical psychology resident or faculty who disagree with the decision may appeal in writing to the Director of Training. The Director may attempt to mediate the dispute or may choose to present the case to the Training Committee for further consideration. The clinical psychology resident has the right to appear before the Training Committee to appeal a decision. The clinical psychology resident may also solicit additional faculty to present on his or her behalf during this appeal if desired. Consistent with Brown University policy, the hierarchy for filing appeals or grievances is as follows: (1) Director of Training, (2) Director of the Division of Clinical Psychology, (3) Chairperson, Department of Psychiatry and Human Behavior who will involve Departmental Appeals Procedures (see below), and (4) Hospital Grievance Committee of the institution in which the clinical psychology resident is currently based. **NOTE:** Departmental Appeals Procedures require that the Chairperson appoint a three-person advisory committee to review the appeal. In the case of the Internship, the advisory committee would consist specifically of three psychologists on the senior faculty who have no direct supervisory relationship with the clinical psychology resident who has filed the appeal. A written report delineating the committee's findings and recommendations must be submitted to the Director of Training within 30 days.

Due Process: Grievance Policy

Departmental Leadership and Program Directors of all DPHB training programs recognize that the complexity of our system introduces systemic barriers in understanding how and to whom to report issues such as concerns about faculty competence, discrimination, harassment, and/or inappropriate behavior. In 2023, a common grievance policy was adopted across training programs as part of an effort to promote a culture of transparency and facilitate trainee reporting of discrimination, harassment, and/or inappropriate behavior of faculty toward trainees.

DPHB Grievance Policy.

Trainees are instructed to call grievance issues to the attention of their supervisors, advisor, track coordinator, or directly to the Director of Training. Depending on the severity of the situation, the procedures outlined below will be followed. Basically, there are three general problem areas to which the following procedures apply: (1) a faculty member has a serious deficit in knowledge or skill(s); (2) physical or emotional difficulties are present that impair or compromise expected standards of performance; and (3) the faculty member has demonstrated professionally inappropriate behavior, including insufficient attention to the training needs of the trainee.

1) A Problem is Detected by the Trainee:

The faculty supervisor and the trainee should discuss the problem and attempt to arrive at a mutually acceptable solution. Such a situation is not uncommon and, in the vast majority of instances, would require no further action. The Training Director maintains a record of verbal complaints that have not been officially lodged against a supervisor. If the Director of Training and/or the Director of the Division of Clinical Psychology detects a pattern of complaints over time, then he/she can intervene.

2) A Problem Remains Uncorrected, the Faculty Supervisor and Trainee are Unable to Reach an Acceptable Solution, or the Problem is of such Severity that Additional Contact between Trainee and the Faculty Member is not Advised:

The Director of Training is contacted by the trainee and fully apprised of the problem. The Advisor, the Track Coordinator, and the Director of the Division of Clinical Psychology are contacted by the Director of Training. The Director of Training gathers information from the concerned parties and from other faculty or trainees in positions to provide relevant information. Consistent with APA ethical guidelines, the Director of Training will proceed in a manner so as to protect confidentiality to the fullest extent possible. If the Director of Training can act as a mediator and suggest a method of resolving the problem, no further action is necessary. In cases where the faculty member in question is the Track Coordinator or Advisor, then the Training Director picks a 3rd member of the Training Committee to form the subcommittee reviewing the matter.

If mediation is not possible or successful, a subcommittee consisting of the Director of the Division of Clinical Psychology, the Director of Training, the Track Coordinator, Advisor, at least one other supervisor of the trainee, and one additional member of the Training Committee is convened. The subcommittee then makes a determination whether any disciplinary action is necessary based on criteria outlined in the Faculty Handbook regarding incompetent performance of professional duties or neglect of academic duty.

Based on the subcommittee review, one of the following recommendations is proposed:

- a. No disciplinary action
- b. Reprimand with a remediation plan (e.g., monthly meetings between track coordinator (or

equivalent) and faculty member, addition of a new supervisor/mentor to the training plan). [Note: If trainee does not feel comfortable continuing with the supervisor, an alternate supervisor will be assigned to the trainee.]

c. Suspension of privilege to recruit and supervise a trainee for a minimum of one year or until there is sufficient evidence that the situation has been resolved.

3) *If a Remedial Plan is Recommended: Progress is Reviewed at a Predetermined Interval to Ensure Compliance with the Remedial Program:*

If the problem is judged by the Director of the Division of Clinical Psychology, the Director of Training, Advisor, and Track Coordinator to be rectified, no further action is necessary, beyond a letter to that effect that is placed in the faculty member's file in the Training Office. The Training Committee is apprised of the outcome. If the problem has not been rectified: (a) further remediation is proposed and reviewed at an appropriate interval or (b) recommendation for suspension of trainee supervision privileges is made.

4) *In the Case of Personal/Health Problems Which Seriously Impair Professional Performance, the Director of the Division of Clinical Psychology May Request that the Faculty Member's Clinical Training Activities be Suspended Immediately:*

Discussion would involve the trainee, Advisor, Track Coordinator, the Director of Training, and others where appropriate. The final decision regarding suspension of clinical training activities would rest with the Track Coordinator, Advisor, the Director of Training, and the Director of the Division of Clinical Psychology. Any decision to suspend clinical training activities will be documented in the faculty member's file in the Training Office. Where appropriate, the Director of Training and the Director of the Division of Clinical Psychology should assist the faculty member in locating the proper resources to deal with the difficulty. The Training Committee should be notified about the situation and the corrective actions taken at its next regularly scheduled meeting. All other actions regarding remediation or suspension of clinical activities would be subject to the procedures at the faculty member's institution.

5) *If a Faculty Member has had his/her Privileges Suspended Twice, the Director of the Division of Clinical Psychology Recommends that the Faculty Member be Terminated From the Training Program Faculty:*

The Training Committee votes on whether the faculty member should be terminated from the training program faculty, majority rules. The faculty member is informed in writing of the outcome. This decision is forwarded to the Chairperson of the Department of Psychiatry and Human Behavior, Chief of Psychology at the hospital where the faculty is based, and the Chair of the Appointments and Reappointments Committee.

6) *Appeals:*

Disagreements should be immediately resolved among the parties whenever possible, as outlined in Steps 1 and 2. Once formal remediation has been approved by the Training Committee (Step 4), the faculty member who disagrees with the decision may appeal in writing to the Director of the Division of Clinical Psychology. The Director may attempt to mediate the dispute or may choose to present the case to the Training Committee for further consideration. The faculty member has the right to appear before the subcommittee which made the recommendation and/or Training Committee to appeal a decision. The faculty member may also solicit additional faculty or trainees to present on his or her behalf during this appeal if desired. Consistent with Brown University policy, the hierarchy for filing appeals or grievances is as follows: (1) Director of Training, (2) Director of the Division of Clinical Psychology, and (3) Chairperson, Department of Psychiatry and Human Behavior who will involve Departmental Appeals Procedures (see below). **NOTE:** Departmental Appeals Procedures require that the Chairperson appoint a three-person advisory committee to review the appeal. In the case of the

Clinical Psychology Training Program, the advisory committee would consist specifically of three psychologists on the senior faculty who have no direct relationship with the faculty member who has filed the appeal. A written report delineating the committee's findings and recommendations must be submitted to the chairperson within 30 days.

7) In the Event of Professionally Inappropriate Behavior, the Chairperson may Initiate Procedures Leading to the Suspension of a Faculty Member as follows:

The Director of Training and the Director of the Division of Clinical Psychology are apprised of the problem. If the Director feels that a suspension is in order, the Director of Training will bring the issue to the Chairperson of the Department of Psychiatry and Human Behavior and the Track Coordinator. The final decision regarding suspension of clinical activities would rest with the hospital's Chief of Staff, upon the joint recommendation of the Chief of Psychology and the Chair of the Department.