



CENTER *for* ANXIETY
Treatment that Works

Doctoral Internship in Clinical Psychology
2019-2020

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Introduction

About the Center for Anxiety

The Center for Anxiety is an independent outpatient clinic dedicated to providing comprehensive care of the highest quality to children, adults, families, and communities across New York. Our mission is to synergistically combine clinical practice, education, and research to help our patients achieve their goals and lead healthy, meaningful, and fulfilling lives. The Center for Anxiety has three clinics, located in Manhattan, Brooklyn, and Rockland County, each of which provides a diverse range of specialized outpatient mental health services as well as community-based activities. We work with children, adolescents, adults, and families presenting with a wide variety of psychological and behavioral concerns ranging from mildly distressing to severely impairing. Our exceptionally trained staff has been selected explicitly for their commitment to the highest standard of professional care, providing our patients with an optimal experience from their very first call. Our collaborative clinical team, comprised of licensed professionals and highly skilled trainees, ensures that each patient receives comprehensive care consistent with the most up-to-date empirical research. Across all our activities, a high priority is placed on tailoring treatment to account for the unique social, economic, cultural and spiritual/religious needs of each patient.

Unlike many providers, we utilize a research-focused assessment tool to improve treatment success. Clinical outcomes are rigorously evaluated by our on site laboratory through the use of cutting-edge software, to provide real-time feedback to clinicians and patients throughout the treatment process. This approach helps us to bring about the greatest improvement for our patients, allowing our clinicians to adapt and revise treatment protocols when necessary for greater effectiveness. In addition to treating anxiety disorders with Cognitive Behavioral Therapy, we also offer specialized clinical services for obsessive compulsive disorder, panic disorder, impulse control disorders, depression, insomnia, chronic pain, bipolar disorder, psychosis, ADHD, marital discord, and childhood behavioral problems.

The Center for Anxiety's Intensive Outpatient Program (IOP) is designed for patients with complex or severe anxiety (e.g., GAD, panic disorder, social anxiety), OCD, depression, and/or personality disorders who are looking for quick results, our personalized, accelerated treatment program involves 90-minutes to six hours of daily individual sessions (no groups) with one or more of our highly skilled therapists. Our immersive approach to treatment enables patients to experience significant symptom reduction in a short period of time, and return to school, work, or daily life armed with new strategies for successful living. Treatment includes daily 3-hour individual sessions (no groups) with one or more of our highly trained therapists. Typical length of stay in the program is 5-10 days, though there is no minimum or maximum. Patients who complete our IOP have remarkable results in a short amount of time. They emerge with a sophisticated understanding of their symptoms and needs, and key tools and strategies to continue in their recovery. Our immersive and individualized program allows for accelerated progress, with significant reduction in symptom intensity and a solid foundation for health and wellness.

Our highly effective DBT treatment program was created to help individuals who struggle with regulating emotions. We offer a systematic, multi-pronged approach in a supportive environment that leads to success. Patients are taught an array of skills to cope with unhealthy thoughts and behaviors. The result is

positive changes in daily life with improved relationships, emotion regulation, decision-making and self-esteem. With a cadre of expert DBT-trained therapists, we provide scientifically valid, updated treatments using a team approach to ensure that each patient has an optimal experience. Team members consult weekly with one another so that we can provide compassionate support to our patients as we all work together toward recovery and improvement. Although we follow a structured model, we understand that every patient comes to our center with their own unique life experiences. As such, we adapt our program based on each individual's needs. In addition, we offer culturally sensitive treatment – with several separate skills groups for men and women. Our therapists use DBT to help patients find a comfortable balance between acceptance and change. Treatment includes a combination of weekly individual therapy sessions, weekly group skill sessions, and telephone coaching so that patients can gain confidence in situations where they experience the most difficulty. This allows patients to practice new skills immediately and establishes the foundation for long-term improvement. Additionally, we offer family sessions for parents or spouses to help them understand the treatment process and offer strategies for supporting their loved one's recovery.

We place great importance on sharing our expertise, and therefore we regularly offer free educational programs to the community. In addition, we provide training/supervision programs to local area schools, clinicians, and community organizations, focused on how to implement and evaluate evidence-based behavioral approaches in a variety of settings.

Our Locations

Manhattan

Our Manhattan office is located in a New York landmark: Rodin Studios at 200 West 57th Street, in the Columbus Circle area. Our location is easily accessible from the Upper West Side, Upper East Side, downtown Manhattan, Queens, Brooklyn, and northern New Jersey. We offer individual treatment, full-service DBT, support groups, and intensive outpatient treatment in this office. The office currently has two offices on the 4th floor and another two offices on the 8th floor of the building, but we are planning to move to an expanded, custom-built 10-office suite on the 10th floor in November 2019.

Brooklyn

Our Brooklyn office, located in the heart of Flatbush, allows for a collaborative work environment with five therapy spaces, and a large conference room where we hold professional development workshops, staff meetings, and our **monthly Community Education Series** talks. We are also proud to house a state-of-the-art Parent-Child Interaction Therapy (PCIT) facility in this office – the only one of its kind in Brooklyn. In addition to individual and family therapy, we also offer support groups and intensive outpatient programs for adults and teens (ages 12 years and up).

Rockland County

Our Rockland County office is located in one of the most prestigious medical buildings in the region, at 222 Route 59, Suffern, NY 10901. We have a custom-built 10-office unit with a fully functioning conference facility. Specialties of this office include all of our standard treatments, plus evidence-based treatments for eating disorders.

Overview of Internship Program

General Description of Internship Program

The Center for Anxiety offers a one-year predoctoral internship in clinical psychology. Our program provides interns with a wide range of outpatient experiences that offer both breadth and depth in evidence-based clinical practice. The Center for Anxiety's training program was specifically designed to provide doctoral students in psychology the necessary support and experience to navigate the transition from graduate student to postdoctoral fellow, en route to licensure as a clinical psychologist. To help with this transition, upon successful completion of internship, trainees are automatically offered a second year of training at the postdoctoral level. This novel feature of our program eliminates the added stress of having to apply for a postdoctoral fellowship while Internship, and concerns about potentially having to relocate. Our interns are thus free to fully dedicate themselves to their clinical training and professional development during this critical transition period. While interns are strongly encouraged to complete both years of the training program at the Center for Anxiety, trainees do have the option of completing their postdoctoral training elsewhere.

Program Philosophy and Training Model

The philosophy and aims of the training program are consistent with the guidelines of the American Psychological Association, and place emphasis on establishing and maintaining profession wide competencies, both within the realms of training and clinical practice. Interns receive training in areas of core competencies in accordance with the program aims. Interns are required to engage in research based activities, including critical evaluation of clinically based surveys. In addition, trainees are provided experiential opportunities to participate in clinical presentations during grand rounds and other specialization meetings. Ethical and legal standards are critical competencies emphasized within the training program. Interns are expected to act in accordance with the American Psychological Association's Ethical Principles of Psychologists and Code of Conduct as well as other relevant professional standards and guidelines. Attendance of didactic trainings regarding ethics and individual and cultural diversity are required, in order to ensure that all trainees are up to date on ethical principles and legal standards. Trainees are expected to apply knowledge and work effectively with individuals and groups whose demographic, group membership, and worldviews may or may not be in accordance with their own. All trainees at the Center for Anxiety are expected to embody professional behaviors, attitudes, and values. All trainees are expected to demonstrate the values of integrity, professional identity, accountability, lifelong learning, and concern for the welfare of others. Within individual supervision, interns are encouraged to engage in self-reflection and to actively respond to feedback and opportunities for professional and clinical growth and independence. Trainees are also granted the opportunity to develop interpersonal and communication skills. Trainees are encouraged to develop relationships with other clinicians, clerical staff, outside organizations, and those receiving services, demonstrating professional and comprehensive language and written communication. Through didactic training, individual supervision, and experiential practice, trainees are expected to develop comprehensive and effective intervention skills. Interns are expected to establish and maintain relationships with their individual and group patients, while providing evidence-based and goal oriented practices. Interns are

encouraged to utilize current literature and research to adapt and modify treatment approaches, in concordance with ongoing evaluation of treatment effectiveness. Trainees are expected to attend and utilize individual supervision, and engage in direct practice training such as role-play with supervisors and/or other trainees. Finally, trainees are expected to demonstrate knowledge of, and consult with, interdisciplinary professionals and apply the knowledge of other health care professionals into direct practice. Outcomes and minimal levels of achievement of the aforementioned areas of core competencies are measured within intern evaluations twice yearly.

Our program places an emphasis on practical training within a supportive environment, to facilitate growth as a clinician. As such, we provide interns with an immersive experience that offers both breadth and depth in evidence-based clinical practice in an outpatient setting. During the training program, students will gain experience providing a variety of direct clinical services to children, adolescents, and adults in Center for Anxiety's standard outpatient program. They also have the opportunity to learn about cases needing a higher level of care for more acute problems by providing treatment to patients in our intensive outpatient program (IOP). Trainees are thus provided with broad training in evidence-based psychotherapy with a diverse patient population presenting with a wide range of diagnoses, symptoms, and levels of acuity. As trainees progress, they gain experience in various methods of evidence-based clinical assessment and intervention with gradually more complex and challenging cases that require an increasingly higher level of clinical skills and knowledge. All of these clinical experiences are supported with a rich didactics program, individual supervision, ad hoc consultation with members of our clinical staff, and outside professional development.

Interns participate in supervision and didactic training activities for a minimum of five hours per week (two hours of didactics, two hours of individual supervision, plus a weekly rounds meeting), in order to supplement their hands-on clinical experience throughout the training program. DBT and research rotations (described below) involve an additional hour of supervision per week.

Goals and Objectives

The primary aim of our training program is to provide doctoral students in psychology with the necessary support and experience to navigate the transition from graduate student to postdoctoral fellow, in a private outpatient clinical setting. As mentioned above, our training program provides interns with comprehensively broad and deep clinical experiences in evidence-based outpatient clinical practice. Specifically, interns gain experience providing a variety of direct clinical services to children, adolescents, and adults in Center for Anxiety's outpatient and intensive outpatient programs. This work provides clinical experience in meeting the needs of a diagnostically and demographically diverse patient population, presenting at various levels of acuity.

Over the course of the training year, interns can gain experience with gradually more complex and challenging cases that require an increasingly higher level of clinical skills and knowledge. Specific clinical experiences include providing intake/diagnostic assessments, individual therapy, leading/co-leading group therapy, collaborating with other clinicians to provide intensive outpatient therapy, and consultation services.

Core Service Requirements

Clinical Experience

Interns and postdoctoral fellows see a mix of child, adolescent, and adult patients in our standard outpatient and intensive outpatient (IOP) programs. All clinical services provided in the context of training opportunities, including those related to the trainee's chosen area of specialization or any smaller specialized clinical rotations, count towards fulfilling core requirements. Trainees thereby have substantial exposure to an array of cases, while learning to develop treatment formulations, building skills in comprehensive case conceptualizations, selecting and implementing appropriate evidence-based interventions, and collaborating with other clinicians as part of a treatment team. Additionally, within our IOP program, trainees gradually learn to plan and implement comprehensive interventions for individuals with acute and comorbid symptoms beginning with the initial evaluation, continuing through each stage of intensive treatment, and often transitioning thereafter into standard outpatient therapy until the point of termination. In the course of providing this broad range of services, students also gain experience working closely with outside providers (e.g., referring therapists, psychopharmacologists) to coordinate care and provide consultation.

Elective opportunities for specialized training are available to interns in the form of one major clinical rotation, plus one or two minor clinical rotations that offer shorter-term and less intensive experiences. Rotations provide in-depth training in one of the four following areas: (1) Evidence-based child and family therapy, (2) Adult mood and anxiety disorders, (3) Dialectical behavior therapy (DBT), and (4) Research. Each of these is described in more detail below. For clinical rotations (child/family therapy, adult mood/anxiety, and DBT) interns receive priority for tailored selection of patients to their caseloads to provide concentrated hands-on training in delivering care, such that up to 50% of their cases at any time are within their selected concentration. In addition, interns are encouraged to utilize professional development funds (described below) to supplement training in their selected major and/or minor rotation areas. Interns participating in the research rotation have opportunities to collaborate with Center for Anxiety staff in planning, conducting statistical analyses, and contributing to conference presentations and/or academic manuscripts. Protected research time may be available to interns within the research rotation, depending on their level of interest and experience.

Required Competencies

In accordance with APA's Profession Wide Competencies, trainees are expected to develop in the following areas: 1) Advanced competence in evidence-based clinical intervention with a variety of patient populations, which includes the capacity to create accurate case conceptualizations; conceptualizations to inform planning and implementation of clinical interventions and skills to independently implement a range of empirically supported treatments. 2) Advanced interpersonal skills within the context of clinical intervention activities, which includes the capacity to sustain effective therapeutic relationships with a wide variety of patients within difficult and complex interpersonal situations. 3) Competency in independently utilizing appropriate methods of clinical assessment to complete comprehensive intake and diagnostic evaluations. 4) Advanced competence in individual and cultural diversity as it relates to clinical practice, including demonstrating knowledge of the current theoretical and empirical knowledge

base as it pertains to diversity and culture. 5) Advanced competence in the application of ethical, legal, and professional standards in clinical practice, including knowledge of and adherence to APA's "Ethical Principles of Psychologists and Code of Conduct." 6) Shows improved ability to collaboratively participate as a member of a clinical team. 7) Advanced competence integrating research and clinical expertise in a range of psychological activities. 8) Advanced competence in clinical supervision and advance knowledge regarding supervision models and practices. These areas of competence will be evaluated twice yearly by supervisors and the Director of Clinical Training. Following the evaluation, the Director of Clinical Training will discuss progress/outcomes of the evaluation with the trainee's graduate school program.

Time Commitment

Trainees are expected to be on site 40 hours per week, including two evenings, for a total of five out of six possible work-days (Sunday to Friday). Trainees can expect to provide patient care with adults, adolescents and/or children for approximately half (50%) of their total time each week. This includes a mix of activities such as intake and diagnostic assessment, individual therapy, co-leading DBT skills groups, family consultations/adjunctive parenting work, and intensive outpatient services delivered in conjunction with a larger multidisciplinary team. During each year of the program, full time trainees' schedules allow them to accrue more than the minimum total of 1750 supervised clinical hours required to apply for New York State licensure.

Specializations

A highlight of our program is the opportunity for students to participate in two specializations/rotations (one major and one minor), providing concentrated training spanning across clinical, educational, research and/or administrative experiences. Major rotations involve up to 50% of interns aggregate time (20 hours/week), whereas minor rotations involve up to 20% (8 hours/week). The following specializations are offered:

Adult Anxiety, Obsessive-Compulsive and Mood Disorders

This "default" specialization provides general clinical training in evidence-based practice (e.g., exposure, response prevention, acceptance and commitment therapy, behavioral activation) with patients 18 and older presenting with a prominent symptoms of anxiety, obsessive-compulsive, and/or depression, at varying degrees of distress and impairment. Trainees selecting this specialization receive specialized supervision in differential diagnoses of anxiety/affective disorders, evidence-based case conceptualization, and delivering treatment to patients with low-motivation. Trainees can also select to co-lead a monthly support group for individuals with OCD and their family/friends. As trainees develop more confidence and skill in these areas, they are able to take on more complex cases such as patients with comorbid diagnoses and/or IOP cases presenting with anxiety, obsessive-compulsive and mood symptoms.

Dialectical Behavior Therapy (DBT)

Trainees choosing this specialization will participate in the Center for Anxiety's full-service DBT program and receive training and supervision in a number of related areas including participation in

weekly DBT consultation team meetings. Trainees will provide individual DBT to adults and adolescents, deliver between-session behavioral coaching to help facilitate implementation of therapy skills, co-lead a weekly DBT skills group, and provide family consultation and intervention. In addition, DBT clinicians often provide IOP services to patients, and may serve case management roles by assisting with treatment planning and coordination both within and outside of our program.

Child and Family Therapy

This specialization offers concentrated opportunities in evidence-based treatments for children ages 2-17 and their families. Trainees have opportunities to receive didactic training, specialized supervision, and gain experience in providing Parent-Child Interaction Therapy (PCIT), PCIT-CALM, Parent Management Training (PMT), and/or similar treatments for childhood disorders and concerns. Interns also provide family consultations to parents/family members of individuals suffering from mental health concerns, involving psychoeducation, expectation/goal setting, and discussion of family dynamics. In addition to these roles, interns who specialize in child and family therapy may have opportunities to collaborate with local area schools and community institutions to develop educational programs, develop and lead therapeutic groups for parents and/or children, and participate in ongoing local outreach efforts.

Research

The Center for Anxiety collects data from all patients at intake and each therapy session via computerized self-report measures. Clinicians use specialized software (Psych-Surveys) to track patient progress in real time. This approach serves a key clinical function for our program, not only by enabling clinicians to monitor their patient's therapy progress, but also by collecting data that helps to improve our understanding of mental health and the effectiveness of our interventions. To this latter end, ongoing research projects within our program include examining predictors and moderators of treatment outcomes in a naturalistic setting, and identifying transdiagnostic vulnerability factors for the onset and maintenance of a broad range of symptoms. In addition, our program is constantly striving to improve patient care by modifying and/or innovating treatment protocols and clinical interventions, based on our research findings. Typically a minor rotation, trainees who choose the research specialization focus on one or more projects under mentorship, with the goal of leading to peer-reviewed presentation and/or publication of findings.

Additional Specializations

Additional specialization opportunities are available to interns and postdoctoral fellows in a number of different areas. These include (but are not limited to): Spirituality-integrated psychotherapy, treatment of eating disorders, marital and family therapy, cognitive-behavioral therapy for psychosis, community-based emotional wellness and preventative mental health care, and mental health consultation in corporate environments. Postdoctoral fellows may also have opportunities to supervise junior clinicians (e.g., Masters-level or externship students), and specialize in program development by designing and implementing new clinical initiatives according to their individual interests, supervisor availability/expertise, and clinical demand. Past examples of innovative programs developed by our staff members include OCD support groups, social anxiety and social skills groups delivered in

partnership with local area schools, and monthly seminars providing education and training to community members and/or professionals.

Supervision

Our training program provides a comprehensive approach to supervision including instructional, interactive, reflective and evaluative aspects. These are integrated in weekly individual supervision, clinical rounds meetings, specialized rotation meetings (i.e., Dialectical Behavior Therapy, Research), and ad hoc consultation. In addition, outside professional development is actively encouraged and generously funded to bolster further opportunities for continued clinical training and growth.

Individual Supervision

Interns receive two hours of individual face-to-face supervision each week with licensed clinical psychologists. Individual supervision is provided by a primary and secondary supervisors, and focuses on a wide variety of topics including review of intake and diagnostic assessments, case conceptualization, evidence-based practice, utilization of outcome monitoring in treatment, issues pertaining to professional development, and review of intern's clinical documentation. Interns are encouraged to make use of our on-site audio/video equipment to record sessions and bring to individual supervision for review. All supervisors have extensive experience with evidence-based interventions and assessment, as well as unique areas of expertise and specialization.

Clinical Rounds

Attendance at weekly clinical rounds is required for interns. These clinic-wide meetings are led by supervising psychologists and attended by all clinical staff, and members of the administrative team. Rounds meetings provide an opportunity to review new intakes, address issues of differential diagnosis, confer diagnoses, present initial case formulations, discuss tentative treatment plans, and assign new cases to members of the clinical team. Interns and postdoctoral fellows learn a great deal at these meetings by presenting cases and receiving feedback about their diagnostic impressions, case formulations, and clinical recommendations. Additionally, clinical rounds provide trainees with the opportunity to forge collaborations with senior clinical staff and develop initial treatment plans for patients with complex symptoms, and their family members.

Specialization Team Meetings

Weekly meetings for DBT and Research specialization tracks are led by supervising psychologists to provide interns with opportunities for consultation, guidance, and collaboration on clinical and research projects.

Ad Hoc Consultation

In addition to the above forms of supervision, ad hoc consultation is provided to interns as needed, by members of our entire clinical staff on specific cases, depending on interns' caseloads and chosen areas of elective training. To facilitate access to consultation, interns and supervisors work in close proximity to one another and an open-door supervision policy is generally adopted by all supervising staff.

Didactic Training

Interns participate in two hours of weekly didactic seminars (see Appendix A for 2019-2020 calendar), which are structured as a planned sequence to develop a range of competencies applicable to the clinical practice of psychology. Starting with an orientation/introduction to our training program, interns progress to study foundations of evidence-based treatment, in-depth reviews of treatments for anxiety, obsessive-compulsive, and mood disorders in adults and children, dialectical behavior therapy, advanced topics including treatment of eating disorders, insomnia, substance abuse, sexual dysfunctions, religious symptoms (e.g., scrupulosity), and psychotic disorders, and professional development/leadership topics including practice building, research, and termination of therapy.

Seminars flexibly integrate Center for Anxiety's program-specific clinical and administrative procedures when relevant. Didactic seminars incorporate multiple approaches to learning including traditional teaching, assigned readings, outside supplemental resources (e.g., audio/video recordings), live or recorded demonstrations, and experiential learning activities. All seminars aim to conclude with clear implications for clinical practice and implementation, in order to distill theoretical and empirical points into practical recommendations and guidelines for trainees to use in day-to-day clinical care.

Professional Development Opportunities

As part of our commitment to professional development, the Center for Anxiety encourages clinical staff to pursue outside opportunities for education and training. To this extent, *all clinical staff* including interns are provided individually allocated professional development funds and paid time off for professional development, in order to pursue activities such as attending conferences, participating in workshops, and taking part in other types of training/educational programs. Trainees also have full use of the Center for Anxiety's clinical and research libraries including print and digital versions of training manuals, textbooks, articles, journals, psychology texts and other reference materials.

Internship Policies

Compensation/Benefits

Trainees will be paid a competitive stipend based on similar internship programs within the New York metropolitan area. Interns receive an annual stipend of \$32,000 per year, and postdoctoral fellows receive an annual stipend of \$42,000 per year. All trainees have access to our employee benefits package, which includes employer-negotiated rates on medical insurance, funding for professional development (\$750 for interns, \$1,000 for postdoctoral fellows), comprehensive and fully paid malpractice insurance, partial reimbursement for employee fitness, and paid parental leave. Interns and postdocs are provided with up to 20 days of Paid Time Off (PTO) to be used accordingly: 10 vacation days, five sick days/legal holidays, and five designated professional development days. Interns may use their professional development time for dissertation-related activities, if they so choose.

Office Hours

All staff are expected to be present in our office during contracted office hours, whether or not they are scheduled to meet with patients. In-office time can be used for patient hours, planning patient care,

consultation, individual projects, as well as office work and research. In certain circumstances, working from home is permitted with prior approval from a clinical supervisor *and* senior administrative staff; in such cases, out of office time must be noted in our scheduling software. All schedule changes must be approved by one's clinical supervisor *and* senior administrative staff.

Paid Time Off and Holidays

Requests for time off must be made in writing (e-mail or Slack) to one's clinical supervisor *and* senior administrative staff, no less than two weeks in advance. Conference and workshop days are counted towards professional development, and travel days are counted towards PTO. Our offices are closed on the following Jewish holidays: Rosh Hashanah, Yom Kippur, Succot, Shmini Atzeret, Purim, Pesach, Shavuot, and Tisha B'Av.

Sick Leave Policy

Interns must notify their clinical supervisors *and* senior administrative staff when needing to take time off from work due to illness or injury. In the event that rescheduling sessions is necessary, it is the intern's responsibility to inform patients and/or coordinate with office staff to make arrangements.

Inclement Weather Policy

Generally speaking, our offices remain open unless a state of emergency is declared by the City of New York. In the event of an office closure due to weather, interns are expected to arrange for and accommodate telephone/video consultations, and/or reschedule patients for same-week in-office sessions as needed. Interns are also expected to be "on call" during their scheduled hours, in order to assist with office-related tasks. In the event that sessions must be cancelled, it is the intern's responsibility to inform patients and/or coordinate with office staff to make arrangements.

Dress Code

In order to maintain a professional atmosphere in our offices as well as cultural sensitivity to the diverse populations that we service, all staff are asked to dress in a manner consistent with "business casual" attire, as outlined below. Staff are encouraged to approach their clinical supervisor or senior administrative staff if they have any questions about this policy.

Slacks and Pants. Slacks or khakis are acceptable. Jeans, sweatpants, exercise pants, shorts, leggings, and spandex or other form-fitting pants are not.

Skirts and Dresses. Dresses and skirts should reach the knee when standing, and be at a length at which you can sit comfortably in public.

Shirts and Tops. Dress shirts, sweaters, polo shirts, and turtlenecks are acceptable. Tank tops, midriff tops, halter tops, shirts with bare shoulders, or casual shirts with logos, pictures, cartoons, or slogans are not.

Shoes and Footwear. Loafers, boots, flats, dress heels, and conservative athletic shoes are acceptable. Flashy sneakers, flip-flops, and slippers are not.

Intern Social Time

Interns participate in a monthly social hour during lunch time, one day per month. This provides interns with a break from clinical, administrative and other duties, and a time to connect with each other for

social and emotional support. In addition, our entire staff from all offices get together twice per year (Fall and Spring) for social events, to enhance our collaborative, cohesive, and collegial team dynamic.

Procedures

Evaluation Measures

Our predoctoral internship in clinical psychology has evaluative procedures designed to provide feedback of the intern's performance. Informal feedback on the interns' performance is provided regularly by our director of clinical training, primary clinical supervisors, senior clinical staff, administrative staff, and interns' self-evaluations. Formal evaluations are performed twice over the course of the internship year (December & June) by interns' primary clinical supervisors. Formal evaluations review interns' performance related to evidence-based clinical intervention/assessment, individual and cultural diversity, professional ethics, values and attitudes, professional collaboration, research/scholarship, and use of supervision. Interns are provided with metrics of performance, as well as a qualitative evaluation. Please see Appendix B for a copy of our formal evaluation form.

Due Process Guidelines and Grievance Procedures

Procedures for handling intern grievances and managing any recurrent problems or concerns that Center for Anxiety staff may have about interns are detailed in our Grievance Procedures and Due Process Manual, which will be distributed to interns at the start of the internship program..

Supervising Faculty

All members of our clinical faculty are exceptionally trained in the application of cognitive-behavioral and other evidence-based treatments for an array of presenting problems. In order to provide exposure to multiple perspectives, interns may have the option to switch primary or secondary supervisors half way through the program (after six months). Interns are also encouraged to contact other members of the clinical faculty for consultation on specific cases, depending on clinical needs of their caseload.

David H. Rosmarin, PhD, ABPP is an Assistant Professor in the Department of Psychiatry at Harvard Medical School, and Founder/Director of the Center for Anxiety. He is a board certified psychologist, clinical innovator, and prolific researcher who has authored over 50 peer-reviewed publications and 100 abstracts focused on spirituality and mental health. Clinically, Dr. Rosmarin provides Behavior Therapy for patients presenting with anxiety, affective, psychotic, personality, and somatoform disorders, while attending to relevant spiritual factors in treatment. Dr. Rosmarin's work has received media attention from ABC, NPR, Scientific American, the Boston Globe and the New York Times.

Marcia Kimeldorf, PhD (Manhattan and Brooklyn) is a Supervising Clinical Psychologist and the Director of Clinical Training at the Center for Anxiety. As the Director of Clinical Training, Dr. Kimeldorf is involved in all aspects of the training program in both sites where trainees work, and organizes the training program and its resources. She received her doctorate in clinical psychology from the University of Miami, and has completed advanced training in Dialectical Behavioral Therapy (DBT)

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and Cognitive Behavioral Therapy (CBT). Prior to working at CFA, Dr. Kimeldorf worked at Harlem Hospital department of Behavioral Health, and prior to that she worked as a research project manager at the New York State Psychiatric Institute conducting research on Obsessive Compulsive Disorder and Anxiety Disorders. Dr. Kimeldorf specializes in empirically supported treatments for anxiety and mood disorders and relationship dysfunction. She is also interested in sexual health and sex therapy and has received training at the NYU Sexuality Training Program.

Perella Perlstein, PsyD (Brooklyn) is a supervising clinical psychologist at the Center for Anxiety. She received her doctorate in clinical and school psychology from Hofstra University, and has completed advanced training in Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT), and Structural Family Therapy. Dr. Perlstein specializes in the treatment of adolescents and adults experiencing pervasive emotional and behavioral dysregulation as well as non-suicidal self-injury, as well as the gamut of anxiety disorders, obsessive-compulsive disorder, depression, and other concerns. She also helps couples and families relate more effectively to one another, adopt a systems-based (rather than individual) perspective, and replace maladaptive behavior patterns with skills and solutions. Dr. Perlstein is also an Assistant Professor at Lander College for Women, and an accomplished academician and sought-after lecturer.

Becca Brodoff, PsyD (Brooklyn) is a clinical psychologist at the Center for Anxiety. She received her masters and doctoral degrees in clinical psychology with a specialization in school psychology from Widener University. Dr. Brodoff has extensive experience providing outpatient psychotherapy to children, adolescents and adults, and has also received specialized training in both Dialectical Behavior Therapy (DBT) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). She is passionate about helping individuals across the lifespan who are struggling with anxiety, depression, obsessive-compulsive spectrum disorders, post-traumatic stress, and other concerns.

Yoni Sobin, PsyD (Brooklyn) is a clinical psychologist at the Center for Anxiety. He received his doctorate in clinical psychology from the Ferkauf Graduate School of Psychology at Yeshiva University. He specializes in treating adults struggling with anxiety disorders, ADHD, PTSD, depression, and related concerns. Dr. Sobin is a creative thinker, who customizes evidence-based treatment plans to his patients by incorporating music and popular media into treatment.

Laura Vraney, PsyD (Rockland County) is a supervising clinical psychologist at the Center for Anxiety. She completed her doctorate in clinical psychology at Illinois School of Professional Psychology, and a postdoctoral fellowship at McLean Hospital/Harvard Medical School. Dr. Vraney specializes in the treatment of eating and feeding disorders among adolescents and young adults. Additional areas of expertise include Post-Traumatic Stress Disorder (PTSD), anxiety disorders, depression, substance use, and providing psychoeducation to members of the United States military and their family. Dr. Vraney is warm and approachable, and she takes a collaborative, strength-based and holistic approach as the foundation of her work, informed by a variety of evidence-based approaches including Cognitive and Dialectical Behavioral Therapies, Acceptance and Commitment Therapy, and Motivational Interviewing.

Appendix A

Didactic Training Schedule: July 2019 - June 2020

<i>Date/Time</i>	<i>Week</i>	<i>Module</i>	<i>Topic: Title</i>
7/3/19 10-11	1	Orientation	Training Program Overview (1 hr)
7/3/19 11-12	1	Orientation	Theranest (1 hr)
7/10/19 10-11	2	Orientation	Psych- Surveys (1 hr)
7/10/19 11-12	2	Foundations of Evidence Based Treatment	Introduction to Intensive Outpatient Program (1 hr)
7/17/19 10-11	3	Foundations of Evidence Based Treatment	Risk Assessment and Safety Planning (1 hr)
7/17/19 11-12	3	Foundations of Evidence Based Treatment	Getting the Most out of Supervision & Consultation (1 hr)
7/24/19 10-12	4	Foundations of Evidence Based Treatment	Collaborative Care: Pharmacology (2 hrs)
7/31/19 10-12	5	Foundations of Evidence Based Treatment	Ethical Issues in the Provision of Evidence-Based Treatment (2 hrs)
8/7/19 10-12	6	Foundations of Evidence Based Treatment	Evidence Based Treatment with A Pressing Need for Effective Treatment (2 hrs)
8/14/19 10-12	7	Foundations of Evidence Based Treatment	Common Fallacies: Biogenetics & Trauma (2 hrs)
8/21/19 10-11	8	Foundations of Evidence Based Treatment	Introduction to Behavioral Model (1st Wave) & Cognitive Model (2nd Wave) (1 hr)
8/21/19 11-12	8	Foundations of Evidence Based Treatment	Introduction to Emotion Regulation Model (3rd Wave) (1 hr)
8/28/19 10-12	9	Foundations of Evidence Based Treatment	What is Acceptance & Commitment Therapy? (2 hrs)
9/4/19 10-12	10	Foundations of Evidence Based Treatment	Introduction to Motivational Interviewing (2 hrs)
9/11/19 10-12	11	Foundations of Evidence Based Treatment	The Unified Protocol: Transdiagnostic Treatment Principles (2 hrs)
9/18/19 10-12	12	Foundations of Evidence Based Treatment	Process Competencies (2 hrs)

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9/25/19 10-11	13	Foundations of Evidence Based Treatment	Intake, Assessment, and Diagnosis: Adults (1hr)
9/25/19 11-12	13	Foundations of Evidence Based Treatment	Intake, Assessment, and Diagnosis: Children (1hr)
10/2/19 10-12	14	Professional Development and Leadership	Therapist Self-Care: How to Prevent Burnout & Compassion Fatigue (2 hrs)
10/2/19 10-11	15	Treating Anxiety, OC & Mood Disorders in Adults	Treating Generalized Anxiety Disorder in Adults (1 hr)
10/16/19 11-12	15	Treating Anxiety, OC & Mood Disorders in Adults	Treating Panic Disorder in Adults (1 hr)
10/16/19 10-11	16	Treating Anxiety, OC & Mood Disorders in Adults	Treating Specific Phobias in Adults (1 hr)
10/23/19 11-12	16	Treating Anxiety, OC & Mood Disorders in Adults	Treating Social Phobia in Adults (1 hr)
10/30/19 10-12	17	Treating Anxiety, OC & Mood Disorders in Adults	Treating Posttraumatic Stress Disorder with CPT/PE/TF-CBT (2 hrs)
11/6/19 10-12	18	Treating Anxiety, OC & Mood Disorders in Adults	Treating BFRBs (2 hrs)
11/13/19 10-12	19	Treating Anxiety, OC & Mood Disorders in Adults	Treating OCD in Adults (2 hrs)
11/20/19 10-12	20	Treating Anxiety, OC & Mood Disorders in Adults	Treating Depression in Adults (2 hrs)
11/27/29 10-12	21	Treating Anxiety, OC & Mood Disorders in Adults	Addressing Suicide Risk and NSSI (2 hrs)
12/4/19 10-12	22	Treating Anxiety, OC & Mood Disorders in Children	Treating Anxiety Disorders Teens & Children (2 hrs)
12/11/19 10-12	23	Treating Anxiety, OC & Mood Disorders in Children	Treating Depression in Teens & Children (2 hrs)
12/18/19 10-12	24	Treating Anxiety, OC & Mood Disorders in Children	CBT for ADHD (2 hrs)
12/25/19 10-12	25	Treating Anxiety, OC & Mood Disorders in Children	Child Abuse & Neglect (2 hrs)
1/1/20 10-12	26	Treating Anxiety, OC & Mood Disorders in Children	Parent Training (2 hrs)
1/8/20 10-12	27	Treating Anxiety, OC & Mood Disorders in Children	Collaborative Care: Schools (2 hrs)
1/15/20 10-12	28	Dialectical Behavior Therapy	Foundations of DBT Treatment (2 hrs)

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1/22/20 10-12	29	Dialectical Behavior Therapy	Treatment Interfering Behavior by Patients/Families (2 hrs)
1/29/20 10-12	30	Dialectical Behavior Therapy	How to Run a DBT Skills Group (2 hrs)
2/5/20 10-12	31	Dialectical Behavior Therapy	Mindfulness (2 hrs)
2/12/20 10-12	32	Dialectical Behavior Therapy	Distress Tolerance (2 hrs)
2/19/20 10-12	33	Dialectical Behavior Therapy	Emotion Regulation (2 hrs)
2/26/20 10-12	34	Dialectical Behavior Therapy	Interpersonal Effectiveness (2 hrs)
2/26/20 10-11	35	Advanced Topics in Psychology Series	Introduction to Eating Disorders (1 hrs)
3/4/20 11-12	35	Advanced Topics in Psychology Series	Clinical Assessment of Eating Disorders (1 hr)
3/11/20 10-12	36	Advanced Topics in Psychology Series	Clinical Intervention with Eating Disorders (2 hrs)
3/18/20 10-12	37	Advanced Topics in Psychology Series	CBT for Insomnia (2 hrs)
3/25/20 10-12	38	Advanced Topics in Psychology Series	Parent-Child Interaction Therapy (2 hrs)
4/1/20 10-12	39	Advanced Topics in Psychology Series	Substance Abuse: Clinical Assessment and Treatment (2 hrs)
4/8/20 10-12	40	Advanced Topics in Psychology Series	Behavioral Addictions: Clinical Assessment and Treatment (2 hrs)
4/22/20 10-11	41	Advanced Topics in Psychology Series	Taking A Sexual History (1 hr)
4/22/20 11-12	41	Advanced Topics in Psychology Series	Sexual Dysfunctions and Overview of Sex Therapy (1 hr)
4/29/20 10-12	42	Advanced Topics in Psychology Series	When Religion & OCD Collide: Treating Scrupulosity (2 hrs)
5/6/20 10-12	43	Advanced Topics in Psychology Series	Spirituality/Religion & CBT (2 hrs)
5/13/20 10-12	44	Advanced Topics in Psychology Series	CBT for Psychosis (2 hrs)
5/20/20 10-12	45	Advanced Topics in Psychology Series	LGBT Seminar (2 hrs)

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5/27/20 10-12	46	Advanced Topics in Psychology Series	Addressing Stigma (2 hrs)
6/3/20 10-12	47	Professional Development and Leadership	Therapist Self-Care: How to Prevent Burnout & Compassion Fatigue (2 hrs)
6/10/20 10-12	48	Professional Development and Leadership	Admin/Practice Operation and Practice Building (2 hrs)
6/17/20 10-12	49	Professional Development and Leadership	Research (2 hrs)
6/24/20 10-12	50	Professional Development and Leadership	Transferring Patients and Terminating Therapy (2 hrs)

Appendix B

Intern Performance Evaluation

Name of Intern: _____

Name of Supervisor: _____

Circle One: Mid-Year Evaluation (July-December) or End-of-Year Evaluation (January-June)

Date of Evaluation: _____

Evaluation is a collaborative process designed to facilitate growth, pinpoint areas of strength and difficulty, and refine goals. It is a tool for evaluating performance and also a vehicle for change. The following evaluation should be reviewed in-person with the Intern with ample opportunity allowed for questions and/or feedback. Please make sure to provide specific feedback regarding areas of strength as well as areas in need of continued development. The Intern must be provided with a copy of the evaluation signed by the supervisor and the Intern. For any areas in which a need for remediation is identified, the Intern should be presented with a corresponding remediation plan to be discussed in-person.

Please rate the Intern's performance on all applicable items using the scale below^[1]:

1 = Significantly Below Expectations: Consistently performs at a level below minimum acceptable standards; requires substantial supervision/remediation

2 = Below Expectations: Demonstrates inconsistent level of performance; needs improvement to meet training expectations

3 = Meets Expectations: Demonstrates appropriate level of skill and knowledge; performance is commensurate with training experience

4 = Above Expectations: Consistently meets or exceeds expectations for training; demonstrates above average level of skill and knowledge

5 = Significantly Exceeds Expectations: Performance far exceeds expectations for level of training; a distinct area of strength

N/A: Not applicable or not enough information to form a judgment

I. Evidence-Based Clinical Intervention

Goal 1: Develops advanced competence in evidence-based clinical intervention with a variety of patient populations

A) Develops accurate case conceptualizations; utilizes conceptualizations to inform planning and implementation of clinical interventions					
Integrates patient information, theory, and research to develop clear and concise case conceptualizations					
1	2	3	4	5	N/A
Utilizes conceptualizations to identify treatments goals and formulate treatment plans					
1	2	3	4	5	N/A
Uses conceptualizations to guide treatment and intervention activities					
1	2	3	4	5	N/A
B) Develops skills to independently implement a range of empirically supported treatments					
Independently selects and utilizes appropriate evidence-based interventions					
1	2	3	4	5	N/A
Considers patient-specific characteristics, relevant contextual factors, and current research findings when utilizing evidence-based treatments					
1	2	3	4	5	N/A
Develops skills to tailor treatment to the individual patient while also ensuring adherence to empirical treatment model					
1	2	3	4	5	N/A
C) Demonstrates advanced interpersonal skills within the context of clinical intervention activities					
Develops and sustains effective therapeutic relationships with a wide variety of patients					
1	2	3	4	5	N/A
Effectively manages difficult and complex interpersonal situations during treatment					
1	2	3	4	5	N/A
Utilizes the therapeutic alliance as a tool to promote positive treatment outcomes and enhance the overall effectiveness of clinical interventions					
1	2	3	4	5	N/A

II. Evidence-Based Clinical Assessment

Goal 2: Develops advanced competence in evidence-based clinical assessment with a variety of patient populations

A) Independently utilizes appropriate methods of clinical assessment to complete comprehensive intake and diagnostic evaluations					
Selects, administers, scores, and interprets the results from multiple assessment measures for diagnostic and treatment planning purposes					
1	2	3	4	5	N/A
Demonstrates awareness and competent use of culturally sensitive and developmentally appropriate instruments					
1	2	3	4	5	N/A
B) Effectively interprets and integrates clinical assessment data to inform various aspects of treatment					
Independently interprets assessment data accurately, taking into account the limitations of assessment measures and the impact of relevant contextual and cultural factors					
1	2	3	4	5	N/A
Incorporates clinical assessment data to aid in initial case formulation, monitor ongoing therapy progress, and guide clinical interventions/clinical decision-making					
1	2	3	4	5	N/A
C) Clearly communicates assessment results in written and verbal form; delivers appropriate feedback about assessment data					
Delivers verbal feedback about assessment results to patients, family members, treatment providers, and/or other relevant individuals					
1	2	3	4	5	N/A
Provides feedback that is tailored to intended audience as demonstrated by discussion of pertinent assessment data and use of appropriate language					
1	2	3	4	5	N/A
Demonstrates the ability to clearly and concisely communicate assessment results in written form					
1	2	3	4	5	N/A

III. Individual and Cultural Diversity

Goal 3: Develops competence in individual and cultural diversity as it relates to clinical practice

A) Applies knowledge of cultural diversity during clinical activities with patients and treatment providers					
Shows awareness and sensitivity of the impact of personal feelings, behaviors, and cultural values					
1	2	3	4	5	N/A
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity					
1	2	3	4	5	N/A
Understands the role of cultural factors in patient presentation and incorporates understanding into clinical practice					
1	2	3	4	5	N/A
Works effectively with others from diverse backgrounds in all aspects of professional practice					
1	2	3	4	5	N/A

IV. Professional Ethics, Values, and Attitudes

Goal 4: Develops competence in the application of ethical, legal, and professional standards in clinical practice

A) Demonstrates advanced knowledge of, and adherence to, relevant ethical, legal and professional standards and guidelines					
Is knowledgeable of, and adheres to, ethical standards outlined in APA’s “Ethical Principles of Psychologists and Code of Conduct”					
1	2	3	4	5	N/A
Recognizes ethical and legal issues as they arise in clinical practice and takes appropriate steps to resolve these problems in a manner consistent with relevant laws and guidelines					
1	2	3	4	5	N/A
Maintains high ethical standards in all interactions with patients and other professionals					
1	2	3	4	5	N/A

B) Demonstrates commitment and adherence to the values and attitudes associated with the professional practice of psychology					
Conducts self in a professional manner across settings and situations					
1	2	3	4	5	N/A
Demonstrates ability to self-monitor personal and professional functioning and effectively utilize resources to support general well-being, overall performance, and professional effectiveness					
1	2	3	4	5	N/A
Keeps scheduled appointments and arrives on time for therapy sessions, training activities, and clinic-wide meetings					
1	2	3	4	5	N/A
Actively participates in training activities including didactics, group supervision, clinical rounds, and clinical team meetings					
1	2	3	4	5	N/A
Completes paperwork in a timely and efficient manner					
1	2	3	4	5	N/A

V. Professional Collaboration and Consultation

Goal 5: Shows improved ability to collaboratively participate as a member of a clinical team

A) Displays greater knowledge of, and increased skill in, activities that support effective intradisciplinary and interdisciplinary team functioning					
Maintains professional and collaborative relationships with team members over time					
1	2	3	4	5	N/A
Participates in intradisciplinary and interdisciplinary team consultations by providing appropriate and relevant feedback					
1	2	3	4	5	N/A
Provides clinical input that helps to facilitate progress towards shared treatment goals					
1	2	3	4	5	N/A

VI. Research and Scholarly Inquiry

Goal 6: Develops competence integrating research and clinical expertise in a range of psychological activities

A) Demonstrates the ability to critically evaluate scholarly research and incorporate relevant empirical findings into clinical practice					
Critically compares and contrasts evidence-based theories and treatments and current empirical findings in order to inform clinical decision-making					
1	2	3	4	5	N/A
Develops accurate case conceptualizations and treatment plans based on available research and best practice guidelines					
1	2	3	4	5	N/A
Reviews scholarly literature related to clinical work and independently applies knowledge to practice					
1	2	3	4	5	N/A

VII. Supervision

Goal 7: Demonstrates competence in clinical supervision and advance knowledge regarding supervision models and practices

A) Effectively utilizes individual and group supervision, and gradually demonstrates increased autonomy during supervision activities					
Adequately prepares for clinical supervision and arrives to meetings with necessary materials					
1	2	3	4	5	N/A
Works collaboratively with supervisors and respectfully communicates supervision needs and preferences					
1	2	3	4	5	N/
Accurately self-reflects on own clinical skills and performance as a clinical intern; independently seeks supervision to address challenges and barriers in professional work					
1	2	3	4	5	N/A
Accepts supervisory feedback non-defensively and shows evidence of incorporating feedback into ongoing clinical work					
1	2	3	4	5	N/A
Offers appropriate feedback to others during group supervision and/or other peer consultation activities					

1	2	3	4	5	N/A
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Narrative Evaluation

Please provide a brief narrative summary of your overall impression of the Intern's current level of competence. In your narrative, please be sure to address the following questions:

1) Do you believe that the Intern has reached the level of competence expected by the program at this point in training?

2) If applicable, is the Intern ready to move to the next level of training, or independent practice?

3) Areas of strength:

4) Areas in which Intern has demonstrated improvement and a brief description of improvement(s) in given area(s):

5) Areas in need of continued training and improvement:

6) Specific recommendations for future training (including plans for remediation if needed):

Additional Comments:

Please note any relevant Intern feedback:

Intern Signature _____ Date _____

Supervisor Signature _____ Date _____

^[1]*Any skill rated 1 or 2 should be addressed in the narrative section along with a plan for intervention or remediation where appropriate. Students who receive a 1 or 2 on any item during the End-of-Year evaluation will not meet requirements for successful completion of internship.*