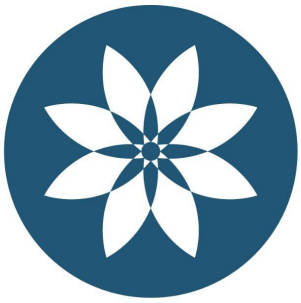

Center *for* Anxiety

Handbook for

Doctoral Internship in Clinical Psychology

2022-2023

David H. Rosmarin, PhD, ABPP
Founder

Marcia B. Kimeldorf, PhD
Internship Training Director

Manhattan – 200 W 57th Street, Suite 1008 New York, NY 10019
Brooklyn – 26 Court Street, Suite 1808 Brooklyn, NY 11242
Rockland County – 222 Route 59, Suite 201 Suffern, NY 10901
Great Neck - 1000 Northern Boulevard, Great Neck, NY 11021
Telephone (646) 837-5557 · Fax (646) 837 5495

Table of Contents

I. Introduction
    A. About Center For Anxiety
    B. Our Locations
        1. Manhattan
        2. Brooklyn
        3. Rockland County
        4. Great Neck
II. Overview of Internship Program
    A. General Description of Internship Program
    B. Program Philosophy and Training Model
    C. Goals and Objectives
    D. Core Service Requirements
        1. Clinical Experience
        2. Required Competencies
        3. Time Commitment
    E. Supervision Requirements
        1. Individual Supervision
        2. Group Supervision and DBT Consultation Team
        3. Ad Hoc Consultation
    F. Additional Learning Opportunities
        1. Rounds Meetings
        2. Didactic Training
        3. Case Conference
    G. Professional Development Opportunities
III. Internship Policies
    A. Center for Anxiety Equal Employment Opportunity Policy
    B. Diversity and Non-Discrimination Policy
    C. Stipend, Benefits, and Resources Policy
    D. Internship Family and Parental Leave Policy
    E. Office Hours
    F. Inclement Weather Policy
    G. Dress Code
IV. Internship Program Procedures
    A. Evaluation Measures
    B. Grievance Procedures and Due Process Guidelines
V. Supervising Faculty
    A. David H. Rosmarin, PhD, ABPP
    B. Marcia Kimeldorf, PhD
    C. Staci Berkowitz, PhD
    D. Stephen Scherer, PhD
    E. Rebecca Holczer, PsyD
    F. Lisa Chimes, PsyD

G. Yulia Gorokhovsky, PsyD
H. Henry Eff, PsyD
I. Shmaya Krinsky, PsyD
J. Jamal Waire, PsyD

VI. Appendices

A. Selection and Academic Preparation Requirements Policy
B. Evaluation Measures
C. Intern Evaluation, Retention, and Termination Policy
D. Grievance Procedures and Due Process Guidelines
E. Equal Employment Opportunity Policy
F. Diversity and Non-Discrimination Policy
G. Telesupervision Policy

Introduction

About Center for Anxiety
Center for Anxiety is an independent outpatient clinic dedicated to providing comprehensive care of the highest quality to children, adolescents, 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. Center for Anxiety has four clinics, located in Manhattan, Brooklyn, and Rockland County, and Great Neck, 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, families and communities 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 is composed of licensed professionals and highly skilled trainees, and 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.

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 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. 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 Dialectical Behavioral Therapy (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. 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. There are 11 therapy offices, a conference room where didactics and meetings are held, and 2 group rooms. Interns are given their own office space.

Brooklyn

Our Brooklyn office is located at 26 Court St, Suite 1808, Brooklyn, NY 11242. This office allows for a collaborative work environment with many therapy spaces, and a large conference room where we hold professional development workshops, staff meetings, and community events. 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.

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. Center for Anxiety's office is located on the second floor, and has 6 therapy offices, a group room, and a conference room where didactics and meetings are held. Interns are given their own office space. There is free parking available and a bus stop outside of the building for convenient commuting.

Great Neck

Our Long Island office is located in one of the premier medical buildings in Great Neck, on the ground floor. It has 8 therapy offices, a therapy group room, and a conference room where didactics and meetings are held. Interns will be given their own dedicated individual office space. There is a Long Island Railroad train station located approximately a 15 min walk away from the office.

Overview of Internship Program

General Description of Internship Program

Center for Anxiety offers a one-year doctoral internship in clinical psychology. Two interns are matched to our Brooklyn site, two are matched to our Manhattan site, two are matched to our Rockland County site, and two are matched to our Great Neck site for the 2022-2023 internship year. Our program provides interns with a wide range of outpatient and intensive outpatient experiences that offer both breadth and depth in evidence-based clinical practice. 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.

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 weekly 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 at didactic training 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 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 and group 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. 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), which involves at least two individual sessions per week and often contains a daily 90 minute DBT skill group. 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 and group supervision, ad hoc consultation with members of our clinical staff, and outside professional development.

Goals and Objectives

The primary aim of our training program is to provide doctoral students in psychology with the necessary support and experience to prepare for careers as psychologists who are proficient in providing evidence-based care to individuals across the lifespan, in a private outpatient clinical setting.

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

The interns' training experience is primarily experiential, as they gradually learn to plan and implement comprehensive interventions for individuals with acute and comorbid symptoms beginning with the initial evaluation. Interns will conduct weekly intake assessments with children, adolescents, and adults utilizing the Mini International Neuropsychiatric Interview (MINI). Interns then present each case in weekly clinical rounds, including differential diagnostic considerations, as well as a proposed disposition plan. Interns see a mix of child, adolescent, and adult patients in our standard outpatient and intensive outpatient (IOP) programs, and are trained in various evidence-based treatment modalities including, Cognitive Behavioral Therapy, Exposure and Response Prevention, Behavioral Activation, Dialectical Behavior Therapy, Acceptance and Commitment Therapy, and Parent Management Training. Interns will learn to deliver these interventions to patients presenting with various anxiety, obsessive-compulsive and mood disorders, at varying degrees of distress and impairment. Trainees can also elect to co-lead a support group for individuals with OCD or individuals with panic disorder and agoraphobia twice per month.

All trainees will also participate in our comprehensive Dialectical Behavior Therapy 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 facilitate implementation of therapy skills, co-lead a weekly DBT skills group, and provide family consultation and intervention.

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) and may further serve case management roles by assisting with coordination of care and provision of consultation.

Interns receive priority for selection of patients to their caseloads and case assignment is individualized to each intern's interests (e.g. presenting problem, age range, treatment modality), and developmental level as the year progresses to provide concentrated hands-on training in delivering care. All clinical services provided in the context of training opportunities 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.

Additional training opportunities may be available to all interns in a number of different areas depending on patient need. 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, research, and mental health consultation in corporate environments. If interns take on specialized cases like the above, they will be given additional supervision, as necessary, with staff members with expertise in these areas. Interns may also have the opportunity to participate in co-leading IOP groups and/or support groups, and to participate in seminars providing education and training to community members and/or professionals.

Required Competencies

In accordance with the American Psychological Association (APA) Profession Wide Competencies, trainees are expected to develop in the following areas: (1) Advanced ability to independently demonstrate competence in critical evaluation and integration of research and clinical expertise in a range of psychological activities. (2) 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." (3) 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. (4) Advanced ability to respond professionally in increasingly complex situations with a greater degree of independence as the training year progresses . (5) 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. (6) Competency in independently utilizing appropriate methods of clinical assessment to complete comprehensive intake and diagnostic evaluations. (7) Advanced competence in delivering 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. (8) Advanced competence in clinical supervision and advanced knowledge regarding supervision models and practices. (9) Advanced competence in consultation and interprofessional/interdisciplinary skills, and collaboratively participate as a member of a clinical team.

These areas of competence will be evaluated twice yearly by supervisors and the Training Director. Following the evaluation, the Training Director 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) and are required to complete 2000 hours to successfully complete their training year. 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.

Supervision Requirements
Our training program provides a comprehensive approach to supervision including instructional, interactive, reflective and evaluative aspects. Interns participate in a total of 4-5 hours of supervision per week, including individual supervision, group supervision, DBT consultation team, adjunctive supervision for groups, 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 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.

Interns also receive ongoing individual supervision between 30 minutes and one hour per week with another licensed staff member with whom they co-lead a group to discuss group preparation and process group experiences.

Group Supervision
Interns also participate in a one-hour weekly group supervision. Group supervision is led by licensed staff clinicians on a rotating basis at Center for Anxiety in order to provide interns with the opportunity to experience a breadth of supervisory relationships and supervision modalities. Group supervision is typically either held virtually or in-person at one of the four office locations. Interns either attend group

supervision in-person if the group supervisor of the week is located at their training site, or utilize video-conferencing software to synchronously engage in the group supervision that is held at another location. This format is utilized to promote interaction and socialization among interns, since interns are dispersed across separate office locations.

Additionally, interns participate in one-hour weekly DBT consultation team meetings. DBT consultation team is specifically designed to provide additional opportunities for support and supervision to clinicians seeing patients in CFA's DBT program, and is attended by interns and staff members, including the interns' primary supervisors. Each office's DBT Team is led by the Site Director of each office.

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.

Additional Learning Opportunities
Rounds Meetings
Attendance at weekly clinical rounds is required for interns. Interns attend the rounds meeting that corresponds with their primary work location for one hour per week. These 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 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.

Didactic Training
Interns participate in two hours of weekly didactic seminars (see Appendix B for 2022-2023 calendar), which are structured as a planned sequence to develop a range of competencies applicable to the clinical practice of psychology that advance in complexity throughout the year. Starting with an broad based overview of Cognitive Behavioral Therapy and Dialectical Behavior therapy, 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, 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 theories and applications of supervision, practice building, research, and termination of therapy.

Seminars flexibly integrate Center for Anxiety's program-specific clinical and administrative procedures when relevant. The weekly didactic seminars are led by our licensed supervising psychologists and other licensed staff clinicians and are attended by all interns in person or through Google Meet, a video conferencing software. 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.

Case Conference
Each intern is also required to prepare one case conference, where they will present an outpatient case to their peers and other staff at Center for Anxiety for consultation and feedback to strengthen and demonstrate competencies in research, individual and cultural diversity, communication, assessment, and evidence-based intervention. Interns will be provided with instructions at the beginning of the training year and will work with their supervisors to identify a case that they'd like to present in the second half of the training year. Case presentations will include psychometric data that is collected at intake and weekly sessions, relevant research literature and how it informed the conceptualization and treatment plan, and the course of treatment. Each case presentation lasts for approximately 30 minutes (20 minutes of presentation, 10 minutes for questions, consultation, and feedback).

Professional Development Opportunities
As part of our commitment to professional development, 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 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 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

Center for Anxiety Equal Employment Opportunity Policy
As an equal employment opportunity agency, Center for Anxiety complies with all applicable laws, rules and regulations preventing discrimination against any applicant for employment, or current employee based on race, religion, color, sex (including pregnancy, sexual orientation and gender identity), national origin, disability, age, genetic information, or any other status protected under applicable federal, state and local laws. More information on our Equal Opportunity Employment Policy and procedures may be found in Appendix F.

Diversity and Non-Discrimination Policy
Center for Anxiety's internship program strongly values diversity and this value is explicitly reflected across multiple areas of the internship. The training program aims to create an equitable, inclusive, and affirming learning environment. Further, the program aims to support and train interns to explore their own intersecting identities, and effectively navigate individual and cultural diversity issues in the conduct of all professional roles. More information on our Diversity and Non-Discrimination Policy and procedures may be found in Appendix G.

Stipend, Benefits, and Resources Policy
Trainees will be paid a competitive stipend based on similar internship programs within the New York metropolitan area. Interns receive an annual stipend of $34,000 per year. All trainees have access to our employee benefits package which includes $3,000 reimbursement towards insurance premiums for medical, dental or vision plans; funding for professional development up to $1,000/year; comprehensive and fully paid malpractice insurance; Wellness reimbursement up to $1,000/year towards gym membership, fitness classes, etc; Mental Health reimbursement up to $1,000/year towards mental health support services; 20 days of paid time off (including sick days, vacation days, dissertation days, and holidays) plus 1 paid holiday (Thanksgiving); paid parental leave in accordance with New York State guidelines. Questions regarding specific benefits packages can be directed to Center for Anxiety's Sr. HR Generalist, Missy Hockman at mhockman@centerforanxiety.org.

Paid Time Off and Holidays
Requests for time off must be made in writing (e-mail or Slack) to one's clinical supervisors *and* senior administrative staff and on Gusto, no less than two weeks in advance. Conference and workshop days are counted towards professional development, and travel days are counted towards PTO.

Sick Leave Policy
Interns must notify their supervisor, Site Director, Marcia, Alexandra, Missy, and Estee via Gusto and group Slack message when needing to take time off from work due to illness or injury as soon as they are physically able to do so. 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.

Center for Anxiety interns have access to numerous resources. All interns are provided with individual office space, a desk, an office phone, voicemail, software, and basic office supplies. Each office has access to multiple printers, fax machines, and a communal iPad. Intervention manuals, other training materials, and access to the DSM 5 are provided by Center for Anxiety. Additional materials that may be needed may be purchased using individual professional development funds for personal use or using internship funding with Training Committee approval for internship-wide usage. Attendance at professional conferences is encouraged and funded by Center for Anxiety when opportunities are available. Each intern additionally has access to administrative and IT support, as well as client scheduling support.

Internship Family and Parental Leave Policy

Family Leave
Our Family leave policy is in accordance with NYS guidelines, which as of Jan 1, 2021 indicates: All eligible employees who become pregnant/adopt child(ren), are caring for a family member with a serious health condition, or assisting loved ones when a family member is deployed abroad on active military service within their internship year will have access to up to 12 weeks of job protected, paid time off. All employees on family leave will receive paid family benefits directly from the state.

Parental Leave
In the effort to facilitate ample time for bonding with children, postpartum recuperation, physical healing, postpartum mental health concerns, and establishing breastfeeding routines, all interns

can additionally request an extended parental leave. All decisions regarding internship extensions are up to the discretion of the Internship Training Director, and decisions will be made in conjunction with the interns direct supervisors. In the event that extensions to internships are granted, Interns will continue to receive health insurance benefits during parental leave and will collect all monies from the state in accordance with all outlined New York state Paid Family Leave benefits. Interns must complete the program within 15 months of the internship start date, and during the granted extension period, interns will receive the outlined compensation and benefits as per the internship handbook.

Interns should provide at least 30 days notice in the event of planned parental leave. It is recommended that trainees provide as much notice as possible in order to facilitate adequate schedule changes and extensions, as needed.

Accommodations
All trainees are encouraged to be collaborative and realistic in requesting leave, as to fully account for the importance of experiencing the full benefit of the training program as well as being able to fully prioritize family needs.

For mothers choosing to breastfeed post birth, time will be allotted into daily schedules for pumping breaks. Medical appointments prior to and post birth/adoption should be scheduled outside of internship hours if possible, or will be counted towards the intern's allotted days for PTO. In the event of extended complications pre or post birth/adoption, specific accommodations will be made with the Internship Training Director and direct supervisors. These accommodations are available to both mothers and fathers, biological or adoptive parents, parents in single or partnered relationships, and same sex or opposite sex couples.

Training Goals and Competencies
All interns will be expected to meet the training goals and competencies prior to completion of the internship program. Interns who have taken family leave at any point in the program will have a meeting with the Internship Training Director and supervisors upon return to discuss: consideration of responsibilities upon return, clinical needs of patients, and clarification of any additional training goals or competencies that need to be addressed prior to internship completion.

Interns who miss part of the internship program for family reasons will be provided with recorded sessions of all of the didactic seminars, including orientations, information about populations served, didactic seminars, and cohort issues/updates. Interns will be expected to listen to all didactic seminars, and sign off with his/her supervisors upon completion of each seminar.

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* David Braid and Estee Ferris.

Inclement Weather Policy

Center for Anxiety offices remain open unless severe weather impacts an office location making commuting hazardous to employees, typically when a state of emergency has been issued. Due to geographic differences, office closures will be considered based on the local conditions of each office.

In the event of an office closure due to weather, staff are expected to arrange for and accommodate video consultations, and/or reschedule patients for same-week in-office sessions as needed. Staff who are working remotely due to weather are expected to be on duty for their regularly scheduled hours to complete daily tasks. In the event that sessions must be canceled, it is the clinician/trainee's responsibility to inform patients and coordinate with office staff to make arrangements.

Center for Anxiety will alert staff if their office has been closed due to inclement weather. However, individual situations and accommodations may be needed in certain situations. If you are unable to make it into the office due to inclement weather you may use a PTO day or reach out for consideration of individual accommodation.

Any employee seeking a weather-related emergency accommodation should complete the "Request for Change in Schedule/Location Form" and send a group Slack message to their Site Director, HR and Operations. Due to time constraints, the employee should reach out as soon as they know traveling to the office is unsafe. Each situation will be individually considered based on appointments, in-office schedule, and other factors affecting business operations. Center for Anxiety does not guarantee remote accommodation and employees who are unable to report to scheduled in-office shifts may be required to use a PTO day.

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.

Internship Program Procedures

Evaluation Measures

Our doctoral internship in clinical psychology program has evaluative procedures designed to provide feedback on the intern's performance. Informal feedback on the interns' performance is provided regularly by our Training Director, primary clinical supervisors, senior clinical staff, administrative staff, and interns' self-evaluations. Formal evaluations are performed twice over the course of the internship

year (February & August) by interns' primary clinical supervisors. Formal evaluations review interns' performance related to profession wide competencies including: research, ethical and legal standards, individual and cultural diversity, professional values and attitudes, communication and interpersonal skills, assessment, evidence-based intervention, supervision, and consultation and interprofessional/interdisciplinary skills. Interns are provided with metrics of performance, as well as a qualitative evaluation. Please see Appendix C for a copy of our formal evaluation form and Appendix D for a copy of our Intern Evaluation, Retention, and Termination Policy.

Grievance Procedures and Due Process Guidelines
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 Guidelines, which will be distributed to interns at the start of the internship program. Please see Appendix E for a copy of our Grievance Procedures and Due Process Guidelines.

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 Center for Anxiety. He is a board certified psychologist, clinical innovator, and prolific researcher who has authored over 70 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) is a Supervising Clinical Psychologist, Director of Clinical Services, and the Internship Training Director at Center for Anxiety. As the Internship Training Director, Dr. Kimeldorf is involved in all aspects of the training program. She works in all sites where trainees are present and organizes the training program and its resources. Dr. Kimeldorf received her doctorate in clinical psychology from the University of Miami, and has completed advanced training in Dialectical Behavioral Therapy (DBT) 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 Human Sexuality Training Program. Dr. Kimeldorf is approachable and easy to talk to, and is dedicated to helping her patients make meaningful changes in their lives.

Staci Berkowitz, PhD (Manhattan) is the Clinical Director of the Manhattan Office and a supervising clinical psychologist at Center for Anxiety. She completed her doctorate in clinical psychology at Drexel University and a postdoctoral fellowship at the University of Pennsylvania's Center for the Treatment and Study of Anxiety. Dr. Berkowitz specializes in treating anxiety-, trauma-, obsessive compulsive-, and emotion regulation-related difficulties. Dr. Berkowitz has advanced training in evidence-based treatments, including Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioral Therapy (DBT). She has worked with individuals across a range of settings including private practice, outpatient and inpatient university medical centers, Veterans Affairs hospitals, and community-based outpatient clinics. Dr. Berkowitz has a compassionate, approachable, and genuine interpersonal style, and she personalizes evidence-based treatment strategies to help her patients create lasting, meaningful change in line with their personal values.

Stephen Scherer, PhD (Rockland County)
Stephen Scherer, PhD is the Director of the Rockland County office and a supervising clinical psychologist at Center for Anxiety. He received his doctorate from Virginia State University and completed a postdoctoral fellowship at Julia Dyckman Andrus Memorial, where he served as the director of the Dialectical Behavior Therapy Program. He is presently a research consultant with Virginia State University, focusing on academic outcomes for Historically Black College and University students. Dr. Scherer specializes in treating major depressive disorder, PTSD, emotion dysregulation, and anxiety disorders. Dr. Scherer provides a warm, genuine, collaborative, and person centered approach to his work.

Rebecca Holczer, PsyD (Rockland County), is a supervising clinical psychologist at Center for Anxiety and received her doctoral degree in clinical psychology from La Salle University in Philadelphia, while completing a year-long clinical internship in 2017 within the Nevada Division of Public and Behavioral Health (DPBH) in Las Vegas, NV. Dr. Holczer specializes in treating adults and adolescents experiencing anxiety, depression, chronic pain, and other disorders. Dr. Holczer is intensively trained in Dialectical Behavior Therapy (DBT) and regularly integrates DBT and/or DBT-informed interventions into her work. Additionally, she has received extensive experience in the application of Exposure and Response Prevention (EX/RP), Prolonged Exposure (PE) therapy, and other cognitive-behavioral approaches. Her clinical style is collaborative and highly individualized to the needs of each patient.

Lisa Chimes, PsyD (Brooklyn) is the Site Director of the Brooklyn office and a supervising clinical psychologist at Center for Anxiety. She completed her doctorate in clinical psychology with a specialty in Children and Families of Adversity and Resiliency from William James College. She completed her postdoctoral fellowship at Northwell Health - Zucker Hillside Hospital. Dr. Chimes specializes in working with children, adolescents, and young adults who are struggling with anxiety, depression, trauma related disorders, and mood disorders. Dr. Chimes has treated individuals in a wide range of therapeutic settings including inpatient psychiatric units, medical hospitals, therapeutic schools, and residential schools. She utilizes a variety of evidence-based approaches such as Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Acceptance Commitment Therapy. Her goal is to build a trusting relationship, to provide culturally-sensitive therapy interventions, and to create a therapy space specifically tailored to the individual.

Yulia Gorokhovsky, PsyD (Brooklyn) is a supervising clinical psychologist at the Center for Anxiety. She completed her doctorate in combined school and clinical child psychology at the Ferkauf Graduate School of Psychology at Yeshiva University. Prior to working at CFA, Dr. Gorokhovsky completed her postdoctoral experiences at an outpatient community mental health clinic at New Alternatives for Children, where she had previously completed her doctoral internship, as well as a private practice setting. Dr. Gorokhovsky specializes in working with children, adolescents, their parents, and young adults who are struggling with anxiety, depression, emotion dysregulation, and trauma related disorders. Dr. Gorokhovsky has worked with clients across a wide range of therapeutic settings including therapeutic schools, outpatient community clinics, college counseling sites, and private practice. She has experience utilizing a variety of therapeutic approaches, including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, as well as attachment and play based psychodynamic approaches. Dr. Gorokhovsky utilizes a warm, empathetic, playful, and collaborative interpersonal style and tailors her approach to build trusting therapeutic relationships and meet each client's individual needs.

Henry Eff, PsyD (Brooklyn) is a Supervising Clinical Psychologist at Center for Anxiety. He received his doctorate from Pace University and completed a postdoctoral fellowship at Center for Anxiety. Dr. Eff specializes in treating major depressive disorder, obsessive compulsive disorder, and anxiety disorders using evidence-based treatments, such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT). He has worked with individuals across a range of settings including private practice, hospitals, schools, and community-based outpatient clinics. Dr. Eff uses a genuine, strategic, and collaborative approach that helps his clients reach their therapeutic and personal goals.

Shmaya Krinsky, PsyD (Rockland County) is a supervising psychologist at Center for Anxiety located at the Rockland County office. He received his doctorate in school psychology from Rutgers Graduate School of Applied and Professional Psychology. Shmaya has trained in both private and public high school settings as well as the College of Staten Island Counseling Center. Shmaya completed both his predoctoral internship and postdoctoral fellowship at the Center for Anxiety. Shmaya specializes in treating anxiety disorders, OCD, major depressive disorder, and emotion dysregulation. Shmaya's takes a collaborative, evidenced based therapeutic approach that teaches his patients to become their own therapist and to learn and develop the skills to live meaningful lives.

Jamal Waire, PsyD (Great Neck) is a Supervising Psychologist at Center for Anxiety. He received his doctoral degree from Rutgers, The State University of New Jersey. Dr. Waire completed his internship and post-doctoral fellowship at Center for Anxiety, where he received advanced training in Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavior Therapy (DBT). He specializes in the treatment of anxiety and mood disorders and is passionate about working with young adults. Prior to joining Center for Anxiety, Dr. Waire worked with children, adolescents, and adults in a variety of settings, including schools, community clinics, and college counseling centers. Dr. Waire utilizes a compassion-focused approach that is aimed at helping patients actively participate in the changes processes that support a full and meaningful life.

APPENDIX A

Center for Anxiety Selection and Academic Preparation Requirements Policy

Application Process
Center for Anxiety's Internship Program currently offers 8 full-time internship positions: two slots in our Manhattan office, two slots in our Brooklyn office, two slots in our Rockland County office, and two slots in our Great Neck office. Students interested in applying for the internship program should submit an online application through the APPIC website (www.appic.org) using the APPIC Application for Psychology Internships (AAPI).

Applicants must be in the final year of an APA-accredited or CPA-approved clinical, counseling, school, or combined psychology doctoral program and must have completed all pre-internship coursework and other academic requirements, including an approved dissertation proposal, prior to the start of the internship year. Applicants from programs with APA-accredited on contingency status may be considered if all other requirements are met. No minimum number of clinical hours are required, but applicants must have completed at least two years of supervised externship/practicum experience involving provision of psychotherapy. Practicum experience and interest in utilizing evidence-based treatment methods, particularly CBT and DBT, in outpatient and intensive outpatient settings are strongly preferred.

Qualified applicants should submit the following materials via the AAPI Online Portal:

1. Completed AAPI application
2. CV
3. Cover letter (in your letter, please specify which sites you are interested in being considered for)
4. Three letters of recommendation

All application materials must be received by the date noted in the current APPIC directory listing in order to be considered.

Application Screening and Interview Processes
Center for Anxiety will base its selection process on the entire application package noted above.
All applications will be reviewed by Center for Anxiety's training committee using a Standard Application Rating Scale and evaluated for potential goodness of fit with the internship program. The training committee meets to determine which applicants to invite for interviews based upon the results of this review process. Applicants are notified whether they have received an interview by email on or before December 15. Interviews will be held in-person; however, virtual interviews are available and may be offered to applicants for whom attending in-person is not possible. Interviews are scheduled on a first come, first serve basis beginning in mid-December and will continue through the end of January. Applicants will engage in interviews with two members of the training committee and will participate in a 30-minute information session with the Internship Training Director. Applicants will also be offered to participate in an optional 30-minute Q&A session with current interns. All interviews are conducted using a standard set of interview questions, although members of the training committee may ask additional interview questions of applicants as appropriate.

Participation in the APPIC Match
All candidates' applications and interview responses are reviewed and discussed with the whole training committee within two weeks of the final interviews being completed to determine ranking and

ensure that decisions are based on selection criteria that are most relevant to trainees' success as an intern. The Training Director then makes final decisions regarding ranking.

In addition to the training committee, Center for Anxiety's Clinical Operations Manager who manages the Human Resources components of the agency provides oversight of the application and ranking process to ensure that applicants are being evaluated in a manner that is compliant with the agency's Equal Employment Opportunity and Diversity and Non-Discrimination Policies' values.

As a member of APPIC, Center for Anxiety participates in the national internship matching process by submitting its applicant rankings to the National Matching Service. Center for Anxiety abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. All interns who match to Center for Anxiety must provide proof of citizenship or legal residency.

Questions regarding any part of the selection process or Center for Anxiety's academic preparation requirements may be directed to the Internship Training Director:

Marcia Kimeldorf, PhD
Director of Clinical Services
Internship Training Director
Email: psychologytraining@centerforanxiety.org
Telephone: 646-837-5557

Appendix B

Center for Anxiety Evaluation Measures

Intern Evaluation

Name of Intern: _____ Name of Supervisor: _____

Circle One: Mid-Year Evaluation (September-February) or End-of-Year Evaluation (March-August)

Date of Evaluation: _____

Methods used in evaluating competency (place an x mark next to each method used):

_____Direct Observation ____Review of Audio/Video ____Case Presentation

____Documentation Review ____Supervision ____Comments from other staff

This 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 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 = 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 and is associated with readiness for entry level practice at the completion of the internship program.

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.

A Minimum Level of Achievement on each evaluation is defined as an average rating of "3" which is associated with "Readiness for Entry Level Practice," defined as:
1. The ability to independently function in a broad range of clinical and professional activities;
2. The ability to generalize skills and knowledge to new situations; and,
3. The ability to self-assess when to seek additional training, supervision, or consultation.

If an intern receives a score less than a "3" on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the intern's supervisor will address the concerns in the qualitative portion of the intern's evaluation and will initiate the program's Due Process procedures to support the intern in skill development. Students who receive a 1 or 2 on any training element during the End-of-Year evaluation will not meet requirements for successful completion of internship.

Competency 1: Research

1. Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities via professional publication or presentation at the local, regional or national level. Score: _____

2. Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level. Score: _____

3. Critically compares and contrasts evidence-based theories and treatments and current empirical findings in order to inform clinical decision-making. Score: _____

4. Develops accurate case conceptualizations and treatment plans based on available research and best practice guidelines. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 2: Ethical and Legal Standards

1. Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles and Code of Conduct. Score: _____

2. Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels. Score: _____

3. Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines. Score: _____

4. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve them. Score: _____

5. Conducts self in an ethical manner in all professional activities. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 3: Individual and Cultural Diversity

1. Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself. Score: _____

2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity. Score: _____

3. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles. Score: _____

4. Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 4: Professional Values and Attitudes

1. Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. Score: _____

2. Engages in self-reflection regarding personal and professional functioning. Score: _____

3. Engages in activities to maintain and improve performance, well-being, and professional effectiveness. Score: _____

4. Actively seeks and demonstrates openness and responsiveness to feedback and supervision. Score: _____

5. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training. Score: _____

6. Completes paperwork in a timely and efficient manner. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 5: Communication and Interpersonal Skills

1. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. Score: _____

2. Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. Score: _____

3. Demonstrates a thorough grasp of professional language and concepts. Score: _____

4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 6: Assessment

1. Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. Score: _____

2. Demonstrates understanding of human behavior within its context. Score: _____

3. Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. Score: _____

4. Selects and applies assessment methods that draw from the best available empirical literature. Score: _____

5. Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. Score: _____

6. Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases. Score: _____

7. Communicates orally and in written documents the findings and implications of assessment in an accurate and effective manner. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 7: Evidence-Based Intervention

1. Establishes and maintains effective relationships with recipients of psychological services. Score: _____

2. Develops evidence-based intervention plans specific to the service delivery goals. Score: _____

3. Implements interventions informed by the current scientific literature. Score: _____

4. Demonstrates the ability to apply the relevant research literature to clinical decision making. Score: _____

5. Modifies and adapts evidence-based approaches effectively. Score: _____

6. Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 8: Supervision

1. Demonstrates and applies knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals (including, but not limited to, role-played supervision with others, and peer supervision with other trainees). Score: _____

2. Applies supervisory skill of observing in direct or simulated practice. Score: _____

3. Applies supervisory skill of evaluating in direct or simulated practice. Score: _____

4. Applies supervisory skill of giving guidance and feedback in direct or simulated practice. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

1. Demonstrates knowledge and respect for the roles and perspectives of other professions. Score: _____

2. Applies knowledge about consultation in direct or simulated (e.g. role played) consultation. Score: _____

Average Score for Broad Area of Competence: _____

Comments:

Overall Rating (average rating of scores): _____

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:

I acknowledge that my supervisor has reviewed this evaluation with me.

_____

Intern's Signature **Date**

_____

Supervisor's Signature **Date**

APPENDIX C

Center for Anxiety Intern Evaluation, Retention, and Termination Policy

It is the policy of Center for Anxiety to evaluate all components of the intern's performance both informally and formally at defined times throughout the internship. Informal feedback on the interns' performance is provided regularly by our internship training director, clinical supervisors, senior clinical staff, administrative staff, and interns' self-evaluations. Interns are formally evaluated by both of their individual supervisors twice annually, at the midpoint and end of internship year. Center for Anxiety requires that interns demonstrate minimum levels of achievement across all competencies and training elements. Evaluations are conducted electronically using a standard rating form, which also includes comment spaces where supervisors include specific qualitative feedback regarding the interns' performance, areas of strength, areas in need of continued development, and progress across all of Center for Anxiety's expected training competencies and the related training elements. Supervisors will then collaboratively review these evaluations with the interns in a face-to-face meeting and provide an opportunity for discussion at each timepoint. Intern evaluation forms are available in Center for Anxiety's Internship Training Handbook.

A minimum level of achievement on each evaluation is defined as an average rating of "3" which is associated with readiness for entry level practice at the completion of the internship program. The rating scale for each evaluation is a 5-point scale, with the following rating values: **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 and is associated with readiness for entry level practice at the completion of the internship program, **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. If an intern receives a score less than "3" on any training element at the mid-year evaluation, or if supervisors have reason to be concerned about the student's performance or progress, the intern's supervisor will address the concerns in the qualitative portion of the intern's evaluation and will initiate the program's Due Process procedures to support the intern in skill development. The combined Grievance Procedures and Due Process Guidelines can be found in Center for Anxiety's Handbook. Interns must receive a rating of "3" or above on all competencies on their final evaluation to successfully complete the program. Students who receive a 1 or 2 on any training element during the end-of-year evaluation will not meet requirements for successful completion of internship.

Additionally, all Center for Anxiety interns are expected to be on site 40 hours per week, to complete 2000 hours of training during the internship year. Meeting the hour requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion will be maintained indefinitely by the training director in a secure digital file in Dropbox. Only one administrative staff, the training director, and founder/director of Center for Anxiety will have access to these files. Intern evaluations and any other relevant feedback to the intern's home doctoral program is provided at the midpoint and end of the internship year. Doctoral programs are contacted within one month following the end of the internship year and are informed that the intern has successfully completed the program. The home doctoral program will be contacted by the training director if successful completion of the program comes into question at any point during the internship year, or if an intern enters the remediation plan step of the Due Process procedures. The remediation plan is initiated during the formal review phase if an intern problem behavior persists following an attempt to resolve the issue informally, or if the intern receives below a "3" on any learning element on an evaluation. The remediation plan that is shared with both the intern and home doctoral program will include a description of the actual behaviors or skills associated with the problem, the specific actions needed by the intern with Center for Anxiety's support to correct the unsatisfactory behavior, the time frame during which the problem is expected to be ameliorated; and the procedures designed to determine whether the problem has been appropriately remediated. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the intern's progress, is kept engaged to support an intern who may be having difficulties during the internship year. The home doctoral program is notified again at the end of the remediation period indicating whether the problem has been remediated, as well as whether any further action may be taken by Center for Anxiety according to the Due Process procedures, up to and including termination from the program.

In addition to the evaluations described above, interns complete an anonymous staff engagement survey bi-annually through Lattice, a web-based feedback and engagement platform. Interns also complete formal evaluations of their supervisors and of the internship training program at the midpoint and at the end of the year electronically using a standard rating form, as well as anonymous weekly evaluations of their didactics through google surveys. Feedback from these evaluations will be used to inform changes or improvements made to the training program.

APPENDIX D

Center for Anxiety Combined Grievance Procedures and Due Process Guidelines

Center for Anxiety's Psychology Intern Grievance Procedures

Grievance Procedures are implemented in the event that an intern encounters any difficulties or problems with any facet of the training program (e.g. conflict with a supervisor, evaluations perceived as unfair, workload issues, gender or race discrimination, sexual harassment, unfair practices, personality conflicts, other staff conflict) during their training experiences. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program, the following internship grievance procedure is in place:

Informal Problem Resolution:

It is the policy of the Center for Anxiety (CFA) to foster sound trainee/supervisor relations by encouraging open communication and reconciliation of work-related problems or concerns. It is CFA's belief that most complaints about working conditions, workload, supervision, co-workers, or other work-related problems can best be handled through informal and private discussion between the trainee and his/her supervisor or the Training Director (TD). The intern should first raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or the TD in an effort to resolve the problem informally. If the matter cannot be satisfactorily resolved with the involved party, the intern is encouraged to set up a meeting in person with one of their immediate psychology supervisors to present the complaint, if they are not the subject of the complaint. This should take place within five working days of the occurrence which triggered the complaint although consideration will be given if there are personal reasons for longer delays. A trainee or supervisor may request that the TD provide informal consultation to assist in determining the appropriate course of action. The supervisor is expected to give his/her decision within three working days after the complaint has been presented. If a trainee reasonably believes that discussing his/her complaint with his/her immediate supervisor would be futile, the trainee may move to the next step in the grievance process.

Formal Review:

A. Written Acknowledgement to the Training Director: The next step in the grievance process is that the intern may submit a formal grievance in writing to the Training Director (TD). If the TD is the object of the grievance, the grievance should be submitted to a supervisor of the intern's choice. The individual being grieved will be asked to submit a response in writing. The TD (or supervisor, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the TD or supervisor may wish to meet with the intern and the individual being grieved separately first. In cases where the intern is submitting a grievance related to some aspect of the training program rather than an individual (e.g. issues with policies, curriculum, etc.) the TD and supervisor will meet with the intern jointly. The goal of the joint meeting is to develop a plan of action to resolve the matter. The plan of action will include:

a) the behavior/issue associated with the grievance;

b) the specific steps to rectify the problem; and
c) procedures designed to ascertain whether the problem has been appropriately rectified.

If the plan of action fails, the TD or supervisor may render a decision on the grievance via consultation with the Supervisory Committee to hear the case and deliberate the outcome. The Supervisory Committee will consist of him/herself and three additional CFA supervisory-level staff members. Individuals named in the grievance will not serve on the Supervisory Committee in that matter. The intern may request a specific member of the training faculty to serve on the Supervisory Committee. The intern and relevant staff members will be notified of the date of the Committee's review and will be given the opportunity to provide the Committee with any information regarding the grievance. The Committee will meet with the parties involved, and may do so at one time or separately. If a Committee is convened, the Committee will determine the outcome of the grievance. A decision will be reached within three working days after the meeting of the Supervisory Committee. The decision will be presented in writing to the trainee.

B. Written Request to Founder/Owner: If the trainee is not satisfied with the results of the above process, they may proceed to this step within five business days of the rendered decision. They may submit a written request to meet with the practice founder/owner. After the grievance has been heard, the intern will receive a written decision within five workdays and will be communicated to all involved parties and to the Supervisory Committee.
Some grievances may extend outside of the scope of the clinical services and may require procedures governed by the Director of Operations. In this case, the intern will be directed to submit their written request to the Director of Operations rather than the practice founder/owner.

Center for Anxiety Internship Due Process Procedures

Due Process Procedures are implemented in situations in which a supervisor, other faculty, or staff member raises a concern about the functioning of a doctoral intern. Center for Anxiety's Due Process procedures occur in a stepwise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. The procedures include a definition of levels of problematic behavior, a process of remediation and sanction alternatives (i.e. verbal warning; written acknowledgment which will ultimately be removed from the intern's file; remediation plan including written warning of consequences and actions needed to correct behavioral issues and notification of intern's right to review; schedule modification; probation; suspension of direct service activities; administrative leave; dismissal), and a hearing and appeal process in the event that an intern disputes any aspect of a negative evaluation or component of a remediation plan.

<u>Rights and Responsibilities:</u>

These procedures are a protection of the rights of both the intern and the doctoral internship training program and carry responsibilities for both.

Interns: The intern has the right to be afforded every reasonable opportunity to remediate problems. These procedures are not intended to be punitive; rather, they are meant as a structured

opportunity for the intern to receive support and assistance to remediate concerns. The intern has the right to be treated in a manner that is respectful, professional, and ethical. The intern has the right to participate in the Due Process procedures by having his/her viewpoint heard at each step in the process. The intern has the right to appeal decisions with which he/she disagrees, within the limits of this policy. The responsibilities of the intern include engaging with the training program and the institution in a manner that is respectful, professional, and ethical, making every reasonable attempt to remediate behavioral and competency concerns, and striving to meet the aims and objectives of the program.

Center for Anxiety's Internship Program: CFA's Internship Program has the right to implement these Due Process procedures when they are called for as described below. The program and its faculty/staff have the right to be treated in a manner that is respectful, professional, and ethical. The program has a right to make decisions related to remediation for an intern, including probation, suspension, and termination, within the limits of this policy. The responsibilities of the program include engaging with the intern in a manner that is respectful, professional, and ethical, making every reasonable attempt to support interns in remediating behavioral and competency concerns, and supporting interns to the extent possible in successfully completing the training program.

Definition of a Problem:

It is the policy of Center for Anxiety to evaluate all components of the intern's performance formally and informally at defined times throughout the internship. For the purposes of this document, a problem is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) The intern displays an inability and/or unwillingness to acquire and integrate professional behaviors and ethical standards into his/her repertoire of professional behaviors; 2) The intern displays an inability to acquire the level of professional skills necessary to reach an acceptable level of competency; 3) the intern displays an inability to control personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning; or 4) the intern's performance consistently approaches the low end of the range (ratings of one or two) on the intern evaluation form in any of the categories of competency.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as a problems that require remediation when they include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by the scheduled sequence of clinical or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. the problem is not restricted to one area of professional functioning;
5. a disproportionate amount of attention by training personnel is required;
6. the trainee's behavior does not change as a function of feedback and/or time;
7. the problematic behavior has potential for ethical or legal ramifications if not addressed;
8. the intern's behavior negatively impacts the public view of the agency;
9. the problematic behavior negatively impacts other interns;
10. the problematic behavior potentially causes harm to a patient; and/or

11. the problematic behavior violates appropriate interpersonal communication with agency staff.

Procedures for responding to problematic behaviors and inadequate performance are reviewed below.

Informal Problem Resolution:

It is the policy of Center for Anxiety (CFA) to foster sound trainee/supervisor relations by encouraging open communication and reconciliation of work-related problems or concerns. It is CFA's belief that most problematic behavior can be resolved by informal and private discussion between the trainee and his/her supervisor or the Training Director (TD) as soon as feasible. This may include increased supervision, didactic training, and/or structured readings. The supervisor or faculty/staff member who raises the concern should monitor the outcome. A trainee or supervisor may request that the TD provide informal consultation to assist in determining the appropriate course of action.

Formal Review:

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if the intern receives a rating below a "3" on any learning element on a supervisory evaluation, the following procedure is initiated:

A. Notice (Written Acknowledgement): The intern will be notified in writing that the issue has been raised to a formal level of review and that a hearing will be held.
B. Hearing: The supervisor or faculty/staff member will hold a hearing with the Training Director (TD) and intern within 10 working days of issuing a notice of formal review to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the supervisor who is raising the issue, an additional faculty member who works directly with the intern will be included at the hearing. The intern will have the opportunity to present his/her perspective at the hearing and/or to provide a written statement related to his/her response to the problem.
C. Outcome and Next Steps: The result of the hearing will be determined from among the following options by the TD and other faculty/staff members present at the hearing. This outcome will be communicated to the intern in writing within five working days of the hearing:

1) An "Acknowledgement Notice" formally acknowledges:
a) that the faculty is aware of and concerned with the problem;
b) that the problem has been brought to the attention of the intern;
c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating; and
d) that the problem is not significant enough to warrant further remedial action at this time.

2) Schedule Modification is a time-limited, remediation-oriented, supervised period of training designed to return the intern to a more fully functioning state. Modifying an intern's schedule is an accommodation made to assist the intern in responding to personal reactions to environmental

stress, with the full expectation that the intern will complete the internship. This period will include more closely scrutinized supervision conducted by the regular supervisor in consultation with the TD. Several possible and perhaps concurrent courses of action may be included in modifying a schedule. These include: a) Increasing the amount of supervision, either with the same or other supervisors, b) Change in the format, emphasis, and/or focus of supervision, c) Recommending personal therapy (a list of community practitioners and other options will be provided), d) Reducing the intern's clinical or other workload, and/or e) Requiring specific academic coursework.

The length of a schedule modification period will be determined by the TD in consultation with the primary supervisor and the practice founder/owner. The termination of the schedule modification period will be determined, after discussions with the intern, by the TD in consultation with the primary supervisor and the practice founder/owner.

3) Remediation Plan is a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the problematic behavior or skill deficit. The implementation of a Remediation Plan will represent a probationary status for the intern. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. The TD and the direct supervisor will also determine whether or not the alleged behavior in the complaint, if proven, would constitute a serious violation. If so, the TD will meet with the practice founder/owner to discuss the concerns and possible courses of action to be taken to address the issues. The TD, primary supervisor, and practice founder/owner will meet to discuss possible courses of action. When a decision has been made, the TD, intern's primary supervisor, and intern will have a formal meeting to discuss the Remediation Plan. This plan will outline actions that will be taken if the problem is not corrected, as well as notification that the intern has the right to dispute the Remediation Plan, and may request an appeal of the remediation plan. A written Remediation Plan will be shared with the intern and the intern's home doctoral program and will include:

a) the actual behaviors or skills associated with the problem;
b) the specific actions to be taken for rectifying the problem;
c) the time frame during which the problem is expected to be ameliorated; and
d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this remediation period as specified in 'c' above, the TD will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will be shared with the intern's home doctoral program. If the problem has not been remediated, the TD may choose to move to Step D below or may choose to extend the Remediation Plan. The extended Remediation Plan will include all of the information mentioned above and the extended time frame will be specified clearly.

4) Probation is also a time-limited, remediation-oriented, closely supervised training period. Its purpose is to assess the ability of the intern to return to a more fully functioning state and to

complete the internship successfully. Probation defines a relationship wherein the TD systematically monitors, for a specific length of time, the degree to which the intern addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating. The intern is informed of the probation in a written statement that includes: the specific behaviors associated with the unacceptable rating; the recommendations for rectifying the problem; the time frame for the probation during which the problem is expected to be ameliorated; and the procedures to ascertain whether the problem has been appropriately rectified. If the TD determines that there has not been sufficient improvement in the intern's behavior to remove the Probation or modified schedule, then the TD will discuss with the rest of the supervisory staff possible courses of action to be taken. The TD will communicate in writing to the intern that the conditions for revoking the probation or modified schedule have not been met. This notice will include the course of action the TD has decided to implement. These may include continuation of the remediation efforts for a specified time-period or implementation of another alternative. Additionally, the TD will communicate that if the intern's behavior does not change, the intern will not successfully complete the internship.

5) Suspension of Direct Service Activities requires a determination that the welfare of the intern's client has been jeopardized. Therefore, direct service activities will be suspended for a specified period dependent upon the nature of the problem and will be determined by the TD in consultation with the practice founder/owner. At the end of the suspension period, the intern's supervisor in consultation with the TD will assess the intern's capacity for effective functioning and determine when direct service can be resumed.

6) Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the organization. If the Probation Period, suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. The TD and/or Director of Operations for CFA will inform the intern of the effects the administrative leave will have on the intern's stipend and accrual of benefits.

At the end of any of the above processes outside of the Acknowledgement Notice and Schedule Modification (3-6), the TD will provide written notice to the intern's home doctoral program, as well as the intern, and a written statement indicating whether the problem has been remediated. This statement will become part of the intern's permanent file.

D. Dismissal from the Internship: If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within the internship program may be terminated. The decision to terminate an intern's position would be made by the Training Committee and a representative of Human Resources (Director of Operations) and would represent a discontinuation of participation by the intern within every aspect of the training program. The Training Committee would make this determination during a meeting convened within 10 working days of the previous step completed in this process or during the regularly scheduled weekly Training Committee meeting, whichever occurs first. The TD may decide to suspend an intern's

clinical activities during this period prior to a final decision being made, if warranted. The internship program will notify APPIC and the intern's home doctoral program of the decision.

All time limits mentioned above may be extended by mutual consent within a reasonable limit.

Appeals Process:

In the event that the intern does not agree with the measures put in place to address the concerns and/or chooses to challenge the action plan at any step in the Due Process procedures, the intern may request an Appeals Hearing before the Training Committee. This request must be made in writing to the TD within five working days of notification regarding the decision with which the intern is dissatisfied. If requested, the following procedures for hearing and appeal are presented below:

1. A Review Panel, consisting of three staff members selected by the practice founder/owner with recommendations from the TD and the intern involved in the dispute will be convened. The intern may request a specific member of the training faculty to serve on the Review Panel.
2. Within five working days, a hearing will be conducted in which the issue(s) of concern are heard and relevant material presented. The intern has the right to hear all facts and concerns, has the opportunity to dispute and/or explain the behavior of concern, and then has the opportunity to appeal the action plan.
3. Within three working days of the hearing and appeal, the Review Panel submits a written report to the practice founder/owner, including any intern disputes and the Review Panel's recommendations for further action. The Review Panel may uphold the decisions made previously or may modify them. Decisions made by the Review Panel will also be shared with the intern and the intern's home doctoral program.

If the intern is dissatisfied with the decision of the Review Panel, they may appeal the decision, in writing to the founder/owner within five working days of the decision. If the intern is dissatisfied with the decision of the founder/owner, they may appeal the decision, in writing to the agency's Director of Operations (HR). This level of appeal must be submitted in writing within five working days of the decision being appealed. The founder/director and Director of Operations have final discretion regarding outcome. Decisions made during these appeals processes will be shared with the intern and the intern's home doctoral program.

APPENDIX E

Center for Anxiety Equal Employment Opportunity Policy

As an equal opportunity company, Center for Anxiety complies with all applicable laws, rules and regulations preventing discrimination against any applicant for employment, or current employee based on race, religion, color, sex (including pregnancy, sexual orientation and gender identity), national origin, disability, age, genetic information, or any other status protected under applicable federal, state and local laws.

In addition to application procedures, recruitment and hiring practices, Center for Anxiety will take affirmative action in the areas of compensation, benefits, job assignments, training opportunities, paid time off, leave, promotions, transfers, and termination.

At Center for Anxiety, all executive administration, upper and middle management, and clinical supervisors will make employment decisions based on individual merit only, and will ensure that all members of Center for Anxiety involved in hiring, training, and supervising continuously comply with equal employment opportunity company policies.

It is the policy of Center for Anxiety to ensure and maintain a working environment free of coercion, harassment, and intimidation in all facilities at which employees are assigned to work. There is a zero tolerance policy for any type of discrimination or harassment against our employees by their peers, supervisors, managers, or administrators.

Anyone subject to violation of these policies should not hesitate to come forward, and all questions or concerns regarding the implementation of, or compliance with, this or any related policies should be addressed immediately with the EEO Officer, supervisors or upper management.

EEO Officer: Missy Hockman, Senior HR Generalist

Address: 200 W. 57 Street, Suite 1008, New York, NY 10019

Revised: 07/2022

APPENDIX F

Center for Anxiety Internship Diversity and Non-Discrimination Policy

Center for Anxiety's internship program strongly values diversity and this value is explicitly reflected across multiple areas of the internship. The training program makes efforts to create an equitable, inclusive, and affirming learning environment. Further, the program aims to support and train interns to

explore their own intersecting identities, and effectively navigate individual and cultural diversity issues in the conduct of all professional roles.

For all interns, Center for Anxiety includes a required competency in individual and cultural diversity. This competency was developed to align with the American Psychological Association's standards for psychologists, to help interns learn to skillfully respond to increasingly complex situations when working with diverse individuals at a level associated with readiness for entry level practice by the completion of their internship program. Experiences related to diversity are also embedded within all areas of the training program to ensure that interns are both personally supported and adequately trained to demonstrate awareness and knowledge of the current theoretical and empirical knowledge base as it relates to diversity. These experiences include, but are not limited to, provision of individual and group therapy and assessment services to diverse populations in an outpatient setting, an emphasis in processing diversity related issues in weekly supervision, and didactic seminars focused solely on diversity related topics.

Further, Center for Anxiety's training program engages in self-evaluative processes informally throughout the year and formally through a bi-annual, anonymous survey to encourage ongoing discussions related to the work climate. The internship program utilizes feedback from these discussions to improve upon current processes as they relate to issues of diversity to foster an environment in which all staff and interns feel respected, safe, and comfortable.

Center for Anxiety also believes that a diverse training environment contributes to the overall quality of the program, and thus welcomes and encourages doctoral level applicants from diverse backgrounds. The internship program provides equal opportunity to all prospective interns and staff, and does not discriminate due to a person's age, disability, ethnicity, sex, gender identity, language, national origin, race, religion, culture, sexual orientation, social economic status, or other factors that are not predictive of or related to success as a psychology intern. Prospective trainees are evaluated by previous training externship experiences, letters of recommendation, and fit with the internship program. If an applicant or intern requires any accommodations, they may discuss their needs with the internship training director to initiate the process.

APPENDIX G

Center for Anxiety Telesupervision Policy

Center for Anxiety's internship training program uses video conferencing to provide weekly group supervision to all interns. All interns participate in a weekly group supervision, led by licensed staff clinicians on a rotating basis at Center for Anxiety. Group supervision is typically either held virtually or in-person at one of the three office locations. Trainees either attend group supervision in-person if the

group supervisor is located at their training site or utilize video-conferencing software to synchronously engage in the group supervision when it is held at another location. This format is utilized to promote interaction and socialization among interns, since interns are frequently dispersed across separate offices. Interns and a faculty facilitator meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Group supervision in this format is required for all current Center for Anxiety interns for one (1) hour each week, at a regularly scheduled time. Center for Anxiety places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. The use of videoconference technology for supervisory experiences is also consistent with Center for Anxiety's training model and training aim as Center for Anxiety places a strong emphasis on providing evidence-based outpatient and intensive outpatient services across the state of New York, which often includes the use of telehealth services to individuals who live in more rural areas.

Center for Anxiety's training program primarily provides in-person individual and DBT consultation team to all interns. In the event that in-person supervision is not possible (e.g. global pandemic, snowstorm, etc.), Center for Anxiety's internship training committee may choose to implement additional telesupervision for individual supervision and DBT consultation team to ensure the health and safety of all parties involved. In individual telesupervision, interns meet with their primary supervisors in a virtual conference room and interact synchronously via video and audio. Individual supervision in this format is required for all current Center for Anxiety interns when in-person supervision is not possible for two (2) hours each week, at a regularly scheduled and protected time. In DBT consultation team, interns meet in the same format as above with their office co-intern and other staff members from their respective office. DBT Consultation Team is also required for all current Center for Anxiety interns for one (1) hour each, each week, at a regularly scheduled time.

Center for Anxiety also recognizes the importance of supervisory relationships. Group supervision is attended and presided over by a licensed staff member. Two licensed adjunctive staff members rotate in running this supervision, so that interns are exposed to diverse clinician perspectives. Weekly DBT consultation team meetings are attended by interns and staff members, including the interns' primary supervisors. Each office's DBT Team is led by the site director of each office, who is a licensed clinical psychologist. It is expected that the foundation for relationships with other interns and staff members, and a safe environment for group supervision will be cultivated initially during Center for Anxiety's orientation and in initial office rounds meetings, such that interns will have formed relationships with their co-interns for group supervision, and with the staff in their offices prior to engaging in videoconference DBT consultation team. For all clinical cases discussed during both group supervision and DBT consultation team, full professional responsibility remains with the intern's primary supervisors.

Any crises or other time sensitive issues are managed by those supervisors immediately. Regardless of whether services are offered in person or via telehealth only, all interns are provided with contact information for all Center for Anxiety supervisors including email and phone numbers, so crises and time-sensitive information can be reported, as necessary. Additionally, all staff members across offices are connected through a HIPAA compliant instant messaging software called Slack, where interns are able to see which staff members are online and available in real-time and can message any supervisor for assistance.

All Center for Anxiety videoconferencing occurs over a secure network using videoconferencing technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved by the intern are directed to the Human Resources staff members, David Braid, MBA and Missy Hockman, SHRM-CP.