



# PSYCHOLOGY INTERN HANDBOOK

Internship Year 2025-2026

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#### **APA ACCREDITATION STATUS**

\*The Bio-Behavioral Institute Internship Program is not currently APA accredited.

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

Office of Program Consultation and Accreditation

American Psychological Association

750 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Website: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

#### **APPIC MEMBERSHIP STATUS**

\*The Bio-Behavioral Institute Internship Program currently has Full Membership status with APPIC.

\*Questions related to the program's membership status should be directed to the  
our Training Director.

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## **CLINIC OVERVIEW**

### **Introduction**

Established in 1979, the Bio Behavioral Institute is a private outpatient psychological clinic dedicated to providing the highest standard of specialized treatment for Obsessive Compulsive and Its Related Disorders. Our mission is to provide individualized and empirically validated therapy in a nurturing and supportive environment. Each patient is thoroughly evaluated with special attention given to the biological, psychological, and social influences contributing to their current functioning. Our staff strives to alleviate symptoms in order to help patients make meaningful changes in their quality of life.

Our long-standing dedication to empirically validated patient care is supported by the staff's involvement in innovative research, scientific publications, training, and professional presentations. Our staff has been at the forefront of research in the field; collectively publishing over 250 peer reviewed journal articles, numerous books, book chapters, as well as participating in seminal pharmaceutical clinical trials for OCD, anxiety disorders, schizophrenia, bipolar disorders, and major depression for over 40 years. Our staff members engage in many other professional activities, including presenting at annual conferences, providing training to national and international organizations, and holding scientific advisory and board positions on psychological organizations, including the International OCD Foundation and the Anxiety and Depression Association of America. Our directors are co-founders and board members of OCD-New York, the OCD non-profit affiliate of the International OCD Foundation. The mission of OCD-New York is to provide access to education and awareness of OCD related disorders through planned events in NY State. The staff at Bio Behavioral benefits from this dynamic learning environment and has the opportunity to participate in a variety of ways.

The Bio Behavioral Institute has opened its doors for 40 years to students at all academic levels seeking experience and training, including doctoral interns/externs, international visiting students, doctoral dissertation research, and undergraduate research volunteers. We have been an externship site to many universities, including Hofstra University, St. John's University, and Adelphi University.

Our interventions consist primarily of individual cognitive behavioral therapy, in vivo exposure and response prevention, individual and group dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), and family therapy. We offer time limited group therapy as specific needs arise within our patient population, such as a hoarding disorder group and social skills for adolescents. We offer sessions within the office setting, video/telephone sessions, skills coaching between sessions, as well as home and out of office visits. Our outpatient intensive program serves patients with greater severity and co-morbidity of symptoms.

Our highly trained and specialized clinical team consists of psychologists, licensed clinical social workers, post-doctoral fellows, and doctoral level externs. Our weekly

team meetings, collaborative treatment planning, ad hoc and scheduled supervision, and shared patients all promote a supportive and cohesive team with opportunities for clinical growth. Our staff believes in a hands-on-treatment philosophy by providing out of office and home sessions to address symptoms where they occur. Our long-standing collaboration with on-site psychiatrists and outside psychiatrists further supports comprehensive care.

### **Population Served**

The Institute treats children, adolescents, and adults with a wide range of clinical needs and severity ranging from single to complex co-morbid disorders. We primarily treat OCD related (OCD, BDD, hoarding, skin picking, hair pulling), anxiety, and mood disorders as well as co-occurring conditions, such as ADHD and Tourette Syndrome. We also provide comprehensive treatment to children and adolescents struggling with school avoidance and refusal. We have expertise in lesser-known OCD related conditions, such as misophonia and olfactory reference syndrome.

### **Intensive Outpatient Treatment Program**

Established in 1979, our outpatient intensive cognitive behavioral treatment program for obsessive compulsive disorder (OCD) was the first of its kind in the nation. Founder, Dr. Fugen Neziroglu, sought post-graduate training with Joseph Wolpe, Edna Foa, and Albert Ellis in order to develop the specialized program. Since then, the program expanded to treat a variety of additional disorders, including body dysmorphic disorder, panic disorder, hoarding disorder, mood disorders, trichotillomania, medically stable eating disorders, and excoriation disorder.

This program offers more frequent and longer duration of individual sessions for patients requiring a higher level of care. Patients entering this program are typically struggling with co-morbid disorders and experiencing significant worsening in symptoms and daily functioning. Individuals who desire to make faster gains in a shorter period of time; such as college students and those on medical leave from jobs, also benefit from the program. Sessions are scheduled of varying frequency and length based on individual clinical need, ranging from 2 to 6 hours a day, 3 to 5 days a week, for a duration of one to three months. Patients slowly step down frequency and length of sessions as they improve. Emphasis is also placed on maintenance, relapse prevention, and family coaching to support treatment gains.

### **Location**

Bio Behavioral Institute is located in a highly accessible area of Nassau County surrounded by multiple medical practices, two major hospitals, shopping/restaurants, and public transportation. The Long Island Railroad train station is located 1.5 miles away with frequent and fast service to NYC. Two major highways, the Long Island Expressway and Northern State Parkway, are accessible within a couple of miles from the clinic. Within the overall institute we have 19 offices, a research room, a parent

training/supervision observation room with double-side glass, as well as a conference room that can accommodate our entire staff. Moreover, there is a small kitchenette in the office where interns have access to a refrigerator, coffee, microwave, cups etc. The Institute is within walking distance of several eateries if interns desire to walk for food, as well as has a cafeteria located directly on the 1st floor of our building. In addition, there is a multiple level parking garage that interns have full access to.

## **Supervising Faculty**

### **Matthew Jacofsky, Psy.D. - Training Director**

Dr. Jacofsky is a licensed psychologist and has been the Externship Coordinator of Bio Behavioral Institute for many years. In addition to providing direct clinical care, Dr. Jacofsky supervises externs and trainees. He received his Psy.D. from St. John's University. He has published and presented various scientific papers and book chapters on body dysmorphic disorder, refractory obsessive compulsive disorders, and skin picking disorders.

### **Sony Khemlani-Patel, Ph.D. - Clinical Director**

Sony Khemlani-Patel, Ph.D. is a licensed psychologist and the Clinical Director at the Bio Behavioral Institute in Great Neck, NY where she has specialized in evidence-based treatment of OCD and related disorders for over 20 years. In addition to providing direct clinical care to patients, Dr. Khemlani supervises post-doctoral fellows and oversees administration of the Institute. She is intensively trained in Dialectical Behavior therapy. She has published scientific articles and book chapters in the field of OCD related disorders, with a specialization in body dysmorphic disorder. She has presented at national conferences and local school and community agencies since 1998. She is currently on the Scientific and Clinical Advisory Board of the International OCD Foundation (IOCDF), a member of IOCDF's Body Dysmorphic Disorder Special Interest Group, and Vice President of OCD-NY, the NY State Affiliate of the IOCDF. Dr. Khemlani has co-authored three books, the most recent "Body Dysmorphic Disorder," in Hogrefe Press' "Advances in Psychotherapy" series. Dr. Khemlani received her Ph.D. in Clinical/School Psychology from Hofstra University and completed internships in a school district and at Pilgrim State Psychiatric Center.

### **Fugen Neziroglu, Ph.D., ABBP, ABPP - Executive Director and Founder**

Dr. Neziroglu is a board certified behavioral and cognitive psychologist and Clinical Assistant Professor of Psychiatry at the Zucker School of Medicine at Hofstra University/Northwell Psychiatry. She co-founded the Bio Behavioral Institute in 1979 with the aim of providing evidence-based treatment to individuals with OCD related and anxiety disorders. Dr. Neziroglu has been a primary and sub-investigator in numerous pharmaceutical clinical trials for OCD and anxiety. She has presented and published over 200 scientific papers and presented nationally and internationally. She is the author of several books that have been translated into multiple languages. Dr. Neziroglu has appeared on numerous television and news programs including CNN, the Today Show and Good Morning America. She has held many advisory and board positions during her

career and is currently on the Scientific and Clinical Advisory Board of the International Obsessive Compulsive Foundation and on the Scientific Council of the Anxiety and Depression Association of America (ADAA). She was granted the IOCDF's Lifetime Achievement Award in 2016 for her scientific contribution in the OCD related disorders. Dr. Neziroglu received her Ph.D. in School-Community Psychology and completed post-doctoral training at Temple University School of Medicine.

### **Michael Upston, LCSW-Group Supervisor**

Michael Upston, LCSW, has been working in the field of clinical social work since 1997. He received his Master's Degree in Social Work from The Catholic University of America and his Bachelor's Degree in Philosophy from the University of Maryland. Before coming to the Bio Behavioral Institute, he was the Director of the Community Advisory Program for the Elderly (CAPE), a mental health clinic serving older adults in Queens. Prior to that he was the Assistant Director of the Jewish Board of Family and Children's Services Pelham Madeleine Borg Mental Health Clinic. In addition, he had a private practice for 13 years. Mr. Upston has extensive experience providing individual, family and group psychotherapy to children, adolescents, and adults. He has received advanced training in a range of modalities including Dialectical Behavioral Therapy, Cognitive Behavioral Therapy, Exposure and Response Prevention, and family therapy. His approach to treatment is integrative and evidence-based. He also has many years experience providing clinical supervision, as well as running training seminars on a range of topics related to mental health treatment.

### **Duties of Training Director**

The Director of Training is responsible for all aspects of the training from the selection and interview of all potential interns, to the initial orientation to Bio Behavioral Institute, to making sure that all interns receive the full benefit of the resources available to them. The training director will adjust the program based on the needs of the interns and changing requirements within the field of psychology. The Training Director is a licensed psychologist in the state of New York and is a full time staff at the Institute.

The Training Director is committed to service, education, and research and therefore abides by the following:

1. All psychotherapeutic interventions are guided by evidence-based research.
2. Encourage, support and conduct research.
3. Institute a supportive learning and growth experience for interns.
4. Make sure resources for interns are updated.
5. Meet informally and formally with interns and supervisors to make sure their needs and training goals are being met.
6. Attend to the emotional as well as educational needs of the interns.
7. Monitor interns' records to make sure they are receiving the necessary amount of supervision weekly.
8. Receive feedback from supervisors about the interns on a monthly basis.
9. Coordinate change of supervisors mid-year.

10. Restructure training program as needed.
11. Make sure competency levels can be met by providing the appropriate experience necessary for development of the profession wide competencies at the internship level.

## **OVERVIEW OF THE INTERNSHIP PROGRAM**

The Bio Behavioral Institute offers a one-year full time internship for doctoral level candidates in clinical psychology. Interns will be matched to our Great Neck location and have the opportunity to provide direct clinical care to the breath of our clinical population. Interns will also be invited to participate in research.

### **Aims and Competencies of the Training Program**

The aim of our internship training program is for interns to begin developing knowledge and expertise that supports their transition into becoming clinical psychologists, as well as gain specific experience in using empirically guided therapy for OCD and Its Related Disorders. Our training is consistent with the scientist practitioner model of the American Psychological Association, encouraging interns to participate in the Institute's ongoing clinical research, familiarize themselves with the relevant scientific literature, and conduct ongoing assessment of services within existing and new literature findings. The program focuses on both the clinical and personal growth of interns, so they may provide a comprehensive, compassionate, and empirically validated standard of care in their careers. In addition, the program ensures that interns are exposed and evaluated to all nine professional wide competencies set forth by the APA.

### **How Will the Curriculum Achieve Training Goals**

#### **Overview of Psychological Intervention**

During the internship year interns have the opportunity to provide direct face-face care to various individuals across the age span, as well as diagnoses. Interns provide these services mainly during weekly individual CBT sessions with patients. In addition, interns provide direct patient care through other services provided at Bio-Behavioral such as DBT skills groups, specialty groups (e.g., emerging adults group), support groups, as well as participate in our intensive outpatient program. Moreover, interns have the opportunity to engage in home visits for such disorders such as hoarding and OCD, as well as engage in various in-vivo exposure exercises both inside and outside the office environment (e.g., mall, train, etc.). Interns typically engage in 20hrs of direct face-to face clinical service delivery per week.

#### **Overview of Psychological Assessment**

Interns carry out diagnostic assessments, which may include individual measures such as the YBOC to more comprehensive batteries (i.e., cognitive, achievement, personality,



behavior, etc.). Interns also engage consultation services that include family consultations and school-based consultations. Appropriate training, review, and dissemination of the results are carried out within the confines of supervision, while the intern retains responsibility for administration, scoring, and preparing results and/or reports as necessary.

## **Overview of Supervision**

Each intern receives two hours weekly of individual supervision and two hours weekly of group supervision, as well as the ongoing ad hoc support from supervising staff psychologists. In addition, the supervisory staff works collaboratively with interns to address crises and imminent clinical decisions.

Supervisors will consist of one or more doctoral level psychologists, who are appropriately trained and licensed in New York State, are involved in ongoing supervisory relationships with an intern, and have primary professional responsibility for the cases on which supervision is provided. 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.

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 changes to the training course.

Group sessions allow for interns to have a scheduled support time in which they participate in multiple experiences. These group sessions allow for interns to compare and contrast their experiences with each other. It also gives each trainee an opportunity to work with a supervisor other than his/her primary supervisor.

The primary supervisors meet monthly to discuss the progress of interns and any issues or concerns that may be occurring. Additionally, the supervisors meet to discuss the efficacy

## **Overview of How the Training Program Demonstrates That the Supervisor is Clinically Responsible for the Cases Under Supervision:**

1. The Training Director and Clinical Director review and confirm the appropriateness of credentials of all supervisors in the internship program. Supervision may be exercised in a variety of methods and formats. Direct observation is prioritized as it allows supervisors to provide a more accurate level of assessment and evaluation of observable aspects of trainees' development of the profession-wide competencies, as well as the quality of the services provided, that cannot be obtained through any other methods.
2. Direct Supervision, Live: Supervisor is physically present with the intern.
3. Direct Supervision, Review: Post-hoc review of audio-recordings of sessions.

4. Indirect Supervision, Live: (a) Supervisors immediately available i.e., within the confines of the site while patient care is occurring (b) Supervisor available by telephone to discuss while patient care is occurring.
5. Indirect, Supervision Review: Post-hoc case discussion, process notes.
6. The Director and Clinical Director ensure that supervisors evaluate each intern in accordance with all relevant profession-wide competencies and using standardized criteria.
7. Supervisors must work with interns to schedule regular weekly, individual supervision time.
8. Supervisors should review the criteria on the Evaluation of Intern Performance Form at the start of the supervisory relationship with the intern, in order to establish goals and guidelines.
9. Supervisors must ensure that the intern has an updated consent for audio/video-recording form signed for patients under their care that will be recorded for direct observation purposes.
10. Supervisors are encouraged to address issues of culture and diversity in all cases.
11. Supervisors are required to attend the monthly internship supervisors' meeting. If they are unable to attend, they should provide verbal or written updates regarding the intern(s) they are supervising to the Director of Training.

## **Overview of Didactics**

Didactic training takes place weekly and lasts 2 hrs per session. Didactics topics range from general to specific topics related to psychology and the interns' training. Examples of such topics included in Didactic training are: Introduction to OCD; Exposure and Response Prevention; APA Ethical Dilemmas; An Introduction to Psychiatric Medications; Being an Effective Supervisor; Positive Psychology; and Psychological Assessments. In addition, Didactics incorporate various teaching modalities including role-play, handouts and slides, videos, as well as self-assessment quizzes and activities to ensure the interns development in the various topics covered across the training year.

In addition, attendance at weekly clinical rounds is required for interns. These meetings are led by the clinical director and attended by all clinical staff, and when necessary, 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 also provide in-service presentations and/or educational workshops for fellow interns and psychologists. Interns are expected to make at least two presentations during their year of training, which must consist of at least one case presentation. The second of which can be the intern's own ongoing research project, a presentation from a recent academic conference, or their dissertation project.

Additional presentations: In addition to scheduled didactics at times we host guest

lecturers from various agencies during our weekly team meetings to present on various topics including: Panic Disorder, ASD treatment, Alternative treatments for OCD, etc.

### **Overview of Research:**

Interns also spend approximately 3 hours per week engaged in research activities. Interns are assigned a research project that they work on with our Executive Director. Depending on the nature of the project, interns will be involved in writing up findings for a potential research paper, chapter, presentation etc. Interns are also afforded the opportunity to work on existing protocols, independent research, and publication/writing opportunities if they desire. Interns also have the option to conduct individual research projects including dissertation projects subject to the approval of the Training Director. Interns will learn how to critically evaluate existing research literature.

### **Description of Training Resources**

Bio Behavioral has been a pioneer in the research of OCD and related as well as anxiety disorders. Its staff has given hundreds of lecturers, provided behavior therapy training seminars nationally and internationally, has been a recipient of grants, and has provided webinars and podcasts for leading organizations such as the Anxiety and Depression Association of America, International Obsessive Compulsive Foundation, Association for Behavioral and Cognitive Therapies and NOCD just to name a few.

Bio Behavioral Institute has a rich library consisting of research articles, access to psychological and medical research journals, and videotapes. In addition, hundreds of PowerPoint presentations from staffs' previous scientific conference presentations are available and will be used for in service trainings. Guest lecturers also provide an opportunity for trainees to be exposed to divergent topics and psychological clinics/programs in the area.

Interns are provided with a stipend of \$750 which is expected to be used for additional training experiences that the interns would like to pursue outside of Bio-Behavioral during their training year (e.g., ACT workshops, Space training, etc.).

### **Allocation of Intern's Weekly Time on an Hourly Basis**

Interns are expected to be on site 40 hours per week, including two evenings and are required to complete at least 2000 hours to successfully complete their training year. Interns can expect that half of their time will be spent providing patient care with adults, adolescents and/or children each week. This includes a mix of activities such as 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. The other half of their time will be allocated for supervision meetings, didactic training meetings, sitting in with other clinicians, other clinical tasks for patients, and research activities.

### **Sample weekly breakdown of clinical activities and hours:**

1. Direct face-to face clinical services 20 hours
2. Supervision 4 hours (2 hours individual and 2 hours group)
3. Didactics 2 hours
4. Weekly clinical rounds meeting 1 hour
5. Research activities 3 hours
6. Assessment activities 4 hours
7. Administrative Activities 4 hours (report-writing, record-keeping, etc.)
8. Coordination of Care 2 hours

### **Expectations for Intern Performance**

The internship builds on the competency the trainee has developed prior to starting their internship. It is acknowledged that all trainees may not be at the same level of competency according to APA's Profession Wide Competencies requirement for Professionals. The internship will build upon the competency of the trainee and provide further development in the following nine core competency categories:

**1. Communication and Interpersonal Skills:** Interns are expected to communicate effectively, form positive relationships with others, manage complex interpersonal situations and demonstrate self-awareness as a professional.

**2. Individual and Cultural Diversity:** Interns are expected to be aware of diversity and its influence; develop effective relationships with culturally diverse individuals, families, and groups; apply knowledge of individual and cultural diversity in practice; pursue professional development about individual and cultural diversity.

**3. Professional Values, Attitudes and Behavior:** Interns are expected to display professional behavior; engage in self-assessment and self-reflection; demonstrate accountability; demonstrate professional identity; and engage in self-care essential for functioning effectively as a psychologist.

**4. Ethical and Legal Standards:** Interns need to demonstrate awareness of ethical and legal standards applicable to Health Service Psychology practice, training, and research; recognize and manage ethical and legal issues in Health Service Psychology practice, training and research; and adhere to the APA Ethical Principles and Code of Conduct.

**5. Assessment:** Interns need to demonstrate competency in conducting clinical interviews; develop a skill to appropriately select and apply evidence based assessment methods; collect and integrate data and summarize the findings; and then report the data to families and other professionals.

**6. Intervention:** As part of increasing their competencies interns need to formulate case conceptualizations and treatment plans; implement evidence based interventions; and monitor the impact of interventions.

**7. Consultation, Interprofessional/Interdisciplinary and Systems-Based Practice:**

The intern provides consultation; engages in interprofessional/interdisciplinary collaboration and also in systems based practice.

**8. Supervision:** The intern needs to seek and use supervision effectively; use supervisory feedback to improve performance, and facilitate peer supervision/consultation

**9. Research and Scholarship:** The intern will gain further competency in displaying critical scientific thinking; usage of scientific literature and implement scientific methods.

Training in the core competencies occurs through a variety of experiences. These include but are not limited to delivery of professional services, observation of senior staff administering treatment where appropriate, supervision and mentoring, and participating in structured training such as in service presentations, participate in research projects, and analyze and write scholarly articles. The progress of competency development is assessed by supervisors informally throughout the year and formally through written evaluations two times a year. For completion of the internship the intern must demonstrate competency based on the Evaluation Form, which may be found in Appendix A.

**Evaluation and Feedback:** Interns are formally evaluated two times during the academic year. Evaluations of interns' progress are completed by the primary supervisors, in collaboration with the intern and feedback from other professionals who have worked closely with the intern. Supervisors discuss the evaluation of the interns' performance for each of the competency areas and determine together whether or what training, education, or support is needed to help the intern achieve greater competency in each area.

Interns also meet with the Training Director, and participate in formal and informal evaluation of the training program, their supervisory experience, and the didactic seminars. The data from the interns' evaluations is reviewed individually and in the aggregate by supervisors and the Training Director.

The results of the formal evaluations will be shared with the intern's home institution. The sharing of the information will help to facilitate communication and collaboration between the Bio-Behavioral Institute and the intern's home institution. The information will be sent specifically to the Director of Clinical Training of their home institution.

If an intern has misgivings about his/her supervisor or program ratings, he/she should discuss the matter with the Training Director.

We expect that all of the relevant competency areas will be rated at a "meets expectations" level of competence or higher at mid-year. If by mid-year a competency area is rated lower than "meets expectations" on any one competency, we will work with the trainee to develop an improvement plan. Interns will review the competencies and we

encourage interns to regularly speak with their supervisors and the Training Director for guidance to achieve these competencies.

## **Prerequisite and Application Process for Internship (see Appendix H)**

### *Application Process*

Bio-Behavioral Institute currently offers 2 full-time internship positions. Applicants do not have to be from APA accredited programs. Applicants should be enrolled in either a Clinical, Counseling, or School Psychology Psy.D. or Ph.D. program. Students interested in applying for the internship program should submit an on-line application through the APPIC website ([www.appic.org](http://www.appic.org)) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI). **Please submit no more than three SRFS.**
5. Official transcripts of **all** graduate coursework

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

Bio-Behavioral will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. Some experience or special interest in working with OCD and Related Disorders
2. Must have completed at least two years of supervised externship/practicum experience involving provision of psychotherapy
3. Practicum experience utilizing evidence-based treatment methods, particularly CBT and DBT is strongly preferred
4. A willingness and capacity to handle high-risk cases on an outpatient and intensive outpatient basis is preferred

All applications are reviewed by Bio-Behavioral'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. Interviews are scheduled in January.

Interviews take place via videoconference. Interviews are conducted using a standard set of interview questions, although the interviewer may ask additional interview questions of applicants as appropriate.

### *Participation in the APPIC Match*

The training committee holds a meeting within two weeks of the final interviews being completed and before APPIC's Rank Order Deadline to determine applicant rankings. The full application package and information gathered from the interview process are utilized to determine applicant rankings. As a member of APPIC, Bio-Behavioral participates in the national internship matching process by submitting its applicant rankings to the national Matching Services. Bio-Behavioral 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.

Questions regarding any part of the selection process or Bio-Behavioral's academic preparation requirements should be directed to Bio-Behavioral's Training Director, Matthew Jacofsky, Psy.D. at [jacofsky@biobehavioralinstitute.com](mailto:jacofsky@biobehavioralinstitute.com).

## **Internship Policies**

### **Stipend and Benefits Policy (see Appendix F)**

1. Interns earn an annual stipend of \$38,000.
2. Interns will be provided a stipend of \$750 towards online didactic training seminars consistent with the training goals of the internship. Organizations, such as the American Psychological Association, Anxiety and Depression Association of America, and Massachusetts General Hospital Psychiatry Academy provide high quality webinars to complement the training at Bio Behavioral Institute.
3. Total of seven holidays (Half Day on New Year's Eve, New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Half day on Christmas Eve, Christmas Day).
4. A total of 10 days of PTO during the internship year. Interns may utilize their PTO to plan vacation time, absences due to illness, and personal time off.
5. A total of 5 days of un-paid leave for dissertation related activities and/or attending professional in person conferences.
6. Contribution of \$350 towards the intern's medical insurance.
7. Professional office space.
8. Access to equipment (e.g., copier, audio-visual, computer, psychological testing equipment).
9. Support services (e.g., general secretarial services).
10. Participation in staff training activities (e.g., professional development opportunities).
11. Participation in Bio Behavioral Institute staff activities (holiday luncheons, annual staff outing, etc.)

**Bio-Behavioral Equal Employment Policy (see Appendix B)**

It is the policy of Bio Behavioral to abide by all federal, state and local laws, rules and regulations applicable to us, and to have all our employees do the same.

Bio Behavioral is an equal opportunity employer and complies with all applicable federal, state, and local fair employment practices laws.

**Bio-Behavioral Diversity and Non-Discrimination Policy (see Appendix C)**

The Bio-Behavioral Institute believes that not only does everyone have the right to be treated with respect and afforded equal opportunities and access to resources for success, but we strongly believe that a diverse work environment leads to the overall enrichment of skills, opinions, and viewpoints that help to achieve our ultimate goals (e.g., helping others, as well as serving as an example of professional commitment and clinical excellence. Moreover, the area of diversity represents a place where Bio-Behavioral is able to demonstrate its commitment to such core values as respect, equality, individual/cultural differences, and professional excellence.

**Bio-Behavioral Institute's Communication and Records Maintenance Policy (see Appendix D)**

Communication between Bio-Behavioral and interns' home doctoral programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and, while internship supervisors assess intern performance during the internship year, the doctoral program is ultimately responsible for the evaluation of readiness for graduation and entrance into the profession. Therefore, it is the responsibility of the Training Director to initiate contact with interns' home doctoral program Directors of Clinical Training (DCT) at the following time points and as needed throughout the training year:

**Bio-Behavioral Telesupervision Policy (see Appendix I)**

The Bio-Behavioral Internship Program values providing interns with practical, supportive, effective, and consistent supervision experiences. Although there are different means of achieving this end Bio-Behavioral places greater emphasis on in person face-to-face supervision delivery. However, there are times when these interactions may not be available and/or practical. Examples include inclement weather, office closing, sick days, etc. Additionally, telesupervision may be utilized in place of in-person supervision for emergencies such as the COVID-19 pandemic.



## **Grievance Procedures and Due Process Guidelines (see Appendix E)**

During orientation, interns will be familiarized with Bio Behavioral's Due Process Policy and Grievance Procedure. Interns are given an opportunity every month to meet with the Training Director to discuss progress and satisfaction as well to express any concerns. At the end of the internship year, interns are asked to provide written feedback regarding their experience as well as any suggestions they may have for improvement. We keep documents and permanently maintain accurate records of the interns' supervised training experiences and evaluations for future reference, certification, licensing, and credentialing purposes. Throughout the year for situations in which an intern feels that an issue needs to be addressed in a formal way, there is a formal process for grievance and due process, outlined in Appendix A.

During the internship year the Bio-Behavioral Institute and interns are required to follow the rules and responsibilities set forth in the training handbook. These rules and responsibilities are in place to ensure that not only do interns receive proper and adequate training, but also to maintain the integrity of the program, as well as oversee that patient care is delivered effectively, professionally and efficiently. As mentioned above, throughout the year for situations in which an intern or a staff member of the Bio-Behavioral Institute feels an issue needs to be addressed in a formal way, there is a formal process for grievance and due process, outlined in Appendix A.

## **Additional Office Policies**

### **Office Hours**

Interns are expected to be present at the office for their scheduled work day whether they have scheduled sessions/meetings or not. Interns' schedules will consist of a total of 40 hours a week in the office, five days a week from Monday to Friday and include two evenings to accommodate evening patient care. In office time can be used for planning sessions, research, sitting in with other staff members in sessions, or any other administrative and training tasks. At times, interns may be permitted to work from home with permission from the intern's supervisor.

### **Inclement Weather Policy**

Our office is generally open during inclement weather, unless a state of emergency by the State of New York is declared or the Directors determine it is safest for employees to work from home due to unsafe driving conditions. Interns are expected to offer and provide tele-health sessions to their patients and be on call during their scheduled day. In the event patients need to be informed of any changes to their appointment time, location, or cancellation, the intern is responsible for notifying their patients and/or coordinating with front desk staff.

## **Paid Time Off Policy**

Interns can request paid time off no less than 2 weeks in advance from the training director or clinical director. Requests must be submitted in writing via email.

## **Sick Leave Policy**

Interns must notify their supervisor as well as the front desk staff when needing to take time off for an illness/injury as soon as they are able to do so. It is the intern's responsibility to coordinate with the front desk staff to inform patients of the canceled appointment.

## **Accepted Work Attire**

In order to maintain a professional environment, staff is asked to dress in a manner consistent with "business casual." This is defined as general business wear that is more relaxed, yet professional and appropriate for an office environment. Suggestions are provided below. Supervisors or the Training Director will readily provide clarification and guidance as needed.

- **Slacks and Pants:** Dress slacks, chinos, or khakis are acceptable. We request that staff do not wear any attire consistent with exercise or "working out." This includes leggings, sports logo t-shirts and pants, sweatpants, shorts, and so on. Blue jeans are also not acceptable.
- **Shirts and Tops:** Blouses, sweaters, button down shirts, and polo shirts are acceptable. We request that staff not wear casual t-shirts with slogans, sports logos, pictures, or cartoons as well as halter tops, tank tops, or midriff tops, and shirts with bare shoulders. Tank tops can be paired with a cardigan or jacket.
- **Dresses and Skirts:** Dresses and skirts should reach near the knee when standing and be at a comfortable length when sitting.
- **Shoes and Footwear:** Flats, dress heels, dress boots, dress shoes, and loafers are acceptable. Flashy sneakers, flip-flops, and slippers are not.

## APPENDIX A

### BIO-BEHAVIORAL INSTITUTE INTERN PERFORMANCE EVALUATION

**INTERN NAME:**

**SUPERVISOR COMPLETING EVALUATION:**

**EVALUATION PERIOD: MIDYEAR FINAL**

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

\_\_\_\_ Direct Observation \_\_\_\_ Review of Audio/Video \_\_\_\_ Case Presentation  
\_\_\_\_ Review of Written Work \_\_\_\_ Supervision \_\_\_\_ Comments from other staff

The following evaluation is a collaborative process to identify areas of growth, areas of strength, and areas of difficulty requiring additional training and supervision. Interns will be provided with a copy of this evaluation as well as an improvement plan for areas requiring further development. A minimum level of achievement rating of “3,” which is defined as approaching expectations is required on all competency areas on the Mid Year evaluation, while a rating ”4” is required in all competency areas on the Final Evaluation and is defined as level of achievement that represents that the intern is ready for entry-level practice.

1. **Significantly Below Expectations:** Consistently performs at a level below minimum standard. Requires substantial supervision/remediation.
2. **Below Expectations:** Demonstrates inconsistent level of performance; needs improvement to meet training expectations.
3. **Approaching Expectations:** Demonstrates appropriate level of skill and knowledge; Performance is commensurate with training experience.
4. **Meets Expectations:** Demonstrates a consistent level of skill and knowledge commensurate with training experience; ready for entry-level practice
5. **Significantly Exceeds Expectations:** Performance far exceeds expectations for level of training.

1. **Competency 1: RESEARCH**

1. Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
2. Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including Bio-Behavioral), regional, or national level.

**AVERAGE SCORE FOR BROAD AREA OF RESEARCH** \_\_\_\_\_

**COMMENTS:**

## **Competency 2: ETHICAL AND LEGAL STANDARDS**

Demonstrates knowledge of and acts in accordance with each of the following:

1. The current version of the APA Ethical Principles and Code of Conduct
2. Relevant laws, Regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels
3. Relevant professional standards and guidelines
4. Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas
5. Conducts self in an ethical manner in all professional activities

**AVERAGE SCORE FOR BROAD AREA OF ETHICAL AND LEGAL STANDARDS \_\_\_\_\_**

**COMMENTS:**

## **Competency 3: INDIVIDUAL and CULTURAL DIVERSITY**

1. Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself
2. Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity
3. Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles
4. Applies a framework for working effectively with areas of individual and cultural diversity
5. Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own

**AVERAGE SCORE FOR BROAD AREA OF INDIVIDUAL and CULTURAL DIVERSITY \_\_\_\_\_**

**COMMENTS:**

**Competency 4: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIOR**

1. Behaves in ways that reflect the values and attitudes of psychology
2. Engages in self-reflection regarding personal and professional functioning
3. Engages in activities to maintain and improve performance, well-being, and professional\_\_\_\_\_effectiveness
4. Actively seeks and demonstrates openness and responsiveness to feedback and supervision
5. Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

**AVERAGE SCORE FOR BROAD AREA OF PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIOR\_\_\_\_\_**

**COMMENTS:**

**Competency 5: COMMUNICATION AND INTERPERSONAL SKILLS**

1. Develops and maintains effective relationships with a wide range of individuals
2. Demonstrates a thorough grasp of professional language and concepts
3. Produces, comprehends, and engages in communication (oral, nonverbal, and written) that are informative and well-integrated
4. Demonstrates effective interpersonal skills and the ability to manage difficult communication well

**AVERAGE SCORE FOR BROAD AREA OF COMMUNICATION AND INTERPERSONAL SKILLS \_\_\_\_\_**

**COMMENTS:**

## **Competency 6: ASSESSMENT**

1. Demonstrates current knowledge of diagnostic classification systems and functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
2. Demonstrates understanding of human behavior within its context
3. Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
4. Selects and applies assessment methods that draw from the best available empirical literature
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
6. Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases
7. Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

**AVERAGE SCORE FOR BROAD AREA OF ASSESSMENT \_\_\_\_\_**

**COMMENTS:**

## **Competency 7: INTERVENTION**

1. Establishes and maintains effective relationships with recipients of psychological services
2. Develops evidence-based intervention plans specific to the service delivery goals
3. Implements interventions informed by the current scientific literature
4. Demonstrates the ability to apply the relevant research literature to clinical decision making
5. Modifies and adapts evidence-based approaches effectively

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

**AVERAGE SCORE FOR BROAD AREA OF INTERVENTION \_\_\_\_\_**

**COMMENTS:**

**Competency 8: SUPERVISION**

1. Applies overall knowledge of supervision in direct or stimulated practice with psychology trainees or other health professionals
2. Applies the supervisory skill of observing in direct or stimulated practice
3. Applies the supervisory skill of evaluating in direct or simulated practice
4. Applies the supervisory skills of giving guidance and feedback in direct or simulated practice

**AVERAGE SCORE FOR BROAD AREA OF SUPERVISION \_\_\_\_\_**

**COMMENTS:**

**Competency 9: CONSULTATION and  
INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

1. Demonstrates knowledge and respect for the roles and perspectives of other professions
2. Applies knowledge about consultation in direct or simulated (e.g., role-play) consultation

**AVERAGE SCORE FOR BROAD AREA OF CONSULTATION and  
INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS \_\_\_\_\_**

**COMMENTS:**

**OVERALL RATING (average of broad competence area scores)**

**COMMENTS:**

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

**SUPERVISOR'S SIGNATURE:**

**DATE:**

**INTERN SIGNATURE:**

**DATE:**



## **APPENDIX B**

### **Bio-Behavioral Equal Employment Policy**

It is the policy of Bio Behavioral to abide by all federal, state and local laws, rules and regulations applicable to us, and to have all our employees do the same.

Bio Behavioral is an equal opportunity employer and complies with all applicable federal, state, and local fair employment practices laws. Bio Behavioral provides equal employment opportunities to all employees and applicants for employment and strictly prohibits and does not tolerate discrimination against employees, applicants, interns, or any other covered persons because of age, race, color, religion, creed, actual or perceived national origin including ancestry, ethnicity, sex including pregnancy, gender, actual or perceived gender identity or expression, transgender status, alienage or citizenship status, military status, including past, current, or prospective service in the uniformed services, genetic information, predisposing genetic characteristics, marital status, domestic violence victim status, familial status, caregiver status, actual or perceived sexual orientation, unemployment status, actual or perceived physical or mental disability (including gender dysphoria and similar gender-related conditions) and any other characteristic protected by applicable federal, New York, or local law.

All Bio Behavioral employees, other workers, and representatives are prohibited from engaging in unlawful discrimination. This policy applies to all terms and conditions of employment, including, but not limited to, hiring, training, placement, promotion, discipline, compensation, benefits, transfer, layoff and termination of employment.

#### **Complaint Procedure**

If you are subjected to any conduct that you believe violates this policy, you must promptly speak to, write, or otherwise contact the Directors as soon as possible following the offending conduct. Bio Behavioral will promptly and thoroughly investigate the facts and circumstances of all claims of perceived discrimination and will take prompt corrective action, if appropriate. Additionally, any manager or supervisor who observes discriminatory conduct must report the conduct to a Director so that an investigation can be made and corrective action taken, if appropriate.

#### **No Retaliation**

No one will be subject to, and Bio Behavioral prohibits, any form of discipline, reprisal, intimidation, or retaliation for good faith reports or complaints of incidents of discrimination of any kind, pursuing any discrimination claim, or cooperating in related investigations. Any employee, whom the Company determines has subjected an individual to discrimination or retaliation in violation of this policy, will be subject to discipline, up to and including termination of employment.

#### **Conduct Not Prohibited By This Policy**

This policy is not intended to preclude or dissuade employees from engaging in activities protected by state or federal law, including the National Labor Relations Act.

## APPENDIX C

### **Bio-Behavioral Diversity and Non-Discrimination Policy**

The Bio-Behavioral Institute believes that not only does everyone have the right to be treated with respect and afforded equal opportunities and access to resources for success, but we strongly believe that a diverse work environment leads to the overall enrichment of skills, opinions, and viewpoints that help to achieve our ultimate goals (e.g., helping others, as well as serving as an example of professional commitment and clinical excellence. Moreover, the area of diversity represents a place where Bio-Behavioral is able to demonstrate its commitment to such core values as respect, equality, individual/cultural differences, and professional excellence.

As such, we adhere to specific legal guidelines and maintain specific procedures for addressing any discrimination in the workplace, training, or hiring areas. Moreover, we strive to incorporate and promote various strategies and initiatives across all major areas of our practice at the clinical service provider, training, team collaboration, research, outreach, hiring and selection, and organizational citizenship levels.

Bio-Behavioral is an equal opportunity employer and complies with all applicable federal, state, and local fair employment practices laws. Bio-Behavioral provides equal employment opportunities to all employees and applicants for employment and strictly prohibits and does not tolerate discrimination against employees, applicants, interns, or any other covered persons because of age, race, color, religion, creed, actual or perceived national origin including ancestry, ethnicity, sex including pregnancy, gender, actual or perceived gender identity or expression, transgender status, alienage or citizenship status, military status, including past, current, or prospective service in the uniformed services, genetic information, predisposing genetic characteristics, marital status, domestic violence victim status, familial status, caregiver status, actual or perceived sexual orientation, unemployment status, actual or perceived physical or mental disability (including gender dysphoria and similar gender-related conditions) and any other characteristic protected by applicable federal, New York, or local law.

In order to provide equal employment and advancement opportunities, employment decisions, at the Bio-Behavioral Institute are based on merit, qualifications, and abilities. Examples, of the types of qualities and experiences we favor when selecting interns include previous CBT experiences, case conceptualization and treatment intervention as demonstrated through previous clinical work, as well as professionalism and ethical behavior.

Interns are expected to learn to navigate diversity through clinical work with diverse clients and staff, as well as through various training opportunities (e.g., team meeting, supervision, didactics, etc.). Supervisors discuss the evaluation of the interns' performance in the area of diversity and determine together whether or what training, education, or support is needed to help the intern achieve greater competency in this area. Interns also meet with the Training Director, and participate in formal and informal

evaluation of the training program, their supervisory experience, and the didactic seminars in reference to diversity.

If an applicant or intern requires accommodations, please contact the internship training director to initiate this process.

## **APPENDIX D**

### **Bio-Behavioral Institute's Communication and Records Maintenance Policy**

Communication between Bio-Behavioral and interns' home doctoral programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and, while internship supervisors assess intern performance during the internship year, the doctoral program is ultimately responsible for the evaluation of readiness for graduation and entrance into the profession. Therefore, it is the responsibility of the Training Director to initiate contact with interns' home doctoral program Directors of Clinical Training (DCT) at the following time points and as needed throughout the training year:

- A Match letter is sent to both the intern and their DCT within 5 days of learning of a successful match to verify the terms of the internship (i.e., start and end dates, stipend).
- At each evaluation period, Bio-Behavioral shares a copy of the formal written evaluations of the intern with their DCT via email.
- Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a concern by a faculty member or an inadequate rating on an evaluation, the home doctoral program is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by Bio-Behavioral as a result of the Due Process procedures, up to and including termination from the program.

The Training Director is also responsible for maintaining intern records. intern evaluations, certificates of completion, and a record of each intern's training experiences indefinitely in a secure digital file. Records related to Due Process procedures are also maintained in intern files, as described in the Bio-Behavioral Due Process Procedures. Records related to grievances or complaints are kept in a separate secure digital file, as described in the Bio-Behavioral Grievance Procedures.

## APPENDIX E

### BIO-BEHAVIORAL INTERNSHIP PROGRAM DUE PROCESS PROCEDURES

Due Process Procedures are implemented in situations in which a supervisor or other faculty or staff member raises a concern about the functioning of a doctoral intern. Bio-Behavioral Due Process procedures occur in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Bio-Behavioral may initiate contact with an intern's home doctoral program at any point in the Due Process procedures in order to best support the intern.

#### **Rights and Responsibilities**

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

**Interns:** The intern has the right to be afforded with 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 in order 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 their viewpoint heard at each step in the process. The intern has the right to appeal decisions with which they disagree, 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.

**Bio-Behavioral Institute:** Bio-Behavioral Institute 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**

For 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) an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior; 2) an inability to acquire professional skills in order to reach an acceptable level of competency; and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an issue becomes a problem that requires remediation. Issues typically become identified as 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 trainees;
- 10) the problematic behavior potentially causes harm to a patient;
- 11) the problematic behavior violates appropriate interpersonal communication with agency staff.

### **Informal Review**

When a supervisor or other faculty/staff member believes that an intern's behavior is becoming problematic or that an intern is having difficulty consistently demonstrating an expected level of competence, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This may include increased supervision, didactic training, and/or structured readings. Supervisors will clearly indicate verbally that the intern has entered the Informal Review phase of the Due Process Procedures. The supervisor or faculty/staff member who raises the concern should monitor the outcome.

### **Formal Review**

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

**A. Notice:** 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 their perspective at the Hearing and/or to provide a written statement related to their response to the problem.

**C. Outcome and Next Steps:** The result of the Hearing will be any of the following options, to be determined by the Training Director and other faculty/staff member who was present at the Hearing. This outcome will be communicated to the intern in writing within 5 working days of the Hearing:

1) Issue an "Acknowledgement Notice" which 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;
- d) that the problem is not significant enough to warrant further remedial action at this time.

2) Place the intern on a "Remediation Plan" which defines 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. 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;
- 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 doctoral program. If the problem has not been remediated, the Training Director 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.

3) Place the intern on suspension, which would include removing the intern from all clinical service provision for a specified period of time, during which the program may support the intern in obtaining additional didactic training, close mentorship, or engage some other method of remediation. The length of the suspension period will depend upon the nature of the problem and will be determined by the intern's supervisor and the TD. A written Suspension 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;
- d) the procedures designed to ascertain whether the problem has been appropriately remediated.

At the end of this suspension period as specified in 'c' above, the TD will provide too the intern and the intern's home doctoral program a written statement indicating whether the problem has been remediated to a level that indicates that the suspension of clinical activities can be lifted. The statement may include a recommendation that places the intern on a probationary status with a Remediation Plan. In this case, the process in #2 above would be followed. This statement will become part of the intern's permanent file.

D. 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 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. 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.

### **APPEAL Process**

If the intern wishes to challenge a decision made 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 5 working days of notification regarding the decision with which the intern is dissatisfied. If requested, the Appeals Hearing will be conducted by a review panel convened by the TD and consisting of the TD (or another supervisor, if appropriate) and at least two other members of the training faculty who works directly with the intern. The intern may request a specific member of the training faculty to serve on the review panel. The Appeals Hearing will be held within 10 working days of the intern's request.

The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. Decisions made by the review panel will 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 Bio-Behavioral Clinical Director, Dr. Sony-Khemlani-Patel. If the intern is dissatisfied with the decision of Dr. Khemlani-Patel, they may appeal the decision, in writing, to our Executive Director, Fugen Neziroglu. Each of these levels of appeal must be submitted in writing within 5 working days of the decision being appealed. The Executive Director has final discretion regarding outcome. Decisions made during these appeal processes will be shared with the intern and the intern's home doctoral program.

### **Grievance Procedures**

Grievance Procedures are implemented in situations in which a psychology intern raises a concern about a supervisor or other faculty member, trainee, or any aspect of the internship training program. Interns who pursue grievances in good faith will not experience any adverse professional consequences.

The following steps should be followed for situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

#### **Informal Review**

First, the intern should 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.

#### **Formal Review**

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to our Clinical Director. The individual being grieved will be asked to submit a response in writing. The TD (or Clinical Director, if appropriate) will meet with the intern and the individual being grieved within 10 working

days. In some cases, the TD or Clinical Director 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 Clinical Director 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;
- c) procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or Clinical Director will document the process and outcome of the meeting. The intern and the individual being grieved, if applicable, will be asked to report back to the TD or Clinical Director in writing within 10 working days regarding whether the issue has been adequately resolved. If the plan of action fails, the TD or Clinical Director will convene a review panel consisting of the TD and at least two other members of the training faculty within 10 working days. The intern may request a specific member of the training faculty to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

Please sign this acknowledgement page and return to the internship Training Director.

#### Acknowledgment

I acknowledge that I have received and reviewed the Due Process and Grievance procedures of the Bio-Behavioral Institute. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

---

Print Name

---

Signature

## **APPENDIX F**

### **Bio-Behavioral Institute Stipend, Benefits, and Resource Policy**

The annual stipend for all interns at the Bio-Behavioral Institute (BBI) is \$38,000. As employees of BBI, interns receive \$350 a month towards health benefits, as well as receive a \$750 stipend towards professional training, 7 paid state holidays, 10 Paid Time Off (PTO) days, and 5 days unpaid leave for dissertation related activities. Questions regarding specific benefit packages can be directed to Ryan Cargo at [crago@biobehavioralinstitute.com](mailto:crago@biobehavioralinstitute.com).

Interns should submit requests for time off to their primary supervisor and our Clinical Director, Dr. Khemlani-Patel at least two weeks in advance of any anticipated leave date(s). Interns are responsible for communicating anticipated absences to all supervisors for whom work will be missed. Sick leave must be communicated to the intern's primary supervisor and the Office Manager, Faith Toombs as soon as the intern is physically able to do so. The Clinical Director is available for any questions related to time off or release time.

BBI interns have access to numerous resources. All interns are provided with individual office space, a desk, office phone, printers, access to patient scheduling/note taking system, institute email, and basic office supplies. Intervention manuals, books and articles written by our staff, access to our team google resource drive, assessment materials, as well as access to the DSM 5 and ICD-10 are provided by BBI. Additional materials that may be needed may be purchased using internship funding with Training Committee approval. Attendance at professional conferences is encouraged and funded in part by BBI if the individual will be presenting and/or speaking at the conference (i.e., travel expenses, registration, etc.). Each intern additionally has access to administrative and IT support, as well as patient scheduling support.

## APPENDIX G

### **Bio-Behavioral Institute Evaluation and Supervision Policy**

In order to measure progress and monitor competency and any issues that may arise during the internship experience, each intern will be assigned a supervisor that will rate them on their academic, clinical, interpersonal, and professional skills. Supervisors will consist of one or more doctoral level psychologists, who are appropriately trained and licensed in New York State, are involved in ongoing supervisory relationships with an intern, and have primary professional responsibility for the cases on which supervision is provided. In order to provide exposure to multiple perspectives, interns will meet with two primary supervisors per week. Interns are also encouraged to contact other members of the clinical faculty for consultation on specific cases, depending on the clinical needs of their caseload.

Each intern receives two hours weekly of individual supervision. In addition, interns engage in two 1hr group supervision meetings conducted by a LCSW (i.e., same supervisor for each group meeting), as well as ongoing ad hoc support from supervising staff psychologists. The supervisory staff works collaboratively with interns to address crises and imminent clinical decisions.

The Bio-Behavioral Institute internship builds on the competency the trainee has developed prior to starting their internship. It is acknowledged that all trainees may not be at the same level of competency according to APA's Profession Wide Competencies requirement for Professionals. The internship will build upon the competency of the trainee and provide further development in the following nine core competency categories: **Communication and Interpersonal Skills; Individual and Cultural Diversity; Professional Values, Attitudes and Behavior; Ethical and Legal Standards; Assessment; Intervention; Consultation, Interprofessional/Interdisciplinary and Systems-Based Practice; Supervision;** as well as **Research and Scholarship.**

Progress will be communicated directly to the intern 2x per year by their supervisor through the use of the Bio-Behavioral Evaluation Form. All interns will be formally evaluated at the last week of February and at the end of their internship experience (August). The evaluation is a collaborative process to identify areas of growth, areas of strength, areas of difficulty requiring additional training, and supervision. Interns will be provided with a copy of the evaluation as well as an improvement plan for areas requiring further development. The forms will be filled out in collaboration by intern's two primary supervisors.

Supervisors will also monitor intern progress in an ongoing manner via performance in group supervision and informal observations based on the intern's daily functioning. Ongoing monitoring provides an opportunity to address concerns that may arise suddenly without having to wait until the above-mentioned reviews.

Interns are expected to achieve a minimum level of achievement on each of the elements in the nine competency areas as defined by a rating of 3 – meeting expectations: Demonstrates appropriate level of skill and knowledge; Performance is commensurate with training experience” during the midterm evaluation. Supervisors at Bio-Behavioral are committed to providing interns with high quality mentorship to foster this expected level of performance. Supervisors will provide informal feedback and opportunities for improvement prior to the formal evaluation. It is the hope of the training program that all interns will achieve this level of competency. Interns are expected to achieve a minimum level of achievement rating of 4, Meets expectations: Demonstrates a consistent level of skill and knowledge commensurate training experience; ready for entry-level practice by their final evaluation at the end of the year in all elements of the nine competency levels.

## APPENDIX H

### Bio-Behavioral Selection and Academic Preparation Requirements Policy

#### *Application Process*

Bio-Behavioral Institute currently offers 2 full-time internship positions. Applicants do not have to be from APA accredited program. Applicants should be enrolled in either a Clinical, Counseling, or School Psychology Psy.D. or Ph.D. program. Students interested in applying for the internship program should submit an on-line application through the APPIC website ([www.appic.org](http://www.appic.org)) using the APPIC Application for Psychology Internships (AAPI).

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI). **Please submit no more than three SRFS.**
5. Official transcripts of **all** graduate coursework

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*

Bio-Behavioral will base its selection process on the entire application package noted above; however, applicants who have met the following qualifications prior to beginning internship will be considered preferred:

1. Some experience or special interest in working with OCD and Related Disorders
2. Must have completed at least two years of supervised externship/practicum experience involving provision of psychotherapy
3. Practicum experience utilizing evidence-based treatment methods, particularly CBT and DBT is strongly preferred
4. A willingness and capacity to handle high-risk cases on an outpatient and intensive outpatient basis is preferred

All applications are reviewed by Bio-Behavioral'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. Interviews are scheduled in January. Interviews take place via videoconference. Interviews are conducted using a standard set of interview questions, although the interviewer may ask additional interview questions of applicants as appropriate.

#### *Participation in the APPIC Match*

The training committee holds a meeting within two weeks of the final interviews being completed and before APPIC's Rank Order Deadline to determine applicant rankings. The full application package and information gathered from the interview process are utilized to determine applicant rankings. As a member of APPIC, Bio-Behavioral participates in the national internship matching process by submitting its applicant rankings to the national Matching Services. Bio-Behavioral 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.

Questions regarding any part of the selection process or Bio-Behavioral's academic preparation requirements should be directed to Bio-Behavioral's Training Director, Matthew Jacofsky, Psy.D. at [jacofsky@biobehavioralinstitute.com](mailto:jacofsky@biobehavioralinstitute.com).



## **APPENDIX I**

### **Bio-Behavioral Telesupervision Policy**

The Bio-Behavioral Internship Program values providing interns with practical, supportive, effective, and consistent supervision experiences. Although there are different means of achieving this end Bio-Behavioral places greater emphasis on in person face-to-face supervision delivery. However, there are times when these interactions may not be available and/or practical. Examples include inclement weather, office closing, sick days, etc. Additionally, telesupervision may be utilized in place of in-person supervision for emergencies such as the COVID-19 pandemic.

Subsequently, in such circumstances supervisors and interns will instead rely on videoconferencing to meet supervision requirements as set forth under APA guidelines. In such cases, the intern(s) and supervisor will meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio.

All interns and supervisors participate in an introduction to telesupervision during the internship orientation and are provided with instruction regarding the use of acceptable videoconferencing platforms at the outset of the training year. It is expected that the foundation for supervisory relationships is cultivated initially during Bio-Behavioral's internship orientation, such that interns have formed relationships with all potential supervisors prior to engaging in videoconference supervision.

All Bio-Behavioral videoconferencing occurs over a secure network. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. It is important all interns have access to telesupervision, and the training committee is committed to ensuring this is possible without burden to the intern. Interns who may not have access to the technology required to participate in telesupervision should meet with the Training Director or their primary supervisor to implement any supports necessary to access telesupervision. Technical difficulties that arise during telesupervision and cannot be resolved on site are directed to either the Training Director, Office Manager, and/or the CEO in order to remediate any such issues.

For all clinical cases discussed outside of individual supervision (i.e., either through in-person and/or telesupervision), full professional responsibility remains with the intern's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. Interns are provided contact information for all Bio-Behavioral supervisors including email and phone numbers, so crises and time-sensitive information can be reported as necessary.

Interns are asked to give feedback on their experiences with telesupervision in the program.