



PSYCHOLOGY RESIDENT HANDBOOK

Internship Year 2023-2024

**935 Northern Boulevard Suite 102
Great Neck, New York 11021
(516) 487-7116
www.biobehavioralinstitute.com
email:
info@biobehavioralinstitute.com**

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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 related and anxiety 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. Treatment plans are designed to address all of these factors. Our staff aims 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 our 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 Institute is a suite located on the ground floor of a medical building with a waiting room, front desk reception area, one conference room for staff and group meetings, and 11 therapy offices. The building has ample parking for staff and patients. 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.

Supervising Faculty

Fugen Neziroglu, Ph.D., ABBP, ABPP - Executive Director and Founder
Sony Khemlani-Patel, Ph.D. - Clinical Director
Matthew Jacofsky, Psy.D. - Training Director

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.

Goals and Objectives of the Training Program

The aim of the training program is for interns to begin developing a knowledge and expertise in empirically guided therapy for OCD related and anxiety disorders. Bio Behavioral is committed to supporting the transition of interns towards their future role as clinical psychologists. 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 will focus 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 summary, the internship program at Bio Behavioral aims to:

1. Provide doctoral students in psychology a comprehensive training experience so that they may develop proficiency in evidence-based treatment for both OCD related and anxiety disorders along with their co-morbidities.
2. Provide opportunities for doctoral students to become familiar with providing direct clinical services within an outpatient setting.
3. Support the transition of interns towards their future role as clinical psychologists.

How Will the Curriculum Achieve Training Goals

Interns will have multiple types of training opportunities to develop their clinical skills. They will be invited to observe initial consultation evaluations with senior psychologists, observe ongoing patient sessions with licensed staff clinicians, collaborate with other interns of varying training levels, interact regularly with administrative staff, collaborate with outside professionals, and learn to work in a multi-disciplinary team.

All interns will be assigned a caseload of individual patients with a variety of diagnoses, age levels, and severity. The staff at Bio Behavioral is a highly collaborative environment and all interns will be encouraged to seek out ad hoc supervision and support from all members of the clinical team. Interns will have the opportunity to treat patients across the lifespan and severity of symptoms, from those requiring weekly therapy to more intensive treatment. Patients requiring multiple hours a week of therapy will be shared with one to three other clinical staff, giving interns the opportunity to collaborate closely with the team.

Patients in the intensive program typically stay four to eight weeks and continue with ongoing care if they live locally. Session length ranges from 90 minutes to three hours with each provider. This level of care provides interns the unique ability to design and implement creative interventions, including in vivo exposures, behavioral activation, and intensive cognitive therapy. Intensive patients often demonstrate significant improvement in symptoms and quality

of life despite significant severity at onset, providing interns an opportunity to experience clinical change and success within a shorter amount of time.

Ethical standards will be reinforced throughout the training via individual supervision and in case conference meetings. Interns are expected to adhere to the American Psychological Association's Ethical Standards and Code of Conduct and seek guidance from supervisors when there is a concern regarding an ethical manner. Ethical matters are discussed in individual and group meetings and modeled by all members of the team who readily seek out advice. Interns will be required to regularly participate and present their cases during weekly team meetings for feedback on case conceptualization, treatment plan, and effectiveness of techniques. Individual supervision is designed to allow for didactic training, personal growth, and supporting interpersonal skills. Interns are strongly encouraged to speak to outside professionals on a regular basis that may also be treating their patients, such as psychiatrists, psychopharmacologists, and other therapists. Supervision will support the skills necessary to communicate with other professionals in a credible and competent manner.

Didactic training will be provided during individual and weekly supervision meetings, with opportunities to participate in role-plays and other experiential rehearsal of clinical skills. Interns will be expected to read scientific articles, books, and Internet based resources. Beginning, intermediate, and advanced skills will be taught during individual and group supervision based on the intern's prior training and knowledge.

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.

Description of the Training Curriculum (Content, Duration, and Frequency of Training Activities)

Bio-Behavioral Institute interns are exposed to a full range of clinical and research activities including in-vivo exposures, home visits, tele-health, research publication, and protocol development, as well as the unique opportunity to participate in our intensive outpatient OCD and Related Disorders treatment programs. In addition, we offer DBT programs, including phone coaching, individual, and skills groups. All trainees will have the opportunity to train and co-lead skills groups, as well as participate in our monthly OCD support group.

Interns will have the opportunity to provide direct clinical services to a mix of child, adolescent, and adult patients in our standard outpatient and intensive outpatient program. We provide empirically validated treatment including in-vivo exposure, CBT, ACT, individual and group DBT. Interns will learn to deliver these specialized interventions to patients presenting with multiple and co-morbid conditions at varying degrees of distress and impairment.

All interns are required to participate in research during the year and will have protected research time. Examples of scholarly projects include hypothesis-driven studies, descriptive studies (e.g., chart reviews, questionnaire administration), secondary analyses of existing data sets, and literature reviews. Surveys, QI projects, program design, implementation, and evaluation projects that benefit our patients or services will also be considered. Regardless of the type of project, the intern must take ownership of a significant aspect of it, and we encourage the study to lead to a "deliverable" project (e.g., manuscript suitable for journal submission or abstract suitable for conference submission).

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 1920 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 15-20 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 2 hours
6. Administrative Activities 3 hours (report-writing, record-keeping, etc.)
7. Coordination of Care 2 hours

Overview of Intern Supervision and Didactics

Each intern receives two hours weekly of individual supervision and two hours of 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.

In addition to receiving supervision, didactic sequences and supervisory discussions, we also provide interns with knowledge of supervision models and practices. Interns may apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals if possible. This is sometimes carried out in the form of role-played supervision with others, and/or peer supervision with other trainees. Our staff welcomes all clinicians to provide feedback to each other during group clinical meetings, regardless of skill or training level.

Supervision

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. In order to provide exposure to multiple perspectives, interns will switch primary 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.

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 of the training program and review the program itself in order to make any beneficial changes to the training course.

Supervision will consist of the following:

1. Individual Supervision: Each intern receives a minimum of two hours per week of regularly scheduled formal face-to-face individual supervision. 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.

2. Group Supervision: Interns will also receive two hours of group supervision per week. The primary supervisors will alternate attendance at the group supervision sessions. These 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.

Didactics

1. Clinical Rounds Meetings 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.

2. In-service Presentations: Interns 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.

3. Weekly Didactic Trainings: Interns will engage in two hours of weekly learning opportunities which will consist of seminars and lectures provided by staff members, presentations by professionals in the community, grand rounds presentations of complex cases, and self guided online trainings and readings. Seminar topics include:

- a. Assessment and Case Formulation
- b. Empirically supported interventions (CBT, REBT)
- c. Prevention and Crisis Intervention (psychopharmacology, empirical treatment of suicidality)
- d. Ethics and Professional Standards
- e. Case conferences and presentations
- f. Weekly Literature Review
- g. Outside Seminars

4. Research: Interns have opportunities to participate in ongoing research activities, including evaluating the effectiveness of services and programs. Interns also have the option to conduct individual research projects including dissertation projects subject to the approval of the Training Director.

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 How the Training Program Provides Breadth of Training in Psychological Assessment and Psychological intervention

The internship program aims to develop competencies in the areas of Psychological Assessment and Psychological Intervention. These goals are achieved by identifying objectives and activities in the following areas:

Objective 1: The intern will become familiar with the varied roles of practicing psychologists.

- a. Allow the intern to accompany the psychologist during a typical day.
- b. Allow intern to become familiar with other psychologists and their duties in the setting.
- c. Ask intern to discuss issues of professional ethics and standards that relate to his or her or the supervisor's contacts with clients.

Objective 2: The intern will be introduced to the organizational functioning, administration, and implementation of policies of the internship program. Introduce intern to various members of the staff and professional community.

- a. Allow intern to attend staff meetings.
- b. Demonstrate to intern relevant client records and record keeping systems.
- c. Ask the intern to read and report on policies of the organization (i.e., employee handbook, etc.).

Objective 3: The intern will gain experience in the process of referral, evaluation, and development of treatment plans.

- a. Intern to attend staff meetings.
- b. Intern to present the results of a case evaluation at a staff meeting.
- c. Intern will present their assessments and recommendations at a staff meeting.

Objective 4: The intern will become acquainted with outside resources that support psychological services. Intern will consult with personnel from the community (i.e., medical, mental health, child welfare, etc.).

- a. Allow intern to coordinate case services with other community agencies and practitioners.

Objective 5: The intern will gain experience and develop competence in clinical diagnostic interviewing.

- a. Allow intern to observe staff conducting diagnostic interviews with clients.
- b. Allow intern to conduct clinical interviews with clients, families, and other relevant community agencies.

Objective 6: The intern will gain experience and develop competence in providing consultation services.

- a. Allow intern to engage in a consultation case with a parent, and/or other relevant professional agencies/staff.
- b. Allow the intern to work with the consultee in collecting data through a variety of means (e.g., interviews, observations, informal assessment, etc.).

Objective 7: The intern will gain experience and develop competence in psychological/intellectual/educational assessment.

- a. Allow intern to observe supervisor conducting various assessment activities.
- b. Observe intern conducting various assessment activities.
- c. Allow intern to report results of a comprehensive assessment to all relevant parties and staff.
- d. Allow intern to prepare a written account of assessment evaluation.

Objective 8: The intern will gain experience and develop competence in regular and crisis intervention strategies.

- a. Allow intern to observe supervisor and other staff psychologists during intervention activities.
- b. Allow intern to provide intervention strategies to clients individually.
- c. Allow intern to provide intervention strategies to client in a group.
- d. Ask intern to provide goals, interventions, and rationale for their client cases
- e. Allow intern to observe/participate in providing crisis intervention.
- f. Allow intern to observe/participate in the development of a crisis intervention plan.

Objective 9: the intern will demonstrate accountability for activities as a practicing psychologist.

- a. Intern will collect and share effectiveness data from intervention activities.
- b. Assist intern in systematically evaluating his or her effectiveness through providing frequent feedback sessions.
- c. Allow intern to be present when supervisor gives feedback to clients, families, and staff.
- d. Allow intern to engage in intervention strategies under supervision.

Objective 10: intern will participate in organizational and original research activities

- a. Intern will be required to participate in an ongoing research project at the Institute.

- b. Intern will be encouraged to develop a research project of their own design.
- c. Interns will learn how to critically evaluate existing research literature within didactic and group supervision meetings.
- d. Interns will have the opportunity to review journal articles submitted for peer-reviewed journals under supervision.

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.

Due to the biopsychosocial model, everyone at Bio Behavioral is encouraged to involve the significant others of the patients as well as their environmental connections in the treatment process. Therefore, trainees will have interactions with school districts and special education personnel, geriatric social workers, and residential program directors, as a few examples. In addition, interns will have the opportunity to demonstrate competency in critical thinking by reviewing journal articles submitted for peer-reviewed journals under supervision. Other training opportunities will be to conduct research and present and publish articles.

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 World 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 twice a year by two different supervisors. For completion of the internship the intern must demonstrate competency based on the Evaluation Form, which may be found in Appendix B.

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

The program has two full time positions open. The following must be submitted through the Applicant Portal on APPIC’s webpage www.appic.org as per APPIC’s application deadline.

1. Completed APPIC Application for Psychology Internship (AAPI) form. The AAPI may be downloaded from www.appic.org.
2. A cover letter indicating how the interns' professional experiences relate to our training program, including how your goals for the internship match with our site.
3. Curriculum Vitae
4. Two letters of recommendation from supervisors with direct knowledge of your clinical work.

Application Screening and Interview Process

The program has two full-time internship positions. Applicants must be doctoral degree candidates enrolled in either a clinical or counseling psychology PhD or PsyD program. All or most academic work for the doctoral degree should be completed by the start of internship. Applicants must be matriculated at their home institutions, which confirms they are receiving academic credit for their internship. Candidates are expected to have had specific training in assessment and diagnosis, as well as relevant practicum experience.

No minimum number of clinical hours is required, but applicants must have completed at least two years of supervised externship/practicum experience involving provision of psychotherapy. Practicum experience utilizing evidence-based treatment methods, particularly CBT and DBT is strongly preferred. A willingness and capacity to handle high-risk cases on an outpatient and intensive outpatient basis is preferred.

The selection committee will review all applications using a standard Intern Applicant Review Form, and evaluate for potential goodness of fit with the internship program. Candidates will be notified by mid December 2022 if they have been selected for an interview. Interviews will be scheduled in early January.

Bio-Behavioral adheres to the procedures established by the Association of Psychology Postdoctoral and Internship Centers (APPIC) for the recruitment and selection of doctoral interns and participates in the match. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use ranking-related information from any intern applicant. Bio-Behavioral is an equal opportunity employer, committed to fostering diversity in its faculty, administrative staff, and student body, and encourages applications from the entire spectrum of a diverse community.

Questions regarding any part of the selection process or Bio-Behavioral's academic preparation requirements may be directed to the Training Director.

INTERNSHIP POLICIES

Stipend, Benefits, and Resources Policy

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.).

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, especially during any covid-19 related quarantine, or 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.

Performance Evaluation

All interns will be formally evaluated at mid-year (February) and at the end of their internship experience (August). When the intern is assigned a change in supervisors, the respective supervisor will complete the evaluation for the relevant time period. 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. A copy of the evaluation is included in Appendix B. Interns are expected to achieve a minimum level of achievement on each of the nine competency areas as defined by an averaged rating of “3 - meets expectations: Demonstrates appropriate level of skill and knowledge; Performance is commensurate with training experience.” A rating is associated with a readiness for entry-level practice. 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.

In addition, the results of the two 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.

Grievance Procedures and Due Process Guidelines

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.

APPENDIX A GRIEVANCE & DUE PROCESS PROCEDURES

During orientation, interns are 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 we have outlined the grievance and due process procedures below.

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.

Due Process:

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. Progress will be communicated directly to the intern 2x per year by their supervisor through the use of the Bio-Behavioral Evaluation Form. 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.

Notwithstanding, it is recognized that certain issues that require remedial intervention may arise over the course of the internship experience. Problems in an intern's professional or personal conduct can take many forms. For example, the intern may demonstrate an inability and/or unwillingness to integrate professional behaviors and ethical standards into his/her repertoire of professional behaviors; may display an inability to acquire the level of professional skills necessary to reach an acceptable level of competency; and/or may display emotional reactions, which interfere with professional functioning.

Subsequently, any of these issues may prevent the intern from completing the training program, or make it impossible for him or her to function clinically for a period of time. The handling of such problems must have sufficient flexibility to protect the program and the public, while providing the intern with appropriate support and remedial training.

Therefore, in the case that remediation is deemed necessary the following steps will be taken:

Step 1 (Notice): When problematic behavior in an intern is observed by, or reported to, any member of the Bio Behavioral Institute Staff, that team member will inform the intern's clinical supervisor about the issue verbally. Moreover, if an intern's formal evaluation by their

supervisor shows competency in one of the program's specified competency areas is not being met, then that could trigger the following as well.

The supervisor and intern will have a formal meeting in which the intern has an opportunity to hear the concerns and respond to the concerns. The supervisor and the intern will discuss the problem and attempt to arrive at a mutually acceptable solution. Such a situation is not unusual, and in the vast majority of instances would require no further action.

Step 2 (Hearing): When a problem remains unresolved, or the supervisor and intern are unable to reach an acceptable solution, the intern will be notified (i.e., in written form) with a summary of the problem and let him or her know that the Training Director will be informed by the supervisor and fully apprised of the situation.

In the case that the Training Director *is* the supervisor, the Clinical Director will gather information from the concerned parties and from others to provide relevant information. Subsequently, a meeting with the supervisor, intern, Clinical Director, and/or Training Director, will be scheduled within 2 weeks of the letter. If the Clinical Director and/or Training Director are able to act as a mediator and suggest a method of resolving the problem that is agreeable to all, no further action is necessary.

Step 3 (Remediation): If this meeting does not produce a solution, the intern will work with the supervisor, Clinical Director, and/or Training Director to produce a written plan for remediation, including how often progress will be reviewed and by whom, and the specific intern behaviors that will be tracked to evaluate whether the remedial plan is working.

It will also include what needs to be accomplished for the intern to exit the remediation process and outline the termination process if the remediation process is not successful within the timeframe deemed appropriate to the problem. The plan should be given to the intern within 2 weeks of the meeting outlined in Step 2.

A copy of this correspondence will be placed in the intern's file. If the remedial process solves the problem, a summary note will be given to the intern and added to the intern's file and no further action is necessary.

Step 4 (Termination): Termination involves dismissal from the internship and the permanent withdrawal of all responsibilities and privileges of the program. When specific interventions do not, after a reasonable time period, rectify the problematic behavior and/or the intern seems unwilling or unable to alter the problematic behavior, the Supervisor, Clinical Director, and Training Director will vote on whether the intern shall be dismissed from the program.

The intern will be informed in writing of the outcome and the details of termination, including outlining the requirement that the intern complete all client notes and help in the transfer or termination of his or her clients when appropriate. It will also inform the intern of the number of internship hours that will be granted to the intern by the program based on how much of the program was successfully completed at that point.

Appeal: The intern has the opportunity, at any time during the steps above or within a week of receiving a termination letter, to appeal the actions taken by the program in regards to the

identified problematic behavior. To appeal, the intern should put in writing his or her perspective or concern about the process and submit it directly to the Executive Director of the Bio-Behavioral Institute.

The Executive Director will review the situation and a written report delineating the Executive Directors findings and recommendations will be submitted to the intern and the supervisor, Clinical Director, and/or Training Director. The decision of the Executive Director will be the final decision in the process of remediation/termination.

Exceptions to these procedures are allowed in cases where interns have engaged in particularly egregious conduct, for example ethical or legal misconduct, actual or threatened physical or verbal aggression, academic dishonesty, and the like, in which case a intern may be referred by any staff member directly to the appropriate administrative level to face disciplinary actions in accordance with the facility.

Grievance Process:

Step 1: Informal

When an intern has a complaint against the training program (e.g., complaints about evaluations, supervision, staff conflicts, stipends/salary, harassment, or any other element of the program), the intern can:

1. Informally discuss the issue directly with the Staff Member(s) involved and/or
2. Discuss the issue with his or her supervisor to attempt to arrive at a mutually acceptable solution. Such a situation is not uncommon, and in the vast majority of instances would require no further action.

In the case that the issue involves the intern's supervisor, the intern can discuss the matter with the Clinical Director and/or Training Director.

Step 2 Training Director

If the problem persists or cannot be resolved with informal discussion, or the problem is of such severity that additional contact between the intern and others involved is not advised, the Clinical Director or Training Director (whichever the intern prefers based on who might be outside the problem) should be notified verbally and fully apprised of the issue. The Director will gather information from the concerned parties and from other team members to provide relevant information. If the Director can act as a mediator and suggest a method of resolving the problem, no further action is necessary.

Step 3 Clinical Director

If mediation is not possible or successful in resolving the concern, the intern should notify the Clinical Director about the problem in writing within 2 weeks of the unsuccessful mediation. The Clinical Director will gather information from the concerned parties and from other team members or interns in positions to provide relevant information. If the Clinical Director can act as a mediator and suggest a method of resolving the problem, no further action is necessary. In

the case that the issue involves the Clinical Director the intern will have the option of meeting with the Executive Director.

Step 4 (Appeal if Necessary): If the intern does not think the situation is adequately resolved, he or she may submit an appeal directly to the Executive Director. The Executive Director will make a determination whether any disciplinary action is necessary based on the standards and ideals outlined in the Bio-Behavioral Employee Manual and notify the intern in writing within 30 days of their decision. The decision of the Executive Director will be the final decision in the grievance process. In cases where the intern has already met with the Executive Director (i.e., STEP 3) the decision of the Executive Director will stand and no further appeal process is necessary at that time.

APPENDIX B INTERN PERFORMANCE EVALUATION

Evaluation and Feedback: Interns are formally evaluated twice 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 two 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.

**BIO-BEHAVIORAL INSTITUTE
INTERN PERFORMANCE EVALUATION**

INTERN NAME:

SUPERVISOR COMPLETING EVALUATION:

EVALUATION PERIOD: **FIRST** **SECOND**

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 on each evaluation is defined as an average rating of "3," which is associated with a readiness for entry-level practice.

1. **Significantly Below Expectations:** Consistently performs at a level below minimum standards. Requires substantial supervision/remediation.
2. **Below Expectations:** Demonstrates inconsistent level of performance; needs improvement to meet training expectations.
3. **Meets Expectations:** Demonstrates appropriate level of skill and knowledge; Performance is commensurate with training experience.
4. **Above Expectations:** Consistently meets or exceeds expectations for training; demonstrates above average level of skill and knowledge.
5. **Significantly Exceeds Expectations:** Performance far exceeds expectations for level of training.
6. **N/A:** Skill not assessed or observed during training experience

Competency 1: Assessment Skills

- Demonstrates a working knowledge of diagnostic categories and criteria _____
- Uses historical, interview, and psychometric data to diagnose accurately _____
- Demonstrates an understanding of human behavior within its context (family, social, societal, and cultural) _____
- Demonstrates ability to apply knowledge of functional and dysfunctional behavioral including context to the assessment and diagnostic process _____

- Gathers data from multiple source and methods appropriate to the identified questions of the assessment _____
- Knowledge of varied models and methods of assessment _____
- Selection of appropriate assessment tools _____
- Administration and scoring of psychological tests _____
- Interpretation of psychological tests and/or assessment data _____
- Use of assessment data to create treatment goals and measure progress _____
- Writes a well-organized psychological report, answers the referral question, and provides specific recommendations _____
- Demonstrates ability to guard against decision making bias; distinguishing aspects of assessment that are subjective from those that are objective
- Quality of feedback given based on assessment data _____
- Overall conceptualization of case based on assessment data _____

Overall Rating of Diagnostic/Assessment Skills _____

Competency 2: Communication and Interpersonal Skills

- Collaborates with other professionals in planning and decision making for individuals, groups, and the facility _____
- Demonstrates ability to share cases with other facility staff _____
- Develops good working relationships with professional staff _____
- Develops good working relationships with professionals outside the organization to coordinate clinical care (such as outside treating clinicians, psychiatrists) _____
- Provides clinical feedback and suggestions to other staff in an appropriate manner _____
- Demonstrates effective interpersonal skills and ability to manage difficult communication well _____
- Produces and comprehends oral, nonverbal, and written communication that is well integrated, informative _____
- Demonstrates a grasp of professional language and concepts _____

Overall Rating of Communication and Interpersonal Skills _____

Competency 3: Individual and Cultural Diversity

- Demonstrates knowledge of the influence of social, cultural, and ethnic factors on development and behavior _____
- Develops appropriate interventions for patients with from different social, cultural, and ethnic backgrounds _____
- Shows sensitivity to issues of diverse characteristics _____
- Develops a good rapport with a diverse range of patients _____
- Discusses individual differences with patients when appropriate _____

- Demonstrates an awareness of own background and impact on patients and demonstrates commitment to continue exploring own cultural identity as it pertains to clinical work _____

Overall Rating of Individual and Cultural Diversity Skills _____

Competency 4: Professional Values, Attitudes and Behavior

- Adherence to professional values infuses work as a student in training, including integrity, professional identity _____
- Recognizes situations that challenge adherence to professional values _____
- Understands how to conduct oneself in a professional manner across settings and situations _____
- Accepts responsibility for own actions _____
- Acts to understand and safeguard the welfare of others _____
- Engages in self reflection regarding personal and professional development _____
- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training _____
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision _____

Overall Rating of Professional Values, Attitudes and Behavior Skills _____

Competency 5: Ethical and Legal Standards

- Protects and maintains confidentiality of case materials _____
- Demonstrates knowledge and understanding of the APA Ethics Principles and Code of Conduct _____
- Demonstrates knowledge of the local and state laws regarding clinical practice _____
- Demonstrates awareness of ethical dilemmas as they arise in service delivery _____
- Demonstrates the application of ethical decision-making models and applies relevant elements of ethical decision making to a dilemma _____
- Conducts self in manner consistent with professional and ethical standards _____
- Integrates own moral principles/ethical values in professional conduct _____
- Evaluates, manages, and documents patient risk by assessing immediate concerns, such as suicidality, homicidality, and any other safety issues _____
- Collaborates with patients in crisis to make appropriate short-term safety plans _____

Overall Rating of Ethical and Legal Standards Skills _____

Competency 6: Intervention

- Demonstrates ability to apply relevant research literature to treatment planning _____
- Implements interventions supported by current scientific literature _____
- Develops appropriate initial treatment plan to the diagnosis, needs of the patient, and reason for referral _____
- Develops good working alliance with patients _____
- Develops appropriate behavioral, cognitive, affective, adaptive, and social goals for patients _____
- Demonstrates ability to reassess progress and develop new intervention plans _____
- Provides prevention and interventions programming to promote mental health _____
- Evaluates and measures patient progress _____
- Demonstrates ability to conduct behavioral assessment skills _____
- Maintains progress notes that are clear to understand and are consistent with standards of ethical and legal record keeping _____

Overall rating of Intervention Skills _____

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

- Displays a respect and knowledge for the roles and perspectives of other professionals and professions _____
- Demonstrates knowledge of consultation models and practices _____
- Utilizes resources within and outside the organization as needed _____
- Utilizes relevant technology when delivering services _____
- Consults with other professionals within or outside the facility _____

Overall Rating of Consultation, Interprofessional/Interdisciplinary and Systems-Based Practice Skills _____

Competency 8: Supervision

- Seeks consultation or supervision as needed and uses it productively _____
- Responsive to supervision and feedback, shows awareness of strengths and weaknesses _____
- Demonstrates a willingness to learn _____
- Provides feedback to other clinical staff in a respectful and professional manner within group supervision and/or clinical team meetings _____

Overall Rating of Supervision Skills _____

Competency 9: Research and Scholarship

- Demonstrates the ability to critically evaluate scientific literature _____
- Demonstrates ability to compare evidence based theories, current empirical findings in order to inform clinical decision making _____
- Develops accurate case conceptualization and treatment plans based on available research and best practice guidelines _____
- Shows a desire to be a life-long learner by seeking to advance knowledge in the field (e.g., stays current with literature, research activities, etc.) _____

Overall Rating of Research and Scholarship Skills _____

SUMMARY AND COMMENTS

SUPERVISOR POSITION OR TITLE: _____

SUPERVISOR'S SIGNATURE: _____

DATE: _____

INTERN SIGNATURE: _____

DATE: _____

APPENDIX C

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.