



PSYCHOLOGY
INTERN HANDBOOK
Internship Year 2026-2027

60 Cutter Mill Rd.
Suite 404
Great Neck, NY 11021
cbtreatment.com
(516) 858-4328
info@cbtreatment.com

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Accreditation and Membership Status

- The Cognitive Behavioral Associates Internship Program is not currently APA accredited.
- The Cognitive Behavioral Associates Internship Program's application for APPIC provisional membership is submitted and awaiting decision. Please be advised that there is no assurance that we will be able to successfully achieve APPIC provisional membership status.
- Questions related to the program's membership status should be directed to our Training Director.

Name: Jill Rathus, PhD

Phone: (516) 858-4328

E-mail: drrathus@cbtreatment.com

Introduction

About Cognitive Behavioral Associates

Cognitive Behavioral Associates (CBA) is an evidence-based psychology group practice and training center. Our shared vision, to create a gold-standard treatment center with expert therapists passionate about their work and driven to provide the highest-quality care in a collaborative setting, is the foundation of our practice. Our team approach is centered in our learning collaborative which brings us together weekly to share best practices and resources while supporting the wellbeing of our community of therapists. We offer CBT and DBT training to psychology doctoral-level externs, interns, and postdoctoral fellows, newly licensed psychologists, and seasoned psychologists dedicated to enhancing their competence in evidence-based practices. We have carefully balanced our practice size to ensure we can provide a diverse range of therapists with various areas of expertise while still maintaining a warm, personalized approach. This cultivated group caters to each client's unique needs while simultaneously attending to those of our team.

Population Served

At CBA, we treat clients for a variety of disorders and problems, including but not limited to: anxiety, depression, behavioral problems, relationship problems, obsessive-compulsive disorder, habit disorders, attention deficit/hyperactivity disorder, elimination disorders, school refusal, parent-child conflict, trauma, emotion dysregulation, anger, and suicidality. We treat clients across the lifespan, including children, adolescents, parents, and adults. We also provide treatment to couples and families.

Location

Cognitive Behavioral Associates (CBA) is located in Nassau County on Long Island (Great Neck, NY). CBA is located on the fourth floor of an office building and is accessible by elevator. CBA owns an office suite with 11 offices, a conference room, an observation room with a one-way mirror, kitchen including a refrigerator, microwave, coffee and snacks, and access to bathrooms. There is parking available for employees and clients. CBA is walking distance from a variety of shops and restaurants in the Great Neck Village, the Great Neck Long Island Railroad station, and is easily accessible from the Long Island Expressway and the Northern State Parkway.

Supervising Faculty

Jill Rathus, Ph.D. is co-founder and co-director of Cognitive Behavioral Associates and Training Director for the internship program. She is an internationally recognized DBT & CBT expert working with both youth and adults. Dr. Rathus and colleagues developed the adolescent/family adaptation of DBT. Her books *DBT with Suicidal Adolescents* and *DBT Skills*

for Suicidal Adolescents are the primary texts for Dialectical Behavior Therapy with teens and families. She has also authored books on DBT in schools, and couple/relationship distress and intimate partner violence. She was formerly a tenured faculty member and director of clinical training at Long Island University-Post Campus. Her areas of specialty include assessment evaluations, relationship distress, depression, anxiety disorders, writing coaching and writing anxiety, PTSD, adolescent suicidality, and borderline personality disorder. She publishes widely in these areas in books and peer-reviewed journals. Dr. Rathus is a Linehan-Board Certified Psychologist (in DBT). In 2016 she received the Cindy Sanderson Outstanding Educator Award from the International Society of Education and Training in DBT (ISITDBT). Dr. Rathus graduated from Cornell University with a B.A. in English, received her Ph.D. in psychology from Stony Brook University, and completed her clinical internship at Montefiore Medical Center/Einstein College of Medicine. Dr. Rathus has trained thousands of mental health professionals around the world.

Ruth DeRosa, Ph.D. is co-founder and co-director of Cognitive Behavioral Associates. She is an expert in the fields of Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), mindfulness, anxiety, PTSD, borderline personality disorder, and adult and child traumatic stress. Intensively trained in DBT, she and colleagues have also developed DBT-informed treatments for teens experiencing chronic extreme stress as part of a federal grant supporting the National Child Traumatic Stress Network (NCTSN). She is currently on the editorial board for the Journal of Aggression, Maltreatment and Trauma and The Journal of Child Sexual Abuse. Dr. DeRosa graduated Phi Beta Kappa and Summa Cum Laude from George Washington University and received her Ph.D. in Clinical Psychology from Duke University. In addition to publishing in the areas of CBT and DBT, she also has consulted with agencies working to integrate evidence-based practice and treatment programs in their organizations. Dr. DeRosa trains and consults with therapists across the country regarding building clinical teams, as well as individual and group therapy, to help clients experiencing stress, PTSD, anxiety, OCD, panic disorder, depression, borderline personality disorder features, and emotional dysregulation.

Camilo Ortiz, Ph.D., ABPP, is co-director of Cognitive Behavioral Associates. He is also an associate professor and former director of clinical training in the clinical psychology doctoral program at Long Island University-Post. His scholarship focuses on child anxiety and disruptive behavior, parenting, and cognitive behavior therapy for children and adults. He is the developer of Independence Therapy, a novel approach to treating child anxiety. Dr. Ortiz received a Ph.D. in clinical psychology from the University of Massachusetts, Amherst, and a B.S. in Human Development from Cornell University. He completed a pre-doctoral internship at Montefiore Medical Center and a postdoctoral research fellowship at Stony Brook University before joining the faculty at LIU-Post in 2001. Dr. Ortiz is board-certified in Cognitive and Behavioral Therapy.

Mekha Thomas, PsyD is a psychologist experienced in providing evidenced-based treatment to adolescents, young adults and adults struggling with mood, anxiety, OCD, trauma, substance use, and adjustment disorders as well as relational stressors. Prior to joining CBA, Dr. Thomas collaborated with a multidisciplinary school-based mental health team at Montefiore Medical Center. She also worked at Pace University and SUNY Purchase college counseling centers. She is passionate about working with individuals suffering from trauma and has received specialized training in Trauma-Focused CBT. Dr. Thomas has also received specialized training in Teen Intervene, a substance-abuse treatment model targeting adolescents and young adults with mild to moderate substance use problems. In addition to her clinical work, Dr. Thomas serves as an adjunct faculty member at Iona College. Dr. Thomas graduated Summa Cum Laude from Hofstra University and received her Psy.D. from the Graduate Institute of Professional Psychology at the University of Hartford, CT.

Danielle Virgadamo, PsyD is the director of psychological assessment at CBA and a psychologist with expertise in using evidence-based practices with children, adolescents, and families, as well as conducting comprehensive psychological evaluations. She has specialized training in DBT, CBT, PCIT for selective mutism and behavioral parent training. Dr. Virgadamo works with children and families with a variety of problems, including anxiety, depression, suicidality and self-injury, selective mutism, and behavioral problems. Dr. Virgadamo received her PsyD in clinical psychology with a concentration in child and school psychology from Long Island University, Post Campus. She completed her postdoctoral fellowship at Cognitive Behavioral Associates, where she was foundationally trained in DBT. Dr. Virgadamo began her career at Kennedy Krieger Institute, where she developed and launched the psychological assessment clinic in the Center for Developmental and Behavioral Health, supervised interns, post-docs, and staff, practiced CBT and DBT, and ran DBT-A multifamily groups.

Hilary Vidair, Ph.D. is the director of program development at Cognitive Behavioral Associates. She is also an associate professor in and former program director of the Clinical Psychology Doctoral Program at Long Island University Post. Her research primarily focuses on engaging parents in the context of child and adolescent treatments and developing innovative strategies for training clinicians in evidence-based treatments. She also wrote a book for students on navigating research in applied graduate programs via Oxford University Press and co-authored an upcoming book through the American Psychological Association focused on deliberate practice in behavioral parent training. She is a licensed psychologist in New York State and as a telehealth provider in the state of Florida. Clinically, she specializes in behavioral parent training, cognitive-behavioral therapy, and dialectical behavior therapy. She teaches child and adolescent psychotherapy, cognitive-behavioral therapy, and clinical research courses. Dr. Vidair graduated Phi Beta Kappa from Stony Brook University and earned her Ph.D. in combined clinical and school psychology from Hofstra University. She completed a 3-year National Institute of Mental

Health research fellowship in child and adolescent psychiatry at Columbia University and the New York State Psychiatric Institute.

Duties of the Training Director

The Training Director, Dr. Jill Rathus, is responsible for overseeing all aspects of the internship. Specifically, she is responsible for ensuring interns are receiving all elements of training (supervisor assignments, didactics, etc), admissions, maintaining internship related documentation, and ensuring completion of self and supervisor evaluation of the intern. The Training Director is responsible for staying up to date on changes in the field and making sure the internship program is updated accordingly. She is a NYS licensed psychologist and full staff at Cognitive Behavioral Associates.

The Training Director is committed to:

- Coordinating the internship admissions and selection process
- Ensuring that interventions are guided by evidence-based research
- Coordinating supervisor-supervisee assignments
- Meeting with interns and supervisors to ensure training needs are met
- Supporting the professional development and mentoring needs of the interns
- Coordinating internship evaluations, reviewing them, and communicating with interns about feedback they receive
- Corresponding with interns' doctoral programs as needed
- Maintaining resources available for interns
- Disseminating information to interns about post-graduation tasks and opportunities, including licensure and post-doctoral experiences
- Keeping information about the internship in the handbook and relevant websites accurate and updated
- Overseeing due process procedures and grievances

Resources

Interns will be provided with office space and receive their own email address, cell phone, computer with relevant software, and office supplies. They also have access to a printer and fax machine. In addition, they have access to our user-friendly electronic medical record system. Various intervention manuals and related materials, assessment tools, and neuropsychological assessment kits are also made available. They may also make use of our kitchen which includes a refrigerator, freezer, microwave, coffee, and a variety of snacks.

Overview of Internship Program

CBA offers a full-time, one year internship for psychology doctoral trainees. The internship was developed for doctoral-level psychology trainees who are ready for advanced clinical training while still requiring and benefiting from supervision by licensed psychologists to prepare them for entry level psychology practice.

Prerequisites for the internship include having completed at least three years of academic training in a doctoral program in health services psychology (i.e., clinical, counseling, school, and combined psychology programs) that is accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA) and two years of externship or equivalent practicum experiences. Students are typically expected to have completed at least 500 hours of clinical experience, including intervention and assessment hours, by the time they apply to the internship.

At the start of the internship, the trainee will meet with the DCT and their primary supervisor to discuss and identify their baseline competency levels, training interests, training goals, and expected caseload. The primary supervisor will then provide their caseload recommendations to the other supervisors involved in the intern's training. Interns will have opportunities to conduct some of their own intakes, under supervision. They will work with their supervisor to determine if these cases are appropriate for them to see in treatment. Cases that need either a therapist with a higher level of training or a higher level of care will be referred, either within or outside of the practice. Additional cases will be assigned to the trainee based on a combination of the client's needs, the intern's competence level, goals, interests, and availability. Training is tailored to each intern's individual needs. It is provided using a developmental approach, where interns are given more complex cases, higher-order clinical goals, and more independence over the course of the training year.

Internship Aims and Objectives

The overall aims of CBA's internship training program are to:

1. Provide an environment that fosters psychology doctoral student training in cognitive-behavioral therapy (CBT) and dialectical behavior therapy (DBT).
2. Train interns to collaborate as part of a team of therapists focused on fostering a supportive community within a group private practice.
3. Prepare interns to begin their careers as practicing psychologists, particularly in a group private practice setting.

Our training curriculum is designed to achieve the above aims as follows:

1. **Training in CBT and DBT.** Interns will gain training and supervised experience with several evidence-based treatments and treatment formats, including CBT, DBT, and DBT

for adolescents in individual, group, couples, and family formats. Cases will range in age across the lifespan, and include children, adolescents, adults, parents, and couples. They will also have opportunities to receive specialized training in Independence Therapy, behavioral parent training, and behavior therapy for elimination problems. Interns will carry an individual therapy caseload, co-lead groups, and engage in individual supervision to develop their intervention competence in these evidence-based treatments. They will also learn to use CBT and DBT for clients presenting with a variety of problems and disorders, ranging from anxiety, depression, and behavioral problems to trauma, self-injury, and suicidality. All of our internship supervisors are experts in CBT and DBT.

2. **Team Approach.** Our group private practice fosters a team approach to our clinical work and training experience. Interns will have the opportunity to collaborate with several licensed psychologists, postdoctoral fellows, and psychology externs as part of our team approach to client care. As part of our consultation team meetings, interns will learn how to lead with their consultation questions, concisely summarize a case, communicate the types of help they need, acknowledge dialectical viewpoints, and synthesize different perspectives. The primary goals of DBT consultation team include enhancing treatment effectiveness, ensuring adherence in a dialectical frame, and supporting therapist wellbeing. Part of supervision will focus on how to make effective use of team meetings to complement supervision. In accordance with the DBT team meeting structure, we rotate who functions as the leader and the observer in each meeting. Interns will gain practice rotating through these roles. They will also gain experience actively providing feedback to team members. While our team members have varying levels of experience and types of expertise, new perspectives routinely facilitate positive change in client care. Interns will also participate in two forms of didactics designed to facilitate learning in a team setting. This includes staff didactics, where team members come together to learn about the latest evidence-based treatment theories and strategies, role play implementing these strategies, and discuss common related issues. Interns will also attend trainee didactics which also includes psychology postdoctoral fellows and externs. This provides an opportunity for trainees to learn and collaborate across training levels. Finally, interns will gain experience routinely collaborating with various partners in treatment beyond our CBA team, such as psychiatrists, physicians, family members, and school personnel.
3. **Career Preparation.** Interns will have the opportunity to learn skills necessary to function ethically, practically, and professionally as a psychologist, particularly in a group private practice setting. For example, they will be trained to align their clinical decision making and professional behavior with APA's ethical code of conduct. They will also be trained to screen clients on the phone, conduct comprehensive intakes, and decide when to refer a case to another treatment facility. In addition, interns will learn how to conduct suicide risk assessment and management from a DBT perspective. One of the special aspects of this internship is the opportunity to learn how to function as a psychologist in a

group private practice setting. Interns will have opportunities to assist with program development, gain recruitment skills, learn required billing codes (e.g., CPT and location codes), and create and maintain necessary client records. Interns can expect to be given more complex cases and more independence in their clinical decision making over the course of the training year. Interns will also be able to seek guidance about postdoctoral fellow training and licensure, both from our licensed psychologists and postdoctoral fellows going through the process.

Overview of Training Information

Psychological Interventions

Interns will gain training and supervised experience with several evidence-based treatments and treatment formats, including CBT, behavioral parent training, DBT, and DBT-A in individual, group, and family formats. Interns will be expected to carry an individual therapy caseload, co-lead groups, and engage in individual and group supervision. Interns will also gain experience collaborating with relevant parties such as psychiatrists, parents, physicians, and school personnel.

Interns will have opportunities to conduct some of their own intakes, under supervision. They will work with their supervisor to determine if these cases are appropriate for them to see in treatment. Cases that need either a therapist with a higher level of training or a higher level of care will be referred, either within or outside of the practice. Additional cases will be assigned to the trainee based on a combination of the client's needs, the intern's competence level, goals, interests, and availability.

Cognitive-Behavioral Therapy

Interns will gain experience conducting cognitive-behavioral therapy (CBT) with clients across the developmental lifespan who suffer from a variety of problems, including, but not limited to: anxiety, depression, oppositional behavior, ADHD, obsessive-compulsive disorder, trauma, tics, trichotillomania, skin picking, and adjustment issues. Interns will be supervised in a variety of evidence-based techniques, including psychoeducation, cognitive restructuring, relaxation techniques, exposure therapy, exposure and response prevention, behavioral activation, problem-solving, habit reversal, acceptance strategies, and relapse prevention. Interns may be guided to use DBT-informed strategies within our CBT cases. Interns can also gain expertise using CBT and DBT-informed strategies with couples and families.

Dialectical Behavior Therapy (DBT) and DBT for Adolescents (DBT-A)

Interns will train in Dialectical Behavior Therapy (DBT), designed for individuals with multiple problems, including emotion dysregulation, self-harm, and suicidality. They will also be trained in DBT for adolescents (DBT-A), evidence-based treatments for adolescents and their families co-developed by Dr. Jill Rathus, the DCT and co-founder of CBA. Interns will begin their DBT

training by attending a 5-day foundational course. They will then gain supervised experience in each of the four modes of treatment that comprise fully adherent DBT; they will conduct individual therapy, co-facilitate skills groups, actively participate in team meetings, and provide coach calling. During the internship year, the intern will rotate through both an adult skills group and a multifamily skills group for adolescents/emerging adults. It may also be possible for interns to co-facilitate a skills group as part of an intensive college summer DBT program, and/or conduct individual family skills sessions. They will also attend weekly didactics taught by Dr. Rathus, focused on learning and roleplaying specific DBT strategies and skills. Specifically, interns will develop the ability to: assess and manage suicidality and high-risk behaviors, use DBT commitment strategies, conduct behavioral chain analyses and solution analyses, apply and balance acceptance and change strategies, adhere to the treatment target hierarchy, address therapy interfering behavior, improve clients' quality of life, and teach core DBT skills modules (mindfulness, distress tolerance, emotion regulation, interpersonal effectiveness, and walking the middle path for adolescents and families). Supervision will focus on adherence to the DBT model, addressing trainee's reactions to clients with complex presentations, managing coach calls outside of session, and navigating family dynamics in DBT-A. Within DBT-A, interns will gain experience involving parents in treatment for adolescents and emerging adults. Interns may also conduct DBT with children and their parents, based on the DBT-C protocol, which typically includes child therapy sessions, BPT, and individual family skills sessions. CBA's DBT training experience will prepare interns to deliver DBT to adults and families struggling with high-risk behaviors and emotional dysregulation.

Independence Therapy

Interns may elect to receive specialized training in Independence Therapy, an innovative, evidence-based approach developed by Dr. Camilo Ortiz, one of the partners at CBA, to treat child anxiety. Independence Therapy is designed to help parents foster their child's independence and reduce parental accommodation of avoidant behavior. The treatment is composed of independence activities which are child-directed, fun, unstructured, developmentally challenging tasks that are performed without help from parents. Interns will learn to conduct psychoeducation about Independence Therapy's theoretical rationale with parents, guide families through the selection of fun and challenging independence activities, and evaluate outcomes. This experience allows interns to be trained in a cutting-edge intervention that serves as an effective alternative to traditional cognitive-behavioral therapy for child anxiety.

Behavioral Parent Training

Interns will have the opportunity to be trained in behavioral parent training (BPT), an evidence-based treatment for child behavior problems. They will gain experience with a variety of techniques, such as positive attention, praise, contingency management, effective communication skills, time out, and natural and logical consequences. Supervisors train interns in the use of skills from various BPT protocols, such as Defiant Children, Parent Management

Training, and Parent-Child Interaction Therapy (PCIT). DBT-informed strategies will also be implemented as applicable. Interns will have access to a one-way mirror to conduct observational assessments and PCIT-informed treatment. Supervision will focus on how to develop case conceptualization, provide psychoeducation to parents, model and role play skills, consider developmental and cultural factors, and address barriers to parent engagement. Cases range in age and can focus on toddlers, preschoolers, school-aged children, and adolescents. This experience equips interns with practical tools to help families and develops competence in one of the most well-established interventions in clinical child psychology.

Behavior Therapy for Elimination Disorders Program

Interns can gain specialized experience in the assessment and treatment of elimination disorders, including enuresis and encopresis. Specifically, they will learn how to monitor the integration of behavioral patterns and medical information, provide psychoeducation to clients and families, implement behavioral intervention techniques with clients and parents, and coordinate care with medical providers. This experience prepares interns to address common disorders that are rarely treated by psychologists with sensitivity and effectiveness.

Psychological Assessment

Interns gain experience in psychological assessment in several ways. Specifically, they have opportunities to conduct semi-structured interviews as part of the intake process, administer, score, and interpret clinical and self-report symptom measures, conduct in-session assessments (e.g., chain analyses), and use assessment information from clients' homework assignments (e.g., DBT diary card) to inform treatment. Trainees are encouraged to use assessment data to inform their case conceptualizations and treatment plans. In addition, interns will have the optional opportunity to conduct two neuropsychological assessment batteries.

Optional Neuropsychological Assessment Batteries

We offer expert neuropsychological evaluations to help individuals across New York City and Long Island understand and address cognitive, emotional, and behavioral challenges. Specifically, we conduct evaluations for individuals experiencing learning difficulties, memory issues, and challenges with attention and executive functioning, behavioral or emotional changes. Our comprehensive testing can help diagnose conditions such as ADHD, autism spectrum disorder, or learning disabilities, clarify medical or psychological concerns impacting daily functioning, help secure accommodations for school, work, or testing (e.g., IEPs, 504 plans, extended test time, inform treatment plans, and help measure progress). Interns may elect to complete up to two neuropsychological assessment batteries. Interns will be responsible for administration, scoring, and preparing results/reports under the guidance of our assessment supervisor.

Supervision

Our internship supervisors include four licensed psychologists who work full-time and two licensed psychologists who work part-time in our group practice. All of our psychologists are licensed by New York State, where CBA is located. Each intern will have the opportunity to be supervised by two psychologists for one hour each, one focused on child and adolescent, and parenting cases and one focused on DBT adolescent and adult cases. Each intern will have a primary clinical supervisor who is on our staff full-time. They will also obtain live supervision via co-facilitating a DBT group with a supervisor, who will also meet with them for supervision before and after each group. Weekly DBT consultation team will also serve as live supervision. They will typically acquire additional internship supervision from psychologists and postdoctoral fellows across the training year (e.g., via assessment supervision). Details about each of these supervision opportunities are listed below.

How the Training Program Demonstrates That the Supervisor is Clinically Responsible for the Cases Under Supervision:

- The Training Director reviews credentials and ensures that the supervisor is a NYS licensed psychologist.
- The supervisor is open about their previous training, area(s) of expertise, and licensure status.
- The supervisor communicates with their supervisee their legal responsibility for all cases seen by their supervisee.
- Clients are provided with a release of information form that details that the intern (their therapist) is a master's-level intern in training, earning hours toward a doctoral degree in psychology, and, therefore, is supervised by licensed psychologists on the CBA staff. The client is asked to give permission for their therapist to disclose their (or their child's) protected health information to the intern's supervisors in order to engage in treatment.
- The supervisor oversees the supervisee's paperwork, including progress notes and intakes, helps generate conceptualization and treatment plans, monitors their assessments and interventions, and ensures APA ethical and legal guidelines are being followed.
- The supervisor ensures either availability or coverage from another supervisor when the supervisee is providing client services.
- The supervisor ensures treatment is conducted in the best interest of the client, and may transfer/refer a case if they require care that may be outside the supervisee's scope of practice.

Individual Supervision

Interns receive two individual hours of supervision each week, one focused on supervision of child and adolescent cases and the other focused on DBT and adult cases. Interns will have two supervisors for these hours, one of whom will serve as their primary supervisor. Supervisors will meet with interns about cases using a collaborative, developmental approach where interns are

expected to be given more autonomy as they progress over the course of the training year. Interns can expect to focus in supervision of their therapy cases on assessment, case conceptualization, treatment planning, treatment progress, and troubleshooting barriers to progress. They will also be encouraged to share their personal reactions to cases so supervisors can help address and navigate those reactions, balancing the interns' training needs and what is best for the client. Supervisors will also review and sign interns' notes and related paperwork. The primary supervisor will routinely check in with all other supervisors working with the intern to assess training progress, note strengths, and identify areas of improvement. The primary supervisor will also complete the mid-year and end-of-year evaluations that are shared with the intern's doctoral program.

Group Leadership Supervision

Interns will have the opportunity to co-facilitate DBT skills groups with a supervisor, including experience in the adult DBT skills group as well as a DBT-A multifamily skills group with teens, young adults, and their parents. Interns may also gain experience co-facilitating a DBT skills group as part of an intensive college summer program. These groups will allow interns to be directly observed for live supervision. Interns will meet with the supervisor before and after groups to plan ideas for teaching skills and receive feedback on their performance. This group and supervision experience will take place over two hours and 15 minutes per week.

Group Supervision in DBT Consultation Team

Interns will join our weekly DBT consultation team, where all supervisors will be present, alongside other licensed psychologists, postdoctoral fellows, and externs. The team serves as live group supervision and occurs on Tuesdays for one hour and 15 minutes, directly after team didactics. Interns will be expected to actively participate on team, learning and adhering to team agreements, engaging in mindfulness exercises, asking focused consultation questions, and providing feedback on staff and trainer's clinical cases. The team provides interns with the opportunity to gain support for challenging cases in a knowledgeable and supportive setting, reducing burnout and training them to provide supervision and consultation to other clinicians. Our team rotates who serves as the team observer and team leader each week, and interns will rotate into each role several times throughout the training year. The intern's supervisors will help them prepare consultation questions for the team and provide feedback about their performance in group.

Additional Supervision, Consultation, and Support

Postdoctoral fellows may provide supplemental supervision to interns. This will occur under the fellow's supervision as part of their own training goals.

Our team approach means all clinicians, including trainees, can turn to other clinicians on the team for guidance and support. For example, if an intern is struggling with a case and their

supervisor is not immediately available, they are encouraged to contact other clinicians on the team to find someone who can provide interim consultation and support. In the case of client risk, if an intern cannot immediately reach their primary supervisor they should reach out to another one of their supervisors or at least one of CBA's three partners.

Didactics

DBT Foundational Training

Interns will be required to attend a DBT foundational 5 day training at the start of the internship year. They will complete 40 hours of training focused on topics such as theoretical principles of DBT, case conceptualization, acceptance and change strategies, and therapy interfering behavior.

Team Didactics

The team didactic seminar takes place for one hour weekly on Tuesdays with the CBA team serving as both staff and participants. Didactics are facilitated by Dr. Jill Rathus and colleagues who teach broadly on DBT and CBT concepts, spanning more beginner-level topics in the fall and more advanced content in the spring. In the summer, staff generated topics of interest will be covered such as the treatment of ADHD, enuresis and encopresis, habit reversal training, and treatment of trauma. Team Didactics occur right before our DBT consultation meeting, and staff and trainees can use both meeting times as a working lunch time.

Trainee Didactics

The trainee didactic seminar geared solely toward interns, externs, and post-docs takes place for one hour weekly and involves a hands-on, experiential learning format. Didactics at the start of the year focus on orientation to our electronic health record platform, My Best Practice, professional behavior in a private practice setting, and strategies for conducting CBT and DBT intakes across ages. Several weeks are then spent on essential DBT concepts, theory, and applications. Reviewing the essential content to practice DBT effectively, this seminar will involve trainees in practicing each DBT component, through behavioral rehearsal, deliberate practice, modeling and observational learning, and applications to current clients. At times this seminar will use a “flipped classroom” format, in which participants will read or view selected reading, video, or webinar material and come to the didactic meeting with prepared questions and discussion points. Trainees will also participate in didactics about postdoctoral opportunities, preparing for licensure, studying for the EPPP, and engaging in self-care. In addition, trainees will learn about the business side of private practice, including client phone screening and referrals, recruitment and marketing, and various models of private practice.

Case Conference. As part of trainee didactics, each intern will have the opportunity to present on a case, including background information, individual and cultural factors, diagnoses, case conceptualization, assessment data, treatment plan with empirically supported literature, treatment progress, and consultation questions for the group. Interns will work with their

supervisor to select a case and prepare for the case presentation. Interns will present for 20-30 minutes, with the remainder of the hour reserved for consultation and feedback.

Supervisory Practice. Across the training year, interns will have direct and simulated opportunities to practice supervision skills. For example, they will observe supervisors, psychologists, and peers practice with clients in groups, and will have opportunities to discuss their observations during group separation and relevant trainee didactics. In addition to these opportunities that will occur routinely during the year, specific trainee didactic weeks are allotted for formal supervisory practice, where interns will observe role plays, and practice evaluating performance and providing guidance and feedback. Interns may also have the opportunity to provide peer supervision to an extern, including meeting weekly about a case and helping the extern prepare for their case concentration presentation as part of didactics.

Please see Appendix A for a sample calendar of team and trainee didactics.

Overview of Time Spent on Internship

Interns will complete 2,000 hours of internship, which is beyond the number of hours needed for licensure in New York State. Interns are expected to work 40 hours per week, including at least two evenings per week, once to co-lead a DBT skills group and once for client availability. Approximately 55% of the intern's hours will focus on clinical work, including individual or joint therapy sessions, a DBT skills group, and assessment. The remainder of the week will include supervision, our administrative and consultation team meetings, didactics for team and trainees, and additional activities such as program development, administrative tasks, and coordination of care. Below is a sample week.

Sample Weekly Schedule

Conduct individual or joint therapy sessions - 18 hours

Co-lead a DBT skills group plus pre- and post-group supervision - 2 hours and 15 minutes

Assessment or research/program development activities - 2 hours

Individual supervision for DBT and adult cases - 1 hour

Individual supervision for child cases - 1 hour

Administrative meeting - 30 minutes

Consultation team meeting - 1 hour and 15 minutes

Team didactics - 1 hour

Trainee didactics - 1 hour

Administrative tasks (e.g., record keeping) - 5 hours

Coordinating care (with team members and other professionals) - 3 hours

Midday break - 4 hours (on Tuesdays team didactics and consultation team serve as a working lunch time)

Total: 40 hours per week

Expectations for Intern Performance

CBA's internship program is designed to build upon the competencies that trainees have already developed prior to beginning the program. It is recognized that not all trainees will enter the internship at the same level of proficiency as outlined by APA's Profession-Wide Competencies for Health Service Psychology. The internship aims to strengthen and advance trainees' skills across the following nine core competency areas:

1. Research and Scholarship:

Interns should demonstrate increasing independence in critically evaluating research and other scholarly work relevant to clinical practice. Interns are also expected to disseminate research and/or scholarly work, through case conferences, presentations, publications, or other professional activities.

2. Ethical and Legal Standards:

Interns must demonstrate familiarity with ethical and legal standards relevant to practice, training, and research; effectively recognize and address ethical and legal dilemmas; and adhere to the APA Ethical Principles of Psychologists and Code of Conduct.

3. Individual and Cultural Diversity:

Interns are expected to cultivate and maintain awareness of diversity and its impact on clinical practice; develop effective relationships with individuals, families, and groups from diverse backgrounds; apply knowledge of cultural and individual differences in their work; and engage in ongoing professional development related to individual and cultural diversity.

4. Professional Values, Attitudes, and Behavior:

Interns are expected to demonstrate professionalism, engage in self-assessment and reflection, exhibit accountability, build and maintain a strong professional identity, be open to receiving feedback; and respond professionally in increasingly complex situations with greater independence as they progress through training.

5. Communication and Interpersonal Skills:

Interns are expected to communicate effectively, establish positive professional relationships, navigate complex interpersonal situations, and demonstrate self-awareness in their professional roles.

6. Assessment:

Interns are expected to demonstrate competence in conducting clinical interviews; appropriately selecting, administering, and interpreting evidence-based assessment methods; integrate data to formulate conclusions; and communicate findings clearly in written and verbal reports to clients, families, and other professionals.

7. Intervention:

Interns are expected to build and maintain rapport with their clients, strengthen their ability to develop case conceptualizations and treatment plans, implement evidence-based interventions, and monitor and evaluate the effectiveness of their interventions. They

should be able to use current empirical literature to inform their clinical decisions and integrate scientific thinking into their professional activities.

8. Supervision:

Interns are expected to seek and use supervision constructively, integrate supervisory feedback to enhance their skills, and contribute to peer consultation and supervision when appropriate.

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

Interns are expected to seek and provide consultation, engage effectively in interprofessional and interdisciplinary collaboration, and demonstrate understanding and participation in systems-based practice.

Training in these core competencies occurs through a range of experiential learning opportunities, including the delivery of professional services, live observation of senior clinicians, individual and group supervision, structured didactic seminars, and potential participation in research projects (e.g., related to development and testing of Independence Therapy).

Evaluation

Progress toward APA's Profession-Wide Competencies is assessed both informally throughout the year and formally through written evaluations conducted by the primary supervisor at both mid-year and end-of-year, as assessed via CBA's Intern Evaluation Form (see Appendix B). The primary supervisor will ask other supervisors, the Training Director, and staff for feedback to incorporate into the intern's evaluations. These evaluations will be shared with the intern. The primary supervisor and intern will collaborate to ensure the intern understands how to achieve each competency and what help, support, or training may be necessary to achieve greater proficiency in each area. Both the intern and the primary supervisor will sign each evaluation.

It is expected that the intern achieves "meets expectations" on each competency by the time of the mid-year evaluation. To successfully complete the internship, interns must demonstrate the expected level of competence in each area assessed.

Stipend and Benefits

- Interns will be paid \$45,000 for one full year.
- Interns will receive \$500 per month toward health insurance administered by CBA if they choose to purchase it through the practice. A Health Spending Account (HSA) is also available.
- Vacation: Psychology interns will be granted 2 weeks of paid vacation time within one year.
- Holidays: Interns are also entitled to 9 holidays off, including 6 federal holidays (New Year's Day - Jan 1st, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas), as

well as their choice of any 3 days (e.g., Rosh Hashanah, Yom Kippur, Passover, Day after Thanksgiving, MLK's Birthday, President's Day, Christmas Eve day, New Year's Eve Day, Columbus Day, Veteran's Day, Juneteenth).

- Paid sick days: The intern is able to take sick days as needed, as long as they let CBA know as well in advance as possible. Please note extended leave will require the intern to make up hours to complete the internship.
- Conference days: Interns will be granted 3 continuing education or conference days. Interns will also be granted up to \$1,000 to attend conferences and/or trainings.
- Dissertation meeting days: Interns will be granted 2 days off for dissertation related meetings.
- Events: Interns are also encouraged to attend a variety of social events for staff and trainees throughout the year, such as luncheons, outings in New York City, and other CBA group activities.

Due Process and Grievance Procedures

Purpose and Scope

This policy outlines the procedures for identifying and addressing performance, conduct, or training concerns, as well as for managing grievances and appeals.

It ensures that all interns are treated fairly and consistently and that actions are based on clear communication, documentation, and opportunity for response.

All procedures align with standards established by the Association of Psychology Postdoctoral and Internship Centers (APPIC) and the APA Commission on Accreditation.

Guiding Principles

The program's due process framework is designed to:

- Outline both the internship training program's and the intern's rights and responsibilities.
- Communicate expectations and concerns clearly and in a timely manner.
- Provide structured opportunities for remediation and feedback.
- Ensure that decisions are based on documented information.
- Offer a Formal Hearing before significant disciplinary actions.
- Preserve the intern's right to appeal any decision.

Rights and Responsibilities

The rights and responsibilities of both the internship training program and the intern are described below.

Internship Training Program

Cognitive Behavioral Associates maintains the right to engage in the Due Process and Grievance procedures indicated in this section of the handbook, including proceeding with an intern's remediation, probation, suspension, and termination as described. CBA also has the right to final

decisions regarding intern appeals, as described in this section of the handbook. In addition, all supervisors and staff have the right to be treated ethically and with respect, including the use of professional attitudes, values, and behavior.

The internship training program and its supervisors and staff are responsible for treating interns ethically and with respect, including the use of professional attitudes, values, and behavior. The program is fully committed to supporting each intern's training, including taking reasonable steps to support each intern's progress toward achieving all competencies at the expected level, with the goal of completing the internship. This includes facilitating an intern's remediation plan with structure and support.

Intern

The intern has the right to be treated ethically and respectfully, including the use of professional attitudes, value, and behavior. If the internship designates a remediation plan for the intern, the intern has the right to be given reasonable steps to remediate concerns within a structured and supported remediation plan. The intern also has the right to provide their perspective on any areas of concern raised and the right to appeal decisions as outlined in this section of the handbook.

The intern is responsible for treating supervisors, staff, other trainees and professionals, and clients ethically and respectfully, including the use of professional attitudes, value, and behavior. The intern is also responsible for the following: making active efforts to meet the aims of the internship training program, completing required internship hours, engaging appropriately in supervision and training activities, and fully attempting to remediate any concerns that arise.

Definition of a Problem

For the purposes of due process, a problem refers to any pattern of performance, behavior, or attitude that significantly interferes with the intern's professional functioning, client care, or the effective operation of the training program.

Concerns generally fall into one or more of the following categories:

1. **Clinical or Competence Issues.** Difficulties in assessment, intervention, documentation, or the application of evidence-based treatment approaches.
2. **Professional Conduct or Ethics Issues.** Behavior inconsistent with professional standards, CBA policy, or ethical and legal requirements (e.g., confidentiality breaches, boundary concerns, or unprofessional communication).
3. **Interpersonal or Personal Functioning Issues.** Behavior, emotional responses, or interpersonal patterns that hinder teamwork, supervision, or appropriate professional judgment.

Each concern is evaluated for severity, frequency, impact, and potential for remediation.

Minor or remediable problems are typically addressed through supervision and support, whereas persistent or serious issues activate the formal process described below.

Informal Resolution

When a concern first arises, the supervisor meets with the intern to discuss the issue, clarify expectations, and identify corrective strategies or supports.

If the issue is resolved, no further action is required.

Formal Hearing and Notice

If concerns persist or are deemed by the CBA directors as more significant than informal resolution can address (e.g., a score below 3 on any of the competencies on the mid-year evaluation form):

- The Training Director (TD) decides a formal review is needed.
- The intern receives written notice describing:
 - The nature of the concern and supporting information
 - Possible outcomes if it remains unresolved
 - The date and time of a Formal Hearing, scheduled within 15 days of the notice.

The Formal Hearing

The Formal Hearing ensures that the intern has an opportunity to be fully heard before the Committee decides on the outcome.

Composition of Hearing Committee

The hearing will typically be conducted by a Hearing Committee composed of:

- The Training Director (Chair)
- One or more supervisors
- A neutral staff supervisor or psychologist

Intern Rights at the Hearing

The intern has the right to:

- Attend the hearing and present their perspective
- Submit documentation or evidence
- Invite a support person (not acting as legal counsel)

Hearing Process

The Committee will review all information, allow relevant parties to present their perspectives, and may ask clarifying questions.

Following deliberation, the Committee will determine whether disciplinary action is warranted and communicate its recommendation in writing within 5 business days.

Possible Outcomes

- Intern returns to regular status, with a written acknowledgement notice
- Formal Remediation Plan
- Probation
- Suspension from the internship program
- Termination from the internship program

Intern Returns to Regular Status

In this case, the intern returns to regular status, with a written acknowledgement notice, including the following: the areas that were of concern, the fact that a hearing took place and the date, that the intern's supervisors and Training Director will continue to work with the intern on any remaining areas that need improvement, listing the steps to be taken, and that the concerns do not warrant a continued remediation plan at this time.

Formal Remediation Plan

At least one of the intern's supervisors and the Training Director will develop a Remediation Plan, outlining:

- Specific areas of concern
- Concrete goals and objectives
- Plans to meet goals and objectives
- Criteria for goal attainment
 - Timelines for when objectives need to be met (typically 30–60 days)
 - Methods for evaluating progress, and who is responsible for monitoring each objective

The intern will be required to sign the remediation plan, acknowledging that failure to meet the remediation goals by the expected deadlines may jeopardize their status in the internship program.

The plan may be reviewed periodically, with documentation of each meeting.

The intern's academic program will be made aware that the intern is on a remediation plan to keep them informed of the intern's status and so they can choose to provide additional support. The intern's primary supervisor and Training Director will formally document the intern's progress on the remediation plan.

Upon successful completion of a remediation plan, the intern returns to regular training status.

If the intern's remediation plan is not working (i.e., remediation goals are not met as agreed upon), or if the concern is of greater significance than a remediation plan can address, the Training Director can: 1) extend the remediation plan, with revisions made as deemed appropriate by the Training Director and the intern's supervisors and with a revised timeline for completion), 2) place the intern on probation, 3) in consultation with the Hearing Committee, place the intern on suspension, or 4) in consultation with the Hearing Committee, terminate the intern from the training program.

Probation

If the intern fails to meet remediation goals, they may be placed on probation.

The probation notice will outline:

- Specific areas of concern
- Concrete goals and objectives
- Plans to meet goals and objectives

- Criteria for goal attainment
- Timelines for when objectives need to be met (generally 30–90 days)
- Methods for evaluating progress, and who is responsible for monitoring each objective
- Possible consequences for failing to improve as indicated within the allotted time frame.

A meeting will be held with the intern to review this documentation. The intern will be required to sign the probation plan, acknowledging that failure to meet the plan by the expected deadlines may jeopardize their status in the internship program.

The plan may be reviewed periodically, with documentation of each meeting.

The intern's academic program will be made aware that the intern is on probation to keep them informed of the intern's status and so they can choose to provide additional support.

Upon successful completion of probation, the intern will return to regular training status. If the intern fails to meet the criteria for probation, they will be terminated from the internship. A copy of the decision will be provided to the intern and their academic training program.

Suspension

Suspension from the internship may occur if:

- The intern fails to meet remediation or probation expectations;
- Serious ethical, legal, or professional violations occur; or
- Continued participation is deemed detrimental to clients or the program.

Suspension decisions will be made by the Training Director in consultation with the Hearing Committee. A meeting will be held with the intern to review documentation (e.g., client paperwork) and next steps (e.g., temporary plans for clients). The committee will also work with the intern to develop an Action Plan for professional development during the suspension that will need to be achieved in order to return (e.g., completion of an ethics course and related paper, a mentoring plan).

The Action Plan will list:

- Specific areas of concern
- Concrete goals and objectives
- Plans to meet goals and objectives
- Criteria for goal attainment
- Timelines for when objectives need to be met (this will depend on the issues that led to the suspension and time frame expected to address these issues)
- Methods for evaluating progress, and who is responsible for monitoring each objective.
- Possible consequences for not fulfilling the Action Plan as indicated within the allotted time frame

The intern will be required to sign the Action Plan, acknowledging that failure to meet the goals by the expected deadlines may jeopardize their status in the internship program.

The plan may be reviewed periodically, with documentation of each meeting.

The intern's academic program will be made aware that the intern is on suspension and a related action plan to keep them informed of the intern's status and so they can choose to provide additional support.

At the conclusion of suspension, the Training Director and Hearing Committee will determine whether the intern:

- Returns to good standing,
- Continues on a remediation plan
- Extends suspension, or
- Proceeds to a Formal Hearing for potential termination.

One of the intern's supervisors and/or Training Director will formally document the intern's progress on the action plan.

Upon successful completion of suspension, the intern will return either to regular intern status or with a remediation plan, developed as outlined in the remediation process above. If the intern fails to meet the criteria for suspension, they will be terminated from the internship. A copy of the decision will be provided to the intern and their academic training program.

Termination

Termination from the internship may occur if:

- The intern fails to meet remediation or probation expectations;
- Serious ethical, legal, or professional violations occur; or
- Continued participation is deemed detrimental to clients or the program.

Termination decisions will be made by the Training Director in consultation with the Hearing Committee. A final meeting will be held with the intern to plan to complete all necessary documentation (e.g., client paperwork) and next steps (e.g., transfer plans for clients).

The intern will receive credit for training hours up until the date of the termination decision, but will not receive credit for training hours they complete after the decision to terminate has been made.

A copy of the decision will be provided to the intern and their academic training program.

Appeal Process

Interns who wish to contest any decision made as part of the Due Process Procedure may request an appeal in writing within 10 business days of notification. They should submit this request to the Training Director, or in the case of a conflict of interest (i.e., Training Director is involved), another CBA director.

The Appeals Panel will be made up of CBA's three directors, who will review all relevant documentation and may interview the intern, supervisors, or other individuals with direct knowledge of the matter.

In the case of a conflict of interest with a director or the unavailability of a director within the necessary time frame, another staff psychologist who was not on the original Hearing Committee may take the place of that director on the Appeals Panel.

A written decision from the Appeals Panel will be issued within 10 business days.

If the intern remains dissatisfied, they may submit a final written request for appeal to the CBA Directors, who reserve the right to make the final decision. A final written decision will be issued within 10 business days.

Grievance Procedures

Definition

A grievance is a formal complaint by an intern concerning program policies, supervision, evaluation, accommodations, stipend, or any condition perceived as discriminatory, harassing, or inconsistent with CBA's stated procedures.

Informal Process

Interns are encouraged to raise concerns directly with the relevant supervisor, the Training Director, and/or another trusted supervisor or staff psychologist to attempt informal resolution.

Formal Grievance

If informal efforts fail:

- The intern submits a written grievance within 30 days of the incident to the Training Director, or in the case of a conflict of interest (i.e., Training Director is involved), another CBA director.
- The Training Director or other CBA director will provide a written response to the grievance, including findings and any corrective action, within 15 days.

Appeal of Grievance Outcome

If the intern disagrees with the outcome, they may appeal in writing within 15 days. The three CBA directors will review the appeal. In the case of a conflict of interest with a director or the unavailability of a director within the necessary time frame, another staff psychologist may take the place of that director on the Appeals Panel.

The final decision maker for a grievance will depend on the nature of the grievance. Typically the final decision will be determined by all three CBA Directors, unless there is a conflict of interest in which case one or two directors may determine the final decision. The intern will receive a final written decision within 15 days.

Protection from Retaliation

No intern will experience retaliation, intimidation, or disadvantage for bringing forward a concern, filing a grievance, or participating in a review or hearing in good faith.

Documentation and Confidentiality

All records of remediation, hearings, and grievances are kept by the Training Director in a secure, confidential administrative file, separate from clinical records.

Compliance Statement

These procedures meet the due-process and grievance standards of APPIC and the APA, ensuring fairness, transparency, and respect for intern rights throughout all stages of training.

Appendix A

Sample Didactics Calendar					
September 2025 - August 2026					
Date	Time (start/stop)	Team Topics	Trainee Topics (Graded in complexity across the year)	Presenter/ Credentials	Brief Description of Didactic
9/2/2025	T 12:30-1:30pm	DBT Team agreements		Dr. Jill Rathus	Team orientation, team roles, and commitment for new members
9/3/2025	T W 3:00-4:00pm		Using My Best Practice	Dr. Ruth DeRosa	Introduction to My Best Practice, our electronic medical record system: Calendar, forms, and progress notes
9/9/2025	T 12:30-1:30pm	Independence Therapy		Drs. Matthew Fastman and Camilo Ortiz	Introduction to Independence Therapy, a novel treatment for child anxiety, and ongoing IT research at the practice
9/10/2025	T W 3:00-4:00pm		Using my best practice	Dr. Ruth DeRosa	Continued review of My Best Practice, including Q and A
9/16/2025	T 12:30-1:30pm	Individual Session structure in DBT		Dr. Gus Cutz	Overview of how to structure first individual therapy sessions in DBT
9/17/2025	T W 3:00-4:00pm		Guidelines for Telehealth	Dr. Ruth DeRosa	Overview of telehealth: Best practices, first session guidelines, and managing children in virtual sessions
9/23/2025	X	ROSH HASHANAH			
9/24/2025	X		ROSH HASHANAH		
9/30/2025	T 12:30-1:30pm	Identifying session targets from the hierarchy and the diary card		Dr. Jill Rathus	Using the DBT hierarchy and diary card data to guide individual therapy sessions
10/1/2025	T W 3:00-4:00pm		Professionalism in private practice	Dr. Jill Rathus	Professional behavior in private practice: Phone calls, emails, and in office interactions

10/7/2025	T	12:30-1:30pm	Chain Analysis (and Missing Links Analysis)		Dr. Jill Rathus	Functions, targeting, and deciding on a hierarchy within clients' quality of life-interfering behaviors
10/8/2025	T	W 3:00-4:00pm		Conducting intakes with adults	Dr. Jill Rathus	Intakes will adult clients: Interview questions and style, risk assessment, treatment planning, and feedback
10/14/2025	T	12:30-1:30pm	Chain Analysis in DBT		Dr. Jill Rathus	The 5 Elements of a Chain, and getting specific about vulnerability factors and the prompting event
10/15/2025	T	W 3:00-4:00pm		Conducting intakes for children/adolescents	Dr. Danni Virgadamo	Intakes will child and adolescent clients: Intake structure, interview questions and style, risk assessment, treatment planning, and feedback
10/21/2025	T	12:30-1:30pm	Chain Analysis in DBT		Dr. Jill Rathus	the 5 Elements of a Chain, and getting specific about the links, the target behavior, and the consequences
10/22/2025	T	W 3:00-4:00pm		Postdoctoral opportunities	Led by postdoctoral fellows	How to find post docs, next steps for licensure
10/28/2025	T	12:30-1:30pm	Chain Analysis		Dr. Jill Rathus	Addressing Therapy-Interfering Behaviors (that interfere with conducting chains, and conducting chains on in-session behavior to address them!)
10/29/2025	T	W 3:00-4:00pm		Postdoctoral opportunities	Dr. Jill Rathus	Identifying Interests, Opportunities, and Requirements for Postdoctoral Positions: Knowing What to Expect

11/4/2025	T	12:30-1:30pm	Suicide Prevention		Dr. Jill Rathus	Risk factors, general risk assessment, and risk management
11/5/2025	T	W 3:00-4:00pm		DBT Pre-Treatment checklist	Dr. Jill Rathus	Learn about pre-treatment in DBT
11/11/2025	T	12:30-1:30pm	Suicide Risk Assessment and Management		Dr. Jill Rathus	The L-RAMP
11/12/2025	T	W 3:00-4:00pm		DBT Diary Cards	Dr. Jill Rathus	Introduction to elements of the card, orienting clients, customizing card, self-selecting targets and filling out for one week
11/18/2025	T	12:30-1:30pm	Solution Analyses: When, where, and what kind?		Dr. Jill Rathus	Overview of all potential types of solutions, deciding how to choose, and learning to implement them
11/19/2025	T	W 3:00-4:00pm		DBT Diary Cards	Dr. Jill Rathus	Continued discussion of the diary card and Q and A
11/25/2025	T	12:30-1:30pm	Suicide Risk Assessment and Management		Dr. Jill Rathus	Creating a Safety Plan
11/26/2025	T	W 3:00-4:00pm		Phone coaching with behavioral rehearsal	Dr. Jill Rathus	Overview of phone coaching with in-vivo behavioral rehearsal and coaching
12/2/2025	T	12:30-1:30pm	Emotion Focus in DBT sessions		Dr. Jill Rathus	Incorporating emotion in the conceptualization of target behaviors (i.e., ED in the ABC model), in communication to clients, and in selves/others when consulting on team
12/3/2025	T	W 3:00-4:00pm		Cultivating Self-Care	Dr. Jill Rathus	Discussion about taking care of ourselves, common barriers, and suggestions from a coping model
12/9/2025	T	12:30-1:30pm	Individual Session structure in DBT		Dr. Jill Rathus & Dr. Gus Cutz	Advanced discussion of individual session structure in DBT with case examples

12/10/2025	T	W 3:00-4:00pm		Chain analysis with behavioral rehearsal (session1)	Dr. Jill Rathus	Conducting chain analysis with mock clients
12/16/2025		T 12:30-1:30pm	DBT Pre-Treatment Checklist		Dr. Jill Rathus & Dr. Gus Cutz	Discussion of DBT pre/-treatment: Identifying key factors and strategies
12/17/2025	T	W 3:00-4:00pm		Chain analysis with behavioral rehearsal (session2)	Dr. Jill Rathus	Conducting chain analysis with mock clients
12/23/2025		T 12:30-1:30pm	DBT Intakes		Dr. Jill Rathus & Dr. Gus Cutz	DBT Intakes: Interview questions and style, risk assessment, treatment planning, and feedback, special considerations for adolescent cases
12/24/2025	X	W 3:00-4:00pm		Christmas Eve		
12/30/2025		T 12:30-1:30pm	DBT Intakes		Dr. Jill Rathus & Dr. Gus Cutz	DBT Intakes: Continued discussion and roleplay
12/31/2025	X	W 3:00-4:00pm		New Years Eve		
1/6/2026		T 12:30-1:30pm	The Family Therapy modality in DBT-A (1)		Dr. Jill Rathus	Rationale for Family Therapy mode, when to schedule family therapy sessions, and with whom
1/7/2026	T	W 3:00-4:00pm		Solution analysis	Dr. Jill Rathus	Solution analysis for our own chains with behavioral rehearsal and identification of at least 3 solutions for different components of the chain
1/13/2026		T 12:30-1:30pm	The Family Therapy modality in DBT-A (2)		Dr. Jill Rathus	Functions and Targets in DBT family therapy sessions and establishing ground rules
1/14/2026	T	W 3:00-4:00pm		Working with TIBs	Dr. Jill Rathus	Behavioral rehearsal and essential strategies for therapy interfering behaviors

1/20/2026	T	12:30-1:30pm	The Family Therapy modality in DBT-A (3)		Dr. Jill Rathus	Essential skills to acquire prior to delving into family conflict
1/21/2026	T	W 3:00-4:00pm		Dialectics and Dialectical Strategies with behavioral rehearsal	Dr. Jill Rathus	Overview of dialectics and how to use dialectic strategies, with in vivo practice
1/27/2026	T	12:30-1:30pm	The Family Therapy modality in DBT-A (4)		Dr. Jill Rathus	How to conduct 1) the first session, and 2) ongoing sessions
1/28/2026	T	W 3:00-4:00pm		Dialectics and "movement, speed, and flow" with behavioral rehearsal	Dr. Jill Rathus	Overview of dialectics and the concept of "movement, speed, and flow" with in vivo practice
2/3/2026	T	12:30-1:30pm	Parent Sessions in DBT		Dr. Jill Rathus	Rationale for parent sessions in DBT, when to schedule them, and how to conduct them
2/4/2026	T	W 3:00-4:00pm		Irreverence	Dr. Jill Rathus	Definitions and behavioral rehearsal
2/10/2026	T	12:30-1:30pm	Therapy-Interfering Behaviors in DBT		Dr. Jill Rathus	Recognizing therapy-interfering behavior and applying best practices
2/11/2026	T	W 3:00-4:00pm		6 Levels of Validation and behavioral rehearsal	Dr. Jill Rathus	Overview of the six levels of validation with in vivo practice
2/17/2026	T	12:30-1:30pm	Solution Analysis Steps during or following a chain		Dr. Jill Rathus	Overview of the steps for solution analysis: Identify goals, generate insight, consider all 5 components of the chain, provide a didactic obtain commitment, and troubleshoot
2/18/2026	T	W 3:00-4:00pm		The DBT Commitment Strategies and behavioral rehearsal	Dr. Jill Rathus	Overview of the DBT commitment strategies with in vivo practice
2/24/2026	T	12:30-1:30pm	Solution Analysis		Dr. Jill Rathus	When skills are the solution

2/25/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	General principles and video demo
3/3/2026		T 12:30-1:30pm	Solution Analysis		Dr. Jill Rathus	When contingency management is the solution
3/4/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Mindfulness States of Mind and What and How Skills
3/10/2026		T 12:30-1:30pm	Solution Analysis		Dr. Jill Rathus	When informal exposures are the solution
3/11/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Crisis Survival Skills
3/17/2026		T 12:30-1:30pm	Solution Analysis		Dr. Jill Rathus	When cognitive modification is the solution
3/18/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Reality Acceptance Skills
3/24/2026		T 12:30-1:30pm	Dragging out new skills in session, activating behavior in session, assigning practice, obtaining commitment, and trouble-shooting commitment		Dr. Jill Rathus	Overview of how to draw out behavior in session and after
3/25/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Interpersonal Effectiveness, 1st portion through DEAR MAN
3/31/2026		T 12:30-1:30pm	The DBT dialectical dilemmas and secondary targets		Dr. Jill Rathus	Overview of the dialectical dilemmas and secondary targets for treatment
4/1/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Interpersonal Effectiveness, 2nd portion through THINK
4/7/2026		T 12:30-1:30pm	Assessing and Treating Adult ADHD		Dr. Gus Cutz	Overview of assessing and treating adult ADHD

4/8/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Emotion Regulation, 1st Portion through Build Mastery
4/14/2026		T 12:30-1:30pm	Case Conceptualization in CBT (session 1)		Dr. Camilo Ortiz	Case conceptualization: Why we do it and how
4/15/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Emotion Regulation, 2nd Portion, Cope Ahead and PLEASE
4/21/2026		T 12:30-1:30pm	Case Conceptualization in CBT (session 2)		Dr. Camilo Ortiz	Case conceptualization: How to use it to inform changes in treatment
4/22/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Emotion Regulation, 3rd Portion, through Act Opposite
4/28/2026		T 12:30-1:30pm	Case Conceptualization in CBT (session 3)		Dr. Camilo Ortiz	Case conceptualization: What to do when you are stuck and Q and A
4/29/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Middle Path: 1st portion, through Validation
5/5/2026		T 12:30-1:30pm	Adherence in DBT with Session Coding		Dr. Jill Rathus	Understanding what is an adherent DBT session and how to code one
5/6/2026	T	W 3:00-4:00pm		Skills – teaching practice and self-completion of DBT-A HW sheets	Dr. Jill Rathus	Middle Path: 2nd portion, through Behavior Change
5/12/2026		T 12:30-1:30pm	Adherence in DBT with Session Coding		Dr. Jill Rathus	Understanding what is an adherent DBT session and how to code one: Part 2
5/13/2026	T	W 3:00-4:00pm		Cultivating Self-Care	Dr. Hilary Vidair	Discussion about taking care of ourselves, common barriers, and suggestions from a coping model
5/19/2026		T 12:30-1:30pm	Habit reversal training		Dr. Jill Rathus	Increase awareness, reduce urges
5/20/2026	T	W 3:00-4:00pm		Supervision Theories and Practice (session1)	Dr. Jill Rathus	Interns will role play supervising and peer supervision of the externs

5/26/2026	T	12:30-1:30pm	Habit reversal training		Dr. Jill Rathus	nd when to use habit reversal t
5/27/2026	T	W 3:00-4:00pm		Supervision Practice (session2)	Dr. Jill Rathus	Interns will role play supervising and peer supervision of externs.
6/2/2026		T 12:30-1:30pm	Case Conceptualization in DBT: Individual case conceptualization presentations (session 1)		Dr. Jill Rathus	Select staff will present case conceptualizations with opportunity for discussion and feedback
6/3/2026	T	W 3:00-4:00pm		Licensing and Permit prep	Dr. Mia Inserra	Learn about requirements for licensure and applying for a permit
6/9/2026		T 12:30-1:30pm	Case Conceptualization in DBT: Individual case conceptualization presentations (session 2)		Dr. Jill Rathus	Select staff will present case conceptualizations with opportunity for discussion and feedback
6/10/2026	T	W 3:00-4:00pm		EPPP exam Prep	Dr. Morgan Weinstein	Case examples and behavioral rehearsal of targeting TIB using all DBT strategies (1)
6/16/2026		T 12:30-1:30pm	Case Conceptualization in DBT: Individual case conceptualization presentations (session 3)		Dr. Jill Rathus	Select staff will present case conceptualizations with opportunity for discussion and feedback
6/17/2026	T	W 3:00-4:00pm		Therapy-Interfering Behaviors	Dr. Jill Rathus	Review various therapy-interfering behaviors in DBT and when and how to address them
6/23/2026		T 12:30-1:30pm	Self-harm behavior as problem-solving behavior: Figuring out the problem		Dr. Jill Rathus	Address the function of self-harm behaviors and how to conduct related chain analysis and solution analysis

			your client is trying to solve			
6/24/2026	T	W 3:00-4:00pm		Therapy-Interfering Behaviors: case examples and behavioral rehearsal of targeting TIB using all DBT strategies (2)	Dr. Jill Rathus	Discussion of case examples and practice targeting TIBs
6/30/2026	T	12:30-1:30pm	The DBT dialectical dilemmas and secondary targets		Dr. Gus Cutz	Learn about dialectical dilemmas and secondary targets in DBT
7/1/2026	T	W 3:00-4:00pm		Case Conceptualization in DBT: Individual case conceptualization presentations (session 1)	Dr. Jill Rathus	Trainees will present case conceptualizations with opportunity for discussion and feedback
7/7/2026	T	12:30-1:30pm	The DBT-Adolescent dialectical dilemmas and secondary targets		Dr. Jill Rathus	Learn about dialectical dilemmas and secondary targets in DBT for adolescents
7/8/2026	T	W 3:00-4:00pm		Case Conceptualization in DBT: Individual case conceptualization presentations (session 2)	Dr. Jill Rathus	Trainees will present case conceptualizations with opportunity for discussion and feedback
7/14/2026	T	12:30-1:30pm	Therapy for the Therapist (session 1)		Dr. Jill Rathus	Case review – Examination of cases for progress, stuckness, & burnout
7/15/2026	T	W 3:00-4:00pm		Case Conceptualization in DBT: Individual case conceptualization presentations (session 3)	Dr. Jill Rathus	Trainees will present case conceptualizations with opportunity for discussion and feedback
7/21/2026	T	12:30-1:30pm	Therapy for the Therapist (session 2)		Dr. Jill Rathus	Case review – Examination of cases for progress, stuckness, & burnout
7/22/2026	T	W 3:00-4:00pm		Solution analysis with behavioral rehearsal	Dr. Jill Rathus	Finding solutions for chains with mock clients
7/28/2026	T	12:30-1:30pm	Enuresis and Encopresis		Dr. Camilo Ortiz	Learn about treatment of elimination disorders
7/29/2026	T	W 3:00-4:00pm		Models of private practice	Dr. Ruth DeRosa	Learn about private practice models and strategies

8/4/2026	T	12:30-1:30pm	Behavioral Parent training		Dr. Hilary Vidair	Discussion of behavioral parent training techniques
8/5/2026	T	W 3:00-4:00pm		Recruiting/marketing in private practice	Dr. Camilo Ortiz	Learn about recruiting and marketing in private practice
8/11/2026	T	12:30-1:30pm	Impact of Smartphones and Social Media on Youth and Parents		Dr. Camilo Ortiz	Learn about the impact smartphones and social media are having on today's youth
8/12/2026	T	W 3:00-4:00pm		Phone screenings/ client referrals	Dr. Ruth DeRosa	Learn how to conduct effective phone screenings and how to triage clients when they call

Appendix B

Cognitive Behavioral Associates Intern Performance Evaluation

Intern Name:

Primary Supervisor's Name:

Evaluation: Midyear / Final

Method of Evaluation:

____ Direct Observation ____ Review of Audio/Video ____ Case Presentation
 ____ Review of Written Work ____ Supervision ____ Feedback from other staff members

Please rate the intern's performance in each competency area using the Likert scale below. Ratings should reflect the intern's consistency of performance and the level of knowledge and skill expected for their point in the internship year.

A minimum rating of "3" is required for all competency areas and indicates that the intern is at the expected level of performance for the mid-year or final evaluation of the internship.

Rating Scale

1. **Significantly Below Expectations:** Performance is consistently below the minimum acceptable level for this stage of training; substantial supervision or remediation is required.
2. **Below Expectations:** Performance is inconsistent or developing more slowly than expected; improvement is needed to meet training expectations.
3. **Meets Expectations:** Performance is appropriate for this point in internship and reflects readiness for entry-level practice or appropriate progress for entry-level progress at mid-year.
4. **Above Expectations:** Performance consistently is above expected for entry-level practice; demonstrates solid competence with growing independence.
5. **Significantly Above Expectations:** Performance clearly exceeds expectations for entry-level practice; demonstrates advanced competence and a distinct area of strength.

Research

____ Demonstrate the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications).

____ Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including CBA), regional, or national level.

AVERAGE RESEARCH SCORE: ____

Ethical and Legal Standards

____ Be knowledgeable of and act in accordance with each of the following:

- the current version of the APA Ethical Principles of Psychologists and Code of Conduct;

- relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels
- relevant professional standards and guidelines.

____ Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

____ Conduct self in an ethical manner in all professional activities.

AVERAGE ETHICS SCORE: ____

Individual and Cultural Diversity

____ Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves

____ Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service

____ Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles;

____ Demonstrate the ability to apply a framework for working effectively with areas of individual and cultural diversity.

____ Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

AVERAGE DIVERSITY SCORE: ____

Professional Values and Attitudes

____ Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

____ Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

____ Actively seek and demonstrate openness and responsiveness to feedback and supervision.

____ Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

AVERAGE ATTITUDES SCORE: ____

Communication and Interpersonal Skills

____ Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

____ Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.

____ Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

AVERAGE COMMUNICATION SCORE: ____

Assessment

___ Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology;

___ Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

___ Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process;

___ Select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect 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.

___ Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

___ Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

AVERAGE ASSESSMENT SCORE: ___

Intervention

___ Establish and maintain effective relationships with the recipients of psychological services.

___ Develop evidence-based intervention plans specific to the service delivery goals.

___ Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

___ Demonstrate the ability to apply the relevant research literature to clinical decision making.

___ Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

___ Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.

AVERAGE INTERVENTION SCORE: ___

Supervision

___ Apply this knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

___ Apply the supervisory skill of observing in direct or simulated practice.

___ Apply the supervisory skill of evaluating in direct or simulated practice.

___ Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

AVERAGE SUPERVISION SCORE: _____

Consultation and Interprofessional/Interdisciplinary Skills

_____ Demonstrate knowledge and respect for the roles and perspectives of other professions.

_____ Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

AVERAGE CONSULTATION SCORE: _____

OVERALL AVERAGE SCORE: _____

COMMENTS:

INTERN'S STRENGTHS:

SUGGESTIONS FOR FUTURE:

PRIMARY SUPERVISOR'S SIGNATURE: _____

INTERN'S SIGNATURE: _____