

**Sunset Terrace Family Health Center at NYU Langone**  
**Psychology Internship Training Program**  
**Training Manual and Brochure**



**Location:**

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Brooklyn, NY 11220

**Training Director:**

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Psychologist  
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**Training Manual and Brochure**  
**Sunset Terrace Family Health Center at NYU Langone**  
**Psychology Internship Program**  
**Training Director: Joseph Laino, Psy.D.**

**Psychology Internship Program Philosophy**

The psychology internship training program of the Family Health Center at NYU Langone Sunset Terrace is organized in the psychology department of the Ambulatory Behavioral Health clinic at Sunset Terrace. This clinic has a long history of training activities for psychology externs and interns alike. This clinic formerly had an APA-accredited Psychology Internship Program from 1994 through 2010. In addition, the clinic has a long history of externship training dating back to 1979. The Sunset Terrace Family Health Center at NYU Langone is part of the Family Health Center at NYU Langone network of 12 outpatient health clinics serving the diverse community in Southwest Brooklyn since the late 1960's and was originally known as the Lutheran Family Health Centers. In 2016, the Family Health Center network became part of NYU Langone Health. The Family Health Center at NYU Langone is a federally qualified health center (FQHC) and treats all patients regardless of their insurance status or ability to pay. The Sunset Terrace clinic is home to the network's Ambulatory Behavioral Health program.

The mission of the psychology internship program is to train doctoral level psychology students to provide culturally sensitive psychological services, including assessment, treatment, and clinical research, to both adult and child/adolescent populations. The internship program holds strongly to the belief that the professional psychologist should be both a scholar and a practitioner and adheres to the scholar-practitioner model of training in professional psychology. While psychology interns train in a number of evidenced-based therapeutic approaches, including cognitive-behavioral therapy and motivational interviewing, the psychodynamic model provides the underpinnings for thinking about psychotherapeutic process and for understanding the emotional experiences of clients.

Structurally, the internship program is centered on a core of clinic-based services and didactic activities that emphasize adult outpatient therapy, child/adolescent outpatient treatment, and clinical research. Interns may have the opportunity to participate in clinical research. There may also be an opportunity for interns to focus on work with patients diagnosed with co-occurring mental health and substance use disorders and/or patients diagnosed with serious and persistent mental illness.

The internship program emphasizes anti-racism, cultural humility, and providing affirming care to diverse and historically underserved populations as exemplified by our history of developing culturally inclusive assessment measures and interventions strategies for diverse populations.

### **Goals/Aim/Objectives of the Internship Program**

The psychology internship program provides a comprehensive range of training activities to ensure the delivery of high-quality community mental health services. The internship program provides the intern with a unique opportunity to gain experience in assessment and intervention with patient populations who have a wide range of diagnostic presentations and treatment needs. Interns will receive individual and group supervision as well as formal didactic training. At least 40% of the intern's time is devoted to direct clinical care. Interns receive experience and training in the areas of

- Biopsychosocial assessment and differential diagnosis
- Individual Psychotherapy
- Group/Couples/Family Treatment
- Mental Health Consultation
- Psychological Testing

**Program Aim:** The program aims to train health service psychology interns in the professional practice of psychology by providing interns with a broad range of clinical activities that serve a population of diverse ages, diagnoses, cultural backgrounds, presenting problems, and levels of functioning.

#### **Objectives:**

- 1) The internship experience seeks to develop interns' competence in evidence-based models of psychotherapy and methods of psychological assessment and differential diagnosis to prepare the intern for eventual independent practice as a professional psychologist.
- 2) Interns will work as part of a multidisciplinary team and will appreciate the unique contributions the discipline of psychology can make across the continuum of care.
- 3) Interns will have the opportunity to develop their ability to communicate effectively with peers, colleagues, and other professionals, within a multidisciplinary team.
- 4) Interns will develop increased competence in scholarly inquiry, research methodology, and the application of evidence-based practice to their therapeutic work.
- 5) As part of a department committed to anti-racism, social justice, equity and inclusion in health care, interns will learn to deliver culturally competent care to diverse populations.
- 6) Interns will strengthen their awareness of ethical principles and how such principles apply to clinical work in daily practice.
- 7) Interns will become more comfortable with general psychological testing, including both cognitive and personality assessments as well as writing integrated psychological reports that address a referring provider's referral question.

### **Internship Curriculum**

The training curriculum is centered on a series of training activities that include individual and group supervision of psychotherapy cases, testing supervision for psychological assessments, attendance at didactic seminars, and participation in multi-disciplinary clinical team meetings.

Additionally, interns attend monthly administrative staff meetings that provide an overview of operational/administrative/systemic issues impacting the work being done in a community mental health center and of which psychologists and other behavioral health staff should be aware. There are also monthly staff training sessions, required on-line training modules, and optional psychology and psychiatry grand rounds presentations

### ***Summary of Training Activities:***

2 - 4 hours of Didactic training includes the Rotating Seminar Series, Motivational Interviewing, Child/Adolescent Treatment, and The Rorschach and Projective Assessment Seminar.

2 hours per week of individual supervision of psychotherapy cases.

1 hour per week of group supervision of psychotherapy cases.

1 hour per week of testing supervision for psychological assessments

2 hours per month Multidisciplinary Team meeting

2 hours per month staff meetings/trainings

Up to 9 hours per month of grand rounds presentations (optional)

### **Supervision**

Supervision is an integral part of the training experience. Supervision serves multiple functions, including but not limited to:

- 1) Helping the intern develop, build, and sharpen their skills in delivering effective, high quality, culturally sensitive, evidence-based psychological interventions.
- 2) Supervision will help expand the clinician's knowledge base about theoretical models and how to translate research into clinical practice through case conceptualization.
- 3) The intern will develop skills in selecting appropriate instruments for psychological testing, ensuring appropriate administration, scoring, and interpretation of the instruments used, integrating the data obtained into a comprehensive report and providing feedback to the client and referring provider.
- 4) Supervision provides a supportive function whereby interns can process their countertransference in a safe space, discuss strategies for managing challenging clinical encounters, and strategies for avoiding burnout.
- 5) Supervision also involves an administrative component that includes issues such as ensuring accountability with institutional policies, procedures, compliance standards, and APA ethical standards.
- 6) Supervision is a place for constructive feedback about performance to support the intern's growth in the practice of psychology as they develop increased confidence and independence in their work.

Total supervision requirement: 4 hours per week, broken down as follows:

Individual Supervision: **2 hours of individual psychotherapy supervision** from two different supervisors. **1 hour of individual testing supervision.**

**Group Supervision: 1 hour weekly.** Group supervision focuses on a contemporary psychodynamic understanding of the therapeutic process and the patient's interpersonal and intrapsychic dynamics. The time will focus on trainee case presentations. Group supervision is led by Joseph Laino, Psy.D, Training Director.

All supervisors are Licensed Psychologists in the state of New York.

There will be an opportunity for direct observation of the intern's performance twice during the year, once per semester.

## **Telesupervision**

The Family Health Center at NYU Langone – Sunset Terrace uses video conferencing to provide supervision only when the intern, the supervisor or both are working from home on the day of a regularly scheduled supervision meeting or in emergency situations, such as the COVID-19 pandemic.

The telesupervision format is utilized to maintain a regular and consistent supervision schedule and only when either or both the intern or supervisor are working from home. Generally, supervision (individual and group) is held in person.

In the first half of the year, telesupervision would only be offered if the supervisor is working from home on the day of a regularly scheduled supervision meeting as Interns are not permitted to work from home during the Fall semester (September through January.) Beginning in the Spring semester (February through August) the intern may, at the discretion of the training director, be permitted to work *one day* a week from home. Telesupervision would be provided if the intern's work-from-home day is on a day with a regularly scheduled supervision meeting. Group supervision is always held in person with no telesupervision option. Telesupervision is only utilized for individual, one-on-one supervision sessions - up to 3 hours per week - and *only* when either the intern, the supervisor or both are working from home.

For telesupervision, the Intern and their supervisor meet in a virtual space and interact via the high-quality, real-time transmission of simultaneous video and audio. All videoconferencing occurs over a secure network using site-administered videoconferencing technology. The secure, HIPPA compliant platform used at the clinic is Cisco WebEx. Providing telehealth, including telesupervision, is contemporary trend that is consistent with the program's aim to train health service psychology interns in the professional practice of psychology by providing

interns with a broad range of clinical activities that serve a population of diverse ages, diagnoses, cultural backgrounds, presenting problems, and levels of functioning.

All interns participate in an introduction to telehealth, including telesupervision, during the internship orientation and are provided with instruction regarding the use of videoconferencing technology at the outset of the training year.

Interns are asked to give feedback on their experiences with supervision, including telesupervision, in the supervisor evaluations they complete at mid-year and end-year.

Supervision sessions using this technology are *never* recorded, thus protecting the privacy and confidentiality of all trainees. It is important that all interns have access to telesupervision, and the training committee is committed to ensuring this is possible without burdening the intern. Interns who may not have access to the technology required to participate in telesupervision should meet with the Training Director to implement any support necessary to access telesupervision. It is the responsibility of the supervisor to maintain the integrity of the supervisory relationship and monitor for any potential ruptures, ensure that the supervisory relationship remains intact and return to in person supervision if necessary.

When supervisors are off-site, they still maintain full professional responsibility for the clinical cases under their supervision. Should the intern need non-scheduled consultation or ad hoc supervision in the event of a patient crisis, there are a variety of ways for the intern to contact their supervisor. Each supervisor has an NYU-issued cell phone, which the intern can call or text. Other ways to reach the supervisor include: the NYU direct message system through the WebEx platform or EPIC secure chat through the electronic health record, EPIC. These are the most immediate and direct ways to reach the supervisor. For less urgent matters, each intern also has an [nyulangone.org](mailto:nyulangone.org) email address that they could use to reach their supervisor.

The policy around telesupervision is shared with the training committee and is an agenda item at the training committee meetings once per year to ensure that supervisors are familiar with the policy and competent with the technology to provide telesupervision.

Technical difficulties that may arise during telesupervision and cannot be resolved between the supervisor and intern are directed to the agency's **MCIT Help Desk**, which can be reached 24/7 at 718-630-7021.

### **Didactics:**

**Rotating Seminar Series:** The Rotating Seminar includes a series of topics related to clinical service delivery as well as issues of diversity in health care. The series is taught by staff members with expertise in the particular topic being presented and varies from year to year.

This seminar is also offered to Psychology Externs and Social Work Interns. The current Rotating Seminar topics for 2024-2025 are:

Concepts in Cognitive Behavioral Therapy.... Sarah Davison-Duffy, LCSW  
Safety Planning as a Clinical Intervention.... Sandy Lulu, DSW, LCSW-R and Joseph Laino, PsyD  
Psychodynamic Therapy as an Evidence Based Treatment.... Joseph Laino, PsyD  
Pharmacotherapy for clinicians.... Elizabeth Allan, MD  
Clinical and Cultural practices in the Chinese American community.... Jean Chen, LCSW-R  
The Cultural Formulation Interview (CFI).... Sandy Lulu, DSW, LCSW-R  
Psychoanalytic Treatment.... Jack Heinemann, LCSW  
Working with Complex Trauma in the Black Community.... Vanessa Bryan, LCSW  
Basic Assessment of Substance Use Disorders...Kathryn Leonard, LCSW  
DBT Skills.... Alexa Strelecki, PsyD  
Internal Family Systems Therapy.... Rakhel Shapiro, MS  
Adaptations of DBT for the Chinese American community.... Anders Chan, PsyD  
Psychotherapy with the LGBTQ+ Community.... Joseph Laino, PsyD  
Cultural Awareness & Adaptations for working with the Arab American and Muslim Communities.... Sandy Lulu, DSW, LCSW-R  
Termination Issues.... Joseph Laino, PsyD and Sandy Lulu, DSW, LCSW-R

**Motivational Interviewing:** This seminar serves both as a broad introduction to the theory of Motivational Interviewing and a close examination of its techniques and application in a variety of clinical contexts. The teaching of this seminar involves didactic presentations, experiential learning, “real play” exercises, and video learning. The Motivational Interviewing seminar is an interactive, dynamic workshop that begins in October and concludes at the end of April, meeting for two full 8-hour days of training in October and continues on a bi-weekly basis to practice and reinforce the skills learned. Case consultation is also available as part of the learning experience. The seminar is co-led by Joseph Laino, PsyD and Sandy Lulu, DSW, LCSW-R.

**Child and Adolescent Treatment:** This full year seminar will orient interns to the major treatment approaches for treating children and adolescents. Developmental issues will be considered. There will be an opportunity for case consultation. The seminar is led by Andrea Henry, PsyD, Manager of Child and Adolescent Services.

**Rorschach and Projective Assessment Seminar:** This year-long seminar will present an overview of the Rorschach Inkblot Test and its scoring according to John Exner’s Comprehensive System. The seminar will cover the administration, scoring and interpretation of the instrument. We will also review standard administration procedures for other projective assessment measures such as the Thematic Apperception Test (TAT) and the House-Tree-Person Projective Drawings. Interpretive strategies will be covered. This seminar is led by Joseph Laino, Psy.D.

## **Psychological Testing**

Recognizing that psychological testing and integrated report writing is an essential part of the intern's training experience, each intern will be provided with one hour of individual supervision, weekly, in psychological testing. The testing supervisor will be a fully licensed, doctoral-level psychologist who will oversee the selection, administration, scoring, and interpretation of the test instruments, as well as the writing of an integrated psychological report, and the provision of feedback to the referral source and examinee. Training the intern to select appropriate test instruments based on the referral question is an initial task of the testing supervisor. Instruments used for testing may include cognitive instruments such as the WAIS, WISC, WMS, among other instruments, as well as projective instruments such as the Rorschach Inkblot Test, the TAT/CAT, Projective drawings, Incomplete Sentences, and the like. Measures of adaptive functioning such as the Vineland Adaptive Behavior Scales can be used as appropriate. This is just a sample of the instruments available to the interns at our site, which also includes a variety of pencil and paper measures, scales, and questionnaires suitable for diverse clinical presentations. Psychological testing and the associated writing of an integrated report is a unique skill set that is developed over time with practice and supervision. Each intern will be expected to complete a minimum of (5) psychological test batteries, each with an accompanying fully integrated report, and the provision of feedback to the examinee and the referral source.

## **Location of the Training Experience**

Training occurs primarily at the Sunset Terrace site within the Family Health Center at NYU Langone. This site is a large community mental health center affiliated with NYU Langone Health and its Family Health Center network of Federally Qualified Health Centers. The Sunset Terrace site is home to the network's Ambulatory Behavioral Health Program, which currently employs approximately 99 clinical and master social workers, 4 licensed mental health counselors, 22 psychiatrists, 5 nurse practitioners, and 16 licensed psychologists. The program serves roughly 6,900 unique, individual patients who range in age from 5-years-old through the geriatric years. The FHC offers comprehensive behavioral health services including Biopsychosocial Assessment, Individual Psychotherapy, Group Psychotherapy, Family/Couple's Therapy, Psychiatric Evaluation/Medication Management, Psychological Testing, and Wellness Support among other services. The clinic is located in southwest Brooklyn's Sunset Park community, one of the most diverse communities in New York City. As part of the Family Health Center network, the program has access to FHC resources such as its community-based social service programs, Health Home and Case Management services, School Health programs, and integrated primary/behavioral health care among other services. The Sunset Terrace site provides the local community with a full range of health services in one location. In addition to the mental health program, other co-located services at Sunset Terrace include: a primary care clinic, a dental clinic, a pharmacy and physical therapy services.



## **Due Process and Grievance Procedures**

The Psychology Internship Training program takes due process and grievances seriously. The due process procedure seeks to address performance-related concerns through a respectful, equitable, and structured process. The due process procedure is described in an appendix to this manual and is available on the Psychology Internship Training Program's site, which has a link to this manual and the appendix that contains the full policy. A hard copy of the policies are also provided to each intern and each intern supervisor at the start of the internship. Similarly, the program has a separate and distinct procedure in place should the intern want to make a grievance against the program, clinic, or any of its personnel. See [Appendix 1A and 1B](#) for the full Due Process and Grievance Procedures, respectively.

## **Intern Evaluations**

Interns will receive formal written evaluations from their supervisors at mid-year (February) and at end-year (August), discussing their performance and noting areas of strength as well as areas for continued development.

By the *mid-year* evaluation, Interns are expected to reach a minimum level of achievement, evidenced by a score of at least **3** (intermediate competence) on all learning elements related to each of the nine competencies being evaluated. By the *end-year* evaluation, each intern is expected to reach a minimum level of achievement, evidenced by a score of at least **4** (proficient competence) on all learning elements related to each of the nine competencies.

The nine profession-wide competencies being evaluated at both mid-year and end-year are: 1) Research; 2) Ethical and Legal Standards; 3) Individual and Cultural Diversity; 4) Professional Values, Attitudes and Behaviors, 5) Communication and Interpersonal Skills; 6) Assessment; 7) Intervention; 8) Supervision; Consultation and 9) Intraprofessional/Interdisciplinary skills.

The Director of Internship Training will be responsible for providing the Director of Clinical Training at the interns' home graduate program with a copy of the evaluation at both mid- and end-year.

See [Appendix 2](#) for a copy of the full evaluation form. Interns will also have the opportunity to evaluate their supervisors at both mid-year and end-year. For a copy of the form interns will use to evaluate their supervisors and the supervisory experience, please see [Appendix 3](#).

Each intern will also establish a list of their individual training goals and the objectives that will be used to obtain those goals. This will be done at the start of the training year and will be revisited at mid-year and end-year. The forms can be found in [Appendix 4 and 4A](#).

## **Documentation**

Clinical documentation is in the electronic health record system, EPIC. Please see [Appendix 5](#) for a list of EPIC competencies that all interns will become familiar with. Interns will also

maintain: 1) A clinical intervention log and 2) An assessment log of clients they have treated and/or assessed.

## **Communications and Maintenance of Records**

### **Communication with the interns' home doctoral program**

Communication between the internship program and the interns' home doctoral programs is of critical importance to the overall development of competent new psychologists. The internship is a required part of the doctoral degree and, while internship supervisors assess intern performance during the internship year, the doctoral program is ultimately responsible for the evaluation of readiness for graduation and entrance into the profession. Therefore, it is the responsibility of the Internship Training Director to initiate contact with the Directors of Clinical Training at the interns' home doctoral program. Contact is made at the specific times noted and more frequently, if necessary.

- A Match letter is sent to both the intern and their DCT within 5 days of learning of a successful match to verify the terms of the internship (i.e., start and end dates, stipend). The letter is sent to the intern and DCT by email and the original hard copy is also mailed to the intern. A copy of the letter is placed in the intern's file, which is maintained by the Internship Training Director.
- At each evaluation period (mid-year and end-year), the Internship training director shares a copy of the formal written evaluation of the intern with their DCT via email.
- The intern's home doctoral program is contacted within one month following the end of the internship year and informed that the intern successfully completed the program. A copy of the intern's certificate of completion is emailed to the DCT. The original certificate is mailed to the intern, and a copy is kept in the intern's file, which is maintained by the Internship Training Director.
- If successful completion of the program comes into question at any point during the internship year, or if an intern enters the formal review step of the Due Process procedure secondary to a concern by a faculty member/supervisor or if an intern receives an inadequate rating on an evaluation, the home doctoral program is contacted. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the intern's progress, is kept engaged and can also support the intern. The home doctoral program is notified of any further action that may be taken by the internship program resulting from the Due Process procedure, up to and including termination from the program.

### **Maintenance of Records**

The Internship Training Director is responsible for maintaining intern records.

- Intern evaluations, certificates of completion, and a record of the internship training experience are maintained indefinitely by the Training Director in a paper file.
- Records related to Due Process procedures are also maintained in the intern's paper file.
- Records related to grievances or complaints are kept in a separate paper file.

Paper files are stored in a locked file cabinet located in the Internship Training Director's office.

## **Benefits and Human Resources**

**Compensation:** \$30,000 annual stipend, paid every two weeks and subject to withholdings for taxes and any costs associated with the medical insurance coverage options selected.

**Medical Coverage** options include United HealthCare NYU Care; United HealthCare EPO Plan; Aetna EPO Plan; United Health Care Plus Plan; or Waive coverage, if covered under another plan. Each plan has a different cost associated with it so interns can select the plan they feel comfortable with, unless they waive coverage because they are covered under another policy.

**Prescription Plan:** A basic prescription plan is provided through CVS Caremark. An Enhanced Prescription Plan is also available.

**Dental Plans** include a choice of either Delta Dental PPO or Cigna DHMO plans.

**Time Off:** 15 vacation days, 12 sick days, and 9 paid holidays

Access to Medical Center libraries.

If an intern needs to request an extended unpaid leave, they must speak with the Internship Training Director. Such leaves may be granted at the discretion of the training director, in consultation with Human Resources. Please note: all internship requirements must be completed within **15 months** of the start date, regardless of leave time taken.

## **On-Boarding**

**Medical Clearance:** As part of the on-boarding process, and in accord with institutional policy, interns are expected to have medical clearance prior to starting their internship. This may require them to visit Occupational Health Services (OHS). OHS will request proof of vaccination or titers for past vaccinations such as Measles/Mumps/Rubella/Varicella, HEP B surface antibodies, TDAP with Pertussis, which interns can either provide evidence of or have drawn at our local Sunrise Labs, free of charge.

TB test in the current year.

An annual flu vaccination is currently required at the start of flu season.

COVID-19 vaccination is not required at this time.

**Verifications:** The Human Resources department coordinates all required verifications including employment verification, education verification, social media screening, and background clearances.

Required Clearances include: SCR (state central registry), SEL (staff exclusion list), Fingerprinting, background checks that include social media checks, as well as criminal background checks, government exclusion lists, and I-9 verification of eligibility to work. There is no cost to the intern for these clearances.

Interns must be authorized to work in the United States. Human Resources may require visa information for international students.

The position does not currently require drug testing.

Human Resources contact person: Sylwia Babkin who can be reached via email at [Sylwia.Babkin@nyulangone.org](mailto:Sylwia.Babkin@nyulangone.org).

### **Non-Discrimination**

The Internship Program is committed to non-discrimination and does not discriminate based on race/ethnicity, color, religion, sex, marital status, national origin, ancestry, age, sexual orientation, gender, disability, or veteran status in its recruitment and retention of interns, faculty or staff. We welcome applicants from various racial groups, ethnicities, sexual orientations, religious, and cultural backgrounds, as well as those with physical disabilities. The internship's didactic and experiential training is designed to foster an understanding of cultural and individual differences as they relate to professional psychology.

The Family Health Center is committed to ensuring equal opportunity. Its equal opportunity/nondiscrimination policy is designed to ensure that employees, interns, faculty, and supervisors understand their rights and responsibilities. The Family Health Center's discrimination complaint procedure is designed to ensure that concerns are handled in a timely and responsive manner. Equal Opportunity is a legal right of all people to be accorded full and equal consideration regardless of protected class regarding all terms and conditions of employment (e.g., hiring, promotion, layoff, demotion, termination, access to training, educational programs, and financial aid).

### **Applying for the Internship**

Currently the internship program offers **two** full-time, 12-month internship positions. Prospective psychology interns apply to a single track which focuses on service delivery to a population across a variety of age ranges and presenting problems. To apply for an internship at The Sunset Terrace Family Health Center at NYU Langone, please visit the APPIC website

([www.appic.org](http://www.appic.org)) to access the online application (APPIC Application for Psychology Internships - AAPI). The internship program follows the standard APPIC Program guidelines.

A complete application consists of the following materials:

1. A completed online AAPI
2. Cover letter (as part of AAPI)
3. A current Curriculum Vitae (as part of AAPI)
4. Three Standard Reference Forms, two of which must be from persons who have directly supervised your clinical work (as part of AAPI).
5. Official transcripts of all graduate coursework.
6. Responses to the APPI essay questions.
7. A writing sample consisting of either a de-identified psychological test report or a de-identified case summary.

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

While not a requirement, applicants who speak Spanish, Arabic, Mandarin or Cantonese may have the opportunity to utilize their language skills during their internship experience. These are the most commonly spoken languages, other than English, among the patient population served at the clinic. Candidates who speak a language other than English are required to have their language skills evaluated (free of charge) through NYU's Bilingual Competency Program (BCP) to assure a level of fluency appropriate for professional practice.

All completed Internship applications are reviewed and evaluated for potential goodness of fit with the internship program. Applicants are notified by phone on or before 12/31 whether they will receive an interview. Interviews are scheduled in January on a first come, first served basis. Interviews take place via videoconference (Zoom and/or WebEX) with the Director in Internship Training or another member of the Training Committee. Interviews are conducted using a standard set of interview questions, although members of the Training Committee may ask additional interview questions of applicants as appropriate. Interviews are 60 minutes long.

The full application package, and information gleaned from the interview process, are utilized to determine applicant rankings. As a member of APPIC, the program participates in the national internship matching process by submitting its applicant rankings to the National Match Service according to the service's guidelines.

The program abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Questions regarding any part of the selection process may be directed to the Internship Training Director, [Joseph.Laino@nyulangone.org](mailto:Joseph.Laino@nyulangone.org).

**APPIC Membership:**

The program is currently a member of APPIC.

APPIC Matching Code: **255211**

Total number of available positions: 2

The program is **not** accredited by the American Psychological Association.

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

*Office of Program Consultation and Accreditation*

*American Psychological Association*

*750 1st Street, NE, Washington, DC 20002*

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

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

**Internship Personnel**

Internship Training Director

Joseph Laino, PsyD

Internship Supervisors/Training Committee

Andrea Henry, PsyD

Joseph Laino, PsyD

Jon Marrelli, PsyD

Yessenia Mejia, PsyD

Juan Rodriguez, PsyD

**Clinic Administration**

Elizabeth Janopaul-Naylor, MD, Medical Director

Ruth Gerson, MD Associate Medical Director

Sean Pavlow, MPA, LMSW, Senior Administrative Director

Sarah Davison-Duffy, LCSW, Director of Clinical Operations

Joseph Laino, PsyD, Assistant Director of Clinical Operations

## Appendix 1A.

### **Due Process Procedure Psychology Internship Training Program Family Health Centers at NYU Langone Sunset Terrace**

#### **Due Process Procedure.**

If there are concerns about an intern's performance, this due process procedure seeks to provide the intern with a respectful framework in which those concerns will be addressed and includes the opportunity for the intern to appeal a decision they do not feel satisfied with. The Due Process procedure may be initiated at the behest of the Supervisor, the Director of Internship Training, or if the Intern receives a score of 2 or below on any of the learning elements in the evaluation. The formal components of the due process procedure include: Notification that Due Process has been initiated, a hearing, and an appeal process.

#### *Informal resolution of concerns.*

Concerns about an intern's performance are initially handled through regular supervisory channels. This shall be defined as a discussion between the trainee and supervisor, resulting in a resolution satisfactory to both parties. This discussion occurs in the course of regularly scheduled supervisory meetings. It is the supervisor's responsibility to address these concerns with the intern, either verbally or in writing, as soon as the supervisor is aware of the concern. The supervisor should specifically tell the intern that they are in the informal resolution phase of the Due Process procedure. It is the responsibility of the supervisor to monitor the process and document the outcome in their supervisory log. If the concern is unable to be resolved informally, then the formal Due Process procedure is initiated as outlined below.

#### *Formal Due Process Procedure*

**STEP 1. Notification.** If an issue remains unresolved after the informal discussion outlined in STEP 1, the supervisor must notify the intern, in writing, as soon as possible but not more than 5 business days after the informal meeting, that the formal Due Process procedure is being initiated with step 1, notification. The supervisor must simultaneously inform the Director of Internship Training that Due Process is being initiated.

Alternatively, the nature of some concerns may not be amenable to an informal resolution and may be first initiated through notification. In such cases, the same time frames apply. The supervisor must notify the intern, in writing, as soon as possible, but not more than 5 business days after becoming aware of the concern that the formal Due Process procedure is being initiated. The supervisor must simultaneously inform the Director of Internship Training that Due Process is being initiated.

**STEP 2. Hearing.** There will be a meeting, within 5 business days of notification, between the Director of Internship Training, the Supervisor, and the Intern to address the issue. If the issue can be resolved in this meeting, the resolution will be documented by the Supervisor in their supervision log and, if the resolution is agreeable to all parties, no further action is required.

**STEP 3.** If the issue remains unresolved after STEP 2 (“the hearing”), then the Director of Internship Training, with input from the Training Committee, and Supervisor, will draft a **written training plan** to be signed by the involved parties (trainee, supervisor, director of internship training). This plan will be presented to the intern within 5 business days of the Hearing and a copy will be kept by the Director of Internship Training until resolution of the issues. The Director of Internship Training and/or supervisor may incorporate this information in the bi-annual evaluation of the intern. The written training plan will be reviewed by the Internship training director in conjunction with the internship training committee, who will monitor the process until it reaches successful closure, as agreed upon by all parties involved. The plan will be time-limited and goals will be monitored on a consistent basis for not more than 6 weeks (or less is deemed appropriate), at which time the plan will be reviewed to determine if the intern has resolved the issue or is making sufficient progress such that successful completion seems likely.

The written training plan will include: 1) The actual behaviors or skill associated with the problem; 2) The specific action to be taken to rectify the problem; 3) The time frame within which the problem is expected to be ameliorated; and 4) The procedures designed to ascertain whether the problem has been remediated. The Director of Internship Training will inform the intern in writing if the problem has been remediated by the designated time specified in the plan.

The Director of Internship Training will notify the Director of Clinical Training (DCT) **at the student’s graduate program** of the Training Committee’s concerns about the intern’s performance and a copy of the specific training plan will be forwarded to the DCT at the clinician’s graduate program. The DCT at the intern’s graduate program will be kept abreast of the student’s progress at regular intervals, as deemed appropriate and agreed upon with the Director of Internship Training.

**STEP 4. Appeal** If the trainee disagrees with the plan, or any specific aspect of the plan, he or she can **appeal** the plan by submitting a request for appeal in writing to the Internship Training Director within 5 business days of the plan being provided to the intern. The Training Committee will meet to discuss the merits of the appeal within 5 business days of the appeal being requested. The intern’s direct supervisor will be responsible for informing the student of the outcome of the appeal as soon as possible but not more than 5 business days from the decision being reached. The Director of Internship Training will be responsible for notifying the Director of Clinical Training at the student’s home graduate program of the appeal and its outcome within 5 business days of the decision being rendered by the Training Committee. The intern can request a second, and final, level of appeal to the Director of Behavioral Health Clinical Operations and/or the FHC Medical Director by making the request in writing, within 5



business days of the initial decision being rendered. The Medical Director, Director of Behavioral Health Clinical Operations, or their designee will have final authority to accept, deny, or modify the plan as they deem appropriate. The decision of the second appeal is considered final and binding.

**STEP 5.** In the event the trainee fails to accomplish the tasks designated in the plan successfully or otherwise follow the steps outlined in the plan, administrative action, possibly including suspension or termination, may be recommended at the discretion of the Medical Director in conjunction with the Director of Internship Training, the Internship Training Committee, Director of Clinical Operations, and the Senior Administrative Director. The Director of Internship Training will notify the Director of Clinical Training at the intern's home graduate program, in writing, of any actions taken within 5 business days of said actions being taken. Prior to any recommended administrative action, such as termination, Human Resources would also be consulted.

Gross misconduct or ethical violation can result in immediate termination from the program.

## Appendix 1B

### **Grievance Procedure Psychology Internship Training Program Family Health Center at NYU Langone – Sunset Terrace**

#### **Grievance Procedure**

This grievance procedure is intended to address any grievance that may arise as a result of complaints of unethical or substandard behavior by the supervising psychologist, the director of internship training, any member of the training committee, a fellow intern, any staff member, including but not limited to clinical, administrative, or support staff. This grievance procedure would also be utilized if the intern has a complaint of harassment of any kind, or a complaint about any aspect of their experience at the Family Health Center/NYU Langone Health or with any of its personnel.

**STEP 1. *How to Submit a Grievance.*** If the intern has a grievance, this is initially handled through established channels. This is defined as a discussion of said issues between the supervisee and supervisor until an adequate resolution, acceptable to both parties, is reached. To submit a grievance: The student should *notify their supervisor, in writing, as soon as the concern arises* and the supervisor should notify the Director of Internship Training, in writing, as soon as the supervisor becomes aware of the concern.

If the intern's concern involves their supervisor, and the intern does not feel comfortable addressing the issue directly with their supervisor, the intern should notify the Director of Internship Training, in writing, as soon as the concern arises and the Director of Internship Training will meet with the intern, eliminating the need for Step 2. The rest of the steps will follow sequentially as outlined below.

**STEP 2.** If the difficulties remain unresolved after meeting with their supervisor, the Director of Internship Training is to be notified within 5 business days that the issue is unresolved. A meeting will be initiated to include the trainee, the supervisor, and the Director of Internship Training. The purpose of the meeting is to resolve said difficulties through mutual agreement between the involved parties.

**STEP 3.** If unresolved, the Director of Clinical Operations and/or the Medical Director would be notified, in writing, by the Director of Internship Training, as soon as possible but no later than 5 business days from the date of the meeting described in STEP 2. If necessary, a written plan delineating specific steps toward resolution will be developed and agreed upon by all parties involved. Copies of the plan will be kept by the Director of Internship Training in a separate Grievance folder and maintained in accord with institutional policies regarding record retention. The issue may be incorporated into the staff member's annual performance evaluation. This procedure does not preclude an intern from notifying NYU Langone Health's compliance office, Department of Human Resources, applicable state licensure board(s), the state ethics committee, the NYS Office of Mental Health (OMH), OSHA, JCAHO, APPIC, or the APA.

## Appendix 2.

### Sunset Terrace Family Health Center at NYU Langone

#### Psychology Internship Program - Intern Evaluation

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_ Training  
site: \_\_\_\_\_

Methods used in evaluating competency:

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

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#### *Scoring Criteria:*

<b>1 -- Remedial</b> Significant skill development required; remediation necessary
<b>2 -- Beginning/Developing Competence</b> Expected level of competence pre-internship; close supervision required on most cases
<b>3 -- Intermediate Competence</b> Minimal Level of Achievement (MLA) at mid-point of training program; routine or minimal supervision required on most cases
<b>4 -- Proficient Competence</b> Minimal Level of Achievement (MLA) at completion of training program; ready for entry-level practice*
<b>5 -- Advanced Competence</b> Rare rating for internship; able to function autonomously with a level of skill representing that expected beyond the conclusion of internship training

*\*Ready for entry-level practice is defined as (IR C-8 I):*

- 1. the ability to independently function in a broad range of clinical and professional activities;*
- 2. the ability to generalize skills and knowledge to new situations; and,*
- 3. the ability to self-assess when to seek additional training, supervision, or consultation*

<b>Competency 1 - Intern will achieve competence in the area of: Research</b>	
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

<b>Competency 2 - Intern will achieve competence in the area of: Ethical and Legal Standards</b>	
Demonstrates knowledge of and acts in accordance with each of the following:	
The current version of the APA Ethical Principles 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;	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas	
Conducts self in an ethical manner in all professional activities	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	

Comments:	
<b>Competency 3 - Intern will achieve competence in the area of: Individual and Cultural Diversity</b>	
<p>Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself</p> <p>Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities</p> <p>Integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles</p> <p>Applies a framework for working effectively with areas of individual and cultural diversity</p> <p>Works effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own</p>	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

<b>Competency 4 - Intern will achieve competence in the area of: Professional Values and Attitudes</b>	
<p>Behaves in ways that reflect the values and attitudes of psychology</p> <p>Engages in self-reflection regarding personal and professional functioning</p> <p>Engages in activities to maintain and improve performance, well-being, and professional effectiveness</p> <p>Actively seeks and demonstrates openness and responsiveness to feedback and supervision</p>	

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

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

Comments:

**Competency 5- Intern will achieve competence in the area of: Communication and Interpersonal Skills**

Develops and maintains effective relationships with a wide range of individuals

Demonstrates a thorough grasp of professional language and concepts

Produces, comprehends, and engages in communications (oral, nonverbal, and written) that are informative and well-integrated

Demonstrates effective interpersonal skills and the ability to manage difficult communication well

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

Comments:

**Competency 6 - Intern will achieve competence in the area of: Assessment**

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

Demonstrates understanding of human behavior within its context

Applies knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process

Selects and applies assessment methods that draw from the best available empirical literature

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

Interprets assessment results to inform case conceptualization, classification, and recommendations while guarding against decision-making biases

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

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE

Comments:

### **Competency 7 - Intern will achieve competence in the area of: Intervention**

Establishes and maintains effective relationships with recipients of psychological services

Develops evidence-based intervention plans specific to the service delivery goals

Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables

Demonstrates the ability to apply the relevant research literature to clinical decision making

Modifies and adapts evidence-based approaches effectively

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

AVERAGE SCORE FOR BROAD AREA OF COMPETENCE
Comments:

Competency 8- Intern will achieve competence in the area of: Supervision	
Applies overall knowledge of supervision in direct or simulated practice with psychology trainees or other health professionals	
Applies the supervisory skill of observing in direct or simulated practice	
Applies the supervisory skill of evaluating in direct or simulated practice	
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	
Comments:	

Competency 9 - Intern will achieve competence in the area of: Consultation and Interprofessional/Interdisciplinary Skills	
Demonstrates knowledge and respect for the roles and perspectives of other professions	
Applies knowledge about consultation in direct or simulated (e.g. role played) consultation	
AVERAGE SCORE FOR BROAD AREA OF COMPETENCE	



Comments:

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

Comments on Intern's overall performance:

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

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Intern Signature

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Supervisor's Signature

### Appendix 3.

## Intern's Evaluation of the Supervisory Experience

Supervisee: \_\_\_\_\_  
Date Completed: \_\_\_\_\_

Supervisor \_\_\_\_\_  
(circle one) Mid Year End Year

This form enables you, as a supervisee, to provide constructive feedback to the internship program about your experience of your supervisor and the supervision you received. The ratings are: (3) Exceeds Expectations, (2) Meets Expectations, or (1) Attention Desired and should be based on your experience with your supervisor relative to other supervisory experiences you have had. Rate only those items appropriate to your training experience. If you are unable to rate a particular item, please select N/A. Feel free to give narrative feedback in the designated areas as well. If you need more space, please feel free to add additional sheets to the form. Your honesty and participation is essential to helping us improve the internship program. Thank you!

**The Supervisor:**

	Attention Desired	Meets Expectations	Exceeds Expectations	
1. Was accessible for discussion, consultation, and questions	1	2	3	N/A
2. Scheduled supervision session appropriately and consistently	1	2	3	N/A
3. Allotted sufficient time during supervision for questions	1	2	3	N/A
4. Was interested in and committed to supervision	1	2	3	N/A
5. Set clear objectives and expectations for the training experience	1	2	3	N/A
6. Provided at least 1 direct observation of supervisee's patient contact	1	2	3	N/A
7. Presented a positive role model	1	2	3	N/A
8. Maintained appropriate interpersonal boundaries in supervision	1	2	3	N/A
9. Provided constructive and timely feedback to intern	1	2	3	N/A
10. Encouraged an appropriate degree of independence	1	2	3	N/A
11. Demonstrated concern for the intern's progress, challenges and ideas	1	2	3	N/A
12. Communicated effectively with the intern	1	2	3	N/A
13. Interacted respectfully with the intern	1	2	3	N/A
14. Assigned cases appropriate for the intern's training needs	1	2	3	N/A
15. Was sensitive to ethical standards and legal issues	1	2	3	N/A
16. Overall rating of supervision with this supervisor	1	2	3	N/A

Additional Comments:

Describe how your experience of supervision contributed to your learning:

Describe how supervision could be enhanced to better meet your learning needs:

**Please return this form to the Director of Training**

## Appendix 4

### Intern's Individualized Training Plan

**Supervisee Name:** \_\_\_\_\_

**Date Initiated:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

Individualized training plans are designed to assist interns and supervisors to establish and clearly delineate their training goals and plan for training during the internship year. Interns and their supervisors are encourage to collaborate on the development of this training plan and mutually agree upon both the goals and the plan to achieve those goals. Please feel free to add more goals as needed and additional pages as required.

Intern's goals for the training year:

1)

2)

3)

4)

Plan for training to achieve the above goals

1)

2)

3)

4)

Goals should be established at the start of the internship year, re-assessed at the time of the mid-year evaluation and discussed as part of the final evaluation.

\_\_\_\_\_  
Intern Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Training Director Signature

Date: \_\_\_\_\_

Appendix 4A.

## **Interns Individualized Training Plan (Review)**

**Supervisee Name:** \_\_\_\_\_

**Mid Year Review Date:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**End Year Review Date:** \_\_\_\_\_

The purpose of this review is to revisit the intern's individualized training goals and discuss the need for revisions or additions as needed. This form should be completed at the time of the mid-year review and again at the time of the end-year review. At the time of the end-year review, supervisor and intern should be look at whether the goals were met according to the intern's needs and perhaps suggest areas for future training/professional development.

Interns goals for the training year:

1)

2)

3)

4)

Plan for training to achieve the above goals

1)

2)

3)

4)

Comments:

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\_\_\_\_\_  
Intern Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Training Director Signature

Date: \_\_\_\_\_

## Appendix 5.

### Electronic Health Record (EPIC) Competencies

Interns will become familiar with the following competencies in the electronic health record:

- 1) Progress note documentation, including entering session start/end times, the diagnostic code, treatment plan goals/objectives, progress note, CPT code, date of next session, and routing to supervisor for their co-signature. Progress notes are required to be written *as soon as possible* but no later than 3 working days after the service was delivered. A progress note is required for every clinical encounter, no exceptions.
- 2) Treatment Planning – Individual Treatment Plans are developed initially within 30 days of admission to the clinic program and are reviewed annually thereafter. However, if the frequency or intensity of services **increases** for any reason, the treatment plan must be formally reviewed at the time of the increase. All treatment plans are forwarded to a psychiatrist for their co-signature.
- 3) Telephone Encounter – Any telephonic communication with or on behalf of a patient must be documented in a telephone encounter.
- 4) No Show Documentation – When a client “no shows” for a session, it is the responsibility of the intern to follow-up and outreach to the client. The intern will follow the “No Show Documentation” workflow in the electronic health record.
- 5) Discharge Summaries – If the patient is being discharged because they have achieved their goals, refused treatment, relocated, or have been lost to contact, a discharge summary must be completed in the electronic health record. This includes removing the intern from the care team and documenting that the case is closed in the Appointment Desk so that PSA staff can appropriately direct their call should a patient with a closed case call to schedule an appointment. Discharge Summaries are completed as “Chart Notes.”
- 6) Letter Functionality – All interns must be familiar with how to send a letter through the electronic health record.
- 7) Safety Planning – All interns must be familiar with how to develop a safety plan with the client in the letter functionality.
- 8) Flow Sheet Documentation – Interns must be familiar with flow sheet documentation, which is where we complete screening instruments such as the PHQ9, the TAPS, and CSSRS among other instruments.
- 9) In-basket functionality – Interns must be comfortable using the in-basket to communicate with members of the care team, their supervisor, the clients, and other departments such as intake and psychiatry. Appointments are scheduled directly with assigned PSA (Patient Service Associate) staff through the in-basket functionality.
- 10) EPIC secure Chat – Interns must be able to use EPIC secure chat to communicate with members of the care team.
- 11) Intake Documentation – Intake documentation includes the Intake Screening, the Psychosocial Assessment, and various screening instruments such as the full version of the CSSRS (Columbia Suicide Assessment Rating Scale) and the PHQ9 Depression inventory, among others.
- 12) Remember – We are all risk managers and risk management is the responsibility of every person in the clinic.
- 13) Finally, and most importantly, if it isn’t documented – IT DIDN’T HAPPEN.

There are specific tip sheets and trouble-shooting guidelines for each of the competencies listed in this appendix. There is hands-on training at the beginning of the year to teach interns about the EPIC workflows.

## Appendix 6

### **Seminar Evaluation Sunset Terrace Family Health Center Psychology Internship/Externship and Social Work Internship Training Programs**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Seminar: \_\_\_\_\_

Seminar Instructor: \_\_\_\_\_

**The Instructor:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1) Seminar instructor presented the material clearly	1	2	3	4	5
2) Seminar instructor was well-prepared/organized	1	2	3	4	5
3) Seminar instructor invited questions/encouraged discussion	1	2	3	4	5
4) Seminar instructor respected diverse points of view	1	2	3	4	5
5) Seminar instructor had a good understanding of the topic	1	2	3	4	5

**The Seminar:**

1) Seminar was applicable to your work	1	2	3	4	5
2) Content was appropriate for the amount time allotted	1	2	3	4	5
3) Seminar taught you something new	1	2	3	4	5
4) Seminar was interesting to me.	1	2	3	4	5
5) I would recommend this seminar to future students	1	2	3	4	5

Other thoughts about this seminar not covered above:

Name one way your practice will change as a result of attending this seminar:

What was most helpful about this seminar?

What suggestions would you make to improve this seminar?

Social Work Interns: Please return to Sandy Lulu, LCSW-R  
Psychology Interns/Externs: Please return to Joseph Laino, Psy.D.

## Appendix 7

# APA ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

The internship training program strictly adheres to the American Psychological Association's APA Ethical Principles of Psychologists and Code of Conduct (2017). An important component of the training program is for interns to be able to identify ethical dilemmas and act in accord with the ethical principles set forth by the APA. These issues can be discussed in supervision to help the intern clarify their thinking and decision making around ethical issues and act with the utmost degree of professionalism and the highest ethical standards.

Interns should familiarize themselves with the APA's Ethical Principles and Code of Conduct which can be found at the following link:

<https://www.apa.org/ethics/code/ethics-code-2017.pdf>

Please feel free to consult with your supervisor, any member of the training committee, or the training director *at any time* should you have a question or concern.

All the best for a productive and fulfilling training experience!

Thank you.

Joseph Laino, Psy.D.  
Internship Training Director