



**Stony Brook University**  
Consortium Internship Program (SBU-CIP)

# Psychology Doctoral Internship Program Brochure

Leonard Krasner Psychological Center (KPC)

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### A. Program Philosophy and Training Aims

The Stony Brook University Consortium Internship Program (SBU-CIP) offers a full-time, 12-month, doctoral internship in clinical psychology to qualified students in doctoral psychology programs. The SBU-CIP includes three-member agencies: the **Leonard Krasner Psychological Center (KPC)**, a psychology training clinic associated with the doctoral program in clinical psychology, Department of Psychology (College of Arts and Sciences), the **Mind Body Clinical Research Center (MBCRC)**, an outpatient facility associated with the Department of Psychiatry & Behavioral Health (Stony Brook Medicine), and the **Stony Brook University Hospital (SBUH; Stony Brook Medicine)**, Long Island's premier academic medical center and an academic hospital that provides general health services to the community, and which serves as the region's only tertiary care center and Regional Trauma Center, among other medical specialties. Although completely distinct in administration and location, member agencies are part of the Stony Brook University (SBU). The SBU-CIP is partially affiliated with the SBU doctoral program in clinical psychology.

The overall aim of the SBU-CIP is to train and educate psychology interns to practice professional psychology competently based on a clinical scientist model. The training philosophy is informed by the Evidence Based Practice in Psychology (EBPP) approach, which encompasses the notion that best practice is grounded in the integration of the best available research with clinical expertise in the context of key patient characteristics (including culture, diversity, and preferences). A scientifically-minded approach informs every aspect of the SBU-CIP program. The patient population includes children, adolescents, and adults. For this upcoming training year, there are 4 adult track positions and 2 child track positions available.

The SBU-CIP is designed to provide interns with training and experiences in delivering services across various settings, including outpatient mental health facilities and hospital-based programs (e.g., psychiatric emergency medicine, inpatient psychiatry, and consultation/liaison). Training includes experience in delivering cognitive-behavioral therapies (CBT), including elements of third-wave CBT models, behavioral medicine, integrated care in primary care settings, and in-hospital consultation and liaison services.

The SBU-CIP is committed to providing interns with the necessary training that will enable them to develop and strengthen "generalist" skills. This is accomplished through instruction, supervision, and direct clinical experience in a wide spectrum of functions engaged in by a professional psychologist, including psychological assessment/evaluation, provision of psychotherapy services to clinical populations, supervision of others, and consultation and liaison services. An additional aim of the SBU-CIP is to train interns to fulfill their professional responsibilities upholding the highest standards of professional conduct and in ways that are thoughtful, compassionate, skillful, culturally sensitive, and ethical.

The SBU-CIP emphasizes the continual professional development of interns by building upon their existing skills and competencies and providing them with additional training in evidence-based methods. Each main program or rotation is designed to provide interns with training that is sequential, cumulative, and graded in complexity. Upon completion of the internship, SBU-CIP interns will have acquired the knowledge, skills, and professionalism to move to the post-doctoral resident level. The goals of SBU-CIP are accomplished by capitalizing on the academic training resources and the professional expertise of the SBU faculty. To this end, the three member agencies, the KPC, MBCRC, and SBUH, have pooled resources to deliver a training and experiential program that provides interns with a breadth and depth of training.

### B. General Information/Appointment

The internship includes approximately 40 hours of training weekly, including direct face-to-face delivery of psychological services, didactics/clinical workshops, supervision, reading/research, and administrative responsibilities, for a minimum total amount of 2,000 doctoral internship hours.

At the present time, six psychology internship positions with the New York State employee title of Counselor, Staff Level are available annually. The internship appointment is for twelve (12) months, with an August 1 start date and an end date of July 31. Interns are paid a salary of \$40,187.50, with university professional staff benefits (New York State Health Insurance Plan for individuals, dependents, and domestic partners; prescription, dental, and vision plans; parking; and gym and library privileges). Please note, per NY state contract, the health benefits go into effect 42 days after the start of the internship. Interns are eligible for the following amount of time off:

- Thirteen (13) legal holidays;
- Twelve (12) sick days;
- Five (5) professional development days (e.g., dissertation defense, conference, etc.); and
- Twelve (12) vacation days.

Vacation and professional leave approval is based on satisfactory progress toward accrual of direct clinical service hours required to complete internship. Interns are required to obtain approval from the TD, Co-TD and rotation supervisors a minimum of 2 weeks prior to taking vacation or professional development days, and supply the TD with a record of all time taken off. Interns are required to be on the premises for their final day of work (last weekday in July) and are not permitted to utilize accrued vacation time to shorten the length of their internship obligation in the absence of a formal petition to the TD. Thus, interns are strongly discouraged from taking their vacation or professional development days during the last two weeks of the training year, due to year-end mandatory tasks. Only under exceptional circumstances will the TD approve such requests.

*Parental Leave:* Interns are entitled to a maximum of twelve weeks of *unpaid* parental leave immediately following the birth of a child or upon either the initial placement or the legal adoption of a child under eighteen years of age. When possible, notice should be provided to the TD and the intern's supervisors a minimum of 30 days prior to anticipated parental leave. However, per APPIC mandates, in addition to satisfactorily complete internship program requirements, interns who take a parental leave will also need to complete a full 12-month internship. As such, they may have to extend their internship time as an unpaid volunteer affiliate until all internship requirements (time and tasks) have been completed.

*Professional Leave:* Professional leave may be granted for interns to attend professional conferences, workshops, job interviews, doctoral paper defenses, or appropriate professional development activities. Interns may use their professional days allowance and/or vacation days for the professional leave(s). However, they must notify the TD and their supervisor at least two weeks prior to the anticipated leave(s). NOTE: Interns will not be reimbursed for expenses associated with professional leave activities.

*Research:* Interns may have the opportunity to engage in research at individual internship sites and/or programs. Research opportunities may vary from year to year depending on the availability of grant funding. It's helpful to express specific research interests/mentors of interest at the time of application. These activities should be negotiated with the TD. In alignment with the aims and mission of our internship, interns are granted 4 hours/week to be used for research or other professional development activities, as discussed with the TD.

### **Academic and Religious Accommodations**

*Academic:* Interns with documented physical, psychological, learning, or temporary disabilities may receive assistance and support from Student Accessibility Support Services (SASC). Interns with disabilities should see SASC's website for specific documentation guidelines and contact a SASC associate to discuss available accommodations.

*Religious:* Interns are allowed unpaid time off to observe religious holidays. Interns must notify their supervisor and training director of time-off needed for religious purposes in advance. Time off used for religious holidays must be taken either as vacation, personal day or unpaid leave.

## **C. Accreditation Status**

The SBU-CIP is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), member site # 2371, and it can be found in the National Matching Services (NMS) rank system as program code #2371-11 (Adult Tracks) and #2371-12 (Child Tracks). The SBU-CIP is accredited by the American Psychological Association Commission on Accreditation as of November 29<sup>th</sup>, 2017, (APA CoA; expiration November 2027).

Questions related to the program's accreditation status should be directed to the APA Commission on Accreditation:

Office of Program Consultation and Accreditation  
 American Psychological Association  
 750 1<sup>st</sup> Street, NE, Washington, DC 20002  
 Phone: (202)336-5979 / Email: [apaacred@apa.org](mailto:apaacred@apa.org)  
 Website: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

## II. The SBU-CIP Member Agencies

### A. Leonard Krasner Psychological Center (KPC)

The KPC is a psychology training clinic housed in the Department of Psychology and associated with the doctoral program in clinical psychology at Stony Brook University (SBU). [The SBU clinical psychology doctoral program is currently ranked 3<sup>rd</sup> among clinical psychology doctoral programs in the country (2016, U.S. News and World Report, Best Graduate Schools) and is accredited by the Psychological Clinical Science Accreditation System (PCSAS).] The mission of the KPC is twofold, namely, (a) to provide high quality experiential training in the delivery of psychological services to trainees in the associated doctoral program, externs, doctoral interns, and post-doctoral residents; and (b) to provide evidence-based mental health services to the campus and nearby communities. In addition to administrative personnel, the KPC staff includes trainees at different levels of training (as listed above) and clinical supervisors, including the director of the KPC who serves as the main supervisor for all advanced trainees, supervising faculty from the associated doctoral program, and supervisors from the SBU-CIP. All supervisors at the KPC are doctoral level psychologists, and all the principal supervisors for the SBU-CIP are New York State licensed psychologists.

Consistent with the clinical scientist model shaping the doctoral program in clinical psychology at SBU, the internship program at the KPC is designed to integrate science and practice through the EBPP approach described earlier. Interns attain clinical experiences across a wide range of evidence-based general, as well as specialized, psychological services. The KPC patient population is drawn from the campus and surrounding communities, and psychological services encompass assessment and treatment with patients of all ages, although adult populations are overrepresented. Treatment is provided via individual, dyadic, family, and group therapy modalities.

Psychotherapy services at the KPC are based on Cognitive-Behavior Therapy models and include treatment of a wide range of clinical problems as typically found in outpatient treatment facilities, including anxiety disorders, depressive disorders, adjustment disorders, stress related problems, relationship/couple issues, disordered eating, phase of life difficulties, learning difficulties, conduct problems, ADHD, obesity/disordered eating, pain management, and co-morbidities among these problems; excluded are acute untreated psychotic disorders and severe substance abuse/addictions. In addition, the KPC offers specialized treatment clinics, such as the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression program, the Exposure/Response Prevention (E/RP) Center for Excellence for the treatment of anxiety disorders, the Couples/Relationship Treatment program, and a number of group treatment programs (e.g., Executive Skills Training for ADHD, CBASP for depression, Unified Protocol for Mood Disorders, Parent Management Training, etc.). The KPC also provides a broad range of psychological assessment services, including comprehensive psychological and/or psycho-educational evaluations for Learning Disabilities/learning problems, disability determination, mental health clearance, and giftedness. Interns practicing in the KPC will have the opportunity to provide supervision to graduate students in SBU's Clinical Psychology doctoral program.

The patient population at the KPC includes patients from the nearby communities in Suffolk County, Long Island, as well as students from SBU referred by the campus Counseling and Psychological Services (CAPS). Approximately half of the patients at the KPC are SBU students. Demographics for the student patient population, as of 2023, are as follows: 44% Asian, 44% White, 15% Hispanic/Latino, 10% African-American/Black and 1.5% Other; 61% are males and 39% are females. Their ages range from 18 to 28 years old. Demographics for the non-student patient population are as follows: 78% Caucasian, 5% African-American/Black, 2% Asian, 5% Hispanic/Latino, and 7% Other; 47% are males and 53% are females. Their ages range from 5-60 years old. Principal diagnoses include anxiety disorders, depressive disorders, adjustment disorders, interpersonal problems, learning difficulties, ADHD, PTSD, ASD, Conduct Problems/ODD, and diagnostic co-morbidities. In fact, approximately 50% of the patient population has more than one diagnosis. As the KPC is a psychology training clinic, services are not covered by third party payors. However, the fees at the KPC are very low in comparison with those of local practitioners, and are based on a sliding scale according to family income. Consequently, most of the KPC patient population comes from middle/low SES backgrounds.

### B. Mind Body Clinical Research Center (MBCRC)

A 15-minute walk from the KPC, the MBCRC is an outpatient mental health and research center co-located with the Outpatient Psychiatry Department on South campus. The mission of the MBCRC is to improve the mental and physical health of individuals and communities through providing holistic clinical services, conducting basic and applied cutting-edge research, and training tomorrow's clinical research leaders. The MBCRC staff includes clinical psychologists engaged in clinical services, research, and training.

The MBCRC provides a range of services including psychodiagnostics evaluations/consultations, individual therapy, and group-therapy. Services may be offered in person or via telemedicine. Individual and group services are informed by CBT and third-wave approaches including Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). In addition, the MBCRC offers specialty programming including a fully adherent DBT Program for adolescents and adults and a comprehensive weight management program called Step into Health. There are also training experiences available focused on bi-lingual and bi-cultural care for Latine/x communities as part of a program called Conexiones. The MBCRC is committed to increasing community access to affordable care and, as such, emphasizes time-limited evidence-based individual therapy and group-based services. Group psychotherapy services may vary from year to year depending on faculty availability and trainee interest. Groups typically offered at MBCRC/Outpatient Psychiatry include Adult DBT Skills Group, DBT University Group (emerging adults), Radically Open DBT Skills Group (RO-DBT), Unified Protocol for Anxiety Disorders, CBT for Depression, Behavioral Weight Management, Stress Management and REsilience Training (SMART; for co-occurring mental and physical health problems), The Incredible Years (parent training), and CBT for Insomnia (offered at Family Medicine).

The MBCRC also has an active research program including randomized clinical trials (RCTs) evaluating the efficacy and effectiveness of CBT, DBT and mind-body treatments. Additional research foci include the implementation practices for increasing access to care such as the stepped care model, self-guided treatments, and the delivery of care via telemedicine and online technologies. Thus, interns may choose to participate in research training experiences at the MBCRC including data analyses, manuscript preparation, and grant writing—such activities may require additional time outside of the standard internship unless otherwise discussed with the TD.

The patient population served at the MBCRC reflects the larger patient population accessing services from the Outpatient Psychiatry Department at SBUH. Patient demographics are as follows: 86% Caucasian, 6% Hispanic, 3% African American, 5% Other; 68% female and 32% male; and, 20% 18-30 years old, 27% 31-45 years old, 40% 46-60 years old, and 13% over 60 years old. Child and adolescent patients and their caregivers are also seen at the MBCRC. The MBCRC accepts most health insurances for group programs and also provides individual therapy and some group services on a fee-for-service basis.

The MBCRC member agency includes an associated program:

#### Obesity and Weight Management Clinic (OWMC)

The OWMC is located within the Bariatric and Metabolic Weight Loss Center (BMWLC), housed both in the SBUH and in a satellite outpatient medical facility located approximately 4 miles from the SBU campus. The OWMC provides pre-surgical psychiatric diagnostic evaluations and pre- and post-surgical interdisciplinary skills training groups in an outpatient interdisciplinary setting. At the OWMC, psychologists and interns are co-located with surgeons, dietitians, physical therapists, nurses, and nurse practitioners in an interdisciplinary setting, allowing for informal and formal consultations regarding treatment planning for patients. Patients served by this clinic have been diagnosed with obesity and have a number of co-morbid chronic medical and psychological/psychiatric conditions. Patients come from a variety of socioeconomic, racial, and ethnic backgrounds.

Psychological services at the OWMC are based on CBT models and include pre-bariatric surgery psychiatric diagnostic evaluations, and assessment and treatment of obesity, disordered eating, chronic pain, maladaptive health behaviors affecting general medical conditions, anxiety disorders, depressive disorders, stress related problems, and difficulties related to adjustment following bariatric surgery. Clients ages 16 and over are treated at the OWMC; however, the majority of the patient population includes adults.

Interns have the opportunity to conduct comprehensive psychological evaluations with bariatric surgery candidates, conduct pre- and post-surgery groups, and participate in inter-disciplinary team meetings to coordinate patient care. Additionally, interns will be involved in teaching the “Advanced Communication and Counseling Course on CBT for Dietitians”. This experience involves teaching a Spring and, depending on enrollment, Summer, web-based 15-week course(s) on advanced communication and counseling to students in the Nutrition Masters’ Program through the Department of Family Medicine. As the course material is already developed, the bulk of the “work” includes grading a final exam; nevertheless, this internship experience strengthens the interns’ teaching competencies. The class size does not exceed 20 students. Finally, research opportunities are also available.

Note: The director of psychological services at the OWMC, Genna Hymowitz, Ph.D., serves as the main internship clinical supervisor for this program, and is also a main faculty/clinical supervisor at the MBCRC. Thus, the two programs enjoy a close collaborative relationship.

Approximately 72% of the patients at the OWMC are Caucasian, 12.1% Hispanic, 8.6% African-American, and 6.8% bi-racial, Asian or other; approximately 80% are female. The majority of patients treated at the OWMC have a primary diagnosis of morbid obesity, but have a number of comorbid medical and psychological conditions, including diabetes, hypertension, cardiovascular disease, hernia, irritable bowel syndrome, fibromyalgia, gastroesophageal reflux disease, osteoarthritis, rheumatoid arthritis, traumatic brain injury, somatic symptom disorder, major depressive disorder, depressive disorder, unspecified, generalized anxiety disorder, post-traumatic stress disorder, schizophrenia, schizoaffective disorder, social phobia, specific phobia, bipolar disorder, borderline personality disorder, and schizophrenia. The OWMC Psychology Team assesses and treats between 300 and 350 patients per year.

## **C. Stony Brook University Hospital (SBUH)**

A 10-minute walk from the KPC and the MBCRC is SBUH – Long Island’s premier academic medical center and an academic hospital that provides general health services to the community. SBUH serves as the region’s only tertiary care center and Regional Trauma Center, among other medical specialties. The Department of Psychiatry & Behavioral Health operates several programs/units:

### **(a) Comprehensive Psychiatric Emergency Program (CPEP)**

The CPEP, located within the SBUH Emergency Department, provides emergency psychiatric services to people in urgent need of psychiatric evaluation, acute intervention, and referral services 24 hours per day, 7 days per week. After patients are screened for medical complications, they receive a psychiatric evaluation. Those in need of on-going care are referred to mental health services in the community, while patients who require hospitalization are admitted to the hospital or transferred to psychiatric units throughout Suffolk County. Patients who require extended observation to complete their evaluation may be admitted to CPEP for up to 72 hours. The CPEP includes a multidisciplinary team composed of physicians, nurses, and mental health professionals.

Patients present to CPEP with various psychiatric emergencies, including substance abuse, suicidality, psychosis/schizophrenia, Major Depressive Disorders with Psychosis, Bipolar Disorders, Anxiety Disorders, and mental health issues related to homelessness. This hospital-based psychiatric emergency service is licensed by the New York State Office of Mental Health.

Interns work closely with a multidisciplinary team, under the supervision of the unit psychologist, to evaluate and coordinate care for individuals in urgent need of psychiatric services. Interns receive training in conducting psychiatric evaluations, treatment formulation and disposition, and care coordination within the context of the emergency department.

### **(b) Inpatient Psychiatry Units**

The Adult Inpatient Psychiatry Unit (10 North), located in the SBUH, is a self-contained 30-bed unit designed for the acute short-term stabilization treatment of adult inpatients with a variety of psychiatric and behavioral problems including suicidality, bipolar disorder, schizophrenia, depression, and severe anxiety disorders. Patients are referred from the CPEP and the SBUH Consultation and Liaison Service. A multidisciplinary team of attending and resident psychiatrists, psychiatric nurses, psychologists, mental health technicians, occupational therapists, activity therapists, and social workers cares for every patient. Approximately, 50% of patients present for services with mood disorder-related problems (e.g., suicide ideation/intent, mania) and/or severe anxiety, 25% with substance dependence and 25% with psychosis.

The Child Inpatient Psychiatry Unit (12 North), located in the SBUH, is a self-contained 10-bed unit designed for the acute short-term stabilization treatment of child inpatients (ages 8-14) with a variety of internalizing and externalizing psychiatric and behavioral problems. Every child receives a comprehensive, multi-disciplinary evaluation by our team of child psychiatrists, nurses, psychologists, social workers, and special education teachers. Children also attend school on the unit.

Interns work with a multidisciplinary team, under the supervision of the unit psychologist, to evaluate and care for patients on the inpatient psychiatry units. Interns participate in patient rounds with the team, co-run skills groups, and provide individual services.

### **(c) Consultation Liaison (CL) Psychology/Psychiatry**

Under the directorship of Cynthia Cervoni, Ph.D., the CL program is multidisciplinary, including psychiatrists, nurse practitioners, a clinical nurse specialist, social workers, and psychologists. The service is also comprised of psychiatry residents, medical and physician assistant students, fellows from psychiatry, neurology, family medicine, geriatric medicine and geriatric psychiatry, and psychology postdoctoral fellows, interns, and externs. The CL program is always growing, with an increasing number of psychiatric and psychological consultations provided throughout all areas of the academic hospital, including the connected Children's Hospital. The most common problems faced are related to substance use, depression, agitation, capacity for medical decision making, and suicidality.

Psychology trainees attend patient rounds with the psychology team and provide psychological evaluations, short term interventions, and consultation to patients and their health care providers on inpatient units throughout Stony Brook Hospital.

### III. SBU-CIP Training Program and Supervision

#### A. Training Opportunities

The SBU-CIP is designed to provide the interns with a "generalist" training experience across the three member sites and associated programs, including experience in general outpatient psychological care, behavioral medicine, inpatient services, and integrated care. The program is designed to encourage equal participation in both main outpatient programs offered at the KPC and MBCRC sites, main inpatient programs at the SBUH as well as participation in one or more of the training concentrations at the two member agencies, which may include a time limited rotation and/or a year-long participation, depending on the interests and career goals of the intern and the characteristics of the concentration. Additionally, while the internship program is designed to provide an integrated generalist training across both main programs, the experiential component of the internship concerning the delivery of psychological services can be modified to take into account the interests and career goals of the intern. For example, an intern may choose an internship program that emphasizes the generalist experience versus the behavioral medicine experience or vice versa.

Decisions about interns' degree of involvement in main and minor internship program area(s) are reached at the start of the internship through a collaborative decision-making process between the interns and the members of the SBU-CIP Executive Board. To increase interns' focus on their training opportunities within the consortium, interns may complete an Individual Development Plan (IDP), which includes short- and long-term professional goals and related plans for goal attainment.

As mentioned above, degree of participation in different aspects of the program are based on several factors, including the interns' interests, their prior clinical experiences, their future professional goals, and the needs and characteristics of the programs themselves. Full year training experiences, rotational training experiences, and concentrations are described next.

##### 1) Full Year Training Experiences

All interns participate in the training opportunities provided by the three member agencies throughout the academic year. In addition, all interns complete a minimum of 2 to 3 integrative reports at the KPC.

Please note: on a year-to-year basis and contingent on availability of funding and trainee interest/experience, additional research experiences (e.g., up to two full days vs. half-day) may be available to interns to work with faculty in the doctoral program in clinical psychology at SBU or with faculty at the MBCRC. Accordingly, when interns participate in additional research opportunities, they will have a decreased patient caseload at the KPC or MBCRC (contingent on the funding source); however, they are still expected to complete the psychoeducational testing requirements described above. KPC and MBCRC include an average total of about 10 hours of face-to-face client contact through individual or group interventions and assessments (e.g., psycho-educational evaluations, clinical intakes, etc.). The KPC and MBCRC programs are further described below.

##### (a) General Outpatient Program at the KPC

The general outpatient program at the KPC includes the following:

- Psychological Treatment. Interns provide supervised psychological treatment to patients across the lifespan who present with a wide range of clinical problems, as typically found in outpatient mental health facilities. Psychological interventions include a comprehensive intake assessment with a semi-structured clinical interview and self-report questionnaires. Additionally, outcome monitoring is closely integrated into treatment, as the patients provide weekly



ratings about their psychological functioning via the Treatment Outcome Package, an electronically based assessment system especially designed to provide ongoing information about patients' progress in treatment. Specialized clinics within the KPC provide interns with experience in delivering Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for depressive disorders, Exposure/Response Prevention for Anxiety Disorders, Unified Protocol for Anxiety Disorders, Integrated Couple Therapy (ICT), and Integrative Lifespan Trauma Treatment Program. Interns typically spend approximately 4 to 6 hours per week in the delivery of psychological services (including intakes and treatment) at the KPC.

- Psychological/Psycho-educational Assessment. Interns are expected to conduct a minimum of 2 integrative assessments, including psychoeducational and psychodiagnostic evaluations, evaluations for ADHD, disability determinations, and/or mental health clearance with children, adolescents, and/or adult populations. A schedule for the completion of the assessments will be determined by the intern and their supervisor. Interns must also complete all remaining evaluations at least 4 weeks prior to the end of the internship training year. Psychological/psycho-educational assessments include the administration of cognitive batteries (i.e., all the Wechsler Scales and Woodcock Johnson-IV COG) and achievement batteries (i.e., WJ-IV ACH/Oral Language and subtests from the WIAT-IV), diagnostic semi-structured interviews (e.g., MINI, K-MINI), and paper-and-pencil questionnaires (e.g., Achenbach's scales, BDI-II, BAI, BASC 3, Barkley's ADHD scales, Brown ADHD scales, Conners' scales, SNAP, etc.).
- Providing Supervision. Interns will have the opportunity to provide supervision to less advanced psychology trainees while receiving super-supervision from a program supervisor (approx. 2.5 to 3 hours/week). As such, interns attend a weekly supervision seminar (1.0 hours/week), during the first four months of the internship, organized by the TD. This course includes lectures, readings, and group discussions regarding supervision based on a competency-based model of supervision.

#### (b) Behavioral Health Program at the MBCRC

The behavioral medicine program at the MBCRC includes the following:

- Psychological Assessment and Treatment. Interns work with adult, young adult, and child/adolescent populations and provide individual psychodiagnostic assessments and individual psychotherapy for mood, anxiety, and personality disorders. Interns also have opportunities to co-lead group-based psychotherapy including the following evidence-based programs: the Stress Management and Resiliency Training (SMART) Program, Dialectical Behavior Therapy (DBT), Radically Open DBT (RO-DBT), CBT for insomnia (CBT-I), Adolescent Groups, and Behavioral Weight Management. Group offerings may vary from year to year depending on staffing and trainee interests. Interns spend ½-1 days per week in the delivery of psychological services at the MBCRC.

## 2) Rotational Training Experiences

Rotations generally include an average of 8 hours of face-to-face client contact weekly for a period of 4 months. As such, interns may complete up to 3 rotations during the academic training year. Interns have the opportunity to rotate through a variety of inpatient and outpatient psychiatric services at SBUH. These programs include:

- Comprehensive Psychiatric Emergency Program (CPEP). The CPEP provides emergency psychiatric services to people in urgent need of psychiatric evaluation, acute intervention, and referral services. Interns work closely with a multidisciplinary team to evaluate and coordinate care for individuals in urgent need of psychiatric services. Interns receive training in conducting psychiatric evaluations, treatment formulation and disposition, and care coordination within the context of the emergency department.
- Adult Inpatient Psychiatry Unit. The Adult Inpatient Psychiatry Unit is a self-contained 30-bed unit designed for the acute short-term stabilization treatment of adult inpatients with a variety of psychiatric and behavioral problems including suicidality, bipolar disorder, schizophrenia, depression, and severe anxiety disorders. Interns work closely with a psychologist and with a multidisciplinary team to evaluate and care for patients on the Inpatient Psychiatry Unit. Interns participate in patient rounds with the team and co-run groups such as DBT skills and anger management.

- Child Inpatient Psychiatry Unit. The Child Inpatient Psychiatry Unit is a self-contained 10-bed unit designed for the acute short-term stabilization treatment of child inpatients (ages 8-14) with a variety of internalizing and externalizing psychiatric and behavioral problems. Every child receives a comprehensive, multi-disciplinary evaluation by our team of child psychiatrists, nurses, psychologists, social workers, and special education teachers. Children also attend school on the unit. Interns may have the opportunity to co-facilitate groups such as the Wise Mind DBT program.
- Consultation Liaison (CL) Psychiatry. The CL service provides psychiatric consultation throughout the hospital. Interns attend patient rounds with a multidisciplinary team and provide psychiatric and psychological evaluations, short term interventions, and consultation to patients and clinicians on medical and surgical inpatient units throughout the SBUH.
- Obesity and Weight Management Clinic (OWMC). At the OWMC, interns conduct pre-surgical and post-surgical psychiatric diagnostic evaluations and pre- and post-surgical interdisciplinary skills training groups in an outpatient interdisciplinary setting.

### 3) Optional Training Concentrations

Optional training concentrations are available at the KPC and MBCRC. Participation in a training concentration may result in a different allocation of training time across the two main sites.

#### (a) Concentrations at the KPC:

- Cognitive Behavioral Analysis System of Psychotherapy (CBASP). CBASP is an evidence-based third-wave integrative treatment model, designed specifically to address individual and interpersonal problems associated with chronic mood disorders, treatment resistant depression in particular. Targeted are depressed patients' feelings of helplessness, hopelessness, external locus of control, perception of low control over life stressors, and difficulty in establishing positive and supportive relationships with others in their lives. CBASP is also designed to harness and utilize in a planful way the import of the therapist relationship to increase patients' motivation to engage in the treatment process, benefit from corrective in-session interpersonal experiences with the therapist, and overcome the lasting effects of adverse childhood events.
- Integrative Behavioral Couple Therapy (IBCT). Based on a robust base of research across the past 30 years, IBCT is one of the most well-known evidence based dyadic treatment models, designed to address the core concepts of acceptance and behavioral change in intimate relationships. In fact, IBCT is designed to provide couples with interventions that increase understanding of each partner's approach to intimacy, learning history of love, expectations toward the relationship, and acceptance of a partner's difficulties in negotiating successfully dyadic differences in the relationship. Effective communication skills and dyadic behavioral, cognitive, and emotional skills are also targeted in treatment.
- Psychological/Psycho-educational assessment. This program/rotation involves conducting *additional* psychological/psycho-educational evaluation with individuals with ADHD and/or learning problems or disabilities, in addition to the minimum required psycho-educational/psychological assessments (see above description in the KPC main program section). This program is particularly suited for interns who intend to specialize in providing these types of services in their professional career. Interns participating in this concentration may see less individual psychotherapy cases and engage in more assessment.

#### (b) Concentration at the MBCRC/SBUH Rotations:

- Dialectical Behavior Therapy (DBT) Program. The MBCRC offers a fully adherent outpatient DBT program for adolescents and adults. Trainees who participate in this concentration will see individual DBT clients, participate in a DBT skills training group, offer phone coaching services, and take part in a DBT treatment team. Trainees will see a minimum of 1-2 individual DBT clients at the MBCRC and may choose to see additional DBT clients at the KPC. Additional DBT training opportunities are also available on the inpatient services including CL, CPEP and the adult and child inpatient units. These activities include program development, co-facilitation of groups (e.g., the Wise Mind program on 12N, and skills groups on 10N) assessment for the outpatient DBT program/warm handoffs across services, and individual skills coaching.

- Conexiones Program. This program offers mental health services and training for bilingual, bicultural and multicultural care for Latine/x communities. Interns fluent in Spanish will have the opportunity to provide therapy and psychological assessments in Spanish and receive supervision by Spanish-speaking licensed psychologists.

(c) Dual-Site Concentration at the KPC and MBCRC:

- Integrative Lifespan Trauma Treatment Program. This concentration provides a patient-centered approach to integrative treatment of trauma in children, adolescents, and adults. Through the KPC and MBCRC, interns may participate in the specialized TF-CBT program for children, as well as integrative approaches using models of DBT, Cognitive processing therapy (CPT), Prolonged Exposure (PE), Writing Exposure Therapy (WET), and CBASP to address PTSD in individuals who have experienced a wide-range of trauma types, including sexual assault, sudden, traumatic loss, violence, combat, natural disasters and accidents.

Note. Typically, trainees focus on provision of services for either emerging teens/adolescents or emerging adults/adults and will participate on either our adult or adolescent treatment teams as appropriate.

## B. Supervision

### 1) SBU-CIP Supervisors

The supervisors of the SBU-CIP are NYS licensed clinical psychologists who hold clinical faculty appointments in academic departments across the two member agencies and/or associated programs; additional outside consultants may also be available to trainees. Supervisors from the faculty of the doctoral program in clinical psychology (associated with the KPC) are also available to the interns for consultation, back-up support, and, on a case-to-case basis, for limited supervision. Primary program supervisors are listed in the table below in alphabetical order along with the populations they supervise.

Supervisor Name	Population(s) Supervised	Unit/Location
Kimberly Alba, Ph.D.	Child-Adolescent	Outpatient Psychiatry Psychiatry Outpatient
Veronique (Vee) Anzalone, Psy.D.	Adolescent-Adult	Outpatient Psychiatry Psychiatry Outpatient
Nicole Barlé, Ph.D.	Adolescent-Adult	KPC
Kristin Bernard, Ph.D.	Child-Adolescent	KPC
Darla Broberg Ph.D.	Child-Adolescent	12N Child Inpatient
William Calabrese Ph.D.	Adult	MBCRC
Cynthia Cervoni Ph.D.	Adult	CL/MBCRC
Joanne Davila, Ph.D.	Adult	KPC
Andrew Deptula Ph.D.	Adult	10N Adult Inpatient
Wilfred Farquharson, Ph.D.	Child-Adult	Psychiatry Outpatient Psychiatry
Adam Gonzalez, Ph.D.	Adult	MBCRC
Genna Hymowitz, Ph.D.	Adult	Bari, MBCRC
Fernando Calvacante Krause, Ph.D.	Adult	KPC (Assessment), MBCRC
Amanda Levinson, Ph.D.	Adult	MBCRC
Brittain Mahaffey, Ph.D.	Adolescent-Adult	MBCRC
Jimmy Master Ph.D.	Adolescent-Adult	Outpatient Psychiatry Psychiatry Outpatient
Jessica McCurdy Ph.D.	Child-Adult	Outpatient Psychiatry Psychiatry Outpatient
Ryan Montes Ph.D.	Child-Adult	CPEP
Dina Vivian, Ph.D.	Adolescent-Adult	KPC
Benjamin Warach, Ph.D.	Adult	MBCRC
<b>Consulting Supervisors</b>		
Deena Abbe, Ph.D.	Child	KPC/Private practice
Jane Albertson-Kelly Ph.D.	Adolescent	KPC/Private practice
Brady Nelson, Ph.D.	Adult/ Assessment	KPC
K. Daniel O’Leary	Child-Adolescent	KPC
Brittany Speed Ph.D.	Adult	KPC/Private practice

## 2) SBU-CIP Supervision

The SBU-CIP takes a developmental approach to supervision that is sequential, cumulative, and graded in complexity. Interns are viewed as colleagues-in-training, with considerations for each intern's individual needs and skill level. The internship is viewed as a transitional period in which interns move from the role of student to that of a professional. Interns are encouraged to use the internship period to challenge themselves within the supportive environment of the training program. One major training role of the supervisor is to ensure quality of care in service delivery. Individual supervisors work as part of collaborative staff teams to help interns develop mastery of the various types of clinical work. The supervisor also serves as an advocate and consultant and assists the intern in decisions related to professional development. To this end, the supervisor-intern relationship is central to effective supervision. If the intern and the supervisor are to grow professionally and personally, this relationship must be one of mutual trust, respect, honesty, and commitment to sustaining the relationship.

The SBU-CIP provides an average of 2.5 hours/week of individual supervision (face-to-face) with a licensed psychologist across sites/programs, and an average of 1.5 hours/week of group supervision (face-to-face) weekly across sites/programs. Supervision includes observational methods, namely, live streaming at the KPC via the PsyViewer, a HIPAA-compliant and secure software program, and/or direct observation (e.g., conducting co-therapy with as supervisor, supervisor sitting in a session) in other programs. Interns are assigned supervisors who are involved with the various experiential training programs and, where possible, are paired with supervisors directly involved in providing services relevant to any training concentrations the trainee is participating in.

Individual/Group supervision focuses primarily on developing understanding and competence in formulating and implementing intervention strategies. All areas of the interns' work are discussed in supervision, including intakes, interventions, consultation/outreach, assessment, evaluation of outcomes (both individual and programmatic), ethics, the therapeutic relationship, work with diverse populations, applied research, and paperwork, as well as supervision of others, crisis assessment and intervention, and group intervention where applicable. Additional supervision time is offered as needed.

Cases are assigned in a graduated fashion in the initial months of training. To the extent possible, initial cases are selected as being the most appropriate for the early internship level of the interns' competencies, and interns receive close and extensive supervision. Cases continue to be assigned with a goal of a full caseload early in the main programs and minor programs/rotations. As the interns' experiential training progresses within each main/minor program, they are assigned cases that are more diverse, complex, and challenging. Relatedly, interns are expected to function more and more independently as they progress through the internship. While interns are expected to be able to complete all of their assignments with increasing levels of autonomy and self-directedness, supervision time, however, is never reduced.

**Note:** At the beginning of supervision, supervisors and interns review and sign the "[SBU-CIP Intern Supervision Contract](#)" found in Appendix A.

## C. Intern Schedule

Interns are expected to spend an average of approximately 40 hours/week in internship training activities. An average breakdown of internship hours by weekly activity is listed below:

1) <u>Didactics</u> (In-house didactics, Clinical Science Colloquiums, Grand Rounds):	average 2.5 hours/week
2) <u>Supervision</u> :	average 4.5 hours/week
Individual Supervision:	average 2.5 hours/week
Group Supervision:	average 1.5 hours/week
Group Supervision of Supervision:	average 0.5 hour/week
3) <u>Research/Readings</u> :	average 4 hours/week
4) <u>Experiential Activities</u> :	average 18 hours/week
Individual therapy:	average 12 hours/week
Group intervention:	average 2 hours/week

Assessment (including Intake and Evaluations, rotation dependent):  
Providing supervision to others:

average 3 hours/week  
average 1 hour/week

5) Administrative tasks:

average 11 hours/week

## D. Cohort Activities and Social Milieu

Interns participate in a number of cohort activities, including weekly in-house didactics at the KPC, weekly group supervision at the KPC and at the MBCRC, as well as weekly check-in meetings (as needed) with the training directors and member(s) of the executive board. Additional optional training opportunities: weekly Grand Rounds in Psychiatry, and selected presentations/lectures with the 3<sup>rd</sup> year psychiatry residents in Psychiatry. At the “KPC home base,” interns are housed in contiguous offices and have access to a lounge and all other facilities within the KPC, so they have ample opportunity for informal socialization and interactions.

On a regular basis, interns also interact with staff members and other trainees (e.g., graduate students and externs) at the KPC, MBCRC, and associated minor internship programs. For instance, interns may co-lead a therapy group with another KPC trainee (e.g., a less advanced trainee) or MBCRC supervisor or other trainee (e.g., an extern). At the KPC, interns also interact formally and informally with the TD who is on-site whenever the interns are at the KPC. The TD office and the interns’ offices are contiguous and the TD has an “open door” policy that facilitates the interns’ integration into the internship program and provides stable support, both educationally and psychologically.

The training program is closely integrated within the psychology and psychiatry departments and trainees have the opportunity to interact with other trainees including: clinical psychology students, externs, postdocs, and psychiatry residents.

The interns also are exposed on a regular basis to a range of role models from various health care and mental health care fields (particularly in the department of psychiatry). This encourages them to expand their clinical perspectives and develop interprofessional consultation and collaboration skills. The internship hospital rotations, in particular, offer opportunities for true interdisciplinary social milieu and training experiences. Faculty and staff members are encouraged to challenge interns' assumptions, promote creativity, and provide the enrichment of new perspectives that interdisciplinary activities generate.

## IV. Didactics

### A. Clinical Seminars/Presentations

The internship offers 2-3 didactic opportunities weekly across member agencies (averaging approximately 2.5 hours/week), including as follows:

- 1) Weekly in-house didactics at the KPC (Wednesdays 9:00AM – 11:00AM; Psychology B436 and on Zoom)
- 2) Weekly in-house clinical supervision course at the KPC (13-weeks; Wednesdays 11:30AM – 12:30PM) followed by weekly supervision group seminar (Wednesdays 2:00PM– 2:30PM or 2:30PM – 3:00PM; Psychology B436)
- 3) Monthly clinical science colloquia as part of the associated SBU doctoral program in clinical psychology (Wednesdays 12:30PM – 1:30PM on the first Wednesday of the month) (Optional)
- 4) Dialectical Behavior Therapy Treatment Team at the MBCRC (Required for those participating in the year-long DBT elective; 1 hour weekly, day TBD) (Optional)
- 5) Weekly Grand Rounds offered by the Department of Psychiatry (Tuesdays 11:00AM – 12:00PM) (Optional)

Specialty Topics: A number of topics address training goals that are targeted in the SBU-CIP are as follows:

- The Evidence Based Practice in Psychology (EBPP) model
- Diversity, Equity, Inclusion, and Social Justice (DEIJ) issues
- Trauma
- Underserved Populations

- [Chronic Illnesses](#)
- [Integrated Care and Psychological Treatment in Primary Care Settings](#)
- [Psychological Treatment](#)
- [Psychological Assessment](#)
- [Translational Research](#)

In addition to the topics covered by the in-house didactics, the seminar on Supervision (see 2 above) includes a didactic component that addresses theoretical, empirical, and training aspects of supervision. The curriculum includes weekly discussions using a main textbook concerning the competencies-based approach to supervision (Falender, C.A. and Shafranske, E.P., 2021) and a number of additional readings including guidelines for clinical supervision in health service psychology, supervising CBT, trans-theoretical models of supervision, DEIJ issues in supervision, contribution of supervision to therapy outcomes, evidence-based clinical supervision, and clinical research on supervision.

## B. Additional Professional Development Opportunities

### 1) Formal Clinical and Professional Presentations

Each intern makes a minimum of 2 formal presentations as part of the in-house didactics over the course of the internship. These presentations concern treatment issues (e.g., case presentations), leading presentations on supervision topics, and presenting one's research to SBU-CIP faculty, other interns, trainees from the local doctoral program in clinical psychology, and externs.

### 2) Research

Interns are invited to participate in research activities offered by faculty in the doctoral program in clinical psychology associated with at the KPC or the MBCRC. In alignment with the aims and mission of our internship, interns are granted 4 hours/week to be used for research or other professional development activities. Contingent on available funding, interns may be able to spend an additional time working on research in lieu of a portion of their practicum. The OWMC also has a large data set collected over the course of several years with patients undergoing bariatric surgery, and interns can also get involved in this type of research. At the outset of the internship, interested interns should discuss their research interests with the principal investigators of the various research projects, as well as with the members of the internship Executive Board.

## V. Intern Evaluation Policy

### A. Evaluation

To verify the appropriate development of profession-wide and program-specific competencies, all interns receive comprehensive evaluations from each of their supervisors twice yearly (at mid-point and at the end of the internship) or at the end of a time-limited rotation, whichever is more appropriate, via the "[SBU-CIP Intern Competency Rating Scale](#)". This evaluation form includes information about the intern's performance regarding each of SBU-CIP's 10 expected training competencies and elements thereof. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion at each evaluation time, in addition to giving the intern ongoing informal feedback during supervision throughout the year.

A minimum level of achievement to successfully complete internship is defined as a rating of "2=Meets Expectations" on each element and each competency across all supervisors. Each element is rated on a 4-point Likert scale, with the following rating values: "0= Significant Development Needed" to "3= Exceeds Expectations". If an intern receives a score less than 2 on any element of the required competencies covered by the "[SBU-CIP Intern Competency Rating Scale](#)," (e.g., maintaining an optimal case load, actively participating in the didactics and doing the readings, overall psychological functioning, etc.), the program's Due Process procedures would be initiated (see the "[SBU-CIP Due Process and Grievance Policy and Procedure](#)"). If an intern receives a score less than 2 on any element of the required competencies on the mid-year evaluation, formal review may be initiated, which may result in a remediation plan and/or other actions on the part of the TD and the executive committee. In the following two months direct supervisors will conduct informal evaluations and assess the progress of the interns based on the remediation plan. A score of less than 2 on any element or competency on the final evaluation may lead to failure to satisfy the requirements of the internship program. At the end of the internship program, interns are expected to be competent entry-level clinical psychologists who can function in a variety of settings.

Additionally, all SBU-CIP interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations, particularly the final one, demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the TD in a secure digital file. Interns provide authorization for SBU-CIP to share information pertinent to educational progress with their home doctoral program. Feedback to the interns' home doctoral program is provided at minimum at mid-year and at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures, the home doctoral program also is contacted within 30 days. (Please note: a detailed description of the SBU-CIP Due Process and Grievance procedures is included in the program handbook, which is provided after the match.) This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by the SBU-CIP as a result of the Due Process procedures, up to and including termination from the program.

Twice yearly (at mid-point and at the end of the internship), the interns also complete an evaluation of their supervisors using the "SBU-CIP Assessment of Clinical Supervisor" form, and an evaluation of the internship program using the "SBU-CIP Intern Evaluation of the Internship Program" form. The interns' evaluations of their supervisors and of the internship program are used by the internship leadership and supervisors to enact changes and/or to foster improvements in the training program.

## **B. SBU-CIP Profession-Wide and Program-Specific Competencies**

The SBU-CIP offers diverse training opportunities to enable interns to function successfully in doctoral-level positions in clinical psychology. As described elsewhere in this Handbook, the main aim of the SBU-CIP is to prepare interns to use evidence-based methods to provide psychological services and engage in doctoral-level functions in thoughtful, skillful, ethical, and compassionate ways. The following competencies provide an overview of the SBU-CIP goals for interns:

1. Research (Scientific Mindedness, Scientific Foundation of Professional Practices, Application of Scientific Method to Practice.)
2. Ethical and Legal Standards (Knowledge/Ethical Conduct)
3. Individual and Cultural Diversity (Individual Applications.)
4. Professional Values, Attitudes, and Behavior (Integrity; Deportment; Professional Identity; Self-Care; Self-Awareness)
5. Communication and Interpersonal Skills (Rapport/Therapeutic Alliance; Professional Relationships.)
6. Assessment (Measurement and Psychometrics; Evaluation and Application of Methods; Diagnosis; Supervision.)
7. Intervention (Planning and Case Conceptualization; Implementation; Progress Evaluation; Supervision.)
8. Supervision (of Others) (Knowledge; Skill Development; Relationship with Supervisee; Goal Setting; Structure/Plan; Evaluation; Diversity; Supervision of Supervision; Ethics/Professional Issues.)
9. Consultation and interprofessional/interdisciplinary skills (Participation in multidisciplinary teamwork; Role of Consultant; Supervision)
10. Group Therapy (Time-limited skills training group therapy for specific clinical problems, such as anxiety and mood disorders, co-occurring mental and physical health problems, and emotion regulation problems).

Training elements under each competency are found in the "SBU-CIP Intern Competency Rating form".

## **C. Processes**

To develop the competencies listed above, interns receive training in these areas across all the SBU-CIP training programs through weekly didactics, readings, and supervised clinical services that are sequential, cumulative, and graded in complexity. Supervised clinical services include advanced experiential training in interdisciplinary settings with a variety of healthcare providers and supervisors.

## **D. Program Outcomes**

The overall evaluation of the SBU-CIP is conducted by gathering several sources of information from interns and supervisors during and at the end of the internship year. SBU-CIP also collects data about interns' subsequent professional achievements after graduation.

## 1) During the Internship:

- Supervisors provide written ratings of their supervisees twice yearly (or at the end of a particular time-limited rotation) using the "SBU-CIP Intern Competency Rating Scale". Interns and supervisors meet to review and discuss these evaluations at each time point.
- Interns provide multiple ratings, as follows:
  - (a) They rate their clinical supervisors twice yearly (mid-year and end-year), or at the end of a particular time-limited rotation using the, "SBU-CIP Assessment of Clinical Supervisor" form.
  - (b) Interns rate the internship program twice yearly (mid-year and end-year) using the, "SBU-CIP Intern Evaluation of the Internship Program" form.
  - (c) Interns rate the in-house didactics weekly using the, "SBU-CIP Didactics Rating Sheet".

## 2) After the Internship:

- Outcomes for interns are measured by employment data and licensure rates, which are collected by contacting yearly the interns who completed their internship in prior years.

## VI. Intern Selection Criteria and Procedures

### A. Selection Procedures

The SBU-CIP Intern Selection Committee is primarily responsible for screening applications and selecting applicants for interviews. The SBU-CIP Intern Selection Committee makes consistent and sincere efforts to recruit, select, and retain diverse intern candidates. The SBU-CIP is committed to upholding the APA Ethical Principles and Code of Conduct in all intern recruitment and selection procedures. The TD is responsible for final ranking decisions for Phase I and II of the APPIC internship match and for the Post-Match Vacancy Service.

Disclosure Statement: Internship applications are discussed among the members of the SBU-CIP Intern Selection Committee as well as various staff members at the internship sites/programs. If matched with the SBU-CIP, interns' internship files (including application, written evaluations, etc.) may be shared with APA site visitors during any accreditation visits.

### B. Selection Criteria Policy: Ranking Applicants and Matching

The SBU-CIP Intern Selection Committee reviews all the applications received and rank orders the applicants in terms of their level of competence/fit with the internship program, via the "SBU-CIP Intern Applicant File Review Form". The TD invites the top applicants to participate in virtual interviews with members of the SBU-CIP Intern Selection Committee. Interviews take place virtually through Zoom, usually in early January. After interviews, the committee reaches decisions regarding applicants' ranking by reviewing the complete files for each of the applicants interviewed.

Intern selection is based on a number of factors as described below, including demonstration of a strong academic background, scholarly productivity, clinical practicum experience, and fit with the internship program. The fit between the intern's professional interests/career goals and the mission of the SBU-CIP, as well as the goals and philosophy of the training program, is a very important factor in SBU-CIP's interview and ranking decisions. Of note, the SBU-CIP is partially affiliated with the doctoral program at SBU, and thus prioritizes applications from the SBU clinical psychology doctoral program for one of the six internship slots. SBU-CIP selection criteria are described next.

#### 1) Selection Criteria

- Academic Record. To ensure interns have the broad knowledge of psychology necessary for more advanced work, applicants must have completed all doctoral-level coursework prior to the internship application deadline. The SBU-CIP only



considers applicants identified by their Director of Clinical Training as having met their program's minimum levels of competency for internship entry standards.

- Dissertation. Interns are expected to have successfully defended their dissertation proposal prior to their internship application. If interns have not completed their dissertation by the time they start internship, they will coordinate a completion schedule with their research supervisor at their home training site before engaging in additional research activities during internship.
- Clinical Experience. Applicants must show a desire to follow the clinical scientist model. Preference is given to applicants who have broad doctoral-level practicum experiences in regard to client populations, assessment skills and modalities of treatment (e.g., individual adults/children, group adults); types of presenting problems (e.g., depression, anxiety disorders, posttraumatic stress disorder); and settings (e.g., outpatient facilities including community mental health clinics, psychology training clinics, and university counseling centers; inpatient psychiatric units; and/or primary care settings). Preference is shown for internship applicants with prior clinical experience related to opportunities available at SBU-CIP (e.g., generalist experience in an outpatient facility like the KPC, behavioral medicine experience, experience in working with disordered eating/bariatric populations, etc.).
- Note: A minimum of 550 total face-to-face hours of service delivery (including a minimum of 100 assessment contact hours and a minimum of 450 intervention contact hours) is expected.
- Substantial training and experience in Cognitive-Behavioral Therapy models. Successful applicants must show sound theoretical knowledge of, substantial training in, and experience in delivering treatment according to cognitive-behavioral models of intervention, particularly with adult populations.
- Scholarship/Research. Applicants must show a fit with the *clinical scientist* model of training, as demonstrated by research ability/productivity (e.g., peer-reviewed manuscript(s), professional presentations) and a scientific mindedness in the delivery of psychological services (e.g., use of evidence-based treatment, openness to outcome monitoring, knowledge of clinical research as pertains to most common clinical problems).
- Verbal and writing skills. Preference is given to candidates who demonstrate good verbal (expressive language) and writing skills (professional, organized, articulate).
- Intangibles. Successful applicants demonstrate ability to handle the type of work required during internship (temperament, coping skills, executive skills, interpersonal skills); preference is given to candidates who are flexible, team players, mature, have good interpersonal skills, and are open to feedback.
- Background Check. All internship applicants must be eligible to work in the U.S. and must successfully pass an SBU criminal background check and clearance.

## 2) Additional Requirement

- Pre-Placement Physical. A pre-placement physical is required to be in compliance with New York State Public Health Code Title 10, 405.3, SBUH Policy and relevant OSHA and NYSDOH regulations including a medical history and physical examination by licensed health practitioner (form to be provided).
- Immunization. Due to the SBUH requirements and state mandates for healthcare facilities, before the start of the internship all interns are required to undergo PPD skin tests (or show proof of having undergone a PPD TB skin test [or approved exemption] or equivalent within 12 months prior to starting the internship), proof of one Measles, Mumps, Rubella (MMR) immunization or Titer test, and proof of Varicella (Chicken Pox) vaccination, physician's documentation of disease, or Varicella Titer.

## C. Application Procedures and Interviews

Interested applicants should register for the APPIC Match through National Matching Services (NMS). Our site information is: Stony Brook University Consortium Internship Program (SBU-CIP), Stony Brook University, APPIC Site # 2371. NMS program code 237111 (adult track) and 237112 (child track).

Applicants should complete the online APPIC Application for Psychology Internships (AAPI). Supporting material must include three Standardized Reference Letters and two de-identified clinical reports, including a “Case Formulation for Treatment Planning” and a “Psychoeducational Evaluation” report. The applicant cover letter should include evidence of experiential training that predicts a good fit with the SBU-CIP, internship goals, and career objectives.

Interviews will be offered to those applicants whose interests and training best fit the goals of the program. Interview announcements will be sent to all applicants via email by the end of November or early December. We offer two virtual interview days in early/mid-January (TBA). Each includes a program overview, interviews with SBU-CIP faculty members, meeting with current interns, and options to meet additional faculty.

In compliance with APPIC, we submit our rankings to the Rank Order List Input and Confirmation (ROLIC), part of the National Matching Services associated with APPIC, by the Phase I and II (if necessary) deadlines; prospective interns similarly are expected to follow the APPIC guidelines for Phase I and II of the match. In accordance with APPIC policy, the site will not solicit or communicate any ranking preference information.

### **For questions regarding the SBU-CIP, contact:**

Dina Vivian, Ph.D.

SBU-CIP Training Director (TD)

Department of Psychology

Stony Brook, NY 11794-2520

Telephone: 631-632-7830 and/or 631-632-7848

E-mail: [dina.vivian@stonybrook.edu](mailto:dina.vivian@stonybrook.edu)

## VII. Program Completion Requirements

At the end of the 12-month period, the SBU-CIP TD/CTD meet formally with each intern to provide feedback about the intern’s overall performance during the internship, including information from formal evaluations and anecdotal information from supervisors and internship site staff. In addition, the intern receives a completion diploma and a formal completion letter is sent to the intern’s home department’s DCT. A copy is maintained indefinitely by the TD. As described in the Intern Evaluation section of this Handbook, interns must achieve the following minimal levels to successfully complete the internship program:

- Complete 2,000 training hours
- Achieve a minimum score of 2 on all elements rated on the “SBU-CIP Intern Competency Rating Scale”

These minimal requirements for successful completion of the internship program are consistent with SBU-CIP’s philosophy for internship training, namely that internship clinical experience and learning should be a developmental process that builds on doctoral-level practicum training. In other words, SBU-CIP is designed with the expectation that beginning interns should be at a higher level of competence than doctoral-level practicum students and gradually further develop their level of competence over the course of the internship year. Interns are expected to acquire and demonstrate the skills required to function as doctoral level clinical psychologists. SBU-CIP evaluates interns’ competence for skills that we believe help interns reach SBU-CIP’s goal.

## VIII. Ethical Standards

SBU-CIP adheres to ethical and legal standards in all areas including direct service, training, and research. This commitment is woven into every aspect of the training program. All SBU-CIP faculty members and interns are expected to be thoroughly familiar with and abide by the *APA Ethical Principles of Psychologists and Code of Conduct*, related professional guidelines and Federal Statutes (including HIPAA) which apply to the practice of psychology. The most recent version of the *APA Ethical Principles of Psychologists and Code of Conduct*, including all amendments, can be accessed here: <http://www.apa.org/ethics/code/>.

Familiarity with codes of ethics and statutes is not enough to ensure ethical behavior by psychotherapists. The internship program is dedicated to helping interns recognize and grapple with ethical dilemmas related to their clients. Ethical issues, principles, and standards, and New York State and federal statutes are directly addressed in training seminars and throughout the internship program. During individual and group supervision, ethical principles and behaviors are frequently reviewed as they relate to the intern's caseload. Group discussion of ethical and legal issues encourages the consideration of different perspectives and helps generate creative and ethically defensible solutions to ethical dilemmas.

The Stony Brook University Institutional Review Board (IRB) must approve any research conducted by the internship program.

Interns are expected to:

1. Form an awareness and understanding of the following codes of ethics and professional guidelines:

- APA Ethical Principles and Code of Conduct (2017) [<http://www.apa.org/ethics/code/>]
- APA Practice Guidelines [<http://www.apa.org/practice/guidelines/>]

2. Form an awareness and understanding of the following statutes and legal decisions:

- Regulations of the New York State Board of Examiners of Psychology
- Tarasoff v. Regents of University of California, 17 Cal. 3d 425, 551 P.2d 334, 131 Cal. Rptr. 14 (Cal. 1976)
- HIPAA (Health Insurance Portability and Accountability Act) (This is a web-based training with completion certificate provided by SBU)

3. Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.

## IX. Overview of Expectations

### A. Rights and Responsibilities

#### 1) Intern Expectations

- Interns can expect high quality training in clinical psychology which takes place in a professional and safe setting.
- Interns can expect to be valued for her or his uniqueness understanding that any differences in training background, ethnic and racial heritage, gender, and lifestyle, will be respected.
- Interns can expect her or his performance to be evaluated informally on an ongoing basis, formally at six months and again formally at the culmination of the internship year.
- Interns can expect that all evaluations will solicit an open discussion of strengths and areas needing improvement so that deficiencies may be addressed and corrected.
- Interns can expect that the training staff will try to make accommodations to meet any special training needs.
- Interns can expect to have an opportunity to evaluate their training including an opportunity to provide feedback to the program, with the understanding that their comments are valuable and seriously considered.

#### 2) Intern Rights

- The right to a clear statement of general rights and responsibilities upon entry into the internship program, including a clear statement of goals of the training experience.
- The right to clear statements of standards upon which the intern is to be evaluated informally and formally (quarterly).
- The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA practice guidelines.
- The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in SBU-CIP.
- The right to ongoing evaluation that is specific, respectful, and pertinent.

- The right to engage in ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the internship site Training Director, the Internship Program Director, and/or the training staff as a whole.
- The right to due process to deal with problems if informal resolution has failed or to determine when rights have been infringed upon (see Due Process section in this handbook).
- The right to request assistance in job search and application.
- The right to privacy and respect of personal life.

### 3) Program/Faculty Expectations of Interns

- SBU-CIP expects interns to behave in accordance with the APA Ethics Code and other APA practice guidelines.
- SBU-CIP expects interns to behave in accordance with federal and New York State laws and regulations and with HIPAA.
- SBU-CIP expects interns to act in a professionally appropriate manner that is congruent with the standards and expectations of each internship member agency/site, including a reasonable dress code, to integrate these standards as a professional psychologist into a repertoire of behaviors, and to be aware of the impact of behaviors upon other colleagues.
- SBU-CIP expects interns to meet training expectations responsibly by fulfilling goals and meeting the minimal levels of achievement for graduation.
- SBU-CIP expects interns to make appropriate use of supervision and other training formats (e.g., seminars) through such behaviors as arriving on time and being prepared, taking full advantage of learning opportunities, as well as maintaining openness to learning and being able to effectively accept and use constructive feedback.
- SBU-CIP expects interns to be able to manage personal stress, including tending to personal needs, recognizing the possible need for professional help, accepting feedback regarding this, and seeking that help if necessary.
- SBU-CIP expects interns to give professionally appropriate feedback to peers and training staff regarding the impact of their behaviors, and to the training program regarding the impact of the training experience.
- SBU-CIP expects interns to actively participate in the training, service, and overall activities of SBU-CIP, with the end goal of being able to provide services across a range of clinical activities.

In general, the SBU-CIP provides interns with the opportunity to work in a setting conducive to the acquisition of skills and knowledge required for a beginning professional. The program ensures that each intern meets the required performance objectives outlined above. The program provides necessary training regarding professional standards, offers sufficient diversity of clinical experiences to demonstrate acceptable professional skills, and provides ongoing monitoring of intern behavior. The program provides ongoing feedback and recommendations for improvement as needed. In the rare event that intern performance falls below acceptable levels, the faculty member(s) involved, in collaboration with the SBU-CIP TD, will develop a plan of corrective action.