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I. Introduction and Overview

A. Program Philosophy and Training Aims

The Stony Brook University Consortium Internship Program (SBU-CIP) is a two-member agency program that offers a 12-month doctoral internship in clinical psychology to qualified students in doctoral psychology programs. The member agencies include 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); and the Mind Body Clinical Research Center (MB-CRC), an outpatient facility associated with the Department of Psychiatry (Stony Brook Medicine).

The overall aim of the SBU-CIP is to train and educate psychology interns to practice professional psychology competently and based on a clinical scientist model. As such, the training philosophy is informed by the Evidence Based Practice in Psychology (EBPP) approach, which encompasses the notion that best practice is based on the integration of the best available research with clinical expertise in the context of key patient characteristics (including culture, diversity, and preferences).

The SBU-CIP is designed to provide interns with training and experience in delivering services across various therapeutic settings, including outpatient mental health facilities and hospital-based programs (i.e., psychiatric emergency medicine, inpatient psychiatry, and consultation/liaison). Training and experience in providing cognitive-behavioral therapies (including third-wave models), behavioral medicine, integrated care in primary care settings, and in-hospital consultation and liaison services are targeted. The SBU-CIP targets primarily adult populations, however, limited experience with pediatric populations is provided at the KPC site.

The SBU-CIP is committed to providing interns with the necessary training that will enable them to develop and/or 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 provision of psychological assessment/evaluation, 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 discharge 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 postdoctoral resident level. The goals of SBU-CIP are accomplished by capitalizing on the academic training resources and faculty professional expertise of Stony Brook University. To this end, the two member agencies, the KPC and the MB-CRC, have pooled resources to deliver a training and experiential program that provides interns with wide breadth and strong depth of training.

The internship includes approximately 45 - 47 hours of training weekly, including didactics/clinical workshops, supervision, and administrative responsibilities, for a total of 2000 doctoral internship training hours.

For questions regarding SBU-CIP, contact:

Dina Vivian, Ph.D., Internship 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
B. General Information

Start date: August 1st, 2017
End date: July 31st, 2018

Application Information

Interested students should upload their application along with the supporting material onto the Association of Psychology Postdoctoral and Internship Centers (APPIC) portal. The SBU-CIP Internship is listed as a non-member participating site # 237111.

C. Accreditation Status

The SBU-CIP is not currently a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and is not accredited by the American Psychological Association Commission on Accreditation (APA CoA). However, the SBU-CIP has applied for APPIC membership. Applicants will be informed of changes to the SBU-CIP APPIC membership status and/or APA CoA accreditation as information becomes available.

For questions regarding the SBU-CIP APA accreditation status, contact:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
www.apa.org/ed/accreditation
Email: apaaccred@apa.org

D. Appointment

Currently, two psychology internship positions with the New York State employee title of Counselor, Staff Level 3 are available annually. The internship appointment is for twelve (12) months, with a start date in August 1st and an end date of July 31st. Interns are paid a salary of $26,250 (internship year 2017-2018), with university professional staff (United University Professionals) benefits (health insurance for individuals, dependents, and domestic partners, prescription, dental, and vision plans, parking, gym and library privileges). Time off is as follows:

- Twelve (12) legal holidays;
- Twelve (12) sick days;
- Five (5) days professional development (dissertation defense, licensing exam, etc.) release time;¹
- Ten (10) business days (two weeks) vacation.

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 supply the TD with a record of all time taken off.

Parental Leave: Interns are entitled to up to 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. Interns also are entitled to unpaid parental leave, up to a maximum total period of leave (paid and unpaid) of twelve weeks. When possible, notice should be provided to interns’ supervisors a minimum of 30 days prior to anticipated parental leave.

¹ Documentation is required demonstrating reason for leave (preferably prior to departure, although after return may be accepted under review with TD). Documentation may include reservations, letter from DCT appointing dissertation meeting, licensing ticket, etc. If these days are not used in any other manner, they may be used for postdoctoral position interviews.
**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 must notify their supervisor at least two weeks prior to the anticipated leave. **NOTE:** Interns will not be reimbursed for expenses associated with professional leave activities.

**Research:** Up to 4 hours of research time is included in the interns’ weekly schedule; interns may have the opportunity to engage in research at individual internship sites and/or programs. These activities should be negotiated with the TD.

**Academic and Religious Accommodations**

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

**Religious:** Interns are allowed paid time off to observe religious holidays. Interns must notify their supervisor of time-off needed for religious purposes within the first two weeks of the internship program.

**Additional Information**

**ID Badges/Cards:** ID badges are provided for interns. ID badges serve as identification badges and, at certain internship sites (e.g., the University Hospital), provide entry into employee-only areas. ID badges are to be worn at all times during internship work hours.

Due to interns’ non-licensed trainee status and the supervision required, the position is defined as half-time by the university office of Human Resources. International students are strongly advised to check on the implications of half-time employment for their visa status. Interns work full-time (minimum of 45-47 hours/week) for all 12-months of internship. Administrative assistance is provided by the KPC support staff to help with office procedures, clinical records and payroll time sheets.

Interns are required to be on the premises for their final day of work (July 31st, 2018) 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.

**E. Nondiscrimination Policy**

The SBU-CIP abides by the Stony Brook University, APPIC, APA, federal and state guidelines regarding nondiscrimination. The SBU-CIP is committed to providing educational opportunities to all qualified students regardless of economic or social status and will not discriminate on the basis of race, color, religion, sex, marital status, beliefs, age, national origin, sexual orientation, veteran’s status or physical or mental disability. Compliance with Title IX of the Educational Amendments of 1972, which prohibits sex discrimination, is coordinated with the Director for Title IX and Risk Management of the Stony Brook University Office of Diversity and Affirmative Action. Efforts to comply with the laws and regulations applicable to people with disabilities are coordinated by the Stony Brook University Disability Support Services. Questions concerning compliance with regulations may be directed to the SBU Office of Diversity and Affirmative Action, the SBU Disability Support Services office, or to the Director of the Office of Civil Rights, U.S. Department of Education, Washington, D.C.

Complaints of suspected violations of these policies should be made to:

Marjorie Leonard  
Director for Title IX and Risk Management  
201 Administration Building  
Stony Brook, NY 11794-0251  
Phone: 631-632-6280  
Fax: 631-632-9428  
E-mail: odaa@stonybrook.edu.

**F. Acknowledgements**
We would like to thank the University of Kentucky Internship Consortium, the South Florida Consortium Internship Program, the Clover Educational Consulting Group, and the Counseling and Psychological Services of Stony Brook University for providing us with consultation about and sharing their doctoral internship program materials. Their resources have been invaluable in designing the SBU-CIP.
II. The SBU-CIP Member Agencies

A. The SBU-CIP Member Agencies and their Programs.

1) Leonard Krasner Psychological Center (KPC)

The KPC is a psychology training clinic housed in the Department of Psychology (College of Arts and Sciences, Main Campus) and associated with the doctoral program in clinical psychology at Stony Brook University—a doctoral program that is currently ranked 4th among the best programs in the country (U.S. and World News) and is accredited by both the APA Committee on Accreditation and the Psychological Clinical Science Accreditation System (PCSAS). Consistent with the clinical scientist model shaping the doctoral program associated with the KPC, the internship program at the KPC is designed to integrate science and practice through the Evidence Based Practice in Psychology (EBPP) approach. As such, 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. Psychological services include a wide range of assessments and treatments and are provided to pediatric, adult, and geriatric populations via individual, dyadic, family, and group therapy modalities. Although the KPC includes patients of all ages, young adults/adults are overrepresented.

Psychotherapy services at the KPC are based on Cognitive-Behavioral Treatment (CBT) models and include assessment and treatment of anxiety disorders, depressive disorders, adjustment disorders, stress related problems, relationship/couple issues, disordered eating, phase of life difficulties, learning difficulties, conduct disorders, ADHD, obesity, and co-morbidities; excluded are problems of acute and untreated psychosis and/or problems of substance addiction. In addition, the KPC services include specialized clinics, such as the Exposure/Response Prevention treatment for anxiety disorders, the Cognitive Behavioral Analysis System of Psychotherapy for chronic depression, the Assessment/Group Treatment Program for ADHD, the Couples/Relationship Enhancement Program, and a range of psychological evaluation services, including comprehensive psycho-educational evaluations for Learning Disabilities, co-morbidity of academic difficulties and psychological problems, diagnostic evaluations, and testing for giftedness.

Patient Population

The patient population at the KPC is consistent with that of outpatient mental health facilities in the area in terms of race/ethnicity. However, as the KPC receives referrals from the campus Counseling and Psychological Services, approximately half of the current patients at the KPC are SBU students; their demographics are as follows: 72% Caucasian, 11.3% Asian, 3.8% Hispanic/Latino, and 7% Other; 61% are males and 39% are females. Demographics of the non-student patients at the KPC are as follows: 78% Caucasian, 4.9% African-American/Black, 2.4% Asian, 4.9% Hispanic/Latino, and 7.3% Other; 45.2% are males and 54.8% females. As the KPC is a psychology training clinic, its fees are very low in comparison with those of local practitioners; consequently, most of the KPC clients are from middle to low SES backgrounds.

(2) Mind Body Clinical Research Center (MB-CRC)

A 10 minute walk from the KPC, the MB-CRC is an outpatient mental health and research center located at Putnam Hall within the Stony Brook University Campus. The mission of the MB-CRC 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 MB-CRC staff includes psychologists and clinical-researchers engaged in clinical services and research. The MB-CRC provides individual psychological evaluations and individual and group-based treatments. These psychological services are informed by CBT approaches and include a mind-body treatment called the Relaxation Response Resiliency Program, Dialectical Behavior Therapy and behavioral health treatments, such as smoking cessation and modification of healthy lifestyle behaviors (i.e., nutrition, exercise, and sleep). Patients served by the MB-CRC are self-referred or referred from various departments within Stony Brook Medicine or community providers. Additionally, the MB-CRC provides clinical services to members of the Stony Brook World Trade Center (WTC) Wellness program, a CDC-funded program that monitors the physical and mental health of responders to the 9/11 WTC disaster. Specifically, the MB-CRC provides treatment to patients with comorbid medical and psychological difficulties secondary to their participation as responders during 9/11.

The MB-CRC also contains an active research program including randomized clinical trials evaluating the efficacy and effectiveness of CBT and mind-body treatments. Thus, interns may have access to research training experiences including data analyses, manuscript preparation and grant writing.
Patient Population

The patient population served at the MB-CRC is consistent with that of the larger patient population accessing services from the Outpatient Psychiatry Department. 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. The MB-CRC accepts most health insurances and also provides services on a fee-for-service as needed.

The MB-CRC includes several minor programs/rotations, as listed below (a) – (d).

(a) Comprehensive Psychiatric Emergency Program (CPEP)

The CPEP, located within the Stony Brook University Hospital 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 multi-disciplinary team composed of physicians, nurses, and mental health professionals. Patients present to CPEP with various psychiatric emergencies related to mood disorders (including mania and suicide ideation/intent), substance dependence and active psychosis. This hospital-based psychiatric emergency service is licensed by the New York State Office of Mental Health.

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, acute interventions and care coordination within the context of the emergency department.

(b) Inpatient Psychiatry

The Inpatient Psychiatry Unit is located on 10N in the Stony Brook University Hospital. This self-contained 30-bed unit is 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 Stony Brook University Hospital Consultation and Liaison Service. Every patient is cared for by a multidisciplinary team of attending and resident psychiatrists, psychiatric nurses, psychologists, mental health technicians, occupational therapists, activity therapists, and social workers. Approximately, 50% of patients present with mood disorder-related problems (i.e., suicide ideation/intent, mania) and severe anxiety, 25% with substance dependence and 25% with psychosis.

Interns work closely 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 anger management and DBT-based skills groups.

(c) Obesity/Disordered Eating Clinic

The Obesity/Disordered Eating Clinic is located within the Bariatric and Metabolic Weight Loss Center (BMWLC), housed in the Stony Brook University Hospital and in a satellite outpatient facility. The Obesity/Disordered Eating Clinic provides Pre-surgical psychiatric diagnostic evaluations and Pre- and Post-Surgical interdisciplinary skills training groups in an outpatient interdisciplinary setting. At the BMWLC, 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 of the BMWLC. Patients served by this clinic include individuals who have been diagnosed with obesity and these patients come from a variety of socioeconomic, racial and ethnic backgrounds and in addition to obesity have a number of co-morbid chronic medical and psychological/psychiatric conditions.

Psychological services at the Obesity/Disordered Eating clinic 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 of ages 16 and over are treated at the BMWLC, however, the majority of the population includes adults.

Approximately 72% of the patients at the BMWLC are Caucasian, 12.1% Hispanic, 8.6% African-American, and 6.8% bi-racial, Asian or other; moreover, approximately 80% are females. The majority of patients treated at the BMWLC 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 symptoms 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.

Interns who participate in this minor program are involved in a number of experiential activities, including providing psychological evaluations for medical clearance to bariatric surgery patients; participating in team meetings; providing pre and post group based treatment to bariatric patients as part of a team that includes medical personnel and dieticians; and providing psychological treatment in the context of studies that evaluate the effectiveness of various medical and surgical treatment.

(d) Consultation and Liaison (C&L) Psychiatry

The C&L service is comprised of physicians, clinical nurse specialists, medical and physician assistant students, fellows from psychiatry, neurology, family medicine, geriatric medicine and geriatric psychiatry, and psychology interns. The C&L team provides psychiatric consultation through the hospital. In 2015, the C&L team provided services to over 2,200 patients. The most common problems faced are related to substance use, depression, agitation, capacity for medication decision making, and suicide ideation. Approximately, 40% of patients are >65; 51% are female; and 21% have Medicaid/managed Medicaid.

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 Stony Brook Hospital.

B. Facilities

1) KPC

All interns participating in the SBU-CIP have a private office within the KPC. The offices contain a desk, desk chair, lockable file space, bookshelves, comfortable lounge chairs for patients, and other typical office accessories for each intern; the interns’ offices also contain one computer with internet access and a printer. Additionally, each computer is equipped with digital cameras for recording therapy sessions. Secretarial support services and office supplies are available as needed. Interns have access to a staff lounge containing 4 computers with internet access and printing capabilities; furthermore, the interns have access to the KPC Library, and three large conference rooms to conduct testing, group therapy, and attend didactic seminars. Facility keys will be provided as needed. The internship program at the KPC is designed to be the “home base” for the interns, as, in addition to their private offices, it houses the consortium TD, a number of supervisors, and most of the intern cohort activities (e.g., the interactive weekly in-house didactics, the group supervision, and the supervision course).

2) MB-CRC and associated Minor Programs/Rotations

At the MB-CRC, interns are provided with shared office space including private clinic rooms to conduct evaluations and treatment. Offices contain a desk, desk chair, lockable file space, at least one computer with internet access, a printer and other typical office accessories. Interns also have access to a large group room for group therapy sessions, meetings, and practice for professional presentations. Secretarial support services are also available from clinical and research coordinators.

At CPEP, Inpatient Psychiatry, and Consultation & Liaison Psychiatry, interns are provided with shared office space including private rooms to conduct stated duties/responsibilities (e.g., evaluations, treatment, note writing, etc.). Offices contain a desk, desk chair, at least one computer with internet access, a printer and other typical office accessories. At the
Obesity/Disordered Eating Clinic, the interns rotate between the (a) Pre-Operative Services (POS) and (b) a Satellite Outpatient Surgery Clinic, which is located 4 miles from the SBU campus. At POS, interns are provided with desk office space, (office has 7 spaces within one room) desk chairs, phones, computers with internet access, lockable filing cabinet, and general office supplies. At the satellite clinic, interns are provided with shared office space containing shared desk space, desk chair, phone, computers, internet access, and general office supplies.

C. The SBU-CIP Administrative Structure.

The SBU-CIP administrative structure includes an Executive Board, a Training Committee, and an Intern Selection Committee.

1) The Executive Board.

The SBU-CIP Executive Board has the authority and responsibility for maintaining the consortium’s compliance with the membership criteria and standards of APA and APPIC. It includes the consortium Training Director (TD), Dina Vivian, Ph.D., the Co-Training Director (CTD), Adam Gonzalez, Ph.D., and the Director of the Obesity/Disordered Eating clinic, Genna Hymowitz, Ph.D. The Executive Board has the authority and responsibility for ensuring the quality of the consortium training program. To ensure the integrated and smooth functioning of the consortium as a homogeneous program across member agencies, the Executive Board meets with a minimum frequency of twice/monthly for one hour. The TD has the authority and responsibility for serving as the designated administrative head of the consortium and the chairperson of the Executive Board. The CTD assists the TD in discharging the above described duties and responsibilities.

2) The Training Committee.

The SBU-CIP Training Committee includes the TD, the CTD, and the directors and/or main supervisors across the two member agencies and their associated training programs. The Training Committee has the authority and responsibility for ensuring the quality of the SBU-CIP training program. To ensure quality and cohesiveness of supervision and to better monitor the interns’ development of competencies throughout the course of the internship, the Training Committee meets with a minimum frequency of four times yearly. Should an intern be in need of remediation intervention, this committee (or a selected subset of supervisors) will hold additional meetings as needed. The TD has the authority and responsibility for serving as the chairperson of the Training Committee. The CTD assists the TD in discharging the above described duties and responsibilities.

3) The Intern Selection Committee.

The SBU-CIP Intern Selection Committee includes the Executive Board, selected members of the Training Committee, and the current interns. The Intern Selection Committee has the authority and responsibility for discharging activities related to intern recruitment, including (a) reviewing applicants’ files to identify applicants who may be a good fit with the internship program, (b) deriving group-based decisions regarding applicants who are invited for interviews, (c) interviewing the applicants, and (d) proposing applicants’ rankings for both Phase I and II of the APPIC matching program. To optimize the quality and homogenous application of intern selection criteria and to maintain an optimal level of communication among committee members, the Intern Selection Committee holds a weekly meeting during the recruitment period (in accord with Program-specific and APPIC Match I and II dates). The TD has the authority and responsibility to make final decisions about an applicant (e.g., in regards to interviews and ranking) when there is a tie, and for maintaining correspondence with both applicants and APPIC. The CTD assists the TD in discharging the above described duties and responsibilities.
III. SBU-CIP Training Program and Supervision

A. Training Opportunities

The SBU-CIP includes two main “generalist” training programs across the two consortium member agencies, with options to focus on the outpatient general program at the KPC, or the behavioral medicine program at the MB-CRC, or a combination of the two. In addition to the main programs, interns are expected to participate in one or more minor programs/rotations associated with each consortium member agency. The SBU-CIP training model is designed to provide the interns with ideally-based and personally tailored experiential learning experiences. Decisions about interns’ involvement in main and minor internship program area(s) will be reached within the first two weeks of the internship through a collaborative decision-making process between the interns and the members of the Executive Board. Interns complete an Individual Development Plan (IDP), which includes short- and long-term professional goals and related plans for goal attainment. Each intern discusses the IDP with the members of the Executive Board, and rotations are assigned accordingly. Rotation decisions are based on several factors, including the interns’ level of interest in the various main and minor programs offered by the internship, their prior clinical experience, and their future professional goals. Main programs and minor programs/rotations are described next.

1) Main Programs

Main programs include an average of 14-15 hours of face-to-face client contact weekly across sites plus 3-4 full battery psycho-educational/psychological evaluations at the KPC site (or a combination of ADHD and IQ testing).

   (1) General Outpatient Program at the KPC

The general outpatient program at the KPC includes the following:

(a) Experiential training primarily with adult populations across a wide range of clinical problems, typical of outpatient mental health facilities. In addition, specialized clinics provide experiential training in CBT/Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for depressive disorders, Exposure/Response Prevention for Anxiety Disorders, assessment and group treatment for ADHD, and group treatment for Social Anxiety.

(b) Psychological/Psychoeducational Assessment (a minimum of 4 full batteries); servicing pediatric and adult populations; interns acquire experience in administering most Wechsler (WPPSI-IV, WISC-V, WAIS-IV, WIAT-III, WMSD-IV) and Woodcock Johnson–IV (WJ-IV COG, ACH and Oral Language) batteries. Additionally, diagnostic and dimensional (e.g., questionnaires) are included in these comprehensive evaluations. Testing is conducted for learning disabilities, ADHD, disability determinations, and giftedness.

(c) Supervision of others. This training activity includes didactics and supervision of supervision (super-supervision); the interns provide supervision to less advanced clinical trainees at the KPC.

(d) Involvement in one or more minor program/rotations (described below) at the KPC and/or MB-CRC.

   (2) Behavioral Medicine Program at the MB-CRC

The behavioral medicine program at the MB-CRC includes as follows:

(a) Experiential training with adult populations, including individual psychological diagnostic assessments and individual CBT-based psychotherapy for mood and anxiety disorders. Interns also co-lead group-based psychotherapy including the following evidence-based program: the Relaxation Response Resiliency Program, Dialectical Behavior Therapy and the Health Enhancement Program.

(b) Psychological/Psychoeducational Assessment (a minimum of 3 full batteries, conducted at the KPC; see the description for this experiential activity in the KPC section).

(c) Supervision of others. This training activity includes didactics and supervision of supervision (super-supervision); interns provide supervision to less advanced clinical trainees at the KPC or at the MB-CRC (or associated minor training programs/rotations).
(d) Involvement in one or more minor program/rotation (described below) at the KPC and/or MB-CRC.

2) Minor Programs/Rotations

Minor Programs/Rotations involve a minimum of 4 hours of training activities weekly (range 4 – 8) across the whole period of the internship or for specified periods of time (e.g., 4 months).

(1) At the KPC:

(a) Outpatient psychological assessment program. This program/rotation involves providing psychological and psycho-educational testing to individuals with ADHD and/or learning problems or disabilities. Assessments completed through the assessment program rotation are in addition to the required number of full battery psycho-educational/psychological assessments.

(b) Mental Health Training & Administration. This program/rotation involves two main areas of experience, including:

- Internship/Externship Administration. An intern who elects this training experience may work on one or more projects, either conjointly with or with guidance from the Internship Training Director to assist the KPC director in running the clinic and the internship and externship programs. This hands-on experience in administration is appropriate for interns who have career goals in psychology training.

- Mental Health Leadership & Administration. An intern who elects this training experience also receives training related to preparation for the opportunities and challenges in mental health leadership and administration, including assisting the KPC Director and Assistant to the Director to generate and implement plans for enhancing patient care, increasing patient referrals, participating in quality assurance initiatives, and conducting outcome research at the KPC.

(c) Community Educational Outreach. This experience requires the intern to plan and provide presentations that address community needs, as well as engage in translational efforts to disseminate clinical research to the community (e.g., presentations in community and campus settings regarding evidence-based methods for the treatment of depressive disorders, mental health screening on campus, mental health outreach efforts with the international students on campus, stress management, weight management, weight bias prevention training, submitting brief review articles for publication in the Suffolk County Psychological Association Newsletter, etc.). Essentially, the intern acts as liaison between the KPC and various community organizations both on and off campus (e.g., campus residence halls, schools) to increase the reciprocal communication between the KPC and outside entities.

2) At the MB-CRC

(a) Comprehensive Psychiatric Emergency Program (CPEP). This program/rotation involves working closely with a multidisciplinary team to evaluate and coordinate care for individuals in urgent need of psychiatric services. Interns conduct psychiatric evaluations, acute interventions and care coordination within the context of the emergency department.

(b) Inpatient Psychiatry. This program/rotation involves working closely 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 anger management and DBT-based skills groups.

(c) Obesity/Disordered Eating Clinic. This program/rotation involves working with a multidisciplinary team to assist patients with weight loss and weight management. Interns conduct pre-surgical psychiatric diagnostic evaluations and pre- and post-surgical interdisciplinary skills training groups in an outpatient interdisciplinary setting.

(d) Consultation and Liaison (C&L) Psychiatry. This program/rotation involves working with a multidisciplinary team to provide psychiatric and psychological evaluations, short term interventions, and consultation to patients and clinicians on medical and surgical inpatient units throughout Stony Brook Hospital.
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. They include Dina Vivian, Ph.D. (Department of Psychology), Adam Gonzalez, Ph.D. (Department of Psychiatry), Genna Hymowitz, Ph.D. (Departments of Psychology, Psychiatry, and Surgery), Brittian Mohaffey, Ph.D. (Department of Psychiatry), and Patricia Tsui, Ph.D. (Department of Anesthesiology). An external supervisor, Deena Abbe, Ph.D. (KPC internship supervisor), is also part of the program at the KPC. In addition to the above supervisors, three NYS licensed psychiatrist affiliated with the Department of Psychiatry provide supervision to the interns in the minor programs/rotations; they include Brian Bronson, M.D. (C&L, Dept. of Psychiatry) and Abdullah Hasam, M.D. (CPEP) and Constantine Ioannou, M.D. (Inpatient Psychiatry). 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 limited supervision. They include as follows: Kristin Bernard, Ph.D., Nicholas Eaton, Ph.D., and Daniel O’Leary, Ph.D.

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 3.5 hours/week of individual supervision (face-to-face) with a licensed psychologist across sites/programs, and an average of 3.5 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 (main and minor).

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 typically offered.

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 pre-internship level of 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. Interns are expected to be able to complete all of their assignments with increasing levels of independence; supervision time, however, is never reduced.

NOTE: At the beginning of supervision, supervisors and interns review and sign the “SBU-CIP Supervisory Contract” found in Appendix A (p. 25).

C. Intern Schedule

Interns are expected to spend about 47 hours/week on the average on the activities listed below:
1) **Didactics** (Clinical Seminars/Presentations/Workshops): average 3 hours/week (range: 2.5 - 3.5)

2) **Supervision**: average 7 hours/week (range 6 – 8)

   - Individual Supervision: average 3.5 hours/week (range 3 – 4)
   - Group Supervision: average 2.5 hours/week (range 2 - 3)
   - Group Supervision of Supervision: average 1 hour/week (including didactics)

3) **Research/Readings**: a minimum of 4 hours per week

4) **Experiential Activities**: average 33 hours/week (range: 29 – 37)

   - Individual Therapy client contact hours: average 14 hours/week (range 13 - 15)
   - Group Interventions: average 2.25 hours/week (range 1.5 - 3.0)
   - Assessment (including Intake and Comprehensive Evaluations): average 4 hours/week
   - Providing Supervision to others: average 1 hour/week
   - Teaching (web-based course on Healthy Eating): average 0.3 hours/week
   - Additional rotation experiences (including service delivery): average 6 hours/week (range 4 – 8)
   - Administrative tasks: average 5 hours/week (range 4 – 6)

**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 MB-CRC, weekly Grand Rounds in Psychiatry, selected presentations/lectures with the 3rd 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) from the consortium member agencies and associated main/minor internship programs. For instance, interns may co-lead a therapy group with another KPC trainee (e.g., a less advanced trainee, an extern) or MB-CBR 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. In fact, 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 interns are also exposed on a regular basis to a range of role models from various health care and mental health care fields. This encourages them to expand their perspectives and to better define the conceptualizations that fit for them. The internship minor programs/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. 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 (mid- internship and end-internship) or at the end of a time-limited rotation, via the “SBU-CIP Intern Competency Rating Scale” (found in Appendix B, p. 32.). This evaluation form includes information about the intern’s performance regarding all of the SBU-CIP’s expected training competencies and the related elements. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion at each time point.

A minimum level of achievement on each evaluation is defined as a rating of “3” for each competency (averaged across the elements of that competency). The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1= Significant Development Needed, 2= Development Needed, 3= Meets Expectations, 4= Exceeds Expectations, 5= Significantly Exceeds Expectations. If an intern receives a score less than 3 on any competency (averaged across the elements of that competency), or if supervisors have reason to be concerned about the student’s performance or progress, the program’s Due Process procedures will be initiated; (see Appendix C, p. 43) for Due Process and Grievance Policy and Procedure). 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. Thus, interns must receive a rating of “3” or above on all competencies (averaged across the elements of that competency) and broad goals on the year-end evaluation to successfully complete the program.

Additionally, all SBU-CIP interns are expected to complete 2000 hours of training during the internship year. Meeting the hour requirement and obtaining sufficient ratings on all evaluations 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. Feedback to the interns’ home doctoral program is provided 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 (due to a grievance by a supervisor or an inadequate rating on an evaluation), the home doctoral program will be contacted within 30 days. 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.

In addition to the evaluations described above, interns must complete a self-evaluation form using a self-rating version of the “SBU-CIP Intern Competency Rating Scale” at the beginning and end of the internship. Interns also complete an evaluation of their supervisors and the internship program at the mid-point and end of the internship, concurrent with supervisor evaluations of intern. Internship program evaluations are used to inform any changes or improvements in the training program. All evaluation forms are available in the present Handbook (Appendices B, D, E, F, G) and via the SBU-CIP intranet.

NOTE: If at the mid-year evaluation an intern receives ratings less than “3” in a rated competency (averaged across elements of that competency) a formal or informal remediation plan may ensue as outlined in the “SBU-CIP Due Process and Grievance Policy” found in Appendix C (p. 43). Periodic pinpointed re-evaluations will be conducted during the second half of the internship, and the formal or informal remediation plan –if in place, will be adjusted accordingly.

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.)
   i. Relationship with Supervisee:
   ii. Goal Setting:
   iii. Structure and Plans:
   iv. Evaluation:
   v. Diversity:
   vi. Supervision of Supervision:
   vii. Ethics/Professional Issues:
9. **Consultation and interprofessional/interdisciplinary skills** (Participation in multidisciplinary team work; Role of Consultant; Supervision)
10. **Outreach** (Program Development/Implementation; Professional Ethical Skills; Diversity)
11. **Crisis Assessment, Management and Intervention Skills** (Assessment: Intervention; Supervision)
12. **Meta-Competencies** (Knowledge of the extent/limit of own skills; Habit/Skills for Self-Evaluation; Ability to use supervision, consultation, and other resources to improve/extend skills; Lifelong commitment to learning)
13. **Group Therapy**

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, followed by 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 the internship year and at the end of the internship, namely the “Proximal Outcomes;” data is also collected about interns’ subsequent professional achievements after graduation, namely the “Distal Outcomes.”

1) Proximal Outcomes

   • Supervisors provide written ratings of the interns twice yearly (or at the end of a particular time-limited rotation) using the “SBU-CIP Intern Competency Rating Scale.”

   • Interns provide multiple ratings, as follows:

     (a) Twice yearly (or at the end of a particular time-limited rotation) they rate their clinical supervisors using the “SBU-CIP Assessment of Clinical Supervisor Scale;” (See Appendix D, p. 47).

     (b) Twice yearly (mid-year and end-year) they rate the overall internship program using the “SBU-CIP Overall Assessment of the Program” form (See Appendix E, p. 50).

     b) Weekly they rate their didactics using the “SBU-PCI Didactics Rating Sheet” form (See Appendix F, p. 55).

2) Distal Outcomes

   • Outcomes for interns are measured by employment data and licensure rates.
   • Outcomes for the program are measured every three years by a formal survey of alumni.
V. Intern Selection Criteria and Procedures

A. Selection Procedures

The SBU-CIP Intern Selection Committee is primarily responsible for screening applications and selecting applicants for internships. The SBU-CIP Interns 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 APPIC Phase I and II of the internship match and for the Post-Match Vacancy Service.

Disclosure Statement

Internship applications are discussed among the members of the SBU-CIP Interns Selection Committee as well as various staff members at the internship sites/programs. If matched with the SBU-CIP, the 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 Internship 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 Applicant Rating Form” found in Appendix G (p. 56). The TD invites the top applicants to come to SBU-CIP for face-to-face interviews with all the members of the SBU-CIP Interns Selection Committee. The KPC serves as the primary consortium site for the interviews.

Intern selection is based on a number of factors as described below including demonstration of a strong academic background, scholarly productivity, and clinical practicum experience. Also important is the fit between the intern's professional interests/plans and the mission of the SBU-CIP, as well as the goals and philosophy of the training program. The SBU-CIP selection criteria are listed below.

1) Selection Criteria

- **Academic Record.** Applicants must have completed all doctoral-level coursework prior to beginning the internship to ensure interns have the broad knowledge of psychology necessary for more advanced work in psychology. Additionally, trainees are expected to have successfully defended their dissertation proposal prior to the start of the internship. 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.

- **Clinical Experience.** Applicants must show a desire to follow the clinical scientist model (see earlier description of this model in Chapter I, Introduction to the Internship). 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.

**NOTE:** A minimum of 600 face-to-face hours of service delivery is required, although the preference is for 800 or more hours (including assessment and intervention).

- **Scholarship/Research.** Applicants must show a fit with the clinical scientist model, as demonstrated research ability/productivity (i.e., peer-reviewed manuscript(s), professional presentations). In addition, if interns have not completed their dissertation, they will coordinate a completion schedule with their research supervisor before engaging in additional research activities.

- **Match with Site.** Successful applicants must show evidence of desire to train within the internship model offered by the SBU-CIP.
- **Writing Skills.** Preference is given to candidates who demonstrate good writing skills (professional, organized, articulate).

- **Intangibles.** Successful applicants demonstrate ability to handle the type of work required of the internship; preference is given to candidates who are flexible, team players, mature, and open to feedback.

- **Background Check.** All internship applicants must be eligible to work in the U.S., and successfully pass SBU criminal background check and clearance.

2) **Additional Requirement**

- **Immunization.** Due to SBU Hospital requirements for participating in hospital-based rotations and accessing patients, before starting the internship all interns are required to undergo TB skin tests (or show proof of having undergone a TB skin test), proof of one Measles, Mumps, Rubella (MMR) immunization or Titer test, and proof of Chicken Pox vaccination, physician’s documentation of disease, or Varicella Titer.

C. Application procedures and Interviews

Interested applicant should register for the APPIC Match through National Matching Services (NMS): Our site information is as follows: Stony Brook University Consortium Internship Program, Stony Brook University, Non-Member Site # 237111.

Applicants should complete the online APPIC Application for Psychology Internship; supporting material must include three Standardized Reference Letters and two clinical de-identified clinical reports, including a “Case Formulation and Treatment Planning” and a “Psychoeducational Evaluation.” The applicant cover letter should include any particular internship goals and career objectives.

Application materials must be submitted by November 15, 2016. Interviews will be offered to those applicants whose interests and training best fit the goals of the program. Interview announcements will be sent to the applicant by December via email by 15, 2016. We offer two interview days in early/mid-January (TBA). Each includes a program overview, at least three interviews with selection committee members, lunch with current interns, and options to meet additional staff.

In compliance with APPIC, we will submit our rankings for the applicants to the Rank Order List Input and Confirmation (ROLIC) –which is part of the National Matching Services associated with APPIC - by the Phase I and II (if necessary) deadlines (February 1, 2017, and March 13, 2017); similarly, prospective interns are expected to follow the APPIC guidelines for Match I and II. In accordance with APPIC policy, the site will not solicit or communicate any ranking preference information.
VI. Didactics

A. Clinical Seminars/Presentations

The internship offers 2-3 didactics weekly across member agencies, including as follows:

1) Weekly in-house presentations at the KPC (Thursdays 12:00PM – 1:30PM; Psychology B438)

2) Weekly Grand Rounds offered by the Department of Psychiatry (Tuesdays 11:00 – 12:00 at HSC).

3) Selected lectures/presentations offered by the Psychiatry Residency training program for PGY-3, Department of Psychiatry (Wednesdays, 1:00 – 4:00 PM, Putnam Hall).

4) Monthly brown bags within the doctoral program in clinical psychology (Wednesdays 12:30 – 1:30 on the first Wednesday of the month; Psychology A109).

Interns are expected to attend all of the didactics listed in the Didactics Syllabus found in Appendix H (p. 58).

B. Additional Professional Development Opportunities

1) Formal Clinical and Professional Presentations

Each intern makes formal presentations (a minimum of 4 over the course of the internship) to members of the SBU-CIP Training Committee, trainees from the doctoral program in clinical psychology affiliated with the KPC, externs, community psychologists and psychiatrists attending the In-House Didactics at the KPC, and other staff members of the KPC concerning treatment issues (e.g., case presentations, leading journal clubs, and presenting their research). If they choose the Community Outreach rotation at the KPC, the intern may also conduct presentations at local community sites (e.g., on-campus in Student Resident Halls, local school districts, and local Libraries).

2) Research

Interns are also invited to sit-in on lab meetings and participate in research activities offered by faculty in the doctoral program in clinical psychology (Dept. of Psychology), and at the KPC (e.g., outcome research with data which is gathered on a weekly basis from all the KPC patients via the Treatment Outcome Package). Moreover, as the MB-CRC has several grants and a prolific program of research with clinical populations, interns can also get involved in research at this site, as well as at associated minor programs/rotations (e.g., at the Obesity/Disordered Eating Clinic where a large data base has already been created over the past few years). Interested interns should discuss their research interests with the principal investigators of the various research projects, and with the members of the internship Executive Board. Lastly, if there are opportunities not listed here that interns are interested in, they should discuss available options with the TD/CTD.
VII. Program Completion Requirements

At the end of the 12-month period, the SBU-CIP Training Director writes a formal letter summarizing the intern’s performance, including information from formal evaluations and anecdotal information from supervisors and internship site staff; copies of this letter are given to the intern and to the Director of Clinical Training at the intern’s home doctoral program. As described in the Intern Evaluation chapter of this Handbook, interns must achieve the following minimal levels to graduate from the Internship Program:

- complete 2,000 training hours
- achieve a score of 3 or greater on all rated competencies on the “SBU-CIP Intern Competency Rating Scale” (Appendix B, p. 32)

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

Upon graduation, interns receive a certificate of completion, indicating they have completed all requirements of the SBU-CIP. The Internship Certificate of Completion will not indicate the completion of the doctoral training; instead, completion of doctoral training is certified by receipt of the diploma from interns’ home doctoral institutions.
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 site staff members are expected to be thoroughly familiar with 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.

Familiarity with codes of ethics and statutes is not enough to insure 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 (2002, Amended June 1, 2010)
   • APA Practice Guidelines

   Including:

   Guidelines for the Practice of Parenting Coordination
   Record Keeping Guidelines
   Guidelines for Child Custody Evaluations in Family Law Proceedings
   Guidelines for Psychological Practice with Girls and Women
   Guidelines for Psychological Practice with Older Adults
   Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists
   Practice Guidelines Regarding Psychologists’ Involvement in Psychopharmacological Issues
   Guidelines for Psychological Evaluations in Child Protection Matters
   Guidelines for Psychological Practice in Health Care Delivery Systems
   Practice Parameters: Screening and Diagnosis of Autism
   Guidelines for Test User Qualifications
   Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
   Guidelines for Assessment of and Intervention with Persons with Disabilities
   Guidelines for the Evaluation of Dementia and Cognitive Change

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

   • Regulations of the New York 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 Privacy and Portability 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 and Social Media Policy

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 (two times per year).
- 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 after 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 (for interns).
- The right to privacy and respect of personal life.

3) Program/Faculty Expectations

Expectations of interns include the following:

- To behave in accordance with the APA Ethics Code and other APA practice guidelines.
- To behave in accordance with federal and New York State laws and regulations and with HIPAA.
- 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.
- To meet training expectations responsibly by fulfilling goals and exit criteria.
- 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 an openness to learning and being able to effectively accept and use constructive feedback.
- 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.
- 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.
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 Internship Program 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 Director of Internship Training, will develop a plan of corrective action.

B. Social Media Policy

Social media is defined herein as “media designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques online;” examples include but are not limited to LinkedIn, Facebook, Twitter, YouTube, Flickr, iTunes U. Interns who use social media and other forms of electronic communication should be mindful of how they interact with and how their communication may be perceived by clients, colleagues, faculty, students, parents, patients, alumni, donors, media, other University constituents, and others. Interns, as SBU employees, are expected to follow the same behavioral standards online as they would in the real world. Interns should make every effort to minimize material that may be deemed inappropriate for a psychologist in training. To this end, interns should set all security settings to “private” and should avoid posting information/photos or using any language that could jeopardize their or the University’s professional image. Interns should consider limiting the amount of personal information posted on these sites and should never include clients as part of their social network or include any information that might lead to the identification of a client or compromise client confidentiality in any way. Greetings on voicemail services and answering machines used for professional purposes should also be thoughtfully constructed. Interns are reminded that, if they identify themselves as an intern in the program and/or affiliated with Stony Brook University, or the SBU-CIP, SBU and the SBU-CIP have some interest in how they are portrayed. If interns report doing, or are depicted on a website or in an email as doing something unethical or illegal, then that information may be used by the SBU-CIP to determine probation or even termination. Use of SBU logos, trademarks or other images or any use of social media in which the intern identifies as a representative of SBU is subject to University approval prior to such use (contact the Office of Communications for approval). Interns are accountable for any institutionally related content they post to social media sites, including any remarks made as a University representative on public or personal social media. SBU prohibits the use of social media to post confidential or proprietary information about the University; announce SBU news; use SBU’s name to promote a product, cause, or political party or candidate; or post any information that does not comply with University regulations, policies, and procedures and copyright and intellectual property rights. As a preventive measure, the SBU-CIP advises that interns (and faculty) approach social media carefully. Interns may consult the American Psychological Association’s Social Media/Forum Policy and SBU’s Social Media Use Policy for best practices and additional guidance.
X. Appendices
Appendix A:
Stony Brook University Consortium Internship Program (SBU-CIP)
Psychology Intern/Resident Supervision Contract

Edited: 08/24/16

This agreement has been created to address the legal, ethical, practical, and clinical issues of the supervision relationship. It is intended to articulate and clarify the complex mutual responsibilities of the parties involved, the procedures of the supervision, and the personal development needed to become a capable and responsible professional.

Purpose, Goals, and Objectives of Clinical Supervision

To monitor and ensure the welfare of clients seen by the supervisee.

To structure the activities of the supervisee to ensure s/he provides services that are competent and within her/his level of professional development.

To facilitate the supervisee’s personal and professional development, including professional ethics, accountability and clinical responsibility.

Meetings and Communication

The Psychology Intern/Resident (from here on called “Supervisee(s)” will receive a minimum of 4 hours of supervision per week across internship sites and rotations for the duration of the internship. Of these, a minimum of 2 hours per week include individual face-to-face supervision sessions provided by a NYS licensed psychologist affiliated with the internship program; the supervisor will also be readily available on an as-needed basis outside of supervision.

In addition to face to face meetings, supervisor and supervisee may use postal mail, telephone, video, e-mail, or other means to communicate. If electronic mail or wireless phones are used to discuss cases or other confidential information, supervisor and supervisee will avoid using information that may identify the client. Electronic recordings will require the written consent of the clients involved. Because supervisor and supervisee need to be able to reach each other easily and because emergencies may arise, the following arrangements for contact are made.

<table>
<thead>
<tr>
<th>Days and hours of availability</th>
<th>Means of emergency contact</th>
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</thead>
<tbody>
<tr>
<td>Supervisee</td>
<td></td>
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<tr>
<td>Days and hours of availability</td>
<td>Means of emergency contact</td>
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<tr>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>Days and hours of availability</td>
<td>Means of emergency contact</td>
</tr>
</tbody>
</table>

When the supervisor is unavailable due to vacation or other events, s/he will assure adequate availability of a substitute supervisor and will inform this person of the supervisee’s needs and situation.

Records and Confidentiality

1. Supervisor and Supervisee agree to keep records of their meetings, which will document the following:
The dates and times we meet face to face or otherwise communicated. The case(s) involved by case # (preferably) or name (initials or first name only). The results of previous clinical interventions, the progress of each case, the client’s needs and other relevant issues such as ethical, legal, procedural, or interpersonal ones. Content of didactic interventions (e.g., clinical skills and techniques taught, literature discussed). The recommendations and assignments given by the supervisor. The supervisee’s areas or skills in need of enhancement and progress toward mastery and discussion of the educational supervision process, procedures and progress.

NOTE: the supervisee may use his/her own informal format for these notes or s/he may use the Notes on Supervision Contacts form.

2. Supervisor and Supervisee agree to maintain supervision records in the same ways as clinical case records are maintained (in regards to confidentiality, availability, security, etc.), and they are both aware that these records are not privileged.

Method of Evaluation

In addition to exchanging feedback on an ongoing basis, at the conclusion of the supervisory period the Supervisor and Supervisee will provide written feedback using the following supervisory forms:

1. **SBU-CIP Psychology Intern/Resident Competency Rating Scale** (filled out by the Supervisor)
2. **SBU-CIP Assessment of Supervisor or Super Supervisor** (filled out by the Supervisee)

   NOTE: The Supervisee’s ratings are done anonymously and given directly to the Internship Training Director

If the Psychology Resident/Intern is also providing supervision to others as a Supervisor Trainee the following evaluations are needed:

3. **Assessment of Clinical Trainee** form or Form 1 above (filled out by the Supervisor Trainee)
4. **SBU-CIP Assessment of Supervisor or Super Supervisor** (filled out by the Supervisee)

   NOTE: The Supervisee’s ratings are done anonymously and given directly to the Internship Training Director

If disagreement should arise during supervision that the Supervisor and Supervisee cannot resolve via direct communication and informal agreement, the individual(s) involved will follow the steps outlined in the Due Process and Grievance procedures.

Duties and Responsibilities of Supervisor and Supervisee

The clinical supervisor is legally and ethically responsible for the services that his/her supervisee provides to clients, for the manner in which the Supervisee conducts himself/herself in regard to discharging his/her professional responsibilities. It is therefore the Supervisee’s responsibility to keep his/her Supervisor well informed about his/her professional activities. Openness with and trust in one’s Supervisor will enhance the Supervisee’s experience of supervision and his/her professional growth. The Supervisor has full responsibility for the supervised work of his/her Supervisee, including assessment, diagnosis, treatment planning, the prescribed course of treatment, and discharge planning.

It is the Supervisor’s role to do the following:

1. **Interpersonal approach/Communication with his/her Supervisee**

   Be sensitive, responsive and flexible toward his/her supervisee.
Be mindful of issues of diversity, particularly their many dimensions and influences, and to be sensitive and respectful of all differences among the client(s), the supervisee, and himself/herself.

Attend to boundaries, balances, and potential multiple relationships between the supervisor and supervisee. In all cases, the interest of the supervisee will be held primary.

Maintain awareness of the sometimes fine line between doing supervision and providing psychotherapy. If the supervisor should decide that the supervisee can benefit from psychotherapy, s/he will make the referral.

2. Monitoring and risk management

Review the supervisees’ assessment/treatment plans, progress notes, and audio/videotapes of selected treatment sessions as needed.

Include in supervision an examination of and education in legal and ethical issues, as well as patient treatment issues.

Maintain current professional insurance coverage.

Intervene if a client’s welfare is at risk.

Conduct activities in accordance with internship’s Policies and Procedures regarding Risk Management.

3. Didactic responsibilities

Present and/or adopt a variety of supervision models and methods for supervision (including use of video-mediated or audio-mediated teaching strategies).

Present and model appropriate clinical interventions.

Assist supervisee in anchoring interventions to a theoretical model and to relevant bodies of research.

Provide/suggest relevant clinical literature

Help the supervisee explore and clarify thoughts and feelings underlying his/her clinical work with clients.

Identify supervisee’s personal and/or professional blind spots.

Bring to the supervisee's attention those personal difficulties that may directly affect the supervisee's clinical work, and recommend a course of action to address these difficulties.

4. Administrative responsibilities.

Review and sign off on all clinical documentation in Titanium (Intake Assessment, Initial Assessment and Case Formulation, Progress Notes, Closing/Transfer).

It is the Supervisee’s role to do the following:

1. Interpersonal approach/Communication with his/her clients and Informed Consent.

Accurately represent his/her competence level, training status and credentials

   o The Supervisee is responsible for making sure that all clients are informed of the supervised nature of the services delivered; in the case of adolescent and child clients, this information can be shared with the parent or appropriate guardian. The supervision process is also explained to clients.

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Obtain the client(s)’s signature on the Informed Consent for Supervised Treatment and for video recordings of sessions.

2. **Risk Management**

**Violence to Self and/or Others**

Keep the Supervisor informed about clients who are suicidal, homicidal, or threatening to harm others. Seek supervision whenever s/he is uncertain about a situation. Make every attempt to reach his/her clinical supervisor before taking action with that client. If the Supervisee’s supervisor cannot be reached, s/he may do the following:

- Contact another clinical supervisor who is part of the internship program or, if unable to reach one, of the training site (e.g., another clinical supervisor at the L. Krasner Psychological Center (KPC) A list of useful phone numbers is included at the end of this contract.

- In the event of an emergency, if the Supervisee cannot reach his/her clinical supervisor or any other supervisor affiliated with the program or the site, s/he contact the Internship Training Director, **Dina Vivian, Ph.D.**, at the KPC (631) 632-7848, or at her home at (631) 584-5261, or by cell at (631) 335-6084, OR the Internship Program Co-Director, **Adam Gonzalez, Ph.D.** at the MB-CRC (631) 632-8657, or at his private office (631) 632-8675, or by cell (347) 564-5036.

- If the emergency situation occurs during a session, it is the Psychology Intern/Resident’s ethical responsibility to assess the client’s level of distress and risk of danger to self or others and not let him/her leave the site until it is certain that the risk is low or until appropriate emergency arrangements have been made. This may involve calling the university police (2-3333) to escort the client to the Comprehensive Psychiatric Services Program (CPEP; University Hospital).

- Clients who are at risk for a crisis or emergency should be given the phone number for Response (751-7500), which is a 24-hour emergency and crisis service, and the number CPEP - (444-6050). They should also be informed that they can receive emergency psychiatric care at the emergency room of any medical hospital in the area or call 911 for help.

  - In addition to the above basic procedures, please follow the specific guidelines found in the “**SBU-CIP Emergencies and Crisis Intervention Policy and Procedures**” document for emergency situations.

**Child Custody, Legal Disputes, Disability Determinations**

Notify his/her supervisor about clients who are involved in child custody disputes, Disability Determination assessments, or any other matter that affects the client's status. This is necessary because providers are often asked to testify in such situations and having time to prepare adequately is important.

Notify his/her supervisor immediately whenever s/he receives a summons to testify or s/he is told that s/he will be subpoenaed to testify. The Supervisee will not under any circumstances release client information to an attorney or court or anyone else without a proper Authorization for Release of Confidential Information signed by the client and with his/her supervisor signature on the document being released.

Advise his/her supervisor of all important changes in a case, (e.g., client starting a new medication, client becoming involved in a legal case.)

Review the results of new intakes with his/her Supervisor at the earliest opportunity to confirm diagnosis and treatment planning. Any changes to the treatment plan must be reviewed with and approved by his/her supervisor before they are presented to the client.
Consult with his/her supervisor about discharge planning well in advance of closing the case. Also consult regarding the implementation of any strategy that has the potential for a negative outcome, such as the client deciding to terminate treatment prematurely, before such an intervention is conducted.

Be responsible for ensuring that evaluative letters and reports concerning clients are co-signed by his/her Supervisor before they are sent. It is also the Supervisee’s responsibility to determine that an active Authorization for Release of Confidential Information form is present in the client's chart before presenting the letter/report to the supervisor for signature.

Not engage in dual relationships with clients, that is, s/he will not socialize with clients, nor will s/he provide services to individuals s/he knows from other contexts, such as friends or acquaintances. In the event that someone the Supervisees knows is being seen as a patient at the internship site, the Supervisee is expected to remove him/herself from situations where that client's treatment and progress are being reviewed. It is the Supervisee’s responsibility to alert his/her supervisor to such situations.

3. **Confidentiality of clinical records**

Protect clients’ confidentiality at all times.

All work-related to cases (e.g., therapy notes and reports) should be done at one of the clinical sites. Case folders and any other material should not be taken out of a clinical site except when meeting with your supervisor in another office or presenting at a clinical case conference in a classroom or seminar room. On these occasions, the case materials should be taken directly to the appropriate location and returned directly to the clinical site.

Cases are not discussed with other clinical trainees in places where the possibility of being overheard exists. Doors should be closed during supervision and case conferences so that discussions are not overheard by people walking in the halls. It is also a breach of ethics to discuss case material with non-professions (including intimate others, relatives and/or close friends) or professionals who are not involved in the care of that case.

Any records, forms, or papers with confidential material should always be protected from view as part of the “confidentiality” procedures. Information about a case that is electronically transmitted should be de-identified and/or encrypted.

4. **Supervisee’s Education and Clinical Procedures**

Be prepared, both for sessions with clients as well as for supervision. The Supervisee is expected to (a) have viewed therapy session in advance of weekly supervision and follow any specific instructions from the supervisor; (b) have client's chart, current and completed progress notes, and video-recorded sessions ready to review; and (c) have an agenda of cases and/or issues that need to be addressed, together with the files of the clients involved.

Formulate client case conceptualizations based on a clear theoretical model or models. Be ready to discuss the theoretical reasons for his/her interventions and techniques.

Share his/her learning goals for the internship experience with his/her supervisor. This will require self-reflection and self-evaluation regarding current level of clinical skill.

Be receptive to guidance and instruction from the Supervisor, that is, be attentive to feedback and suggestions from the Supervisor and follow through on such instruction promptly.

Be able (as the working relationship with one’s supervisor is established) to share issues and concerns s/he may have that impact her/his clinical work. Be open to feedback from others and monitor any tendency one may have toward defensiveness.
Complete professional tasks (clinical documentation, reports, contact clients, etc.) within time frames specified by the “SBU-CIP Professional and Client Policy and Procedures” document.

If a Psychology Intern/Resident is a **Supervisor Trainee:**

S/he will adhere to the ethical issues, duties and responsibilities described above (as deemed appropriate for her/his role). In addition, s/he will:

- Be sensitive to the dual relationship that exists when conducting peer supervision and discuss how to ethically handle these issues with his/her super-supervisor and supervisee.
- Be sensitive to issues of confidentiality regarding the progress and performance of his/her supervisee if participating in a group Super-Supervision. If possible, specific concerns about a supervisee should be discussed during an individual meeting with the Super-Supervisor.

**Terms of the Contract**

This contract serves as verification and a description of the clinical supervision provided by:

______________________________ (“Supervisor”) to ______________________________ (“Supervisee”) enrolled in the Stony Brook University Consortium Internship Program for ______________________ (term and year).

Supervisee: ______________________________

Date: _________________

Supervisor: ______________________________

Date: _________________
EMERGENCY PHONE NUMBERS

L. Krasner Psychological Center (KPC) 631-632-7830
Mind Body Clinical Research Center (MB-CRC) 631-632-8657
SBU Comprehensive Psychiatric Emergency Program (CPEP) 631-444-6050
University Police 631-632-3333
Child Protective Services (CPS) 1-800-635-1522
Response Hotline of Suffolk 631-751-7500
Suffolk Victims Information Bureau (VIBS) 631-360-3606
SBU Inpatient Psychiatry Department and Clinic 631-444-1050
SBU Outpatient Psychiatry Department and Clinic 631-444-2570

SBU-CIP SUPERVISORS

Director of the KPC & Training Director of the SBU-CIP and Supervisor
(Dina Vivian Ph.D.) 631-632-7848 (office)
631-584-5261 (home)
631-335-6084 (cell)
Director of the MB-CRC, Associate Training Director of the SBU-CIP and Supervisor
(Adam Gonzalez, Ph.D.) 631-632-8675 (work)
347-564-5036 (cell)
Director of the Obesity Program and Supervisor
(Genna Hymowtiz, Ph.D.) 631-632-4954 (office)
516-972-6343 (cell)
Supervisor (Brittain Mahaffey, Ph.D.) 631-632-8675 (work)
Supervisor (Patricia Tsui, Ph.D.) 631-444-2975 (work)
Supervisor (Deena Abbe, Ph.D.) 631-656-6055 (work)

KPC SUPERVISORS

Kristin Bernard 631-632-7576 (office)
631-219-0369 (cell)
Joanne Davila 631-632-7852 (office)
Nicholas Eaton 631-632-7634 (office)
314-954-1270 (cell)
Marv Goldfried 631-632-7823 (office)
917-613-7866 (cell)
Greg Hajcak 631-632-6272 (office)
631-901-5760 (cell)
Daniel Klein 631-632-7859 (office)
631-219-0921 (cell)
Matthew Lerner 631-632-7660 (office)
617-283-7027 (cell)
Dan O'Leary 631-632-7852 (office)
631-463-8993 (cell)
Appendix B:
Stony Brook University Consortium Internship Program (SBU-CIP)
Psychology Intern/Resident Competency Rating Scale

Psychology Intern/Resident (“Intern”) ____________________________________________ Supervisor__________________________

Period of Evaluation______________________________ Date of Evaluation ____________________________

Date of Review with Intern ________________________ Internship Practicum Site/Rotation _____________________________

Briefly note activities you supervised (e.g., adult/child client, individual/group/family intervention, assessment, consultation, etc.):
_______________________________________________________________________________________________________

Instructions

Please rate the Intern’s performance in the clinical competencies listed below, taking into account her/his developmental level in the internship program (e.g., mid-year, end year). Additionally, as obtaining competence is a developmental process, please consider the experience of each intern in the rated domain when evaluating competencies. Some competencies may develop slowly or later in professional development (e.g., administrative skills). Other more basic competencies may reach a professional level early in training (e.g., timeliness, ability to utilize supervision). If necessary, supplement the ratings with brief comments.

1 = Significant Development Needed. Performance is significantly below expectations. Intern exhibits a “very novice” level of competence, namely, very limited or poor knowledge and understanding of how to analyze problems and/or the processes and techniques needed to implement an intervention; competence in service delivery is very limited. Very significant levels of support and guidance are needed.

2 = Development Needed. Performance is below expectations or does not consistently meet expectations. Intern exhibits a “novice” level of competence, namely, demonstrates limited or inconsistent knowledge and understanding of how to analyze problems and/or the processes and techniques needed to implement an intervention; competence in service delivery is limited. Significant levels of support and guidance are needed.

3 = Meets Expectations. Performance meets expectations. Intern exhibits an “average” level of competence, namely, demonstrates knowledge and understanding of how to analyze problems and/or the processes and techniques needed to implement an intervention; independence and competence in service delivery are adequate. Some support and guidance are needed.

4 = Exceeds Expectations. Exceeds expectations most of the time. Intern exhibits an “advanced” level of competence, namely, demonstrates deep and integrated knowledge of the domain in question, flexibility in implementing assessment and treatment strategies, sense of mastery, and independence in coping with problems as they arise. Very little support and guidance are needed.

5 = Significantly Exceeds Expectations. Significantly exceeds expectations. Intern exhibits a “very advanced” level of competence, namely, demonstrates significantly deep and integrated knowledge of the domain in question, significant flexibility in choosing and implementing assessment and treatment strategies, sense of mastery, clear independence in coping with problems as they arise. Extremely little support and guidance are needed.

N/A: Please mark an item N/A is not applicable to task supervised or you do not have enough information to provide an accurate rating.

Each item on this scale corresponds to a specific skill or ability that is part of a core competency domain. Ratings are evaluated at the item level to determine the intern’s level of competence for each specific skill.

• Competence Required Upon Completion of Internship

Psychology interns/residents must achieve at least an “Average” level of competence (3) on each item assessed by this rating scale by the end of the training year in order to successfully complete the internship.

Please return form to: Dina Vivian, PhD.
Department of Psychology
Psychology Building B
Stony Brook University
Stony Brook, NY 11794-2520
1 = Significant Development Needed
2 = Development Needed
3 = Meets Expectations
4 = Exceeds expectations
5 = significantly exceeds expectations

a. **Research** *(Scientific Mindedness, Scientific Foundation of Professional Practices, Application of Scientific Method to Practice.)*

*The Intern demonstrates:*

1. Sound knowledge of basic and applied research as it pertains to clinical work.
   
   1 2 3 4 5 N/A

2. Willingness and motivation to further develop his/her knowledge of the empirical literature relevant to clinical work
   
   1 2 3 4 5 N/A

3. Use of a systematic approach to data gathering in informing clinical decision making.
   
   1 2 3 4 5 N/A

4. Good critical thinking and analytic skills.
   
   1 2 3 4 5 N/A

5. Use of evidence-based methods and resources to promote effective service delivery.
   
   1 2 3 4 5 N/A

6. Good integration of science across all aspects of professional practice
   
   1 2 3 4 5 N/A

b. **Ethical and Legal Standards** *(Knowledge/Ethical Conduct)*

*The Intern:*

1. Demonstrates knowledge of the APA Ethical Principles and Code of Conduct and other ethical, legal, and professional standards and guidelines relevant to the profession of psychology.
   
   1 2 3 4 5 N/A

2. Recognizes, ethical or legal issues pertinent to his/her various professional roles and activities.
   
   1 2 3 4 5 N/A

3. Recognizes, analyzes and self-reflects on the possible ethical or legal implications of his/her actions.
   
   1 2 3 4 5 N/A

4. Exhibits honesty, integrity, and a sense of personal responsibility in his various professional roles and activities.
   
   1 2 3 4 5 N/A

5. Demonstrates overall commitment to ethical practice.
   
   1 2 3 4 5 N/A
c. **Individual and Cultural Diversity (Individual Applications)**

The Intern demonstrates:

1. Application of knowledge of his/her own personal/cultural history, attitudes, and biases as he/she operates in the clinical setting with diverse others.

   
   1 2 3 4 5 N/A

2. Knowledge of the current theoretical and empirical literature as it relates to addressing diversity across professional training activities, including curriculum (viz. didactics), service, supervision, and consultation.

   
   1 2 3 4 5 N/A

3. Ability to integrate awareness and knowledge of individual and cultural differences in his professional roles (e.g., in his/her participation in curriculum activities, service, supervision, and consultation).

   
   1 2 3 4 5 N/A

4. Ability to work effectively with diverse others in assessment, treatment, supervision, and consultation.

   
   1 2 3 4 5 N/A

5. Demonstrates ability to apply independently his/her knowledge and approach to diversity in working effectively with a range of diverse individuals and groups encountered during internship.

   
   1 2 3 4 5 N/A

d. **Professional Values, Attitudes, and Behavior (Integrity; Deportment; Professional Identity; Self-Care; Self-Awareness)**

The Intern:

1. Demonstrates independence and self-initiative in using appropriate resources (e.g., literature, supervision, consultation) to promote effective practice.

   
   1 2 3 4 5 N/A

2. Acknowledges and corrects errors.

   
   1 2 3 4 5 N/A

3. Completes professional tasks in allotted/appropriate time and arrives promptly at meetings and appointments.

   
   1 2 3 4 5 N/A

4. Writes and maintains notes and records in an organized and disciplined manner.

   
   1 2 3 4 5 N/A

5. Presents case material in a competent and professional manner.

   
   1 2 3 4 5 N/A

6. Demonstrates good day-to-day organizational skills.

   
   1 2 3 4 5 N/A

7. Identifies and copes effectively and in a healthy manner with personal distress as it relates to clinical work.
### Communication and Interpersonal Skills

#### The Intern:

1. Approaches clients in a respectful, helpful, and professional manner.
   
   1 2 3 4 5 N/A

2. Forms good working alliances with clients.
   
   1 2 3 4 5 N/A

3. Handles well negative emotions in session and addresses issue of resistance effectively with clients.
   
   1 2 3 4 5 N/A

4. Shows effective use of empathy and planful use of patient-client relationship and in-session process issues to enhance treatment effectively.
   
   1 2 3 4 5 N/A

5. Maintains appropriate boundaries with his/her patients and negotiates skillfully threats to or breach of boundaries on the part of the patients.
   
   1 2 3 4 5 N/A

6. Works collegially with fellow trainees and professionals.
   
   1 2 3 4 5 N/A

7. Supports others in their work and gains support for their own work.
   
   1 2 3 4 5 N/A

8. Receives feedback non-defensively from peers.
   
   1 2 3 4 5 N/A

9. Is respectful to support staff roles and persons.
   
   1 2 3 4 5 N/A
10. Communicates professionally and works collaboratively with community professionals.

   1   2   3   4   5   N/A

11. Contributes in ways that will enrich the site experience of future interns/residents.

   1   2   3   4   5   N/A

12. Effectively relates to other professionals in accordance with their unique patient care roles.

   1   2   3   4   5   N/A

13. Demonstrates ability to self-evaluate clinical skills in supervision.

   1   2   3   4   5   N/A

14. Prepares effectively for supervision.

   1   2   3   4   5   N/A

15. Accepts supervisory input.

   1   2   3   4   5   N/A

16. Demonstrates ability to follow through on supervisory directions and recommendations.

   1   2   3   4   5   N/A

17. Negotiates effectively needs for autonomy from supervisors.

   1   2   3   4   5   N/A

f. Assessment (Measurement and Psychometrics; Evaluation and Application of Methods; Diagnosis; Supervision.)

The Intern:

1. Selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diversity.

   1   2   3   4   5   N/A

2. Selects assessment tools with appropriate empirical basis, reliability, and validity.

   1   2   3   4   5   N/A

3. Selects assessment tools with characteristics appropriate to the intended use (e.g., sensitivity, specificity, and positive and negative predictive powers).

   1   2   3   4   5   N/A

4. Understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning.

   1   2   3   4   5   N/A

5. Uses systematic approaches to gathering data to inform clinical decision making.

   1   2   3   4   5   N/A
6. Chooses appropriate means of assessment to answer referral questions.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

7. Interprets assessment results accurately, while taking into account limitations of the evaluation method(s).

|   | 1 | 2 | 3 | 4 | 5 | N/A |

8. Systematically and effectively integrates prior and current knowledge of the client when repeated assessment occurs.

|   | 1 | 2 | 3 | 4 | 5 | N/A |


|   | 1 | 2 | 3 | 4 | 5 | N/A |

10. Integrates assessment data from different sources for diagnostic purposes.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

11. Revises diagnostic impressions when applicable when repeated assessment occurs.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

12. Effectively uses supervision to enhance assessment skills.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

13. Learns effectively from supervisor’s role modeling of assessment procedures.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

g. Intervention (Planning and Case Conceptualization; Implementation; Group Therapy; Progress Evaluation; Supervision.)

The Intern:

1. Demonstrates competence in case conceptualizations and treatment planning.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

2. Demonstrates competence in identifying treatment strategies and techniques.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

3. develops and implements treatment plans with fidelity to evidence based models and flexibility to adapt where appropriate

|   | 1 | 2 | 3 | 4 | 5 | N/A |

4. Uses effectively treatment outcome measures, namely, to monitor client progress in treatment as well as to enhance therapy effectiveness (e.g., by increasing patient’s collaborative participation in treatment)

|   | 1 | 2 | 3 | 4 | 5 | N/A |

5. Links concepts of therapeutic process and change to intervention strategies.

|   | 1 | 2 | 3 | 4 | 5 | N/A |

6. Demonstrates knowledge of and use of a systematic and quantitatively-based approach (e.g., patient’s response to therapy,
motivation and therapy utilization) to propose treatment termination.

7. Addresses termination in a timely, ethical and effective manner.

8. Demonstrates competence in self-appraisal of own performance in regard to treatment delivery and uses this information to improve his/her effectiveness in service delivery.

h. Supervision (of Others) (Knowledge; Skill Development; Relationship with Supervisee; Goal Setting; Structure/Plan; Evaluation; Diversity; Supervision of Supervision; Ethics/Professional Issues.)

The Intern:

1. Relationship with Supervisee:
   a. Establishes a climate of trust, support, and understanding of supervisee.

2. Goal Setting:
   a. Sets effective goals for supervision in collaboration with supervisee.

3. Structure and Plans:
   a. Assists in case conceptualization and understanding of client dynamics.
   b. Explores various therapeutic processes such as confrontation, support, timing, and their uses.
   c. Assists supervisee with case management.
   d. Demonstrates good use of observational methods in supervision (e.g., watching his/her supervisees’ videotapes sessions and providing helpful feedback, skills training, role-plays, etc.).
e. Demonstrates good use of science-practice integration in supervision (e.g., suggesting to his/her supervisee use of appropriate evidence-based manuals and review of pertinent scientific literature).

f. Helps supervisee refer clients to campus and community resources.

4. **Evaluation:**
   a. Demonstrates the ability to assess skill level of supervisee.
   
   1 2 3 4 5 N/A

   b. Demonstrates ability to formulate and carry out evaluations and to manage the evaluative role, balancing support and challenge.
   
   1 2 3 4 5 N/A

5. **Diversity:**
   a. Models respect, openness, and awareness towards all aspects of diversity and its impact on both the therapeutic and supervisory process.
   
   1 2 3 4 5 N/A

6. **Supervision of Supervision (Super-Supervision):**
   a. Effectively uses super-supervision to enhance skills as a supervisor
   
   1 2 3 4 5 N/A

7. **Ethics/Professional Issues:**
   a. Promotes awareness of ethical and legal issues.
   
   1 2 3 4 5 N/A

   b. Monitors and provides guidance to supervisee regarding ethical and legal issues.
   
   1 2 3 4 5 N/A

   c. Addresses supervisee’s professional/personal issues and behaviors relevant to professional goals.
   
   1 2 3 4 5 N/A

   d. Encourages and responds to feedback made by supervisee.
   
   1 2 3 4 5 N/A

i. **Consultation and interprofessional/interdisciplinary skills** *(Participation in multidisciplinary team work; Role of Consultant; Supervision)*

**The Intern:**

1. Demonstrates understanding of processes underlying multidisciplinary team work.

   1 2 3 4 5 N/A

2. Functions competently as a member of a multidisciplinary team.
3. Produces consultative reports that are well organized, succinct, and provide useful and relevant recommendations.

4. Provides effective feedback to clients and consultees (e.g., presents assessment results in a clear manner, uses lay language, addresses clients’/consultees’ questions appropriately).

5. Demonstrates understanding of the consultant’s role as an information provider to another professional who will ultimately be the patient care decision maker.

**j. Outreach (Program Development/Implementation; Professional Ethical Skills; Diversity)**

_The Intern:_

1. Demonstrates the ability to design and present outreach programming professionally.

2. Demonstrates the ability to create appropriate learning objectives for outreach programming and evaluates the efficacy of the program in meeting those objectives.

3. Considers current empirical literature, audience needs, and diversity variables when developing programs.

4. Demonstrates ability to implement a variety of teaching methods (e.g., lecture, experiential activities, facilitating discussion) to engage the audience, and to professionally and meaningfully achieve the learning objectives for the program.

5. Demonstrates the ability to work with various members of the university community to accurately assess programming needs.

6. Demonstrates professionalism and adherence to ethical and legal standards in all facets of outreach programming.

7. Demonstrates sensitivity to diversity issues in all facets of outreach programming.

**k. Crisis Assessment, Management and Intervention Skills (Assessment: Intervention; Supervision)**

_The Intern:_

1. Recognizes the need for crisis intervention and intervenes effectively.
2. Demonstrates knowledge about and ability to implement the Internship site’s crisis intervention protocols.
   
   1  2  3  4  5  N/A

3. Makes appropriate recommendations regarding referrals, including psychiatric evaluations.
   
   1  2  3  4  5  N/A

   
   1  2  3  4  5  N/A

5. Seeks readily consultation and supervision.
   
   1  2  3  4  5  N/A

6. Demonstrates learning and effective implementation of supervisor’s role modeling of crisis intervention procedures.
   
   1  2  3  4  5  N/A

**Meta-Competencies** *(Knowledge of the extent/limit of own skills; Habit/Skills for Self-Evaluation; Ability to use supervision, consultation, and other resources to improve/extend skills; Lifelong commitment to learning)*

*The Intern:*

1. Knows the extent and limit of her/his skills.
   
   1  2  3  4  5  N/A

2. Demonstrates the habit and skills for self-evaluation of clinical skills.
   
   1  2  3  4  5  N/A

3. Demonstrates knowledge of the process for extending current skills into new areas.
   
   1  2  3  4  5  N/A

4. Uses supervision, consultation, and other resources to improve and extend skills.
   
   1  2  3  4  5  N/A

*Please note: The remaining ratings apply to specific training opportunities available in select rotations and should be used accordingly.*

**Group Therapy**

*The Intern:*

1. Demonstrates effective group screening skills.
   
   1  2  3  4  5  N/A

2. Conceptualizes group process by articulating group dynamics, phases of group development, and appropriate interventions.
   
   1  2  3  4  5  N/A

3. Displays competence in group facilitation and co-facilitation.
   
   1  2  3  4  5  N/A

4. Implements appropriate group interventions, including establishing rapport, facilitating group cohesion, confronting
resistance, and making appropriate self-disclosures and process comments about group functioning.

5. Shows group leadership abilities by demonstrating awareness of client/counselor roles and responsibilities for change.

6. Identifies and articulates co-leadership issues.

7. Addresses diversity issues as they affect group processes.

8. Demonstrates knowledge of ethical principles and state law relevant to group therapy, and consistently applies these appropriately, seeking consultation as needed.

9. Seeks and integrates supervisory feedback.

**Summary**

Strengths:

Goals for Improvement:

Additional comments:

__________________________  __________________________________________
Supervisor’s Signature     Psychology Intern/Resident’s Signature

__________________________  __________________________________________
Supervisor’s Name (with highest degree) Psychology Intern/Resident’s Name (with highest degree)
Appendix C
Due Process and Grievance Policy and Procedure

The Stony Brook University Consortium Internship Program (SBU-CIP) is committed to providing a safe and comfortable training environment for all trainees. Interns are treated with respect and within guidelines promulgated by the APA Ethical Principles of Psychologists and Code of Conduct. If a supervisor, staff member, or Intern recognizes a problem that may impede progress with training or negatively impact the training program, they are expected to follow the Due Process (in which a supervisor or other faculty member raises a concern about the functioning of a Intern) or Grievance (in which a Intern raises a concern about a supervisor or faculty member, trainee, or the internship training program) procedures outlined here to help resolve the issue.

A. Due Process Procedures

1. Definition of a Problem/Impaired Behavior

Doctoral Psychology Interns/Residents may experience developmental transitions during the training period. One aspect of the training process involves the identification of growth and/or problem areas of the Intern. A problem is defined as a behavior, attitude, or other characteristic, which, while of concern and requiring remediation, is not excessive, or outside the domain of behaviors for professionals in training. Problems are typically amenable to management procedures or amelioration. While professional judgment is involved in deciding the difference between impaired and problem behavior, impairment can be broadly defined as interference in professional functioning which is reflected in one or more of the following ways:

- an inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behaviors;
- an inability to acquire professional skills in order to reach an acceptable level of competency; and/or
- an inability to control personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning.

More specifically, problems will typically become identified as impairments if they include one or more of the following characteristics:

- The Intern does not acknowledge, understand, or address the problem when it is identified.
- The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
- The quality of services is sufficiently negatively affected.
- The problem is not restricted to one area of professional functioning.
- A disproportionate amount of attention by training staff is required, and/or;
- The Intern's behavior does not change as a function of feedback, remediation efforts, and/or time.

2. Guidelines for Addressing Impaired Behaviors

1) Informal Review

At any time during the internship, a supervisor or site staff member may designate some aspect of a Intern's performance as inadequate or impaired. If this occurs, it is expected that the supervisor or staff member will first take the issue(s) directly to the person(s) with whom they have a concern and that the parties will work to resolve the issue in a manner satisfactory to both. This may include increased supervision, didactic training, and/or structured readings. The Intern will be provided time to correct the issue(s). The supervisor and intern/resident will meet again no later than the end of the specified time period to discuss whether the issue has been remediates appropriately. This informal process should be documented in writing, but will not become a part of the intern/resident’s professional file. If the intern/resident does not make sufficient progress in rectifying the issue(s), the supervisor or staff member will initiate the formal review process.

If the behavior includes gross misconduct or ethical and/or legal implications, the supervisor or staff member may forego the informal review and initiate the formal review process immediately. The SBU-CIP Training Director may be involved as the final arbiter in determining the progress from informal to formal review.
2) Formal Review

If a Intern’s problematic behavior persists following an attempt to resolve the issue informally or if an Intern receives a rating below 3 on any competency (averaged across the elements of that competency) on the supervisory evaluation, namely, the “SBU-CIP Intern Competency Rating Form,” the following procedures are established to aid in the resolution of problem(s).

(a) Levels of Remedial Consequences

Once a problem has been identified in the Intern's functioning and/or behavior but has not been resolved informally, it is important to have meaningful ways to remediate the particular difficulty. The following represents several possible levels of consequences in order of the severity of the impairment under consideration.

- **Verbal and Written Warning:** A verbal and written warning to "cease and desist" the inappropriate behavior represents the lowest level of possible remedial action. This consequence is designed to be primarily educative in nature and typically will occur in the context of the Intern’s supervision. Depending on the nature of the problem, supervision time might be increased and/or changed in format or focus and case responsibilities may be changed. This warning will be documented and become a part of the intern/resident’s professional file. If a warning is issued, it is expected that the status of the impaired behavior or inadequate rating will be reviewed no later than the next formal evaluation period.

- **Remediation Plan:** This written developmental plan will include:
  1. a list of the competencies under consideration;
  2. the date(s) the problem(s) was(were) brought to the Intern’s attention and by whom;
  3. the steps already taken by the Intern to rectify the problem(s);
  4. the steps already taken by staff/faculty to rectify the problem(s);
  5. the expectations required, the Intern’s responsibilities;
  6. the staff/faculty responsibilities;
  7. the timeframe by which acceptable performance is expected;
  8. the assessment methods to ascertain whether the problem has been appropriately rectified; and
  9. the consequences of unsuccessful remediation. Consequences of unsuccessful remediation may include up to dismissal or termination from the internship program.

A Intern’s written remedial plan will become a part of the intern/resident’s permanent file, will be shared with the intern/resident, and will be sent to the Intern’s doctoral program within 10 days. Within 3 working days of the specified end of the remediation period, the complainant will issue a statement indicating whether or not the problem has been remediated. This statement also will become a part of the intern/resident’s permanent file, shared with the intern/resident, and sent to the intern/resident’s doctoral program within 10 days.

- **Suspension and Dismissal:** In cases involving severe violations of the APA Code of Ethics, where imminent harm to a client is a salient concern, where there is a preponderance of unprofessional behavior, or lack of change in behaviors for which a Intern has been placed on remediation, suspension of agency privileges may be a recommended consequence. The Intern will be notified immediately and will be provided with a copy of the documentation and reminded of grievance and appeal procedures. If the decision is made to suspend the Intern, written notification of this action will be sent to the Intern’s doctoral program within 10 working days of the notification being issued. Suspension may take the form of either a required leave of absence from the agency or recommendation that the Intern be terminated from the training program. In the latter case, the internship program will make recommendations to the academic program regarding further remediation. In the event of dismissal, APPIC also would be contacted.

**NOTE:** Temporary Reduction or Removal of Case Privileges: At any point during this process, if it is determined that the welfare of the Intern and/or the client has been jeopardized, the Intern’s case privileges either will be significantly reduced or removed for a specified period of time. At the end of this time, the Intern’s supervisor, in consultation with the site training staff, will assess the Intern's capacity for effective functioning and determine
whether or not the Intern's case privileges are to be reinstated. The Intern’s doctoral program will be notified within 10 working days if such action is taken.

(b) Steps and Process of Formal Review

Should an internship staff member (i.e., supervisor and/or site staff person) feel that an intern is not performing in an appropriate/professional manner or if a supervisor feels an intern is not performing to a sufficient level of competence/skill, it is the staff member’s responsibility to provide feedback to the intern. As mentioned above, if the problem is not resolved through informal methods, the following formal processes will be initiated:

1. The supervisor or staff member will meet with the Internship Training Director (TD) and intern/resident within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the Intern’s direct supervisor, the other Site Director will be included in the meeting.
2. The Intern will have the opportunity to provide a written statement related to his/her response to the problem.
3. After discussing the problem and the Intern’s response, the supervisor and TD may elect any of the levels of remedial consequences outlined above (i.e., verbal/written warning, remediation plan, suspension or dismissal). A statement will be issued within 5 working days of the decision. All written documentation will include a time frame for problem remediation and potential consequences if unresolved, conditions that must be met for the Intern to resume normal status, time period for further remediation, the date for future review by the staff, and consequences for failure to remediate. The Intern, supervisor, and the TD will sign and date the document, with copies given to the Intern. The Intern’s doctoral program will be given a copy of any written plan within 10 working days.
4. Upon review of planned remediation, the Intern will receive written feedback regarding whether he/she has completed the remediation or is making good progress (in the case of the latter, an additional date for future review will be given).

NOTE: Immediate Suspension, Removal of Case Privilege and Possible Legal Action. Should a Intern commit a felony, have sexual contact with a client, or perform any other serious violation of ethical conduct, he/she will be placed on suspension immediately, with further disposition determined by the TD and Executive Board, which may include reporting the incident to outside agencies.

PROVISION: If, after careful evaluation, the Executive Board of the SBU-CIP determines that Intern problematic performance is partly due to a mismatch between the Intern and his/her supervisor or the Intern and the internship specific agency or program, the Training Director will make all effort to shift the Intern’s supervision to another supervisor. In parallel, all effort will be made to shift the Intern training experiences to a more appropriate program or site within the internship participating programs/sites. However, an optimal match between Intern and supervisor or site/program is not guaranteed.

3. Appeals Process

Should the Intern have grievance with the processes discussed above, he/she may request an Appeals Hearing before the Executive Board. This request must be made in writing (an email will suffice) within 5 working days of notification regarding the decision made. The intern/resident may request specific staff members to serve on the review panel in addition to the Executive Board. The Training Director will appoint an Appeal Panel and convene an Appeals Hearing within 10 working days of the intern/resident’s request. The Training Director will make every effort to appoint members of the Appeals Panel who have not participated in previous steps of the review process. The intern/resident may request a specific staff member to serve on the Appeal Panel, and the Training Director will honor this request to the extent that it is reasonable and feasible. The Appeal Panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The Appeal Panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding the outcome. A written notice of the final decision will be issued within 5 working days of the meeting.

B. Grievance Procedures
An intern may take issue with a staff member regarding a particular behavior or pattern of behaviors or with the entire staff or Internship Program regarding policy or procedure. These guidelines are intended to provide the Intern with a means to resolve perceived conflicts. Psychology Interns/Residents who pursue grievances in good faith will not experience any adverse professional consequences. While most problems can be rectified using an informal process, this policy and procedure outlines the requisite process for addressing serious issues that have failed informal resolution efforts.

1) **Informal Review**

The intern first should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Training Director.

Any intern who believes that they are being abused or treated unfairly [e.g., sexual harassment, exploitative dual relationships, expectations of them which clearly exceed their experience or training] may forego the informal review and initiate the formal review process immediately.

2) **Formal Review**

An Intern who has a grievance, such as unfair treatment or unethical behavior by one or more site supervisors or staff persons, which he/she has been unable to resolve through discussion with that person may submit a formal grievance in writing to the TD. If the TD is the object of the grievance, the grievance should be submitted to another member of the Executive Board. The individual being grieved will be asked to submit a response in writing. The TD (or Executive Board member, if appropriate) will meet with the Intern and the individual being grieved within 10 working days. In some cases, the TD or other Executive Board member may wish to meet with the Intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:

1) the behavior associated with the grievance;
2) the specific steps to rectify the problem; and,
3) procedures designed to ascertain whether the problem has been appropriately rectified.

The TD or other Executive Board member will document the process and outcome of the meeting. The intern/resident and the individual being grieved will be asked to report back to the TD or other Executive Board member in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the TD or other Executive Board member will convene a review panel consisting of him/herself and at least two other members of the Executive Board within 10 working days. The intern/resident may request a specific member of the Executive Board to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member potentially can be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the TD or other Executive Board member. The intern/resident and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.
Appendix D:
Stony Brook University Consortium Internship Program (SBU-CIP)
Assessment of Supervisor and/or Super Supervisor

Date: ________________________________  Supervisor’s name: ____________________________________

Mid-year evaluation___  Final Evaluation___  or  End of rotation evaluation___

Type of Client(s) supervised (check all that apply):  Child ___  Adolescent ___  Adult ___

Type of Competency Supervised:

Psychotherapy ___  If yes, indicate phase(s) of therapy supervised (check all that apply):
  Acute ___  Continuation ___  Maintenance ___

Psychological Assessment ___  If yes, indicate what type ________________________________

Frequency of supervision: ___ hrs/week individual; ___ hrs/week group

Supervisory activities during this supervisory period (check all that apply):

___  We reviewed my videotaped sessions
___  We reviewed other training materials (e.g., manuals, training videos)
___  My supervisor sat-in or co-conducted therapy/psychological evaluations
___  My supervisor engaged in role-plays and clinical demonstrations
___  Other (describe __________________________________________________________)

Please rate your supervisor’s performance in the areas of clinical supervision listed below. Please supplement your ratings with brief comments when indicated.

1 = Inadequate Performance  
2 = Acceptable Performance  
3 = Average Performance  
4 = Very Good Performance  
5 = Outstanding Performance

1. General Professional Ethics and Responsibilities (e.g., timeliness/punctuality, consistency and stability of supervisory schedule, confidentiality, responsibility, appropriate referrals)

   1  2  3  4  5

Comments: 

2. Accessibility (e.g., availability outside of supervision, ease of communication with supervisor outside of supervision)

   1  2  3  4  5

Comments: 

3. Level of Interest in Supervision (e.g., in supervision, involvement in student's progress as therapist)

   1  2  3  4  5

Comments: 

47
1 = Inadequate Performance  
2 = Acceptable Performance  
3 = Average Performance  
4 = Very Good Performance  
5 = Outstanding Performance

4. **Supervisor as a role model** *(e.g., regarding all professional competencies)*

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Comments:

5. **Quality of the supervisory relationship**

(a) Collaborative rapport  
(b) Empathy, warmth, genuineness  
(c) Effective/Active Listening skills *(e.g., validation)*  
(d) Openness and Support  
(e) Absence of interfering biases or “defenses”  
(f) Flexibility  
(g) Delivering corrective feedback w/o being critical  
(h) Encouraging independent/creative thinking  
(i) Fostering self-awareness of clinical competencies

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Comments:

6. **Quality of the Supervisor’s Mentoring/Training Approaches** *(e.g., providing demonstrations, role plays, direct suggestions or information, feedback on session videotapes, readings, etc.)*

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Comments:

7. **Supervisor’s Level of Clinical Expertise in Supervisory Area** *(e.g., providing demonstrations, role plays, direct suggestions or information, feedback on session videotapes, readings, etc.)*

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Comments:

8. **Supervisor’s Level of Knowledge of the Relevant Research in Supervisory Area** *(e.g., providing demonstrations, role plays, direct suggestions or information, feedback on session videotapes, readings, etc.)*

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Comments:
1 = Inadequate Performance  
2 = Acceptable Performance  
3 = Average Performance  
4 = Very Good Performance  
5 = Outstanding Performance

9. **Provision of Feedback to Supervisee** *(e.g., providing feedback on day-to-day handling of cases, general therapist presentation, general progress of trainee)*
   
   1  2  3  4  5

   Comments:

10. **Promotion of acquisition of knowledge skills and competencies necessary for completing the program**
   
   1  2  3  4  5

   Comments:

11. **Promotion of program completion**
   
   1  2  3  4  5

   Comments:

12. **What were this supervisor's major assets in supervision?**

   Comments:

13. **What areas of improvement (if any) would strengthen this supervisor’s mentoring skills in supervision?**

   Comments:

14. **Additional Comments (if needed)**
Appendix E:
Stony Brook University Consortium Internship Program
Psychology Residents’ Rating of the Internship Program

Edited 08/11/16 (dv & ag)

This evaluation is utilized by the internship program as a mechanism to elicit feedback that will lead to improvement and enhancement of the program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of “poor” or “fair” will result in action by the Training Committee to address the problematic item, so please include detailed comments whenever applicable so that we can respond most effectively.

Internship starts on:_________________ ends on ___________________

Psychology Resident’s name:__________________________ Date of Evaluation:_____________________

Scoring Criteria: 1 = Poor; 2 = Fair; 3 = Average; 4 = Good; 5 = Excellent

I. Cohort Experience: In this section, please provide ratings related to the activities that you participated in with your resident cohort.

A) Didactic Presentations

___Overall quality of presentations and/or clinical workshops
___Breadth of topics covered by the didactics
___Relevancy of the presentation in regard to clinical practicum within an Evidence Based Practice in Psychology training model

Please rate the degree to which the presentations and/or clinical workshops broadened your understanding of or provided new knowledge about...

___Psychological research and its translational applications
___Psychological interventions
___Pharmacological interventions
___Psychological assessment
___Diversity issues
___Professional issues

Comments:

B) Group Supervision

___ Overall quality of the group supervision

Comments:

C) Joint professional and training activities.

I have gained experience in the following joint activities: (check all that apply)

☐ training in delivering specialized treatments
☐ training in delivering research protocols
☐ co-teaching and developing lesson plans
☐ co-training less advanced trainees
☐ joint development of group treatment program
☐ joint delivery of a group treatment
☐ outreach
☐ team participation
II. Development of Clinical Skills: In this section, please rate the quality of your internship training within each of the program’s identified competency areas. Please consider the role of didactic training and supervision as well as direct clinical experiences.

(A) Intervention:

1. Individual Therapy

Please indicate how many individual clients have you treated since the beginning of your internship:_________

Comments:

2. Couple & Family Therapy/Parenting

Please indicate how many couple, family/parenting cases you have treated since the beginning of your internship: couples ___ family therapy/parenting___

Comments:

3. Group Therapy modality

Please indicate how many groups you have led or co-led: _______

Comments:
__Match between my expectations and the experience__
__Development of my clinical competencies in delivering group therapy__
__Growth of my overall clinical competencies as a result of delivering group therapy__
__Degree to which my experience in delivering group therapy has met my expectations__

Comments:

B) Psychological assessment and psycho-educational testing

I have gained experience conducting assessment for: (check all that apply)

- Initial assessments for case formulation and treatment planning
- Psychological assessment (e.g., for ADHD, General mental disorders, Mental Disability and Functional Impairments, Pre-surgery medical clearance evaluations)
- Full battery psychoeducational testing (e.g., for LDs, Learning difficulties, poor academic performance)
- IQ Testing for giftedness

__Overall quality of experience__
__Depth of training__
__Breadth of clients’ presenting problems__
__Access to challenging cases__
__Clients’ diversity and/or minority status__
__Development of my clinical competencies__
__Adequacy of case load for meeting educational/training needs__
__Growth in my functional competencies regarding assessment/testing__
__Match between my expectations and the experience__

Comments:

C) Interdisciplinary consultation (e.g., coordination of treatment with psychiatrists, NPs, MDs, CSWs, teachers, etc.)

__Quality of training__

Comments:

D) Team work experience in an integrated care or primary care setting (e.g., team treatment approaches in the Bariatric and Metabolic Weight Loss Center, MB-CRC)

__Quality of training__

Comments:

Part III: Supervision experience

A) Being supervised

__Degree of learning acquired via supervision during my internship__

Please rate your supervisors’ performance in the areas listed below:

__Clarity/Helpfulness of suggestions and guidance__
__Quality of teaching skills in supervision__
__Quality of the supervisory relationship (e.g., ability to establish a good alliance with supervisee, collaborative rapport, warmth, flexibility, encouraging independence, fostering self-confidence in the supervisees’ developing competencies, etc.)__
__Accessibility to the supervisee__
Overall professional knowledge
Theoretical and scientific knowledge
Ability to integrate science and practice in supervision
General professional ethics and responsibilities

Comments:

2. Training in conducting supervision

Please indicate the number of clinical trainees you have supervised since the beginning of your internship: ______

Quality of training experience
Development in my functional competencies as a supervisor
Quality of your super-supervision

Comments:

Part IV: Additional ratings and overall internship experience

A) Cultural and Individual Diversity

Quality of training

Comments:

B) Ethical and Legal Standards

Quality of training

Comments:

C) Professional Values and Attitudes

Quality of training

Comments:

D) Overall internship experience

Degree to which the overall internship experience has met with your expectations
Degree to which you have gained an optimal combination of experiences and theoretical training across a wide range of clinical problems
Degree to which you have gained an optimal combination of experience and theoretical training across clinical settings

Comments:

E) Internship experience across sites

I have had the opportunity to gain experience in the settings listed below: (check all that apply)

- Outpatient mental health facility associated with the Dept. of Psychology (KPC)
- Outpatient mental and behavioral health facility associated with the Dept. of Psychiatry (MB-CRC)
- Bariatric and Metabolic Weight Loss Center (Dept. of Surgery, School of Medicine)
- Pain Management Clinic (Dept. of Anesthesiology, School of Medicine)
- Consultation and Liaison (Psychiatry)
- Outpatient mental health facilities for developmental disabilities (ASPIRE, Fay J. Lindner center)
1. **Breadth and depth of learning experience across sites and/or rotations:**

___KPC
___MB-CRC
___Bariatric and Metabolic Weight Loss Center
___Center for Pain Management
___Consultation and Liaison (Psychiatry)
___ASPIRE
___Fay J. Lindner Center for Autism and Developmental Disabilities (external clinic)
___Other: __________________________

2. **Role of the resident across sites and/or rotations (i.e., how valued you felt, how central, how integrated in the site or program’s functioning):**

___KPC
___MB-CRC
___Bariatric and Metabolic Weight Loss Center
___Center for Pain Management
___Consultation and Liaison (Psychiatry)
___ASPIRE
___Fay J. Lindner Center for Autism and Developmental Disabilities (external clinic)
___Other: __________________________

3. **Working environment across sites and/or rotations (i.e., interpersonal support and connection, access to educational and therapy materials; pleasant working space/office; adequate equipment and computer support, etc.):**

___KPC
___MB-CRC
___Bariatric and Metabolic Weight Loss Center
___Center for Pain Management
___Consultation and Liaison (Psychiatry)
___ASPIRE
___Fay J. Lindner Center for Autism and Developmental Disabilities (external clinic)
___Other: __________________________

Comments:

**F) Additional ratings:**

___Clarity of expectations and responsibilities of the resident within the internship program
___Match of resident’s and program’s expectations
___Degree to which I have gained knowledge and experience in an EBPP approach to mental health treatment during my internship
___Degree to which this internship has prepared me for my future professional endeavors
___Degree to which the internship faculty has facilitated my transition and access to post-doctoral opportunities and advancements

Comments:

**Part V. Additional Feedback?**

Any other comments, feedback, or suggestions for improving the internship?
Appendix F: Stony Brook University Consortium Internship Program
In-house didactics, Grand Rounds, PGY 3 Selected Presentations

Date: ____________________  Speaker: ____________________

Title of the presentation: ____________________________________________

Specify type of didactics: In-house ___  Grand Rounds ___  PGY 3 Presentations ___

Today’s presentation …

<table>
<thead>
<tr>
<th></th>
<th>Extremely agree</th>
<th>Moderately agree</th>
<th>Neutral</th>
<th>Moderately disagree</th>
<th>Completely disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>…addressed important issues related to clinical work (assessment and/or treatment).</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>…provided me with new knowledge about research and/or clinical treatment issues.</td>
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<tr>
<td>…is going to affect how I deliver psychological services.</td>
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<tr>
<td>…further supports the validity of my approach to clinical work.</td>
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<tr>
<td>…underscores the importance of integrating science and practice in clinical work.</td>
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<tr>
<td>…met with or surpassed my expectations.</td>
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</tr>
<tr>
<td>…broadened my understanding of and knowledge base associated with this topic.</td>
<td></td>
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</tr>
<tr>
<td>I see myself using what I learned from this talk in my clinical work.</td>
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<td></td>
</tr>
</tbody>
</table>

Overall, today’s presentation has improved my competence in the following areas (check all that apply):

☐ Functional competencies (e.g., core issues related to assessment and/or treatment in clinical work).
☐ Foundational competencies (e.g., issues related to general professional ethics and responsibilities, diversity, cultural sensitivity, etc. in clinical work).
☐ Knowledge of relevant research related to clinical work
☐ Professional role (e.g., confidence and comfort with being a clinician, knowledge about practical issues related to carrying our services in an outpatient setting and/or a private practice)
☐ Adopting an Evidence-Based Practice in Psychology/Psychiatry in my clinical work
☐ Other: __________________________________________
Appendix G:
SBU-CIP Intern Applicant File Review Form

Applicant:________________________  Interviewer:___________________  Date:___________
Graduate program:_______________________           Track: □ General  □ Behavioral Medicine

 Recommendation (Transfer from Back of Sheet):
 □ Cut  □ Marginal  □ Interview  N□eds further review

Please rate the applicant on the dimensions below. The ranges of possible scores vary according to the assigned weight of that quality or dimension. Note: The Letters, Dissertation, and Match areas can yield negative ratings; if so, the file should be flagged for review by the committee.

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Score</th>
<th>Weight (1-3)</th>
<th>Adj. Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year in the program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minorit preference</td>
<td>5 Yes</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Scholarship/Commitment to Clinical Scientist model</td>
<td>0</td>
<td>3</td>
<td>0-15</td>
</tr>
<tr>
<td>Quality of program, Pubs/presentations, articulation commitment to utilizing research to drive practice, quality of dissertations, and research essay (#4); 5 represents an applicant from a strong academic program with pubs or presentations at national conferences. 0 represents an applicant from a weak academic program with no scholarly productivity and no articulation of using literature to drive practice.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letters of Recommendation</td>
<td></td>
<td>2</td>
<td>(-10)-10</td>
</tr>
<tr>
<td>Note: If letters are variable in quality (some strong &amp; some weak), pick a midrange score but specifically not concerns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intervention</td>
<td>0</td>
<td>3</td>
<td>0-15</td>
</tr>
<tr>
<td>a) Trained in CBT &amp; CBT 3rd wave, DBT, Mindfulness, CBASP, ACT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b) Number of clients his/her seen in year. (see APPIC guidelines)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Types of clients (individual, (A, C.A), group, dyads)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Uses outcome data in treatment in his/her program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Demonstrates specialized knowledge of/and clinical competence in one or more clinical problems (e.g. Anxiety treatment)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 None of the above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
<td>2</td>
<td>0-10</td>
</tr>
<tr>
<td>5 represents an applicant with above average number of integrated reports &amp; good experience with diagnostic interviewing and utilizing personality and cognitive assessment instruments. 0 represents an applicant with few integrated reports and little to no good experience with diagnostic interviewing and utilizing personality and cognitive assessment instruments.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Letter of Interest</td>
<td></td>
<td>2</td>
<td>0-10</td>
</tr>
<tr>
<td>If included, writing ability, clarity, appropriateness, description of theoretical orientation, and clinical experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Match with Externship</td>
<td></td>
<td>3</td>
<td>(-30)-9</td>
</tr>
<tr>
<td>externship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Considering clinical experience, scholarly Activities, theoretical interest, and cover Letter. Look for specific reasons for our Program.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Goals &amp; Experience highly consist with externship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 Goals &amp; Experience generally consist with externship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-3 Goals &amp; Experience somewhat inconsistent with externship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-10 Goals &amp; Experience highly inconsistent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addl. For</td>
<td></td>
<td>0-50-84</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Intern Applicant File Review Form

<table>
<thead>
<tr>
<th>Problem or areas/concerns</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
</table>

**Recommendation:**
- [ ] Cut
- [ ] Marginal
- [ ] Interview
- [ ] Needs further review (explain)
Appendix H:
Stony Brook University Consortium Internship Program (SBU-CIP)
Didactic Schedules Combined

2016-2017
<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Location</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/1 10:00a-4:00p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, PhD</strong> Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>Orientation to the internship program at the KPC (EBPP) (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/2 10:00a-4:00p</td>
<td>154C Putnam Hall</td>
<td><strong>Adam Gonzalez, PhD</strong> Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
<td>Orientation to the internship program at the Mind Body Clinical Research Center (MBCRC) (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/3 2:30p-5:30p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, PhD</strong> Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>The Leonard Krasner Psychological Center (KPC): An Evidence Based Practice in Psychology (EBPP) training clinic, Part 1, (EBPP) (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/4 2:30p-5:30p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, PhD</strong> Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>The Leonard Krasner Psychological Center (KPC): An Evidence Based Practice in Psychology (EBPP) training clinic, Part 2, (EBPP) (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/5 10:00a-1:00p</td>
<td>BMWLC satellite clinic, Centereach</td>
<td><strong>Genna Hymowitz, PhD</strong> Clinical Assistant Professor, and Director of the Obesity/Disordered Eating Program, Departments of Psychology, Psychiatry, and Surgery</td>
<td>Orientation to the internship program at the Bariatric and Metabolic Weight Loss Center (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/10 2:30p-5:30p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, PhD</strong> Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>Risk Assessment and Management: Intimate Partner Violence and Child Abuse (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/11 11:00a-2:00p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, PhD</strong> Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>Risk Assessment and Management: Suicidality (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/16 12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td><strong>Adam Gonzalez, PhD</strong> Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
<td>The Mind Body-Clinical Research Center: Treatment program and ongoing research (\text{In-house Didactic Presentation})</td>
</tr>
<tr>
<td>8/17 1:00p-3:00p</td>
<td>121 Putnam Hall</td>
<td><strong>Brittain Mahaffany, PhD</strong> Research Assistant Professor Department of Psychiatry Stony Brook</td>
<td>PTSD Outpatient Treatments: CPT &amp; PE (\text{PGY3 Presentation})</td>
</tr>
<tr>
<td>8/24 1:00p-3:00p</td>
<td>121 Putnam Hall</td>
<td><strong>Fred Friedberg, PhD</strong> Research Assistant Professor</td>
<td>Fibromyalgia, Chronic Fatigue, &amp; Treatments (\text{PGY3 Presentation})</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
<td>Speaker(s)</td>
</tr>
<tr>
<td>------------</td>
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<td>--------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>8/25</td>
<td>3:00p</td>
<td>Wang Center</td>
<td>Whole day HR-mandated orientation</td>
</tr>
<tr>
<td>9/1</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Patricia Tsui, PhD Clinical Assistant Professor, Dept. of Anesthesiology, School of Medicine</td>
</tr>
<tr>
<td>9/6</td>
<td>12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, PhD Clinical Assistant Professor, and Director of the Obesity/Disordered Eating Program, Departments of Psychology, Psychiatry, and Surgery</td>
</tr>
<tr>
<td>9/13</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Anissa Abi-Dargham, MD Professor &amp; Vice Chair for Research Department of Psychiatry Stony Brook University</td>
</tr>
<tr>
<td>9/15</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Kristin Bernard, Ph.D. Assistant Professor, Dept. of Psychology Stony Brook University</td>
</tr>
<tr>
<td>9/20</td>
<td>12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, PhD Clinical Assistant Professor, and Director of the Obesity/Disordered Eating Program, Departments of Psychology, Psychiatry, and Surgery</td>
</tr>
<tr>
<td>9/20</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Gregory Frichione, MD Associate Professor of Psychiatry Harvard Medical School Director, MGH Division of Psychiatry &amp; Medicine Director, MGH Division of International Psychiatry</td>
</tr>
<tr>
<td>9/27</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Kathleen Merikangas, PhD Chief, Genetic Epidemiology Research Branch National Institute of Mental Health</td>
</tr>
<tr>
<td>9/29</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Dina Vivian, Ph.D. Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
</tr>
<tr>
<td>10/4</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Constantine Ioannou, MD (organizer) Clinical Assistant Professor of Psychiatry Director, Psychiatry Inpatient Unit Director, Residency Program</td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
<td>Speaker</td>
</tr>
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</tr>
<tr>
<td>10/6</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Dina Vivian, Ph.D. Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
</tr>
<tr>
<td>10/11</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Christoph U. Correll, MD Professor of Psychiatry Hofstra North Shore LIJ School of Medicine Medical Director, Recognition and Prevention Program The Zucker Hillside Hospital</td>
</tr>
<tr>
<td>10/13</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Dina Vivian, Ph.D. Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
</tr>
<tr>
<td>10/18</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Adam Gonzalez, Ph.D. Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
</tr>
<tr>
<td>10/19</td>
<td>3:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Adam Gonzalez, Ph.D. Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
</tr>
<tr>
<td>10/20</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Dina Vivian, Ph.D. Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
</tr>
<tr>
<td>10/25</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Petros Levounis, MD, MA Professor &amp; Chair Department of Psychiatry Rutgers New Jersey Medical School Discussant: Nicholas Eaton, PhD Assistant Professor of Psychology Stony Brook University</td>
</tr>
<tr>
<td>10/26</td>
<td>3:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Adam Gonzalez, Ph.D. Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
</tr>
<tr>
<td>10/27</td>
<td></td>
<td>438</td>
<td>Jennifer Keluskar, Ph.D.,</td>
</tr>
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</table>

SBU-CIP Didactic Schedules
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Presenter Name, Title</th>
<th>Topic</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>11/1</td>
<td>12:00p-1:30p</td>
<td>Psychology B Building</td>
<td>Jonathan Silver, MD Clinical Assistant Professor, Outpatient Child Psychiatry, School of Medicine</td>
<td>in pediatric populations (In-house Didactic Presentation)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Neuropsychiatry of persistent symptoms after concussion</td>
<td>Psychiatry Grand Rounds</td>
</tr>
<tr>
<td>11/2</td>
<td>1:00p-4:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Brittain Mahafany, PhD Research Assistant Professor Department of Psychiatry Stony Brook Adam Gonzalez, PhD Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
<td>Mind Body(1-2 pm) DBT (3-4 pm) (PGY3 Presentations)</td>
<td></td>
</tr>
<tr>
<td>11/3</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Deena Abbe, Ph.D., Pediatric Psychologist, Internship Clinical Supervisor at the KPC; former president of the Suffolk County Psychological Association, Co-Chair of the CBT Division of the New York State Psychological Association</td>
<td>Individualized Educational Plan (IEP) in the schools: A collaborative relationship between the psychologist and the parent to optimize special education services. (In-house Didactic Presentation)</td>
<td></td>
</tr>
<tr>
<td>11/8</td>
<td>12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, Ph.D Clinical Assistant Professor, and Director of the Obesity/Disordered Eating Program, Departments of Psychology, Psychiatry, and Surgery</td>
<td>Acceptance and Commitment Therapy (ACT) – Part 1 (In-house Didactic Presentation)</td>
<td></td>
</tr>
<tr>
<td>11/9</td>
<td>1:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Brittain Mahafany, PhD Research Assistant Professor Department of Psychiatry Stony Brook Adam Gonzalez, PhD Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry, Stony Brook School of Medicine</td>
<td>Mind Body(1-2 pm) DBT (3-4 pm) (PGY3 Presentations)</td>
<td></td>
</tr>
<tr>
<td>11/9</td>
<td>11:00a-1:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Delaney Ruston, MD Clinical Assistant Professor Filmmaker in Residence Family, Population &amp; Preventive Medicine Stony Brook University</td>
<td>*Film and Q&amp;A: Unlisted: A Story of Schizophrenia (Psychiatry Grand Rounds)</td>
<td></td>
</tr>
<tr>
<td>11/15</td>
<td>12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, Ph.D Clinical Assistant Professor, and Director of the Obesity/Disordered Eating Program, Departments of Psychology, Psychiatry, and Surgery</td>
<td>Acceptance and Commitment Therapy (ACT) – Part 2 (12:30 –2:00) (In-house Didactic Presentation)</td>
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<tr>
<td>11/15</td>
<td>11:00a-</td>
<td>Atkins Center</td>
<td>Shuki Cohen, MSc, PhD Associate Professor of Psychology</td>
<td>Clinical and sub-clinical psychopathology in perpetrators of political violence and terrorists</td>
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<tr>
<td>Time</td>
<td>Location</td>
<td>Speaker(s)</td>
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<tr>
<td>12:00p</td>
<td>HSC Level 4</td>
<td>Associate Director, Center on Terrorism&lt;br&gt;John Jay College of Criminal Justice&lt;br&gt;New York, NY</td>
<td><em>(Psychiatry Grand Rounds)</em></td>
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<tr>
<td>11/16</td>
<td>1:00p-2:00p</td>
<td>Brittain Mahafany, PhD&lt;br&gt;Research Assistant Professor&lt;br&gt;Department of Psychiatry&lt;br&gt;Stony Brook</td>
<td>Mind Body&lt;br&gt;<em>(PGY3 Presentation)</em></td>
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<tr>
<td>11/22</td>
<td>Atkins Center, HSC Level 4</td>
<td>Aurora Pryor, MD&lt;br&gt;Professor of Surgery &amp; Vice Chair for Clinical Affairs&lt;br&gt;Chief, Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division&lt;br&gt;Director, Bariatric and Metabolic Weight Loss Center, and Minimally Invasive and Bariatric Surgery Fellowship&lt;br&gt;Genna Hymowitz PhD&lt;br&gt;Clinical Assistant Professor&lt;br&gt;Departments of Psychology, Psychiatry &amp; Surgery&lt;br&gt;Director, Behavioral Medicine Program&lt;br&gt;L. Krasner Psychological Center</td>
<td>An interdisciplinary approach to the management of obesity&lt;br&gt;<em>(Psychiatry Grand Rounds)</em></td>
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<tr>
<td>11/24</td>
<td></td>
<td>Thanksgiving: No didactics</td>
<td></td>
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<tr>
<td>11/29</td>
<td>12:30p-2:00p</td>
<td>Genna Hymowitz, Ph.D.&lt;br&gt;Clinical Assistant Professor, and Director of the Obesity/Disordered Eating Program, Departments of Psychology, Psychiatry, and Surgery</td>
<td>Acceptance and Commitment Therapy (ACT) – Part 3&lt;br&gt;<em>(In-house Didactic Presentation)</em></td>
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<tr>
<td>11/29</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>The neural circuitry of suicide risk: Implications for prevention and clinical practice&lt;br&gt;<em>(Psychiatry Grand Rounds)</em></td>
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<tr>
<td>11/30</td>
<td>1:00p-2:00p</td>
<td>Clarissa Bullitt, PhD&lt;br&gt;Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Addressing Diversity in the Therapeutic Work&lt;br&gt;<em>(PGY3 Presentation)</em></td>
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<tr>
<td>12/6</td>
<td>Atkins Center, HSC Level 4</td>
<td>Helen Fox, PhD&lt;br&gt;Assistant Professor of Psychiatry&lt;br&gt;Stony Brook University</td>
<td>The role of adrenergic medications for cocaine and alcohol dependence&lt;br&gt;<em>(Psychiatry Grand Rounds)</em></td>
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<tr>
<td>12/7</td>
<td>2:00p-</td>
<td>Brittain Mahafany, PhD&lt;br&gt;Research Assistant Professor</td>
<td>OCD &amp; Treatments&lt;br&gt;<em>(PGY3 Presentation)</em></td>
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<tr>
<td>12/7</td>
<td>2:00p-</td>
<td>Brittain Mahafany, PhD&lt;br&gt;Research Assistant Professor</td>
<td>OCD &amp; Treatments&lt;br&gt;<em>(PGY3 Presentation)</em></td>
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<td>Date</td>
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</table>
| 12/8     | 4:00p         | Department of Psychiatry Stony Brook | Joseph Volpe, Ph.D.  
Psychological Services  
Private practice, East End Psychological Services | Executive functioning: The key to helping children and adults with ADHD find success  
(*In-house Didactic Presentation*) |
| 12/13    | 12:00p-1:30p  | Atkins Center, HSC Level 4 | Mark Schweitzer, MD  
Professor & Chair  
Department of Radiology Stony Brook University | Top 30 mistakes scientific authors make  
(*Psychiatry Grand Rounds*) |
| 12/15    | 12:00p-1:30p  | 438 Psychology B | Psychology Residents & Marvin Goldfried, Ph.D., Distinguished Professor; Dept. of Psychology, SBU | Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with sexual minorities  
(*In-house Didactic Presentation*) |
| 12/21    | 3:00p-5:00p   | 121 Putnam Hall     | Zoya Popivker, DO  
Brittain Mahafany, PhD.  
Research Assistant Professor  
Department of Psychiatry Stony Brook | Autism Spectrum D/O (3-4 pm)  
Treatment of Violent/Sexual Obsessions (4-5 pm)  
(*PGY3 Presentations*) |
| 12/22    | 12:00p-1:30p  | 438 Psychology B | Danielle Zito, Ph.D., Post-doctoral Resident, ASPIRE Center and Andrew Deptula, PhD, Post-Doctoral Resident, KPC, Dept. of Psychology, SBU | EBPP approach to case formulation, treatment planning, and client-based treatment: Two naturalistic case studies  
(*In-house Didactic Presentation*) |
| 12/28    | 4:00p-5:00p   | 121 Putnam Hall     | Brittain Mahafany, PhD  
Research Assistant Professor  
Department of Psychiatry Stony Brook | Treatment of Violent/Sexual Obsessions  
(*PGY3 Presentation*) |
| 12/29    |               |                     |                                | Holiday period: No didactics                                                                 |

**2017**

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<th>Instructor(s)</th>
<th>Topic</th>
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</thead>
</table>
| 1/3      | 11:00a-12:00[ | Atkins Center, HSC Level 4 | Dennis Choi, MD, PhD  
Professor & Chair  
Department of Neurology  
Director of the Institute for Advanced Neurosciences Stony Brook University | TBD  
(*Psychiatry Grand Rounds*) |
| 1/4      | 1:00p-2:00p   | 121 Putnam Hall     | Gabrielle Carlson, MD Professor of Psychiatry and Pediatrics, Stony Brook University | Outpatient Child: ADHD  
(*PGY3 Presentation*) |
| 1/5      | 12:00p-1:30p  | 438 Psychology B | K. Daniel O’Leary, Ph.D.  
Distinguished Professor & Director of the Marital and Forensic Psychology Clinic, Dept. of Psychology, SBU | Prevalence and cutting edge approaches to the assessment of Intimate Partner Violence  
(*In-house Didactic Presentation*) |
| 1/10     | 11:00a-12:00p | Atkins Center, HSC Level 4 | Brittain Mahaffey, PhD  
Research Assistant Professor  
Department of Psychiatry Stony Brook | Treating antenatal mood and anxiety symptoms: A pilot trial of the SMART Pregnancy Program  
(*Psychiatry Grand Rounds*) |
| 1/11     | 1:00p-2:00p   | 121 Putnam Hall     | Jennifer.Keluskar, PhD Department of Psychiatry & Behavioral Sciences, SBU | Child: Psychological Testing Children  
(*PGY3 Presentation*) |
<table>
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<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Presenter</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1/12</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>K. Daniel O’Leary, Ph.D.</td>
<td>Comprehensive review of interventions for Intimate Partner Violence: What works?</td>
</tr>
<tr>
<td>1/17</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Lorna Role, PhD</td>
<td>Manipulating memory with acetylcholine</td>
</tr>
<tr>
<td>1/18</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Judith Crowell, MD</td>
<td>Childhood Trauma</td>
</tr>
<tr>
<td>1/19</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Joanne Davila, Ph.D.</td>
<td>Close relationships: Advancements in the field and clinical applications</td>
</tr>
<tr>
<td>1/24</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Child Outpatient Service</td>
<td>Clinical case conference</td>
</tr>
<tr>
<td>1/25</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Judith Crowell, MD</td>
<td>Childhood Trauma</td>
</tr>
<tr>
<td>1/26</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Constantine Iannou, M.D.</td>
<td>Introduction to Psychopharmacology: Mood disorders and anxiety disorders Part 1</td>
</tr>
<tr>
<td>1/31</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Ursula Staudinger, PhD</td>
<td>TBD</td>
</tr>
<tr>
<td>2/1</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, PhD</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>2/2</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Constantine Iannou, M.D.</td>
<td>Psychopharmacological treatment approaches for complicated psychiatric presentations –Part 2</td>
</tr>
<tr>
<td>2/7</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Deborah Weisbrot, MD</td>
<td>Threat assessment in children and adolescents</td>
</tr>
<tr>
<td>2/8</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, PhD</td>
<td>Motivational Interviewing</td>
</tr>
<tr>
<td>2/9</td>
<td>12:00p-</td>
<td>438 Psychology</td>
<td>Psychology Residents &amp; Andrew Depta, Ph.D., Postdoctor</td>
<td>Diversity Journal Club: Underserved populations: the impact of poverty on mental health and</td>
</tr>
<tr>
<td>Date</td>
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<td>Presenter(s)</td>
<td>Topic</td>
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<tr>
<td>2/14</td>
<td>1:30p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Resident, Dept. of Psychology &amp; Psychology Residents</td>
<td>treatment issues (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>2/15</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>George Leibowitz, PhD</td>
<td>Youth trauma, co-occurring disorders, and criminal justice involvement (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>2/16</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Nehal Vadhan, PhD</td>
<td>Motivational Interviewing (PGY3 Presentation)</td>
</tr>
<tr>
<td>2/21</td>
<td>1:00p-2:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Lory Bright-Long, MD Darlene Jyringi, MPS Nehal Vadhan, PhD Ramin Parsey, MD, PhD</td>
<td>Center for Excellence in Alzheimer’s Disease (CEAD) (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>2/22</td>
<td>1:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, PhD Research Assistant Professor, Department of Psychiatry &amp; Behavioral Sciences, SBU Marsha Tanenberg-Karant, MD</td>
<td>Motivational Interviewing (1-2 pm) Eating Disorders in the Outpatient Setting (3-4 pm) (PGY3 Presentations)</td>
</tr>
<tr>
<td>2/28</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Brady Nelson, Ph.D., Research Assistant Professor, Dept. of Psychology, SBU</td>
<td>Advancements in the cognitive neuroscience of anxiety disorders and depression. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>3/1</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Adult Inpatient Program</td>
<td>Clinical Grand Rounds (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>3/2</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Lory Brightlong, MD Assistant Professor, Department of Psychiatry and Behavioral Sciences Fellow</td>
<td>Geriatric Outpatient Topics (PGY3 Presentation)</td>
</tr>
<tr>
<td>3/7</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Donna Riley, LCSW-R, Ph.D., Adjunct Professor, School of Social Welfare, Health Sciences Center, SBU</td>
<td>Psychotherapy issues in working with transgender clients. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>3/8</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Nicholas Eaton, PhD Assistant Professor of Psychology Stony Brook University</td>
<td>Mental health in LGBTQ populations (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>3/9</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Lory Brightlong, MD Assistant Professor, Department of Psychiatry and Behavioral Sciences Fellow</td>
<td>Geriatric Outpatient Topics (PGY3 Presentation)</td>
</tr>
<tr>
<td>3/9</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Cheryl Kurash, Ph.D. MBSR Greater New York area teacher; founder of the Mindfulness</td>
<td>Mindfulness-Based Stress Reduction (MBSR): Treatment approaches and applications with adults. (In-house Didactic Presentation)</td>
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<td>Topic/Title</td>
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<tr>
<td>3/14</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Meditation New York</td>
<td>Collaborative initiative; private practice</td>
</tr>
<tr>
<td>3/15</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Lory Brightlong, MD</td>
<td>Consultation and Liaison Service Department of Psychiatry Stony Brook Medicine</td>
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<tr>
<td>3/16</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Anthony Pantaleno, Ph.D.</td>
<td>National Association of School Psychologists (NASP) -2013 School Psychologist of the year award; Elmwood CSD; private practice</td>
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<tr>
<td>3/21</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>William S. Breitbart, MD</td>
<td>Consultation and Liaison Service Department of Psychiatry Stony Brook Medicine</td>
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<tr>
<td>3/22</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
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<tr>
<td>3/23</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Marvin Goldfried, Ph.D.</td>
<td>Distinguished Professor, Founder of the Society for Psychotherapy Integration, Dept. of Psychology, SBU</td>
</tr>
<tr>
<td>3/28</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Stacy Eagle, MD</td>
<td>TBD</td>
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<tr>
<td>3/29</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
</tr>
<tr>
<td>3/30</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Deena Abbe, Ph.D., Valerie Gaus, Ph.D., Jane Albertson-Kelly, Ph.D.</td>
<td>The business of clinical psychology: private practice and the role of third-party payors in the delivery of mental health services (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>4/4</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Gabrielle Carlson, MD</td>
<td>Disruptive Mood Dysregulation Disorder: Where did it come from and where is it going? (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>4/5</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
</tr>
<tr>
<td>4/6</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Psychology Interns/Residents</td>
<td>Research Journal Club: The import of basic research to my current research efforts (In-house Didactic Presentation)</td>
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## SBU-CIP Didactic Schedules

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<th>Date</th>
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<th>Speaker</th>
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<tbody>
<tr>
<td>4/11</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Sally Ozonoff, PhD</td>
<td>Advances in the early detection of ASD and ADHD (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>4/12</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
</tr>
<tr>
<td>4/13</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Nick Eaton, Ph.D</td>
<td>Research advances for evaluating psychological factors in LGBT populations and ameliorating health disparities (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>4/18</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Chief Resident</td>
<td>TBD (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>4/19</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
</tr>
<tr>
<td>4/20</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Shane Owens, Ph.D</td>
<td>Collaborative management of suicide risk with college populations (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>4/25</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Adult Outpatient Program</td>
<td>TBD (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>4/26</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
</tr>
<tr>
<td>4/27</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Valerie Gaus, Ph.D</td>
<td>Cognitive-Behavior Therapy of Asperger’s Spectrum Disorders (ASD) in adults Part 1. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>5/2</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>John Krystal, MD</td>
<td>PTSD: From neurobiology to treatment</td>
</tr>
<tr>
<td>5/3</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Marlene Gralnick, CSW</td>
<td>Family Therapy (PGY3 Presentation)</td>
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<tr>
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<td>Speaker</td>
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<tr>
<td>5/4</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Valerie Gaus, Ph.D</td>
<td>Cognitive-Behavior Therapy of Asperger’s Spectrum Disorders (ASD) in adults Part 2.</td>
</tr>
<tr>
<td>5/9</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Christopher Bellonci, MD</td>
<td>De-prescribing in child and adolescent psychiatry: Where, when, and how to safely reduce polypharmacy in clinical settings</td>
</tr>
<tr>
<td>5/11</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Deena Abbe, Ph.D.</td>
<td>Cognitive Behavioral Intervention Therapy (CBIT) for Tics across the lifespan</td>
</tr>
<tr>
<td>5/16</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Anil Malhotra, MD</td>
<td>Biomarkers of antipsychotic drug response: from the genome to the connectome</td>
</tr>
<tr>
<td>5/18</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Gabrielle Chiaramoto, Ph.D.</td>
<td>Positive Psychology: Theoretical basis and treatment implications</td>
</tr>
<tr>
<td>5/23</td>
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<td>APA week; no Grand Rounds</td>
</tr>
<tr>
<td>5/25</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Dan Klein, Ph.D.</td>
<td>Hurricane Sandy: Effects on personality and neural diatheses for psychological symptoms in youth.</td>
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<td>5/30</td>
<td></td>
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<td>TBD</td>
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<td>6/1</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Diane Sherlip, Ph.D.</td>
<td>Integration of Positive Psychology approaches to clinical treatment and coaching practices</td>
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<tr>
<td>6/6</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Charles B. Nemeroff, MD</td>
<td>Paradise lost: The neurobiology of child abuse and neglect</td>
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<td>6/8</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Dan Klein, Ph.D.</td>
<td>From Dysthymia to Chronic Depression: Advances in the field</td>
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<tr>
<td>Date</td>
<td>Time</td>
<td>Location</td>
<td>Speaker/Title</td>
<td>Description</td>
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<td>6/15</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Lauren Spring, MD Assistant Professor of Psychiatry Stony Brook</td>
<td>TBD (Psychiatry Grand Rounds)</td>
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<td>6/15</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Joanne Davila, Ph.D Professor &amp; Director of Clinical Training, Dept. of Psychology, SBU</td>
<td>Integrated Couple Treatment (ICT) –Part 1 (In-house Didactic Presentation)</td>
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<tr>
<td>6/20</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Juried Poster Session</td>
<td>(Psychiatry Grand Rounds)</td>
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<tr>
<td>6/220</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Joanne Davila, Ph.D Professor &amp; Director of Clinical Training, Dept. of Psychology, SBU</td>
<td>ICT –Part 2 (In-house Didactic Presentation)</td>
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<td>6/29</td>
<td>12:00a-12:30p</td>
<td>438 Psychology B</td>
<td>Aprajita Mohanty, Ph.D Assistant Professor, Dept. of Psychology, SBU</td>
<td>Psychotic Disorders: Advancements in cognitive neuroscience research and clinical applications (In-house Didactic Presentation)</td>
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<tr>
<td>7/6</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Jinweng (Frances) Jin, MA &amp; Estee Hausman, MA</td>
<td>Evidence-based case study presentation (In-house Didactic Presentation)</td>
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<td>7/13</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Cynthia Cervoni, MA &amp; Andrew Deptula, Ph.D</td>
<td>Evidence-based case study presentation (In-house Didactic Presentation)</td>
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<td>7/20</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Psychology Interns/Residents, Dept. of Psychology</td>
<td>Research Journal Club: Titles TBA (In-house Didactic Presentation)</td>
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<td>7/27</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Psychology Interns/Residents, Dept. of Psychology</td>
<td>Research Journal Club: Titles TBA (In-house Didactic Presentation)</td>
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