Introduction

The Stony Brook University Consortium Internship Program (SBU-CIP) offers a full-time, 12-month, doctoral internship in clinical psychology to qualified students in doctoral psychology programs. The SBU-CIP includes two-member agencies: the Leonard Krasner Psychological Center (KPC), a psychology training clinic associated with the doctoral program in clinical psychology, Department of Psychology (College of Arts and Sciences), and the Mind Body Clinical Research Center (MB-CRC), an outpatient facility associated with the Department of Psychiatry (Stony Brook Medicine). Although completely distinct in administration and location, both member agencies are part of the Stony Brook University (SBU) system; moreover, the SBU-CIP holds a “partial affiliation” with the doctoral program in clinical psychology mentioned above.

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. 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). A scientifically-minded approach informs every aspect of the SBU-CIP program.

The SBU-CIP is designed to provide interns with training and experiences in delivering services across various therapeutic settings, including outpatient mental health facilities and hospital-based programs (e.g., psychiatric emergency medicine, inpatient psychiatry, and consultation/liaison). Training includes experience in delivering cognitive-behavior therapy (including elements of third-wave models), behavioral medicine, integrated care in primary care settings, and in-hospital consultation and liaison services primarily with adult populations; however, opportunities to provide assessment and treatment services to youth, adolescent, and young adult populations are available at the KPC site.

I. General Information/Appointment

The internship includes approximately 45 - 47 hours of training weekly, including direct face-to-face delivery of psychological services, didactics/clinical workshops, supervision, reading/research, and administrative responsibilities, for a minimum total amount of 2,000 doctoral internship hours.

At the present time, 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 an August 1 start date and an end date of July 31. Interns are paid a salary of $26,250, with university professional staff benefits (namely: the New York State Health Insurance Plan for individuals, dependents, and domestic partners; prescription, dental, and vision plans; parking; and gym and library privileges). Interns are eligible for the following amount of time off:

- Twelve (12) legal holidays;
- Twelve (12) sick days;
- Five (5) professional development days (e.g., dissertation defense, conference, etc.); and
- Ten (10) vacation days.
Accreditation Status

The SBU-CIP is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), member site # 2371, since 09/26/2016. It can be found in the National Matching Services (NMS) rank system as program code #2371-11. The SBU-CIP is not currently accredited by the American Psychological Association Commission on Accreditation (APA CoA); however, we have received a grant from APA to pursue APA-accreditation. News about changes to the SBU-CIP accreditation status will be posted on the APPIC Match News list serve and on the SBU-CIP website as information becomes available.

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

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

II. The SBU-CIP Member Agencies

The SBU-CIP Member Agencies and their Programs

A. Leonard Krasner Psychological Center (KPC)

The KPC is a psychology training clinic housed in the Department of Psychology and associated with the doctoral program in clinical psychology at Stony Brook University (SBU). The SBU clinical psychology doctoral program is currently ranked 4th among the top clinical psychology doctoral programs in the country (2016, U.S. News and World Report, Best Graduate Schools) and is accredited by both the APA Committee on Accreditation (APA CoA) and the Psychological Clinical Science Accreditation System (PCSAS). The mission of the KPC is twofold, namely, (a) to provide high quality experiential training in the delivery of psychological services to trainees in the associated doctoral program, as well as to externs, doctoral interns, and post-doctoral residents; and (b) to provide evidence-based mental health services to the nearby communities. In addition to administrative personnel, the KPC staff includes trainees at different levels of training (as listed above) and clinical supervisors, including the director of the KPC who serves as the main supervisor for all advanced trainees, supervising faculty from the associated doctoral program, and supervisors from the SBU-CIP. All supervisors at the KPC are doctoral level psychologists, and all the principal supervisors for the SBU-CIP are licensed in NY.

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

In terms of theoretical orientation, psychotherapy services at the KPC are based on Cognitive-Behavioral Therapy (CBT) models and include 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, pain management, and co-morbidities; excluded are problems of acute and untreated psychosis and/or severe problems of substance abuse/addiction. In addition, KPC services include specialized treatment clinics, such as Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression program, Exposure/Response Prevention (E/RP) treatments for anxiety disorders, Couples/Relationship Treatment program, and various 10-session group treatment programs (e.g., Executive Skills Training for ADHD, Social Anxiety, Academic Performance Anxiety, CBASP for depression, etc.). The KPC also provides a broad range of psychological assessment services, including comprehensive psychological and/or psycho-educational evaluations for several types of referrals, such as Learning Disabilities; co-morbidity of learning difficulties and psychological problems; and diagnostic evaluations for disability determination, mental health clearance, and giftedness.
**B. Mind Body Clinical Research Center (MB-CRC)**

A 15-minute walk from the KPC, the MB-CRC is an outpatient mental health and research center located within the SBU 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. 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 acquisition of healthy lifestyle behaviors (e.g., nutrition, exercise, and sleep). Patients served by the MB-CRC are self-referred or referred from various departments within Stony Brook Medicine, including the Stony Brook University Hospital (SBU Hospital) and 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 co-morbid 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.

The MB-CRC member agency includes several associated programs that are part of the Department of Psychiatry:

(a) **Obesity/Disordered Eating Clinic**

The Obesity/Disordered Eating Clinic is located within the Bariatric and Metabolic Weight Loss Center (BMWLC), housed in the SBU Hospital and in a satellite outpatient facility located approximately 4 miles from the SBU campus. 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 have been diagnosed with obesity and have a number of co-morbid chronic medical and psychological/psychiatric conditions. Patients come from a variety of socioeconomic, racial, and ethnic backgrounds.

Psychological services at the 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 ages 16 and over are treated at the BMWLC; however, the majority of the patient population includes adults.

Interns have the opportunity to conduct comprehensive psychological evaluations with bariatric surgery candidates, conduct pre- and post-surgery groups, and participate in inter-disciplinary team meetings to coordinate patient care. Research opportunities also are available.

*Note:* The director of psychological services at the Obesity/Disordered Eating Clinic is also the main clinical supervisor for this program, as well as a main faculty and clinical supervisor at the MB-CRC. The two programs have a close collaborative relationship, and as such, are very integrated in the internship program.

(b) **Comprehensive Psychiatric Emergency Program (CPEP)**

The CPEP, located within the SBU 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 multidisciplinary 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.

(c) Inpatient Psychiatry Unit

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

Interns work closely with a psychologist and with a multidisciplinary team to evaluate and care for patients on the Inpatient Psychiatry Unit. Interns participate in patient rounds with the team and co-run anger management and DBT-based skills groups.

(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 throughout 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 suicidal ideation. Approximately, 40% of patients are older than 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.

III. SBU-CIP Training Program and Supervision

Training Opportunities

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

Decisions about interns’ degree of involvement in main and minor internship program area(s) are reached within the first two weeks of the internship through a collaborative decision-making process between the interns and the members of the SBU-CIP 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 placements in minor programs are assigned accordingly. As mentioned above, degree of participation in main and minor programs are based on several factors, including the interns’ interests, their prior clinical experiences, their future professional goals, and the needs and characteristics of the programs themselves. Main programs and minor programs are described next.

A. Main Programs

All interns participate in the two main program training opportunities, namely, the general outpatient program at the KPC and the behavioral medicine program at the MB-CRC. In addition to intervention and consultation opportunities at both sites, all interns complete 4 full-battery psycho-educational evaluations for learning problems (or a combination of full battery psycho-educational evaluations, ADHD and IQ testing evaluations up to 6 integrated reports) at the KPC. Main programs include an average total of about 14 hours of face-to-face client contact through individual or group interventions weekly combined across sites plus an average total of about 2 hours weekly related to assessment (e.g., clinical intakes at the MB-CRC).

1) General Outpatient Program at the KPC

The general outpatient program at the KPC includes the following:

(a) Psychological Treatment. Interns provide supervised psychological treatment to patients (primarily adults) who present with a wide range of clinical problems, as typically found in outpatient mental health facilities. Psychological interventions include a comprehensive intake assessment with a semi-structured clinical interview and self-report questionnaires, as well as the integration of outcome data into treatment throughout treatment. (Clinicians at the KPC administer the Treatment Outcome Package to all patients on a weekly basis.) Specialized clinics provide experience in Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for depressive disorders, Exposure/Response Prevention for Anxiety Disorders, Integrated Couple Therapy, pain management, and experience in conducting time-limited structured group treatments for ADHD, social anxiety, academic anxiety, transition to college, mental fitness for international students, and coping with sexual assault. Interns typically spend approximately 9 – 10 hours per week in the delivery of psychological services (including intakes and treatment) at the KPC.

(b) Psychological/Psychoeducational Assessment. Interns are expected to conduct a minimum of 4 full-battery psycho-educational evaluations for learning problems (or a combination of full battery psycho-educational evaluations, ADHD and IQ evaluations, up to 6 integrated reports) with children, adolescents, and/or adult populations. Psychological/psychoeducational assessment includes the administration of several cognitive (Wechsler Scales and Woodcock Johnson-IV COG) and achievement (Wechsler Scales and WJ-IV ACH and Oral Language) batteries, diagnostic semi-structured interviews, and paper-and-pencil questionnaires. Testing is conducted for learning problems, specific learning disabilities, ADHD, behavioral or psychological factors related to learning problems, disability determinations, and giftedness.

(c) Supervision. This training activity is based on a developmental approach and includes a 30-minute weekly clinical seminar concerning a competency-based approach to supervision and discussion of the literature on supervision and an experiential component of providing supervision to less advanced psychology trainees and/or peers. Additionally, interns receive supervision of supervision (super-supervision). Interns provide an average of 2 hours of supervision to others at the KPC and receive 30 minutes of super-supervision weekly at the KPC.

2) Behavioral Medicine Program at the MB-CRC

The behavioral medicine program at the MB-CRC includes the following:

(a) Psychological Assessment and Treatment. Interns work with adult populations and provide supervised individual psychological diagnostic assessments and individual CBT-based psychotherapy for mood and anxiety disorders at the MB-CRC. Interns also co-lead group-based psychotherapy including the following evidence-based programs: the Relaxation Response Resiliency Program, Dialectical Behavior Therapy, and the Health Enhancement Program. Interns spend approximately one day per week in the delivery of psychological services at the MB-CRC.

B. Minor Programs
Minor programs involve a minimum of 4 hours of training activities weekly across the whole period of the internship or for specified periods of time (e.g., 4 months). As mentioned above, each intern is expected to participate in at least one minor program throughout the year. Interns can participate in minor programs at the KPC and/or at the MB-CRC, based on intern interest and supervisor approval.

(1) Minor programs at the KPC:

(a) Psychological/Psycho-educational assessment. This program/rotation involves conducting additional psychological/psycho-educational testing with individuals with ADHD and/or learning problems or disabilities, in addition to the four required full psycho-educational/psychological assessments (see above description in the KPC main program section).

(b) Mental Health Training & Administration. This program 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 SBU-CIP Training Director (TD), who is also the Director of the KPC, to assist 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 receives training related to preparation for the opportunities and challenges in mental health leadership and administration, including assisting the TD 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 interns to plan and provide presentations that address community needs as well as engage in translational efforts to disseminate clinical research to the community. Examples may include 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.

(d) Pain Management. This program involves working with patients at the KPC who are referred for pain management. Interns are supervised by a psychologist who specializes in pain management and who directs the Pain Management Program at the Stony Brook University Hospital.

(2) Minor programs at the MB-CRC:

(a) Obesity/Disordered Eating Clinic. This program is designed to run for the duration of the internship, as it involves an initial specialized training in assessment, as well as a continuity of experience in running group treatment programs with a multidisciplinary team assisting 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. In addition as part of this minor program, interns teach a spring and, depending on enrollment, possibly a summer, web-based 15-week course(s) on advanced communication and counseling to students in the Nutrition Masters Program through the Department of Family Medicine. As the course material is already developed, teaching this course requires minimal weekly effort on the part of the intern(s); the bulk of the “work” includes grading a final exam. The class size does not exceed 20 students.

Currently during internship year 2016 – 2017, the Obesity/Disordered Eating Clinic minor internship program is bundled with the main internship behavioral medicine program associated with the MB-CRC, and our two current interns participate in the Obesity/Disordered Eating Clinic program with different degrees of involvement, ranging from 4 hours to a full day. While we expect this combined behavioral medicine program (namely, main program at the MB-CRC plus minor program at the Obesity/Disordered Eating Clinic) to continue in a similar format during the 2017 – 2018 internship year, modifications may be made depending on the interns’ interests, prior clinical experience, and career goals. For example, in
addition to the main programs across the KPC and MB-CRC sites, an intern may choose two minor programs or rotations that do not include the Obesity/Disordered Eating Clinic.

(b) **Comprehensive Psychiatric Emergency Program (CPEP).** This program is designed to be a 3-4 month rotation. It 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.

(c) **Inpatient Psychiatry Unit.** This program is designed to be a 3-4 month rotation. It involves working closely with a psychologist and a multidisciplinary team to evaluate and care for patients in the Inpatient Psychiatry Unit. Interns participate in patient rounds with the team and co-run anger management and DBT-based skills groups.

(d) **Consultation and Liaison (C&L) Psychiatry.** This program is designed to be a 3-4 month rotation. It 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 SBU Hospital.

**Intern Schedule**

Interns are expected to spend an average of 45-47 hours/week on the activities described above. An average breakdown of hours and activities weekly is listed below:

1) **Didactics (Clinical Seminars/Presentations/Workshops):** average 2.5 hours/week

2) **Supervision:** average 8 hours/week
   - Individual Supervision: average 3.0 hours/week
   - Group Supervision: average 4.5 hours/week
   - Group Supervision of Supervision: average 0.5 hours/week

3) **Research/Readings:** average 4 hours

4) **Experiential Activities:** average 32 hours/week
   - Individual therapy: average 14 hours/week
   - Group intervention: average 2.25 hours/week
   - 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 4 hours/week
   - Administrative tasks: average 5 hours/week

**IV. Didactics**

**Clinical Seminars/Presentations**

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

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

2) Weekly in-house seminar on supervision at the KPC (Thursdays 10:30 – 11:00; Psychology B440)

3) Selected presentations from the weekly Grand Rounds offered by the Department of Psychiatry (Tuesdays 11:00 – 12:00)
4) Selected presentations from the Psychiatry Residency training program, Department of Psychiatry (Wednesdays, 1:00 – 4:00 PM)

5) Monthly brown bags within the doctoral program in clinical psychology (Wednesdays 12:30 – 1:30 on the first Wednesday of the month)

Interns are expected to attend the weekly in-house didactics at the KPC (see 1 and 2 above) and, based on their schedule and interest, a number of the other didactics available to them (see 3 – 5 above); a complete schedule of all the didactics available to the SBU-CIP interns during the internship year is listed on the SBU-CIP Combined Didactics Syllabus, which is distributed to the interns during orientation at the start of the internship. Below is a list of the topics included in the current (2016 – 2017) in-house weekly didactics at the KPC (see 1 above).

- The Leonard Krasner Psychological center (KPC): An Evidence-Based Practice in Psychology (EBPP) training program (Parts I & II)
- The Bariatric and Metabolic Weight Loss Center
- The Mind Body Clinical Research Center: Treatment Program and ongoing research
- Risk Assessment and Management: Intimate Partner Violence and Child Abuse
- Risk Assessment and Management: Suicidality
- The Pain Management Program at SBU: An integrated care approach to behavioral medicine interventions
- Assessment and Treatment of disordered eating behaviors: Binge Eating and Overeating
- Risk factors and developmental outcomes associated with childhood adversity
- Childhood adversity, weight bias, and obesity
- The Treatment Outcome Package (TOP): Psychometric properties and treatment applications in the delivery of psychotherapy within an EBPP model.
- Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for the treatment of Chronic Depression (CD) (Parts I, II, & III)
- Assessment of ASD and cutting edge interventions in pediatric populations
- Individualized Educational Plan (IEP) in the schools: A collaborative relationship between the psychologist and the parent to optimize special education services.
- Acceptance and Commitment Therapy (ACT) (Parts I, II, & III)
- Executive functioning: The key to helping children and adults with ADHD find success
- Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with sexual minorities
- EBPP approach to case formulation, treatment planning, and client-based treatment: Two case studies (presentation by two former interns)
- Prevalence and cutting edge approaches to the assessment of Intimate Partner Violence
- Comprehensive review of interventions for Intimate Partner Violence: What works
- Close relationships: Advancements in the field and clinical applications
- Introduction to Psychopharmacology: Mood disorders and anxiety disorders (Parts I & II)
- Diversity Journal Club: Underserved populations: lower SES and the impact of poverty on mental health and treatment issues
- Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with racial/ethnic minorities
- Advancements in the cognitive neuroscience of anxiety disorders and depression.
- Psychotherapy issues in working with transgender clients.
- Mindfulness-Based Stress Reduction (MBSR): Treatment approaches and applications with adults.
- Dissemination of Mindfulness-Based treatment approaches to school-aged populations.
- A systematic approach to case formulation for treatment planning: The STAIRCASE approach
- The business of clinical psychology: private practice and the role of third-party payors in the delivery of mental health services
• **Research Journal Club**: Empirical literature underlying my current area of research: Knows and Unknowns (presentation by interns)
• Research advances for evaluating psychological factors in LGBT populations and ameliorating health disparities
• Collaborative management of suicide risk with college populations
• Cognitive-Behavior Therapy of Asperger’s Spectrum Disorders (ASD) in adults (Parts I & II)
• Cognitive Behavioral Intervention Therapy (CBIT) for Tics across the lifespan
• Positive Psychology: Theoretical basis and treatment implications
• Hurricane Sandy: Effects on personality and neural diatheses for psychological symptoms in youth.
• Integration of Positive Psychology approaches to clinical treatment and coaching practices
• From Dysthymia to Chronic Depression: Advances in the field
• Integrated Couple Treatment (ICT) (Parts I & II)
• Psychotic Disorders: Advancements in cognitive neuroscience research and clinical
• Evidence-based case study presentation (by interns)
• Evidence-based case study presentation (by interns)
• **Diversity Journal Club**: Psychotherapy issues and clinical guidelines in working with people with physical disabilities and chronic illnesses

### V. Intern Selection Criteria and Procedures

**Selection Procedures**

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

**Disclosure Statement**

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

**Selection criteria policy: Ranking applicants and matching**

The members of the SBU-CIP Intern Selection Committee independently review all applications received using a structured review form. The committee members then discuss all applicants’ files in one or more committee meetings to make decisions about invitations for interviews. The SBU-CIP Training Director invites the top applicants to come to SBU-CIP for in-person interviews with the SBU-CIP Intern Selection Committee. Interviews take place at the KPC, usually in early January. After interviews, the committee reaches decisions regarding applicants’ ranking by reviewing the complete files for each of the applicants interviewed.

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

1) **Selection Criteria**
• **Academic Record.** To ensure interns have the broad knowledge of psychology necessary for more advanced work, applicants must have completed all doctoral-level coursework prior to the internship application deadline. The SBU-CIP only considers applicants identified by their director of clinical training as having met their program’s minimum levels of competency for internship entry standards.

• **Dissertation.** Interns are expected to have successfully defended their dissertation proposal prior to their internship application. If interns have not completed their dissertation by the time they start internship, they will coordinate a completion schedule with their research supervisor at their home training site before engaging in additional research activities during internship.

• **Clinical Experience.** Applicants must show a desire to follow the clinical scientist model. Preference is given to applicants who have broad doctoral-level practicum experiences in regard to client populations, assessment skills and modalities of treatment (e.g., individual adults/children, group adults); types of presenting problems (e.g., depression, anxiety disorders, posttraumatic stress disorder); and settings (e.g., outpatient facilities including community mental health clinics, psychology training clinics, and university counseling centers; inpatient psychiatric units; and/or primary care settings). Preference is shown for internship applicants with prior clinical experience related to opportunities available at SBU-CIP (e.g., generalist experience in an outpatient facility like the KPC, behavioral medicine experience, experience in working with disordered eating/bariatric populations, etc.).

*Note:* A minimum of 600 total face-to-face hours of service delivery (including a minimum of 150 assessment contact hours and a minimum of 450 treatment contact hours) are required.

• **Training in Cognitive-Behavioral approaches.** Successful applicants must show sound theoretical knowledge of, substantial training in, and experience in delivering treatment according to cognitive-behavioral models of intervention.

• **Scholarship/Research.** Applicants must show a fit with the *clinical scientist* model of training, as demonstrated by research ability/productivity (e.g., peer-reviewed manuscript(s), professional presentations) and a scientific mindedness in the delivery of psychological services (e.g., use of evidence-based treatment, openness to outcome monitoring, knowledge of clinical research as pertains to most common clinical problems).

• **Verbal and writing skills.** Preference is given to candidates who demonstrate good verbal (expressive language) and writing skills (professional, organized, articulate).

• **Intangibles.** Successful applicants demonstrate ability to handle the type of work required during internship (temperament, coping skills, executive skills, interpersonal skills); preference is given to candidates who are flexible, team players, mature, have good interpersonal skills, and are open to feedback.

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

2) **Additional Requirement**

• **Immunization.** Due to the 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 within 12 months prior to starting the internship), 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.

**Application procedures and Interviews**

Interested applicants should register for the APPIC Match through National Matching Services (NMS). Our site information is: Stony Brook University Consortium Internship Program, Stony Brook University, APPIC Site # 2371. NMS program code # 237111.
Applicants should complete the online APPIC Application for Psychology Internships (AAPI). Supporting material must include three Standardized Reference Letters and two de-identified clinical reports, including a “Case Formulation and Treatment Planning” and a “Psychoeducational Evaluation” report. The applicant cover letter should include evidence of experiential training that predicts a good fit with the SBU-CIP, internship goals, and career objectives.

Application materials must be submitted by November 25, 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 all applicants via email by December 16, 2016. We offer two interview days in early/mid-January (TBA). Each includes a program overview, interviews with SBU-CIP faculty members, lunch with current interns, and options to meet additional staff.

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

For questions regarding the SBU-CIP, contact:

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