Stony Brook University
Consortium Internship Program (SBU-CIP)

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Department of Psychology
Main Campus
Stony Brook, NY 11794-2500

Mind Body Clinical Research Center (MB-CRC)
Department of Psychiatry
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Stony Brook, NY 11794

Doctoral Psychology Internship Program Handbook
Last edited: August 2018

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I. Introduction and Overview

A. Program Philosophy and Training Aims

The Stony Brook University Consortium Internship Program (SBU-CIP) offers a full-time, 12-month, doctoral internship in clinical psychology to qualified students in doctoral psychology programs. The SBU-CIP includes 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). The SBU-CIP is partially affiliated with the SBU doctoral program in clinical psychology.

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

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

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

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

For questions regarding SBU-CIP, contact:

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B. 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, four psychology internship positions with the New York State employee title of Counselor, Staff Level are available annually. The internship appointment is for twelve (12) months, with an August 1 start date and an end date of
July 31. Interns are paid a salary of $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.

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

**Parental Leave:** Interns are entitled to a maximum of twelve weeks of unpaid parental leave immediately following the birth of a child or upon either the initial placement or the legal adoption of a child under eighteen years of age. 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 the intern’s supervisors a minimum of 30 days prior to anticipated parental leave.

**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 unpaid 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. Time off used for religious holidays must be taken either as vacation or unpaid leave.

**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 employment by the university office of Human Resources (the other half is considered academic/experiential training). 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.

**Note:** Following a review of this handbook, interns are asked to sign an Acknowledgement Form, indicating they have read, understand, and agree to abide by all information, policies, and procedures for the SBU-CIP noted herein (Appendix I, p. 76.)
C. Nondiscrimination Policy

The SBU-CIP abides by 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 does 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 (DSS). 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

D. Accreditation Status

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

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

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

E. Acknowledgements

We would like to thank Drs. Alyssa Gilden and Gabriela Hurtado from the Clover Educational Consulting Group, the University of Kentucky Internship Consortium, the South Florida Consortium Internship Program, and the Counseling and Psychological Services at Stony Brook University for providing us with consultation about and/or for sharing with us their doctoral internship program materials. Additionally, we would like to thank the American Psychological Association Board of Educational Affairs (BEA) for granting us seed funding to pursue APA-Accreditation (Grant # 216953; Amount of Award: $20,000; Period of Award: August 1, 2016 to February 28, 2019).
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 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 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 (PCASAS).] The mission of the KPC is twofold, namely, (a) to provide high quality experiential training in the delivery of psychological services to trainees in the associated doctoral program, externs, doctoral interns, and post-doctoral residents; and (b) to provide evidence-based mental health services to the campus and nearby communities. In addition to administrative personnel, the KPC staff includes trainees at different levels of training (as listed above) and clinical supervisors, including the director of the KPC who serves as the main supervisor for all advanced trainees, supervising faculty from the associated doctoral program, and supervisors from the SBU-CIP. All supervisors at the KPC are doctoral level psychologists, and all the principal supervisors for the SBU-CIP are New York State licensed psychologists.

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

Psychotherapy services at the KPC are based on Cognitive-Behavior Therapy models and include treatment of a wide range of clinical problems as typically found in outpatient treatment facilities, including anxiety disorders, depressive disorders, adjustment disorders, stress related problems, relationship/couple issues, disordered eating, phase of life difficulties, learning difficulties, conduct problems, ADHD, obesity/disordered eating, pain management, and co-morbidities among these problems; excluded are acute untreated psychotic disorders and severe substance abuse/addictions. In addition, the KPC offers specialized treatment clinics, such as the Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for chronic depression program, the Exposure/Response Prevention (E/RP) Center for Excellence for the treatment of anxiety disorders, the Couples/Relationship Treatment program, and a number of 10-session group treatment programs (e.g., Executive Skills Training for ADHD, Social Anxiety, Academic Performance Anxiety, CBASP for depression, etc.) which are offered 2-3 times/year. The KPC also provides a broad range of psychological assessment services, including comprehensive psychological and/or psycho-educational evaluations for Learning Disabilities/learning problems, disability determination, mental health clearance, and giftedness.

The patient population at the KPC includes patients from the nearby communities in Suffolk County, Long Island, as well as students from SBU referred by the campus Counseling and Psychological Services (CAPS). Approximately half of the patients at the KPC are SBU students. Demographics for the student patient population are as follows: 72% Caucasian, 11% Asian, 4% Hispanic/Latino, and 7% Other; 61% are males and 39% are females. Their ages range from 18 to 28 years old. Demographics for the non-student patient population are as follows: 78% Caucasian, 5% African-American/Black, 2% Asian, 5% Hispanic/Latino, and 7% Other; 45% are males and 55% are females. Their ages range from 5 – 60 years old. Principal diagnoses include anxiety disorders, depressive disorders, adjustment disorders, interpersonal problems, learning difficulties, ADHD, ASDs, Conduct Problems/ODD, and diagnostic co-morbidities. In fact, approximately 50% of the patient population has more than one diagnosis. As the KPC is a psychology training clinic, services are not covered by third party payors. However, the fees at the KPC are very low in comparison with those of local practitioners, and on a sliding scale based on family income. Consequently, most of the KPC patient population comes from middle/low SES backgrounds. Furthermore, regardless of their family’s income, the SBU students who receive psychological services at the KPC pay a flat fee of $20 for individual sessions or $10 for group sessions.

2) 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 south 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, research and training.

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 patient population served at the MB-CRC is consistent with that of the larger patient population accessing services from the Outpatient Psychiatry Department at SBU Hospital. 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 for group programs and also provides individual therapy and some group services on a fee-for-service basis.

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

(a) Obesity and Weight Management Clinic (OWMC)

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

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

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

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

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

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

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

(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.

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 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 (which includes approximately 400 books, mostly evidence-based treatment manuals) and three large conference rooms to conduct testing, group therapy, and attend didactic seminars. Facility keys are provided as needed. The KPC is designed to be the “home base” for the interns, as, in addition to their private offices, it houses the TD and other supervisors, and provides opportunities for a number of cohort activities (e.g., the weekly in-house didactics and supervision course, group supervision, and informal socialization).

2) MB-CRC and Associated 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 the OWMC, the interns are located at the Bariatric and Metabolic Weight Loss Center outpatient clinic, which is located 4 miles south of the SBU campus. Interns are provided with shared office space containing shared desk space, desk chair, phone, computers, internet access, printers and general office supplies. Private consultation rooms and exam rooms are available to conduct evaluations and treatment. Secretarial support services are available from Bariatric and Metabolic Weight Loss Center administrative support staff.

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.

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 internship Training Director (TD), Dina Vivian, Ph.D., the Co-Training Director (CTD), Adam Gonzalez, Ph.D., the Director of the OWMC clinic, Genna Hymowitz, Ph.D. and the clinical operations manager of the MB-CRC, Brittain Mahaffey, PhD. The Executive Board has the authority and responsibility for ensuring the quality of the 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. 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 post-doctoral fellows. 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) identifying 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 meetings (as necessary) during the recruitment period. 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 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, inpatient services and integrated care. The program is designed to encourage equal participation in both main outpatient programs offered at the KPC and MB-CRC sites, main inpatient programs at the SBU Hospital as well as participation in one or more of the minor programs at the two member agencies, which may include a time limited rotation and/or a year-long participation, depending on the interests and career goals of the intern and the characteristics of the 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 at the start of the internship through a collaborative decision-making process between the interns and the members of the SBU-CIP Executive Board. To increase interns’ focus on their training opportunities within the consortium interns may complete an Individual Development Plan (IDP), which includes short- and long-term professional goals and related plans for goal attainment (the IDP is included in Appendix K; p. 79). Each intern discusses the IDP with the members of the Executive Board.

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. Full year training experiences, rotational training experiences, and minor programs are described next.

1) Full Year Training Experiences

All interns participate in the two main outpatient training opportunities throughout the academic year, namely, the general outpatient program at the KPC and the behavioral medicine program at the MB-CRC. In addition, all interns complete several full-battery psychoeducational and/or psychological evaluations at the KPC. Specifically, interns complete at least 4 full-battery psycho-educational evaluations for learning problems, or, if less than 4 full-battery evaluations, a combination of 5 to 6 psycho-educational/psychological evaluations, including evaluations for learning problems, ADHD, disability determinations, mental health clearance, and/or IQ testing for giftedness. Main programs include an average total of about 12 hours of face-to-face client contact through individual or group interventions weekly combined across sites plus an average total of about 4 hours weekly related to assessment (e.g., psycho-educational evaluations, clinical intakes, etc.). Main outpatient programs are further described below.

(a) General Outpatient Program at the KPC

The general outpatient program at the KPC includes the following:

- **Psychological Treatment.** Interns provide supervised psychological treatment to patients (primarily adults, as 70 percent of patients are adults) who present with a wide range of clinical problems, as typically found in outpatient mental health facilities. The most frequent problems include anxiety disorders, depressive disorders, adjustment disorders, interpersonal issues, family/parenting problems, learning difficulties, ADHD, ASDs, Conduct Problems/ODD, and diagnostic co-morbidities among these problems. Psychological interventions include a comprehensive intake assessment with a semi-structured clinical interview and self-report questionnaires. Additionally, outcome monitoring is closely integrated into treatment, as the patients provide weekly ratings about their psychological functioning via the Treatment Outcome Package, an electronically based assessment system especially designed to provide ongoing information about patients’ progress in treatment. Specialized clinics within the KPC provide the interns with experience in delivering Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for depressive disorders, Exposure/Response Prevention for Anxiety Disorders, Integrated Couple Therapy, pain management, and time-limited group treatment experience 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.

- Psychological/Psycho-educational Assessment. Interns are expected to conduct a minimum of 4 full-battery psycho-educational evaluations for learning problems (or, if less than 4, they may conduct 5 to 6 comprehensive evaluations including psycho-educational evaluations, psychological evaluations for ADHD, disability determinations, mental health clearance evaluations, and/or IQ evaluations) with children, adolescents, and/or adult populations. Interns must complete at least 2 (or 3) of these evaluations during the first half of their training year. Interns must also complete all remaining evaluations at least 4 weeks prior to the end of the internship training year. Psychological/psycho-educational assessments include the administration of cognitive batteries (i.e., all the Wechsler Scales and Woodcock Johnson-IV COG) and achievement batteries (i.e., WJ-IV ACH/Oral Language and subtests from the WIAT-III), diagnostic semi-structured interviews (e.g., MINI, K-MINI), and paper-and-pencil questionnaires (e.g., Achenbach’s scales, BDI-II, BAI, BASC 3, Barkley’s ADHD scales, Brown ADHD scales, Conners’ scales, SNAP, etc.). Testing is conducted to investigate psychological, cognitive, and achievement factors underlying learning problems, substantiate the presence of specific learning disabilities, ADHD, and/or psychological/behavioral disabilities. Additionally, these evaluations may be used for substantiating additional diagnostic determinations and/or assess giftedness.

- Providing Supervision. This training activity includes a 30-minute weekly clinical seminar concerning readings and group discussion regarding a competency-based approach to supervision and relevant literature on supervision; additionally, an experiential component includes providing supervision to less advanced psychology trainees and/or peers. Lastly, interns receive supervision of supervision (super-supervision) during their individual or group supervision time. Interns provide an average of 1 - 1.5 hours of supervision to others at the KPC.

(b) Behavioral Health Program at the MB-CRC

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

- Psychological Assessment and Treatment. Interns work with adult and young 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 Stress Management and Resiliency Training (SMART) Program, and the Health Enhancement Program. Interns spend one day per week in the delivery of psychological services at the MB-CRC.

2) Rotational Training Experiences

Rotations generally include an average of 10-12 hours of face-to-face client contact weekly for a period of 4 months. As such, interns may complete up to 3 rotations during the academic training year. Interns have the opportunity to rotate through a variety of inpatient and outpatient psychiatric services at Stony Brook Medicine. These programs include:

Comprehensive Psychiatric Emergency Program (CPEP). The CPEP provides emergency psychiatric services to people in urgent need of psychiatric evaluation, acute intervention, and referral services. Interns work closely with a multidisciplinary team to evaluate and coordinate care for individuals in urgent need of psychiatric services. Interns receive training in conducting psychiatric evaluations, treatment formulation and disposition, and care coordination within the context of the emergency department.

Adult Inpatient Psychiatry Unit. The Adult Inpatient Psychiatry Unit is a self-contained 30-bed unit designed for the acute short-term stabilization treatment of adult inpatients with a variety of psychiatric and behavioral problems including suicidality, bipolar disorder, schizophrenia, depression, and severe anxiety disorders. Interns work closely with a psychologist and with a multidisciplinary team to evaluate and care for patients on the Inpatient Psychiatry Unit. Interns participate in patient rounds with the team and co-run anger management and ACT-based skills groups.

Consultation and Liaison (C&L) Psychiatry. The C&L service provides psychiatric consultation throughout the hospital. Interns attend patient rounds with a multidisciplinary team and provide psychiatric and psychological evaluations, short
term interventions, and consultation to patients and clinicians on medical and surgical inpatient units throughout the SBU Hospital.

**Obesity and Weight Management Clinic (OWMC)** The OWMC program is designed to include an average of 10 hours of face-to-face client contact weekly. Interns will have the opportunity to rotate through the OWMC every 4 months. Interns conduct pre-surgical and post-surgical psychiatric diagnostic evaluations and pre- and post-surgical interdisciplinary skills training groups in an outpatient interdisciplinary setting.

4) 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.

(a) Minor programs at the KPC:

- **Psychological/Psycho-educational assessment.** This program/rotation involves conducting additional psychological/ psycho-educational evaluation with individuals with ADHD and/or learning problems or disabilities, in addition to the minimum required psycho-educational/psychological assessments (see above description in the KPC main program section). This program is particularly suited for interns who intend to specialize in providing these types of services in their professional career.

- **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 jointly with or with guidance from the SBU-CIP TD, Dr. Dina Vivian, who is also the Director of the KPC; tasks may involve assistance in running the KPC and associate doctoral 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 in generating and implementing plans for enhancing patient care, increasing patient referrals, participating in quality assurance initiatives, and conducting outcome research at the KPC.

- **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.

- **Pain Management.** This program involves providing psychological treatment services to medical patients who suffer from chronic or acute pain conditions related to their illnesses. These patients are referred to the KPC by the director of the Pain Management Program at the SBU Hospital, who also serves as the clinical supervisor for these interventions.

- **Advanced Communication and Counseling Course on CBT for Dietitians.** This experience involves teaching a spring and, depending on enrollment, 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 the bulk of the “work” includes grading a final exam; nevertheless,
this internship experience strengthens the interns’ teaching competencies. The class size does not exceed 20
students. Genna Hymowitz, Ph.D. is the supervisor for this course.

(b) Minor programs at the MB-CRC:

- **Dialectical Behavior Therapy Program.** This program involves providing individual and group based
Dialectical Behaviors to patients of the MB-CRC. This also involves providing between sessions phone based
skills coaching and participation in the weekly DBT treatment team meeting.

**B. Supervision**

1) **SBU-CIP Supervisors**

The supervisors of the SBU-CIP are NYS licensed clinical psychologists who hold clinical faculty appointments in
academic departments across the two member agencies and/or associated programs. 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), Brittain Mahaffey, Ph.D. (Department of Psychiatry), and Patricia Tsui, Ph.D.
(Department of Anesthesiology). An external supervisor, Deena Abbe, Ph.D., who specializes in CBT treatments for
infancy and childhood disorders, is also part of the internship 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), Abdullah Hasan, 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, on a case-to-
case basis, for limited supervision.

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 hours/week of individual supervision (face-to-face) with a licensed psychologist
across sites/programs, and an average of 4.5 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 offered as
needed.

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

Note: At the beginning of supervision, supervisors and interns review and sign the “SBU-CIP Intern Supervision Contract” found in Appendix A (p. 29).

C. Intern Schedule

Interns are expected to spend an average of 45-47 hours/week in internship training activities. An average breakdown of internship hours by weekly activity is listed below:

1) **Didactics** (In-house didactics, Supervision seminar, Grand Rounds): average 2.5 hours/week

2) **Supervision:**
   - Individual Supervision: average 2.0 hours/week
   - Group Supervision: 1-3 hours/week
   - Group Supervision of Supervision: average 0.5 hours/week

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

4) **Experiential Activities:**
   - Individual therapy: average 14 hours/week
   - Group intervention: average 2.25 hours/week
   - Assessment (including Intake and Evaluations): average 7 hours/week (rotation dependent)
   - Providing supervision to others: average 1.5 hour/week
   - Teaching (web-based Advanced Communication and Counseling Course): average 0.3 hours/week
   - Additional rotation experiences: average 4 hours/week

5) **Administrative tasks:** average 6 hours/week

D. Cohort Activities and Social Milieu

Interns participate in a number of cohort activities, including weekly in-house didactics at the KPC, weekly group supervision at the KPC and at the MB-CRC, weekly Grand Rounds in Psychiatry, and 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) at the KPC, MB-CRC, and associated minor internship programs. For instance, interns may co-lead a therapy group with another KPC trainee (e.g., a less advanced trainee) or MB-CRC 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 introduced to the other doctoral psychology interns on campus, namely the interns at the Counseling and Psychological Services (CAPS), which is only a 5-minute walk from the KPC. Periodic social and academic events are scheduled between the interns of these two sites. For example, the SBU-CIP interns are invited to attend some particularly relevant didactics offered by the CAPS internship, and, in turn, the CAPS interns are invited to all the SBU-CIP in-house didactics at the KPC. These initiatives enrich and extend the social/professional milieu of the interns across the two sites.

The interns also are 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. Didactics

A. Clinical Seminars/Presentations

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

1) Weekly in-house presentations at the KPC (Wednesdays 10:30AM – 12:30PM; Psychology B438)

2) Biweekly in-house seminar on providing supervision at the KPC (Wednesdays 1:30PM – 2:30PM; Psychology B440)

3) Selected presentations from the weekly Grand Rounds offered by the Department of Psychiatry (Tuesdays 11:00AM – 12:00PM)

4) Dialectical Behavior Therapy Treatment Team (Wednesdays 5:00PM – 6:00PM; MB-CRC)

5) Selected presentations from the Psychiatry Third-Year Residency training program (PGY3), Department of Psychiatry (Wednesdays, 1:00PM – 4:00 PM)

6) Monthly brown bags within the SBU doctoral program in clinical psychology (Wednesdays 12:30PM – 1:30PM 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 – 6 above). An example of a typical didactics syllabus (the 2016-2017 syllabus) for the SBU-CIP is listed on the “SBU-CIP Combined Didactics Syllabus,” (Appendix H, p. 64). An updated syllabus is distributed to the interns during orientation at the start of the internship.

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

- The Evidence Based Practice in Psychology (EBPP) model
- Diversity issues
- Trauma
- Underserved Populations
- Chronic Illnesses
- Integrated Care and Psychological Treatment in Primary Care Settings
- Psychological Treatment
- Psychological Assessment
- Translational Research

Listed below are selected topics included in the in-house weekly didactics at the KPC (see 1 above).

- Risk Assessment and Management: Intimate Partner Violence, Child Abuse, and Suicidality
- Assessment and Treatment of disordered eating behaviors: Binge Eating and Overeating
- Risk factors and developmental outcomes associated with childhood adversity
- 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
- 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)
- 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
- Prevalence and cutting edge approaches to the assessment and treatment of Intimate Partner Violence
- Close relationships: Advancements in the field and clinical applications
- Introduction to Psychopharmacology: Mood disorders and anxiety disorders
In addition to the topics covered by the in-house didactics, the seminar on Supervision (see 2 above) includes a didactic component (30 minutes) that addresses theoretical, empirical, and training aspects of supervision. The curriculum includes weekly discussions using a main textbook concerning the competencies-based approach to supervision (Falender, C.A. and Shafranske, E.P., 2004) and a number of additional readings including guidelines for clinical supervision in health service psychology, supervising CBT, trans-theoretical models of supervision, contribution of supervision to therapy outcomes, evidence-based clinical supervision, and clinical research on supervision.

B. Additional Professional Development Opportunities

1) Formal Clinical and Professional Presentations

Each intern makes a minimum of 4 formal presentations as part of the in-house didactics over the course of the internship. These presentations concern treatment issues (e.g., case presentations), leading journal clubs, and presenting one’s research to SBU-CIP faculty, other interns, trainees from the local doctoral program in clinical psychology, and externs. Interns who choose the Community Outreach rotation at the KPC also may conduct presentations at outside community centers (e.g., Student Resident Halls, local school districts and libraries).

2) Research

Interns are invited to participate in research activities offered by faculty in the doctoral program in clinical psychology associated with at the KPC. Moreover, as the MB-CRC has several grants and a prolific program of research with clinical populations, interns have opportunities to get involved in research at the MB-CRC. Additionally, the OWMC has a large data set collected over the course of several years with patients undergoing bariatric surgery, and interns can also get involved in this type of research. At the outset of the internship, interested interns should discuss their research interests with the principal investigators of the various research projects, as well as with the members of the internship Executive Board. Lastly, interns interested in research opportunities not listed here should discuss additional available options with the TD or CTD.
V. Intern Evaluation Policy

A. Evaluation

To verify the appropriate development of profession-wide and program-specific competencies, all interns receive comprehensive evaluations from each of their supervisors twice yearly (at mid-point and at the end of the internship) or at the end of a time-limited rotation, whichever is more appropriate, via the “SBU-CIP Intern Competency Rating Scale” (Appendix B, p. 36). This evaluation form includes information about the intern’s performance regarding each of SBU-CIP’s 10 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 evaluation time, in addition to giving the intern ongoing informal feedback during supervision throughout the year.

A minimum level of achievement to successfully complete internship is defined as a rating of “3” on each element and each competency across all supervisors. Each element is rated on 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 element of the required competencies covered by the “SBU-CIP Intern Competency Rating Scale,” (e.g., maintaining an optimal case load, actively participating in the didactics and doing the readings, overall psychological functioning, etc.), the program’s Due Process procedures would be initiated (see the “SBU-CIP Due Process and Grievance Policy and Procedure,” Appendix C, p. 44). If an intern receives a score less than 3 on any element of the required competencies on the mid-year evaluation, formal review may be initiated, which may result in a remediation plan and/or other actions on the part of the TD and the executive committee. In the following two months direct supervisors will conduct informal evaluations and assess the progress of the interns based on the remediation plan. A score of less than 3 on any element or competency on the final evaluation may lead to failure to satisfy the requirements of the internship program. At the end of the internship program, interns are expected to be competent entry-level clinical psychologists who can function in a variety of settings. Thus, interns must receive a minimum rating of “3” on all elements for all competencies in their final evaluation ratings on the “SBU-CIP Intern Competency Rating Scale” to complete the program successfully.

Additionally, all SBU-CIP interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement and obtaining sufficient ratings on all evaluations, particularly the final one, demonstrates that the intern has progressed satisfactorily through and completed the internship program. Intern evaluations and certificates of completion are maintained indefinitely by the TD in a secure digital file. Interns provide authorization for SBU-CIP to share information pertinent to educational progress with their home doctoral program (Appendix J, p. 78). Feedback to the interns’ home doctoral program is provided at minimum at mid-year and at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures, the home doctoral program also is contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns’ progress, is kept engaged to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by the SBU-CIP as a result of the Due Process procedures, up to and including termination from the program.

Twice yearly (at mid-point and at the end of the internship), the interns also complete an evaluation of their supervisors using the “SBU-CIP Assessment of Clinical Supervisor” form (Appendix D, p. 49), and an evaluation of the internship program using the “SBU-CIP Intern Evaluation of the Internship Program” form (Appendix E, p. 52). The interns’ evaluations of their supervisors and of the internship program are used by the internship leadership and supervisors to enact changes and/or to foster improvements in the training program. All evaluation forms are available in this handbook (Appendices B, p. 36; D, p. 49, and E, p. 52) and via the SBU-CIP intranet.

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.)
   a. Relationship with Supervisee
   b. Goal Setting
   c. Structure and Plans
   d. Evaluation:
   e. Diversity
   f. Supervision of Supervision
   g. Ethics/Professional Issues
9. **Consultation and interprofessional/interdisciplinary skills** (Participation in multidisciplinary team work; Role of Consultant; Supervision)
10. **Group Therapy** (Assessment; Intervention; Implementation of time-limited skills training group therapy for specific clinical problems, such as ADHD, Social Anxiety, and Academic Anxiety).

Training elements under each competency are found in the “**SBU-CIP Intern Competency Rating form**” (Appendix B, p. 36).

**C. Processes**

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

**D. Program outcomes**

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

1) During the Internship:

   • **Supervisors** provide written ratings of their supervisees twice yearly (or at the end of a particular time-limited rotation) using the “**SBU-CIP Intern Competency Rating Scale**” (Appendix B, p. 36). Interns and supervisors meet to review and discuss these evaluations at each time point.

   • **Interns** provide multiple ratings, as follows:

      (a) They rate their clinical supervisors twice yearly (mid-year and end-year), or at the end of a particular time-limited rotation using the “**SBU-CIP Assessment of Clinical Supervisor**” form (Appendix D, p. 49).

      (b) Interns rate the internship program twice yearly (mid-year and end-year) using the “**SBU-CIP Intern Evaluation of the Internship Program**” form (Appendix E, p. 52).

      (c) Interns rate the in-house didactics weekly using the “**SBU-CIP Didactics Rating Sheet**” (Appendix F, p. 59).

2) After the Internship:

   • Outcomes for interns are measured by employment data and licensure rates, which are collected by contacting yearly the interns who completed their internship in prior years.
VI. Intern Selection Criteria and Procedures

A. Selection Procedures

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

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

B. Selection criteria policy: Ranking applicants and matching

The SBU-CIP Intern Selection Committee reviews all the applications received and rank orders the applicants in terms of their level of competence/fit with the internship program, via the “SBU-CIP Intern Applicant File Review Form” found in Appendix G (p. 60). The TD invites the top applicants to come to SBU-CIP for face-to-face interviews with all the members of 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 for one of the two internship slots. SBU-CIP selection criteria are described next.

1) Selection Criteria

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

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

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

Note: A minimum of 600 total face-to-face hours of service delivery (including a minimum of 150 assessment contact hours and a minimum of 450 intervention contact hours) is required.
• **Substantial training and experience in Cognitive-Behavioral Therapy models.** Successful applicants must show sound theoretical knowledge of, substantial training in, and experience in delivering treatment according to cognitive-behavioral models of intervention, particularly with adult populations.

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

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

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

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

2) **Additional Requirement**

• **Immunization.** Due to the SBU Hospital requirements for participating in hospital-based rotations and accessing patients, before the start of the internship all interns are required to undergo PPD skin tests (or show proof of having undergone a PPD TB skin test or equivalent within 12 months prior to starting the internship), proof of one Measles, Mumps, Rubella (MMR) immunization or Titer test, and proof of Varicella (Chicken Pox) vaccination, physician’s documentation of disease, or Varicella Titer.

**C. Application Procedures and Interviews**

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

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 01 of each internship year. Interviews will be offered to those applicants whose interests and training best fit the goals of the program. Interview announcements will be sent to all applicants via email by the end of November or early December. We offer two 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; prospective interns similarly are expected to follow the APPIC guidelines for Phase I and II of the match. In accordance with APPIC policy, the site will not solicit or communicate any ranking preference information.

For questions regarding the SBU-CIP, contact:

Dina Vivian, Ph.D.
SBU-CIP Training Director (TD)
Department of Psychology
Stony Brook, NY 11794-2520
Telephone: 631-632-7830 and/or 631-632-7848
E-mail: dina.vivian@stonybrook.edu
VII. Program Completion Requirements

At the end of the 12-month period, the SBU-CIP TD 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, and a copy is maintained indefinitely by the TD. As described in the Intern Evaluation section of this Handbook (page 19), interns must achieve the following minimal levels to successfully complete the internship program:

- Complete 2,000 training hours
- Achieve a minimum score of 3 on all elements rated on the “SBU-CIP Intern Competency Rating Scale” (Appendix B, p. 36)

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

Upon graduation, interns receive a certificate of completion indicating they have completed all requirements of the SBU-CIP. The Internship certificate of completion does not indicate the completion of the doctoral training. 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 SBU-CIP faculty members and interns are expected to be thoroughly familiar with and abide by the *APA Ethical Principles of Psychologists and Code of Conduct*, related professional guidelines and Federal Statutes (including HIPAA) which apply to the practice of psychology. The most recent version of the *APA Ethical Principles of Psychologists and Code of Conduct*, including all amendments, can be accessed here: [http://www.apa.org/ethics/code/](http://www.apa.org/ethics/code/).

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

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

Interns are expected to:

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


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

3. Demonstrate appropriate concern and advocacy for client welfare and conduct themselves in an ethical manner at all times.
IX. Overview of Expectations 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 (quarterly).
- The right to be trained by professionals who behave in accordance with the APA Ethics Code and other APA practice guidelines.
- The right and privilege of being treated with professional respect as well as being recognized for the training and experience attained prior to participation in SBU-CIP.
- The right to ongoing evaluation that is specific, respectful, and pertinent.
- The right to engage in ongoing evaluation of the training experience.
- The right to initiate an informal resolution of problems that might arise in the training experience through request(s) to the individual concerned, the internship site Training Director, the Internship Program Director, and/or the training staff as a whole.
- The right to due process to deal with problems if informal resolution has failed or to determine when rights have been infringed upon (see Due Process section in this handbook).
- The right to request assistance in job search and application.
- The right to privacy and respect of personal life.

3) Program/Faculty Expectations of Interns

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

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

**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, and 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, 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: SBU-CIP Intern Supervision Contract

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 (from here on called “Supervisee(s)”) will receive a minimum of 4 hours of supervision per week (range 4 – 5) across internship sites and rotations for the duration of the internship. Of these, a minimum of 2 hours per week includes individual face-to-face supervision sessions provided by a NYS licensed psychologist affiliated with the internship program. SBU-CIP supervisors also are 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.

Supervisee

Days and hours of availability

______________________________

Means of emergency contact

______________________________

Supervisor

Days and hours of availability

______________________________

= Means of emergency contact

When the supervisor is unavailable due to vacation or other events, s/he will ensure 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 of communication, face-to-face or otherwise;
   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; and
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 “SBU-CIP
Notes on Supervision Contacts” form (found in Appendix L, p. 83).

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, twice yearly (for a full year program) or at the conclusion of the
supervisory period (for a rotation), the Supervisor and Supervisee will provide written feedback using the following
supervisory forms:

1. **SBU-CIP Intern Competency Rating Scale** (filled out by the Supervisor) (provided in Appendix B, p. 36)
2. **SBU-CIP Assessment of Clinical Supervisor** (filled out by the Supervisee) (provided in Appendix D, p. 49)
   
   **Note:** The Supervisee’s ratings are done anonymously and given directly to the Internship Training Director’s
assistant at the KPC.

If the intern provides 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 Clinical Supervisor** (filled out by the Supervisee)
   
   **Note:** The Supervisee’s ratings are done anonymously and given directly to the Internship Training Director’s
assistant.

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 and
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; the Supervisor has to sign off on all clinical documentation generated by the Supervisee.

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 the emergency and crisis intervention policies and procedures at the site where work is being conducted (general guidelines are listed below).

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 (i.e., Intake Assessment, Initial Assessment and Case Formulation, Progress Notes, Closing/Transfer) using the Electronic Medical Records systems at the site where work is being conducted.

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

   - 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.

   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. If unable to reach an SBU-CIP supervisor, contact a clinical faculty member at one of the training sites (e.g., another clinical supervisor at the 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 may 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-Training 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 Supervisee’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 Emergency Program (CPEP; University Hospital).

- Clients who are at risk for a crisis or emergency should be given the phone number for the Response hot-line (631-751-7500), which is a 24-hour emergency and crisis service, and the number for Comprehensive Psychiatric Emergency Programs associated with the SBU Hospital (CPEP; 631-444-6050). They should also be informed that they can receive emergency psychiatric care in the emergency room of any of the other hospitals in the area or call 911 for help.

  - In addition to the above basic procedures, please follow the specific guidelines for emergencies and crisis intervention policies of each of the main/minor programs of the SBU-CIP internship.

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-professionals (including intimate others, relatives and/or close friends) or
professionals who are not involved in the care of that case other than in the context of group
supervision.

   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
   each program professional policies and procedures.

If a Psychology Intern 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: _______________

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**EMERGENCY PHONE NUMBERS**

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

**SBU-CIP SUPERVISORS**

<table>
<thead>
<tr>
<th>Role</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director of the KPC &amp; Training Director of the SBU-CIP and Supervisor (Dina Vivian Ph.D.)</td>
<td>631-632-7848 (office)</td>
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<td>631-584-5261 (home)</td>
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<td>631-335-6084 (cell)</td>
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<td>347-564-5036 (cell)</td>
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</tbody>
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of the SBU-CIP and Supervisor (Adam Gonzalez, Ph.D.)
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Director of the Obesity Program and Supervisor (Genna Hymowitz, Ph.D.)
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Supervisor (Brittain Mahaffey, Ph.D.)

Supervisor (Patricia Tsui, Ph.D.)

Supervisor (Deena Abbe, Ph.D.)

KPC SUPERVISORS

Kristin Bernard 631-632-7576 (office)
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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)

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: SBU-CIP Intern Competency Rating Scale

Psychology Intern ________________________________  Supervisor___________________________

Period of Evaluation_______________________________  Date of Evaluation _______________________

Date of Review with Intern _________________________  Internship 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., early, 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 earlier in training (e.g., timeliness, ability to utilize supervision). Please supplement the ratings with brief comments as appropriate.

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 “intermediate” 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. Little support and guidance is needed.

4 = Exceeds Expectations. Performance exceeds expectations. 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 is needed.

5 = Significantly Exceeds Expectations. Performance 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 is needed.

N/A: Please mark an item N/A if 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. Ratings are evaluated at the item level to determine the intern’s level of competence for each competency.

Competence Required Upon Completion of Internship

Interns must at least “Meet Expectations,” namely, attain a ‘3’ level of competence on each element of each competency as 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, Ph.D.
Department of Psychology
Psychology Building B
Stony Brook University
Stony Brook, NY 11794-2520
Dina.Vivian@stonybrook.edu
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. Critical thinking and analytic skills.
   
   1 2 3 4 5  N/A

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

6. Ability to disseminate knowledge related to research or other scholarly activities at the local, regional, or national levels.
   
   1 2 3 4 5  N/A

Comments (Strengths, Areas of Improvement) related to Research:

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

The intern:

1. Demonstrates knowledge of and acts in accordance with 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 and applies ethical decision making in 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. Conducts self in an ethical manner including exhibiting honesty, integrity, and a sense of personal responsibility in his/her 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

Comments (Strengths, Areas of Improvement) related to Ethical and Legal Standards:

c. Individual and Cultural Diversity (Individual Applications)

The intern demonstrates:

1. Understanding of his/her own personal/cultural history, attitudes, and biases and how they affect his/her understanding of and interaction 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 didactics, provision of services, research, supervision, and consultation.
   
   1 2 3 4 5  N/A

3. Ability to integrate awareness and knowledge of individual and cultural differences in his/her professional roles (e.g., in his/her participation in curriculum activities, provision of services, research, supervision, and consultation).
4. Ability to work effectively with diverse others in all professional activities, including assessment, treatment, research, supervision, and consultation.

5. Ability to independently apply his/her knowledge and approach to diversity in working effectively with a range of diverse individuals and groups.

Comments (Strengths, Areas of Improvement) related to Individual and Cultural Diversity:

d. Professional Values, Attitudes, and Behavior (Integrity; Deportment; Professional Identity; Self-Care; Self-Awareness; Meta-Knowledge about Professional and Personal Functioning)

The intern:

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

2. Acknowledges and corrects errors.

3. Completes professional tasks (e.g., clinical documentation, communication and follow-up with clients, responsivity toward and coordination of activities with staff members, etc.) in a timely manner.

4. Arrives promptly at meetings and appointments.

5. Writes and maintains clinical notes and records in an organized, competent, and professional manner.

6. Presents case material in an organized, competent, and professional manner.

7. Identifies and copes effectively and in a healthy manner with personal distress as it relates to professional work.

8. Demonstrates self-awareness, understanding, and self-reflection regarding personal and professional functioning (meta-knowledge).

9. Engages in activities to maintain and improve performance, well-being, and professional effectiveness.

10. Demonstrates awareness of his/her own beliefs and values as they relate to and influence professional practice and activity.

11. Readily presents his/her work for the scrutiny of others.

Comments (Strengths, Areas of Improvement) related to Professional Values, Attitudes, and Behaviors:

e. Communication and Interpersonal Skills (Rapport/Therapeutic Alliance; Professional Relationships)

The intern:

1. Approaches clients and colleagues in a respectful, helpful, and professional manner.

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

3. Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
4. Receives feedback non-defensively.  
   1 2 3 4 5 N/A

5. Is respectful to support staff roles and persons.  
   1 2 3 4 5 N/A

6. Effectively relates to and works collegially with other professionals in accordance with their unique patient care roles.  
   1 2 3 4 5 N/A

7. Demonstrates a thorough grasp of professional language and concepts.  
   1 2 3 4 5 N/A

Comments (Strengths, Areas of Improvement) related to Communication and Interpersonal Skills:

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

The intern:

1. Selects and implements multiple methods and means of assessment in ways that are responsive to and respectful of diversity.  
   1 2 3 4 5 N/A

2. Selects assessment tools with sound empirical and psychometric properties and appropriate to answer referral question(s).  
   1 2 3 4 5 N/A

3. Demonstrates knowledge of strengths and limitations associated with diagnostic (e.g., clinical and semi-structured interviews) and dimensional (e.g., self-report questionnaires) assessments and interprets results accurately.  
   1 2 3 4 5 N/A

4. Demonstrates ability to integrate assessment data from different sources for diagnostic and treatment purposes.  
   1 2 3 4 5 N/A

5. Demonstrates knowledge of DSM 5.  
   1 2 3 4 5 N/A

6. Revises diagnostic impressions when applicable (e.g., during the course of treatment).  
   1 2 3 4 5 N/A

7. Communicates the findings and implications of the assessment orally and in written documents in an accurate and effective manner sensitive and appropriate to the intended audience.  
   1 2 3 4 5 N/A

8. Effectively uses supervision to enhance assessment skills.  
   1 2 3 4 5 N/A

Comments (Strengths, Areas of Improvement) related to Assessment:

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

The intern:

1. Establishes and maintains effective relationships with the recipients of psychological services.  
   1 2 3 4 5 N/A

2. Demonstrates competence in case conceptualization and treatment planning, including identifying treatment strategies and techniques.  
   1 2 3 4 5 N/A

3. Maintains a flexible and dynamic approach to case conceptualization and treatment planning taking into account the patient’s progress in treatment (e.g., updates case conceptualization during the course of treatment).  
   1 2 3 4 5 N/A

4. Develops and implements treatment plans with fidelity to evidence based models and flexibility to adapt where appropriate.  
   1 2 3 4 5 N/A

5. Implements treatment plans based on a client-centered approach within an Evidence Based Practice in Psychology model.  
   1 2 3 4 5 N/A
6. Uses effective treatment outcome measures to monitor client progress in treatment and to enhance therapy effectiveness (e.g., by increasing patient’s collaborative participation in treatment).

1 2 3 4 5 N/A

7. Uses the in-session patient-therapist relationship in a planful and effective way to repair ruptures in the alliance and strengthen it, to increase patient’s motivation and engagement in treatment, to build skills, and to promote change.

1 2 3 4 5 N/A

8. Demonstrates knowledge of and use of a systematic and quantitative approach (e.g., patient’s response to therapy, motivation, therapy utilization, treatment goals) to identify and propose changes in treatment (e.g., shifting from an acute phase of treatment to a continuation or maintenance phase, referring client to another provider for medication evaluation, increasing dose of therapy, etc.).

1 2 3 4 5 N/A

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

1 2 3 4 5 N/A

10. Effectively uses supervision to enhance intervention skills.

1 2 3 4 5 N/A

Comments (Strengths, Areas of Improvement) related to Intervention:

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

In supervising others, the intern:

1. Relationship with Supervisee:
   a. Establishes a climate of trust, support, and understanding of supervisee.
      1 2 3 4 5 N/A
   b. Effectively gives suggestions and feedback to the supervisee.
      1 2 3 4 5 N/A

2. Goal Setting:
   a. Sets effective goals for supervision in collaboration with supervisee.
      1 2 3 4 5 N/A
   b. Provides information and teaches intervention skills appropriately.
      1 2 3 4 5 N/A

3. Structure and Plans:
   a. Assists supervisee in case conceptualization and understanding of client dynamics.
      1 2 3 4 5 N/A
   b. Explores various therapeutic processes and their uses, such as confrontation, support, and timing.
      1 2 3 4 5 N/A
   c. Assists supervisee with case management.
      1 2 3 4 5 N/A
   d. 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).
      1 2 3 4 5 N/A
   e. Helps supervisee refer clients to campus and community resources.
      1 2 3 4 5 N/A

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 the supervisee(s) 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 from supervisee.
       1  2  3  4  5  N/A

**In receiving supervision, the intern:**

   a. Demonstrates ability to self-evaluate clinical skills in supervision.
       1  2  3  4  5  N/A
   b. Prepares effectively for supervision.
       1  2  3  4  5  N/A
   c. Demonstrates ability to follow through on supervisory directions and recommendations.
       1  2  3  4  5  N/A
   d. Effectively negotiates needs for autonomy from supervisors.
       1  2  3  4  5  N/A
   e. Accepts the supervisor’s feedback in a non-defensive way.
       1  2  3  4  5  N/A

Comments (Strengths, Areas of Improvement) related to Supervision:

---

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.
   1  2  3  4  5  N/A
3. Produces consultative reports that are well organized and succinct and provide useful and relevant recommendations.
   1  2  3  4  5  N/A
4. Provides effective feedback to consultees (e.g., presents assessment results in a clear manner, uses lay language, addresses clients'/consultees’ questions appropriately).
   1  2  3  4  5  N/A
5. Demonstrates understanding of the consultant’s role as an information provider to another professional who will ultimately be the patient care decision maker.
   1  2  3  4  5  N/A

Comments (Strengths, Areas of Improvement) related to Consultation and Interprofessional/Interdisciplinary Skills:

---

j. **Group Therapy** *(Planning and Case Conceptualization; Implementation; Progress Evaluation; Group Dynamics; Supervision)*

**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.
   |   |   |   |   | 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.
   |   |   |   |   | N/A |
5. Shows group leadership abilities by demonstrating awareness of client/counselor roles and responsibilities for change.
   |   |   |   |   | N/A |
6. Identifies and articulates co-leadership issues (when applicable).
   |   |   |   |   | N/A |
7. Addresses diversity issues as they affect group processes.
   |   |   |   |   | N/A |
8. Seeks and integrates supervisory feedback into group therapy.
   |   |   |   |   | N/A |

Comments (Strengths, Areas of Improvement) related to Group Therapy:

Optional Competencies. Please note: These ratings apply only to interns engaging in specific minor programs/rotations or having acquired experience pertinent to these competencies during the internship (e.g., crisis situation). If an intern does not participate in program that implicates directly the competencies described below during the internship year, he or she will not be rated on them and may still complete the internship successfully.

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

The intern:

1. Demonstrates the ability to design and present outreach programming professionally.
   |   |   |   |   | N/A |
2. Demonstrates the ability to create appropriate learning objectives for outreach programming and evaluates the efficacy of the program in meeting those objectives.
   |   |   |   |   | N/A |
3. Considers current empirical literature, audience needs, and diversity variables when developing programs.
   |   |   |   |   | N/A |
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.
   |   |   |   |   | N/A |
5. Demonstrates the ability to work with various members of the university community to accurately assess programming needs.
   |   |   |   |   | N/A |

Comments (Strengths, Areas of Improvement) related to Outreach:

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

The intern:

1. Recognizes the need for crisis intervention and intervenes effectively.
   |   |   |   |   | N/A |
2. Demonstrates knowledge about and ability to implement the internship site’s crisis intervention protocols.
   |   |   |   |   | N/A |
3. Follows ethical and legal guidelines for crisis intervention.
   |   |   |   |   | N/A |
   |   |   |   |   | N/A |

Comments (Strengths, Areas of Improvement) related to Crisis Assessment, Management, and Intervention Skills:
Summary

Strengths:

Goals for Improvement:

Additional comments:

_________________________________
Supervisor’s Signature

______________________________________
Supervisor’s Name (with highest degree)

_________________________
Date

_________________________________
Psychology Intern’s Signature

______________________________________
Psychology Intern’s Name (with highest degree)

_________________________
Date
Appendix C: SBU-CIP Due Process and Grievance Policy and Procedures

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, he or she is expected to follow the Due Process (in which a supervisor or other faculty member raises a concern about the functioning of an intern) or Grievance (in which an 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 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 or unwillingness to acquire professional skills in order to reach an acceptable level of competency; and/or
- an inability or unwillingness to control personal stress, psychological dysfunction, and/or strong emotional reactions which interfere with professional functioning.

More specifically, problems 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 an intern's performance as inadequate or impaired (e.g., less than 3 on any element of the intern competency rating form on the mid-year evaluation or concern that something on an upcoming evaluation would be rated less than 3). 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), and the supervisor or staff member and intern will agree on a specified time period by which to revisit whether the issue has been resolved. The supervisor and intern will meet again no later than the end of the specified time period to discuss whether the issue has been remediated 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 an intern’s problematic behavior persists following an attempt to resolve the issue informally or if an intern receives a rating below 3 on any element of the required competencies on the “SBU-CIP Intern Competency Rating Form” at the mid-year evaluation, 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 occurs 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 includes:
  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;
  6. the intern’s responsibilities;
  7. the staff/faculty responsibilities;
  8. the timeframe by which acceptable performance is expected;
  9. the assessment methods to ascertain whether the problem has been appropriately rectified; and
  10. the consequences of unsuccessful remediation. Consequences of unsuccessful remediation may include up to dismissal or termination from the internship program.

An 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 working days of the written remedial plan being issues. 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 working 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 an 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 doctoral internship 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 of the issue being brought formally to the TD’s attention 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 Co-Training 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 meeting in Step 1. 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 of the documentation being signed.
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). The intern will be provided with a copy of the written feedback, and the feedback will be sent to the intern’s doctoral program within 10 working days of providing the feedback to the intern.

NOTE: **Immediate Suspension, Removal of Case Privilege and Possible Legal Action.** Should an 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 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. A copy will be provided to the intern and sent to the intern’s doctoral program within 10 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 another 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: SBU-CIP Assessment of Clinical Supervisor

Date: ________________________________  Supervisor’s name: ________________________________

Quarterly__  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 ___

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., interest in student's progress as therapist)*

   1  2  3  4  5

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

4. **Supervisor as a Role Model** *(regarding all professional competencies)*

   
   
   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  

   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.)*

   
   
   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.)*

   
   
   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.)*
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: SBU-CIP Intern Evaluation of the Internship Program

This evaluation is utilized by the internship program as a mechanism to elicit feedback in order to improve and enhance the program. Your feedback is carefully considered; all responses are reviewed by the Training Committee. 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 start date: __________________________ end date: __________________________

Intern’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 internship cohort.

A) Didactic Presentations

___ Overall quality of presentations and/or clinical workshops
___ Breadth of topics covered by the didactics
___ Relevance 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
conducting research

__Overall quality of joint activities

Comments:

II. Development of Clinical Skills: In this section, please rate the quality of your internship training within each of the 10 profession-wide and program-specific competency areas. Please consider the role played by the didactic training, supervision, as well as direct clinical experiences, in fostering each competency.

(A) Intervention:

1. Individual Therapy

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

__Overall quality of experience
__Depth of training
__Breadth of clients’ presenting problems
__Access to challenging cases
__Clients’ diversity and/or minority status
__Development of clinical competencies
__Adequacy of case load for meeting educational/training needs
__Growth in functional competencies regarding individual therapy
__Match between expectations and experience

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___

__Overall quality of experience
__Depth of training
__Breadth of clients’ presenting problems
__Access to challenging cases
__Clients’ diversity and/or minority status
__Development of clinical competencies
__Adequacy of case load for meeting educational/training needs
__Growth in functional competencies regarding couple & family/parenting therapy
__Match between expectations and experience

Comments:
3. **Group Therapy modality**

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

___ Overall quality
___ Depth of training
___ Breadth of clients’ presenting problems
___ Access to challenging cases
___ Clients’ diversity and/or minority status
___ Development of clinical competencies in delivering group therapy
___ Adequacy of case load for meeting educational/training needs
___ Growth in functional competencies regarding the delivery of group therapy
___ Match between expectations and the experience

*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 clinical competencies
___ Adequacy of case load for meeting educational/training needs
___ Growth in functional competencies regarding assessment/testing
___ Match between expectations and 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 Obesity and Weight Management Clinic)

___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 functional competencies as a supervisor
___Quality of your super-supervision

Comments:

Part IV: Additional ratings

A) Cultural and Individual Diversity
---

**B) Ethical and Legal Standards**

---

**C) Professional Values and Attitudes**

---

**D) Application of Scientific Method to Practice, Scientific Mindedness**

---

**E) Professional Relationships, Communication, Interpersonal and Alliance Building Skills**

---

**F) Internship experience across sites**

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

- Leonard Krasner Psychological Center (KPC; Department of Psychology)
- Mind Body Clinical Research Center (MB-CRC; Department of Psychiatry)
- Obesity and Weight Management Clinic (OWMC; Bariatric and Metabolic Weight Loss Center, Department of Surgery)
- Comprehensive Psychiatric Emergency Program (CPEP; SBU Hospital Emergency Department)
- Inpatient Psychiatric Unit (SBU Hospital)
Pain Management Clinic (KPC, Department of Psychology and/or Dept. of Anesthesiology, School of Medicine)
Consultation and Liaison (Psychiatry)
Other: __________________________ (please specify)

1. Breadth and depth of learning experience across sites and/or rotations:

   ___KPC
   ___MB-CRC
   ___OWMC
   ___CPEP
   ___Inpatient Psychiatry
   ___Pain Management Clinic
   ___Consultation and Liaison
   ___Other: __________________________

   Comments:

2. Role of the intern/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
   ___OWMC
   ___CPEP
   ___Inpatient Psychiatry
   ___Pain Management Clinic
   ___Consultation and Liaison
   ___Other: __________________________

   Comments:

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
   ___OWMC
   ___CPEP
   ___Inpatient Psychiatry
   ___Pain Management Clinic
   ___Consultation and Liaison
   ___Other: __________________________

   Comments:
G) **Overall Internship Experience:**

- Clarity of supervisors’ expectations and intern responsibilities within the internship program
- Degree to which the overall internship has met with your expectations
- Degree to which you have gained an optimal combination of experience in providing psychological services and theoretical training
- Degree to which you have gained knowledge and experience in an EBPP approach to mental health treatment
- Degree to which this internship has prepared you for your future professional endeavors
- Degree to which the internship faculty has facilitated your transition and access to post-doctoral opportunities and professional advancements
- Overall quality of the internship program

*Comments:*

**Part V. Additional Feedback?**

*Any other comments, feedback, or suggestions for improving the internship?*
### Appendix F: SBU-CIP Didactics Rating Sheet

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>
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<td>…provided me with new knowledge about research and/or clinical treatment issues.</td>
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<td>…is going to affect how I deliver psychological services.</td>
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<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>
<td>…broadened my understanding of and knowledge base associated with this topic.</td>
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<tr>
<td>I see myself using what I learned from this talk in my clinical work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<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

Name: _______________________________ Applicant Code #: __________________

Interviewer: __________________________ Date: __________________

Stony Brook Student: Yes / No (Circle One)

Recommendation (Transfer from Review File):
☐ Cut ☐ Marginal ☐ Interview ☐ Needs further review

Email: _______________________________ Phone: __________________________

Citizenship status: _________________ Visa: _______________ (City issues: _______________)

Languages spoken: __________________________

Publication/Presentations: Articles____ Chapters____ Conf.____

BA: __________________________ GPA: _______

Ph.D./Psy.D._____________________________________________________________

GPA: ______ APA accredited? Yes No Where is the program: __________________________

Doctoral training model: Clinical Scientist_____ Scientist-Practitioner_____ Practitioner-Scholar_____;

Dissertation Title: __________________________

Advisor: __________________________ Proposal approved? Yes No____

Practicum: Tx hrs: _______ Ax hrs: _______ Supervision hrs: _______

Anticipated by the start of the internship: hrs:_____

Practicum hours summary info:

Tx: Hours Adults_____ # pts: _____ Adolescents_____ # pts: _____ Kids_____ # pts: _____

Ax: Hours:_____ # Integrated Reports: Adults_____ Children_____

What tests does s/he know: __________________________

How much supervision did s/he get: Ind.:_______ Group:_______

DCT: __________________________ email: __________________________

DCT Phone: __________________________

DCT recommendation (strengths/weaknesses); How strong is the DCT letter (1-10): _______
Primary theoretical orientation: __________________________________________________________

Letters of Recommendation (LOR)

LOR 1: ____________________________________________ How strong is LOR 1 (1-10)_____

LOR 2: ____________________________________________ How strong is LOR 2 (1-10)_____

LOR 3: ____________________________________________ How strong is LOR 3 (1-10)_____

Cover letter: How strong is the applicant’s letter of interest: (1 – 10)_____ 


Psycho-educational Assessment: (1 –10)_____

Case Formulation and Treatment Planning: (1 –10)_____

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### Quantitative Ratings

Please rate the applicant on the following dimensions. The ranges of possible scores vary according to the assigned weight of that quality or dimension. Note: The Letters, Dissertation, and Match areas can result in negative ratings. Negative scores in these areas dictate 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>
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</thead>
<tbody>
<tr>
<td>Year in the program</td>
<td></td>
<td>2</td>
<td></td>
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<tr>
<td>Minority preference</td>
<td>5 Yes</td>
<td>1</td>
<td>0-5</td>
</tr>
<tr>
<td>Scholarship/Commitment to Clinical-Scientist model</td>
<td></td>
<td>3</td>
<td>0-15</td>
</tr>
<tr>
<td>Quality of program, Pubs/presentations, articulated commitment to utilizing research to drive practice, quality of dissertations, and research essay (a4); 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>3</td>
<td>(-10)-10</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</td>
<td>3</td>
<td>0-15</td>
<td></td>
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<tr>
<td>Intervention</td>
<td></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>4</td>
<td>(-10)-10</td>
<td></td>
</tr>
<tr>
<td>b) Number of clients his/her seen in year. (see APPIC guidelines)</td>
<td>4</td>
<td>(-10)-10</td>
<td></td>
</tr>
<tr>
<td>c) Types of clients (individual, (A, C.A), group, dyads)</td>
<td>4</td>
<td>(-10)-10</td>
<td></td>
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<tr>
<td>d) Uses outcome data in treatment in his/her program</td>
<td>4</td>
<td>(-10)-10</td>
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<td>e) Demonstrates specialized knowledge of/and clinical competence in one or more clinical problems (e.g. Anxiety treatment)</td>
<td>4</td>
<td>(-10)-10</td>
<td></td>
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<tr>
<td>0 None of the above</td>
<td>4</td>
<td>(-10)-10</td>
<td></td>
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<tr>
<td>Assessment</td>
<td></td>
<td>2</td>
<td>0-10</td>
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<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>3</td>
<td>(-30)-9</td>
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<tr>
<td>Letter of Interest</td>
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<td>0-10</td>
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<tr>
<td>If included, writing ability, clarity, appropriateness, description of theoretical orientation, and clinical experience</td>
<td>3</td>
<td>(-30)-9</td>
<td></td>
</tr>
<tr>
<td>Match with Internship</td>
<td></td>
<td>3</td>
<td>(-30)-9</td>
</tr>
<tr>
<td>Considering clinical experience, scholarly Activities, theoretical interest, and cover Letter. Look for specific reasons for our Program.</td>
<td>3</td>
<td>(-30)-9</td>
<td></td>
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<td>Addl. For</td>
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<td>(-50)-84</td>
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<tr>
<td>TOTAL</td>
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<td>(-50)-84</td>
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<tr>
<td>Problem or areas/concerns (includes all information from the application file and interview)</td>
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<td><strong>Strengths</strong> (includes all information from the application file and interview)</td>
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<tr>
<td><strong>Recommendation:</strong></td>
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<tr>
<td>□ Cut □ Marginal □ Interview □ Needs further review (explain)</td>
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<tr>
<td>Date &amp; Time</td>
<td>Location</td>
<td>Speaker</td>
<td>Topic</td>
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</tr>
<tr>
<td>8/1 10:00a-4:00p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, Ph.D.</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)  <em>(In-house Didactic Presentation)</em></td>
</tr>
<tr>
<td>8/2 10:00a-4:00p</td>
<td>154C Putnam Hall</td>
<td><strong>Adam Gonzalez, Ph.D.</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)  <em>(In-house Didactic Presentation)</em></td>
</tr>
<tr>
<td>8/3 2:30p-5:30p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, Ph.D.</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)  <em>(In-house Didactic Presentation)</em></td>
</tr>
<tr>
<td>8/4 2:30p-5:30p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, Ph.D.</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)  <em>(In-house Didactic Presentation)</em></td>
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<tr>
<td>8/5 10:00a-1:00p</td>
<td>BMWLC satellite clinic, Centereach</td>
<td><strong>Genna Hymowitz, Ph.D.</strong> Clinical Assistant Professor, and Director of the Obesity and Weight Management Clinic, Departments of Psychology, Psychiatry, and Surgery</td>
<td>Orientation to the internship program at the Bariatric and Metabolic Weight Loss Center  <em>(In-house Didactic Presentation)</em></td>
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<tr>
<td>8/10 2:30p-5:30p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, Ph.D.</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  <em>(In-house Didactic Presentation)</em></td>
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<tr>
<td>8/11 11:00a-2:00p</td>
<td>438 Psychology B Building</td>
<td><strong>Dina Vivian, Ph.D.</strong> Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>Risk Assessment and Management: Suicidality  <em>(In-house Didactic Presentation)</em></td>
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<tr>
<td>8/16 12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td><strong>Adam Gonzalez, Ph.D.</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  <em>(In-house Didactic Presentation)</em></td>
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<td>8/17</td>
<td>1:00p-3:00p</td>
<td>121 Putnam Hall</td>
<td>Brittain Mahaffany, Ph.D.</td>
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<td>8/24</td>
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<td>121 Putnam Hall</td>
<td>Fred Friedberg, Ph.D.</td>
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<td>8/25</td>
<td>8:30a-4:30p</td>
<td>Wang Center</td>
<td>Whole day HR-mandated orientation</td>
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<td>9/1</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Patricia Tsui, Ph.D.</td>
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<td>Dept. of Anesthesiology, School of Medicine</td>
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<td>9/6</td>
<td>12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, Ph.D.</td>
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<td>9/13</td>
<td>11:00a-12:00p</td>
<td>Atkins Center,</td>
<td>Ramin Parsey, MD, Ph.D.</td>
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<td>9/15</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B Building</td>
<td>Anissa Abi-Dargham, MD</td>
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<td>Atkins Center,</td>
<td>Gregory Fricchione, MD</td>
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<td>9/27</td>
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<td>Atkins Center,</td>
<td>Kathleen Merikangas, Ph.D.</td>
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| 9/29     | 12:00p-1:30p | 438 Psychology B Building | **Dina Vivian, Ph.D.**  
Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU | The Treatment Outcome Package (TOP): Psychometric properties and treatment applications in the delivery of psychotherapy within an EBPP model.  
(*In-house Didactic Presentation)* |
| 10/4     | 11:00a-12:00p | Atkins Center, HSC Level 4 | **Constantine Ioannou, MD**  
(organizer) Clinical Assistant Professor of Psychiatry  
Director, Psychiatry Inpatient Unit  
Director, Residency Program  
Stony Brook University | Changes in the Mental Hygiene Law and impact on delivery of care: Pros and cons  
(*Psychiatry Grand Rounds)* |
| 10/6     | 12:00p-1:30p | 438 Psychology B Building | **Dina Vivian, Ph.D.**  
Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU | Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for the treatment of Chronic Depression (CD) –Part 1  
(*In-house Didactic Presentation)* |
| 10/11    | 11:00a-12:00p | Atkins Center, HSC Level 4 | **Christoph U. Correll, MD**  
Professor of Psychiatry  
Hofstra North Shore LIJ School of Medicine  
Medical Director, Recognition and Prevention Program  
The Zucker Hillside Hospital | Identification and management of early psychosis  
(*Psychiatry Grand Rounds)* |
| 10/13    | 12:00p-1:30p | 438 Psychology B Building | **Dina Vivian, Ph.D.**  
Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU | CBASP for CD –Part 2  
(*In-house Didactic Presentation)* |
| 10/18    | 11:00a-12:00p | Atkins Center, HSC Level 4 | **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 | The Mind Body Clinical Research Center: Clinical services and applied research  
(*Psychiatry Grand Rounds)* |
| 10/19    | 3:00p-4:00p  | 121 Putnam Hall | **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 | DBT  
(*PGY3 Presentation)* |
| 10/20    | 12:00p-1:30p | 438 Psychology B Building | **Dina Vivian, Ph.D.**  
Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU | CBASP for CD –Part 3  
(*In-house Didactic Presentation)* |
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<th>Speaker Name</th>
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| 10/25      | 11:00a-12:00p | Atkins Center, HSC Level 4 | **Petros Levounis, MD, MA**  
Professor & Chair  
Department of Psychiatry  
Rutgers New Jersey Medical School | **Addiction in LGBTQ communities and the reemergence of the crystal methamphetamine epidemic**  
(*Psychiatry Grand Rounds*) |
| 10/26      | 3:00p-4:00p   | 121 Putnam Hall | **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 | **DBT**  
(*PGY3 Presentation*) |
| 10/27      | 12:00p-1:30p  | 438 Psychology B Building | **Jennifer Keluskar, Ph.D.,**  
Clinical Assistant Professor, Outpatient Child Psychiatry, School of Medicine | **Assessment of ASD and cutting edge interventions in pediatric populations**  
(*In-house Didactic Presentation*) |
| 11/1       | 12:00p-1:30p  | Atkins Center, HSC Level 4 | **Jonathan Silver, MD**  
Clinical Professor of Psychiatry, NYU School of Medicine | **Neuropsychiatry of persistent symptoms after concussion**  
(*Psychiatry Grand Rounds*) |
| 11/2       | 1:00p-2:00p   | 121 Putnam Hall | **Brittain Mahafany, Ph.D.**  
Research Assistant Professor  
Department of Psychiatry  
Stony Brook  
**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 | **Mind Body (1-2 pm)**  
**DBT (3-4 pm)**  
(*PGY3 Presentations*) |
| 11/3       | 12:00p-1:30p  | 438 Psychology B | **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 | **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*) |
| 11/8       | 12:30p-2:00p  | 154C Putnam Hall | **Genna Hymowitz, Ph.D.**  
Clinical Assistant Professor, and Director of the Obesity and Weight Management Clinic, Departments of Psychology, Psychiatry, and Surgery | **Acceptance and Commitment Therapy (ACT) – Part 1**  
(*In-house Didactic Presentation*) |
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<td>11/9</td>
<td>1:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Brittain Mahafany, Ph.D.</td>
<td>Research Assistant Professor Department of Psychiatry Stony Brook DBT (3-4 pm)</td>
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<td>Adam Gonzalez, Ph.D.</td>
<td>Clinical Assistant Professor, Internship Program Co-Director, and Founding Director of the MB-CRC, Dept. of Psychiatry Stony Brook School of Medicine (PGY3 Presentations)</td>
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<td>11/9</td>
<td>11:00a-1:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Delaney Ruston, MD</td>
<td>Clinical Assistant Professor Filmmaker in Residence Family, Population &amp; Preventive Medicine Stony Brook University *Film and Q&amp;A: Unlisted: A Story of Schizophrenia (Psychiatry Grand Rounds)</td>
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<td>11/15</td>
<td>12:30p-2:00p</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, Ph.D.</td>
<td>Clinical Assistant Professor, and Director of the Obesity and Weight Management Clinic, Departments of Psychology, Psychiatry, and Surgery Acceptance and Commitment Therapy (ACT) – Part 2 (12:30 –2:00) (In-house Didactic Presentation)</td>
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<td>11/15</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Shuki Cohen, MSc, Ph.D.</td>
<td>Associate Professor of Psychology Associate Director, Center on Terrorism John Jay College of Criminal Justice New York, NY Clinical and sub-clinical psychopathology in perpetrators of political violence and terrorists (Psychiatry Grand Rounds)</td>
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<tr>
<td>11/16</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Brittain Mahafany, Ph.D.</td>
<td>Research Assistant Professor Department of Psychiatry Stony Brook Mind Body (PGY3 Presentation)</td>
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<td>11/22</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Aurora Pryor, MD</td>
<td>Professor of Surgery &amp; Vice Chair for Clinical Affairs Chief, Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division Director, Bariatric and Metabolic Weight Loss Center, and Minimally Invasive and Bariatric Surgery Fellowship An interdisciplinary approach to the management of obesity (Psychiatry Grand Rounds)</td>
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<td>Genna Hymowitz Ph.D.</td>
<td>Clinical Assistant Professor Departments of Psychology, Psychiatry &amp; Surgery Director, Behavioral Medicine Program L. Krasner Psychological Center (Psychiatry Grand Rounds)</td>
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<td>11/24</td>
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<td>11/29</td>
<td>12:30p-</td>
<td>154C Putnam Hall</td>
<td>Genna Hymowitz, Ph.D. Clinical Assistant Professor, and Director of the Obesity and Weight Management Clinic, Departments of Psychology, Psychiatry, and Surgery</td>
<td>Acceptance and Commitment Therapy (ACT) – Part 3 (In-house Didactic Presentation)</td>
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<td>11/29</td>
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<td>Atkins Center, HSC Level 4</td>
<td>J. John Mann, MD Paul Janssen Professor of Translational Neuroscience in Psychiatry and Radiology Columbia University Director, Molecular Imaging and the Neuropathology Division New York State Psychiatric Institute</td>
<td>The neural circuitry of suicide risk: Implications for prevention and clinical practice (Psychiatry Grand Rounds)</td>
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<td>121 Putnam Hall</td>
<td>Clarissa Bullitt, Ph.D. Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Addressing Diversity in the Therapeutic Work (PGY3 Presentation)</td>
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<td>12/6</td>
<td>11:00a-</td>
<td>Atkins Center, HSC Level 4</td>
<td>Helen Fox, Ph.D. Assistant Professor of Psychiatry Stony Brook University</td>
<td>The role of adrenergic medications for cocaine and alcohol dependence (Psychiatry Grand Rounds)</td>
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<td>12/7</td>
<td>2:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Brittain Mahafany, Ph.D. Research Assistant Professor Department of Psychiatry Stony Brook</td>
<td>OCD &amp; Treatments (PGY3 Presentation)</td>
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<td>12/8</td>
<td>12:00p-</td>
<td>438 Psychology B</td>
<td>Joseph Volpe, Ph.D. Private practice, East End Psychological Services</td>
<td>Executive functioning: The key to helping children and adults with ADHD find success (In-house Didactic Presentation)</td>
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<td>12/13</td>
<td>11:00a-</td>
<td>Atkins Center, HSC Level 4</td>
<td>Mark Schweitzer, MD Professor &amp; Chair Department of Radiology Stony Brook University</td>
<td>Top 30 mistakes scientific authors make (Psychiatry Grand Rounds)</td>
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<td>12/15</td>
<td>12:00p-</td>
<td>438 Psychology B</td>
<td>Psychology Interns &amp; Marvin Goldfried, Ph.D., Distinguished Professor; Dept. of Psychology, SBU</td>
<td>Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with sexual minorities (In-house Didactic Presentation)</td>
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<td>12/21</td>
<td>3:00p-5:00p</td>
<td>121 Putnam Hall</td>
<td>Zoya Popivker, DO Brittain Mahafany, Ph.D. Research Assistant Professor Department of Psychiatry Stony Brook</td>
<td>Autism Spectrum D/O (3-4 pm) Treatment of Violent/Sexual Obsessions (4-5 pm) (PGY3 Presentations)</td>
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<td>12/22</td>
<td>12:00p-</td>
<td>438 Psychology B</td>
<td>Danielle Zito, Ph.D., Post-doctoral Resident, ASPIRE Center and Andrew Deptula, Ph.D., Post-Doctoral Resident, KPC, Dept. of Psychology, SBU</td>
<td>EBPP approach to case formulation, treatment planning, and client-based treatment: Two naturalistic case studies (In-house Didactic Presentation)</td>
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<td>12/28</td>
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<td>121 Putnam Hall</td>
<td>Brittain Mahafany, Ph.D.</td>
<td>Treatment of Violent/Sexual Obsessions (PGY3 Presentation)</td>
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<td>Atkins Center, HSC Level 4</td>
<td>Dennis Choi, MD, Ph.D.</td>
<td>TBD (Psychiatry Grand Rounds)</td>
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<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>K. Daniel O'Leary, Ph.D.</td>
<td>Prevalence and cutting edge approaches to the assessment of Intimate Partner Violence (In-house Didactic Presentation)</td>
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<td>Stony Brook University</td>
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<td>121 Putnam Hall</td>
<td>Gabrielle Carlson, MD</td>
<td>Outpatient Child: ADHD (PGY3 Presentation)</td>
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<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>K. Daniel O’Leary, Ph.D.</td>
<td>Treating antenatal mood and anxiety symptoms: A pilot trial of the SMART Pregnancy Program (Psychiatry Grand Rounds)</td>
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<td>Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
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<td>Atkins Center, HSC Level 4</td>
<td>Brittain Mahaffey, Ph.D.</td>
<td>Close relationships: Advancements in the field and clinical applications (In-house Didactic Presentation)</td>
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<td>Treating antenatal mood and anxiety symptoms: A pilot trial of the SMART Pregnancy Program (Psychiatry Grand Rounds)</td>
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<tr>
<td>1/11</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Jennifer Keluskar, Ph.D.</td>
<td>Child: Psychological Testing Children (PGY3 Presentation)</td>
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<td>Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
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<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? (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>1/17</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Lorna Role, Ph.D.</td>
<td>Manipulating memory with acetylcholine (Psychiatry Grand Rounds)</td>
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<tr>
<td></td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Judith Crowell, MD</td>
<td>Child: Psychological Testing Children (PGY3 Presentation)</td>
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<td>Division Chief and Fellowship Training Director, Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
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<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 (In-house Didactic Presentation)</td>
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<td>Professor &amp; Director of Clinical Training, Dept. of Psychology, SBU</td>
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<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 (Psychiatry Grand Rounds)</td>
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<td>Department of Psychiatry</td>
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<td>Stony Brook Medicine</td>
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<td>Date</td>
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<tr>
<td>1/25</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Judith Crowell, MD Division Chief and Fellowship Training Director, Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Childhood Trauma (PGY3 Presentation)</td>
</tr>
<tr>
<td>1/26</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Constantine Iannou, MD Clinical Assistant Professor, Dept. of Psychiatry, Director Psychiatry Residency Training and Director for Adult Inpatient clinic, Stony Brook Medicine</td>
<td>Introduction to Psychopharmacology: Mood disorders and anxiety disorders Part 1. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>1/31</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Ursula Staudinger, Ph.D. Robert N. Butler Professor Sociomedical Sciences Director, Robert N. Butler Columbia Aging Center Columbia University</td>
<td>TBD (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>2/1</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, Ph.D. Research Assistant Professor, Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Motivational Interviewing (PGY3 Presentation)</td>
</tr>
<tr>
<td>2/2</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Constantine Iannou, MD Director of Adult Inpatient Unit, Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Psychopharmacological treatment approaches for complicated psychiatric presentations –Part 2 (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>2/7</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Deborah Weisbrot, MD Professor of Psychiatry Stony Brook University</td>
<td>Threat assessment in children and adolescents (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>2/8</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, Ph.D. Research Assistant Professor, Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Motivational Interviewing (PGY3 Presentation)</td>
</tr>
<tr>
<td>2/9</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Psychology Interns &amp; Andrew Deptula, Ph.D., Post-doctoral Resident, Dept. of Psychology</td>
<td>Diversity Journal Club: Underserved populations: The impact of poverty on mental health and treatment issues (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>2/14</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>George Leibowitz, Ph.D. Professor School of Social Welfare Stony Brook University</td>
<td>Youth trauma, co-occurring disorders, and criminal justice involvement (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>2/15</td>
<td>1:00p-2:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, Ph.D. Research Assistant Professor, Department of Psychiatry &amp; Behavioral Sciences, SBU</td>
<td>Motivational Interviewing (PGY3 Presentation)</td>
</tr>
<tr>
<td>2/16</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Andrew Deptula, Ph.D. and Psychology Interns, Dept. of Psychology, SBU</td>
<td>Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with racial/ethnic minorities (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>2/21</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Lory Bright-Long, MD Assistant Professor Darlene Jyringi, MPS Program Director</td>
<td>Center for Excellence in Alzheimer’s Disease (CEAD) (Psychiatry Grand Rounds)</td>
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<tr>
<td>Date</td>
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<td>Speaker(s)</td>
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<tr>
<td>2/22</td>
<td>1:00p-4:00p</td>
<td>121 Putnam Hall</td>
<td>Nehal Vadhan, Ph.D. 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>2/23</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>2/28</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Adult Inpatient Program Department of Psychiatry Stony Brook Medicine</td>
<td>Clinical Grand Rounds (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>3/1</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>3/2</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>3/7</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Nicholas Eaton, Ph.D. Assistant Professor of Psychology Stony Brook University</td>
<td>Mental health in LGBTQ populations (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>3/8</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 Meditation New York Collaborative initiative; private practice</td>
<td>Mindfulness-Based Stress Reduction (MBSR): Treatment approaches and applications with adults. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>3/14</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Consultation and Liaison Service Department of Psychiatry Stony Brook Medicine</td>
<td>Clinical Grand Rounds (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>3/15</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>
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<td>Date</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>Dissemination of Mindfulness-Based treatment approaches to school-aged populations.</td>
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<td>National Association of School Psychologists (NASP) - 2013 School Psychologist of the year award; Elmwood CSD; private practice.</td>
<td>(In-house Didactic Presentation)</td>
</tr>
</tbody>
</table>
| 3/21       | 11:00a-12:00p  | Atkins Center, HSC Level 4 | William S. Breitbart, MD  
Chairman, Department of Psychiatry and Behavioral Sciences  
Jimmie C. Holland Chair in Psychiatric Oncology  
Chief Attending, Psychiatry Service  
Memorial Sloan Kettering Cancer Center | Existential issues and meaning in end of life care: Meaning – centered psychotherapy  
(Psychiatry Grand Rounds) |
| 3/22       | 1:00p-2:00p    | 121 Putnam Hall  | Marlene Gralnick, CSW                                                      | Family Therapy  
(PGY3 Presentation)                                                                                   |
| 3/23       | 12:00p-1:30p   | 438 Psychology B | Marvin Goldfried, Ph.D.                                                    | A systematic approach to case formulation for treatment planning: The STAIRCASE approach              |
|            |                |                  | Distinguished Professor, Founder of the Society for Psychotherapy Integration, Dept. of Psychology, SBU | (In-house Didactic Presentation)                                                                        |
| 3/28       | 11:00a-12:00p  | Atkins Center, HSC Level 4 | Stacy Eagle, MD  
Assistant Professor of Psychiatry  
Stony Brook | TBD  
(Psychiatry Grand Rounds) |
| 3/29       | 1:00p-2:00p    | 121 Putnam Hall  | Marlene Gralnick, CSW                                                      | Family Therapy  
(PGY3 Presentation)                                                                                   |
| 3/30       | 12:00p-1:30p   | 438 Psychology B | Deena Abbe, Ph.D., Valerie Gaus, Ph.D., Jane Albertson-Kelly, Ph.D.        | The business of clinical psychology: private practice and the role of third-party payers in the delivery of mental health services  
(In-house Didactic Presentation)                                                                        |
|            |                |                  |                                                                                |                                                                                                        |
| 4/4        | 11:00a-12:00p  | Atkins Center, HSC Level 4 | Gabrielle Carlson, MD  
Professor of Psychiatry and Pediatrics  
Stony Brook University | Disruptive Mood Dysregulation Disorder: Where did it come from and where is it going?  
(Psychiatry Grand Rounds) |
| 4/5        | 1:00p-2:00p    | 121 Putnam Hall  | Marlene Gralnick, CSW                                                      | Family Therapy  
(PGY3 Presentation)                                                                                   |
| 4/6        | 12:00p-1:30p   | 438 Psychology B | Psychology Interns/Residents                                                | Research Journal Club: The import of basic research to my current research efforts  
(In-house Didactic Presentation)                                                                        |
| 4/11       | 11:00a-12:00p  | Atkins Center, HSC Level 4 | Sally Ozonoff, Ph.D.  
Endowed Professor and Vice Chair for Research Department of Psychiatry and Behavioral Sciences  
MIND Institute, UC Davis Medical Center  
Davis, CA | Advances in the early detection of ASD and ADHD  
(Psychiatry Grand Rounds) |

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*Note: Time and Location details are placeholders for demonstration purposes.*
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Presenter</th>
<th>Topic</th>
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<tbody>
<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>
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<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>
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<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>
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<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>
<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. [In-house Didactic Presentation]</td>
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<td>5/9</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Christopher Bellonci, MD&lt;br&gt;Associate Professor of Psychiatry&lt;br&gt;Tufts University School of Medicine&lt;br&gt;Boston, MA</td>
<td>De-prescribing in child and adolescent psychiatry: Where, when, and how to safely reduce polypharmacy in clinical settings (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>5/11</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Deena Abbe, Ph.D.&lt;br&gt;President of the Suffolk County Psychological Association &amp; Co-Chair of the CBT Division of the New York State Psychological Association</td>
<td>Cognitive Behavioral Intervention Therapy (CBIT) for Tics across the lifespan (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>5/16</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Anil Malhotra, MD&lt;br&gt;Professor of Molecular Medicine&lt;br&gt;Hofstra School of Medicine&lt;br&gt;Director, Psychiatry Research&lt;br&gt;The Zucker Hillside Hospital&lt;br&gt;North Shore- Long Island Jewish Health System</td>
<td>Biomarkers of antipsychotic drug response: from the genome to the connectome (Psychiatry Grand Rounds)</td>
</tr>
<tr>
<td>5/18</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Gabrielle Chiaramonte, Ph.D.&lt;br&gt;Instructor of Psychology in Psychiatry, Weill Cornell Medical College, New York Presbyterian Hospital, New York, NY, and Founding Director, Stress Reduction Center at Long Island Behavioral Medicine, PC, Islandia, NY</td>
<td>Positive Psychology: Theoretical basis and treatment implications (In-house Didactic Presentation)</td>
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<td>5/23</td>
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<td>APA week; no Grand Rounds</td>
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<tr>
<td>5/25</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Dan Klein, Ph.D.&lt;br&gt;Professor &amp; Co-Chair of the Dept. of Psychology, SBU</td>
<td>Hurricane Sandy: Effects on personality and neural diatheses for psychological symptoms in youth. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>5/30</td>
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<td>Atkins Center, HSC Level 4</td>
<td>Chief Resident&lt;br&gt;Department of Psychiatry&lt;br&gt;Stony Brook Medicine</td>
<td>TBD (Psychiatry Grand Rounds)</td>
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<tr>
<td>6/1</td>
<td>12:00p-1:30p</td>
<td>438 Psychology B</td>
<td>Dina Vivian, Ph.D.&lt;br&gt;Clinical Professor, Internship Program Director and Director of the KPC, Dept. of Psychology, SBU</td>
<td>Principles of Change in Treating Three Patients with Complex Depressive Disorders: Application of the CBASP Orientation. (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>6/6</td>
<td>11:00a-12:00p</td>
<td>Atkins Center, HSC Level 4</td>
<td>Charles B. Nemeroff, MD, Ph.D.&lt;br&gt;Leonard M. Miller Professor and Chair&lt;br&gt;Department of Psychiatry &amp; Behavioral Sciences&lt;br&gt;Director, University of Miami Center on Aging&lt;br&gt;Miami, FL</td>
<td>Paradise lost: The neurobiology of child abuse and neglect (Psychiatry Grand Rounds)</td>
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<td>Speaker(s)</td>
<td>Topic</td>
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<tr>
<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 (In-house Didactic Presentation)</td>
</tr>
<tr>
<td>6/13</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>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>6/29</td>
<td>12:00p-1:30p</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>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<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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</table>

**Appendix I. Acknowledgement of SBU-CIP Policies and Procedures**

Please sign this acknowledgement page and return to the Training Director.

I acknowledge that I have received and reviewed the Stony Brook University Consortium Internship Program (SBU-CIP) handbook, including all of the policies within. I agree to abide by all policies and procedures outlined in this document. I have read and understand the following:

- SBU-CIP Handbook, including Program Philosophy and Training Aims
- Due Process and Grievance Policy
- Non-Discrimination Policy
- American Psychological Association’s (APA’s) Ethical Principles of Psychologists and Code of Conduct
- Social Media Policy
_ Intern Evaluation Policy

I have been provided with a copy of the documents to keep in my files.

_____________________________________
Print Name

_____________________________________
Signature

_____________________________________
Date
Appendix J. Authorization to Exchange Information

Department of Psychology
Krasner Psychological Center
440, Psychology B-Main Campus
(631) 632-7830

Department of Psychiatry
Mind-Body Clinical Research Center
Putnam Hall-South Entrance
(631) 632-8657

Stony Brook, NY 11794

Authorization to Exchange Information

The Committee on Accreditation and the Office of Program Consultation an Accreditation of the American Psychological Association (APA) encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship centers share a responsibility to community about trainees. More specifically, communication is required regarding preparation for training experiences and progress and status in programs.

This form is intended to facilitate communication between the internship and doctoral program of the intern named below. Please provide the information in the spaces below. By signing this form you are providing permission for your doctoral program and this internship to communicate about your functioning in both programs.

Intern Name: __________________________________________

Intern’s Doctoral Program: __________________________________________

Director of Doctoral Program: __________________________________________

Address of Doctoral Program: __________________________________________

Academic Program’s Director’s Telephone Number: __________________________________________

Academic Program’s Director’s Email Address: __________________________________________

I grant permission to the Stony Brook University Consortium Internship Program (SBU-CIP) and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development

Intern Signature __________________________ Date __________________________

Please return this completed form to the SBU-CIP Training Director.
Appendix K. Individual Development Plan

Name: 
Supervisor/Mentor(s): 
Date: 

How to use this template:

1. First we recommend reviewing the companion Self-Study Questions which are intended to get you thinking about your activities and goals for this next year.
2. Armed with your notes from the Self-Study, complete the relevant parts of this template. Begin with your long- and short-term career goals. Then, for each of the subsequent sections, write down your next steps or S.M.A.R.T. action goals that will help you reach your overarching career goals. A S.M.A.R.T. goal is one that is: Specific, Measureable, Action-oriented, Realistic, Time-bound.
3. Be sure to adapt this template to suit your work and organizational style, including:
   a. Deleting any module that does not apply to you; and
   b. Adjusting or renaming any columns as needed.
4. For each set of activities, comment on any obstacles you see that could impact your ability to accomplish your goals for that section.
5. Include plans for the next year, at which time you should review your progress and update your plans for the subsequent year.

**LONG-TERM CAREER GOAL(S)**

*Thinking about your long-term career, where you see yourself in 10 years, even if you don’t know the specific job, write that goal here. Also include a secondary long-term goal if you have one.*

*e.g., faculty member at a primarily undergraduate university; publishing; science policy*

**SHORT-TERM CAREER GOAL(S)**

*Now write down your short-term career goal, for example, your career step in the next 1-3 years.*

*e.g., graduate; postdoc; law school*

**RESEARCH PROJECT #1:**

*For those in a more advanced stage of research, consider a module for each project with current goals.*

<table>
<thead>
<tr>
<th>GOAL</th>
<th>COLLABORATOR(S)</th>
<th>NEXT STEP(S)</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., Analyze most recent data collected</td>
<td>Sarah Postdoc</td>
<td>Calibration</td>
<td>May</td>
</tr>
<tr>
<td>e.g., Submit next data collection proposal</td>
<td>Sarah Postdoc, Tom Advisor, Joe Colleague</td>
<td>Make figures; e-mail new draft</td>
<td>Due: Dec 15</td>
</tr>
</tbody>
</table>

Obstacles:
**CONFERENCES/PAPERS**

List any conferences or meetings you are planning on attending this year, and goals for what you will present.

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>CONFERENCE</th>
<th>DATE</th>
<th>ACTION</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., “Maternal Ethics and the Caress”</td>
<td>Irigaray Circle</td>
<td>Dec</td>
<td>Submit by May 30th</td>
<td>Not Started</td>
</tr>
</tbody>
</table>

Obstacles:

**PUBLICATIONS**

List which publications you currently have underway, their status, and your timeline for publishing them.

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>JOURNAL/PUBLISHER</th>
<th>DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.,</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Obstacles:

**FUNDING/RESEARCH PROPOSALS**

List any funding or research proposals you plan to submit this year, including the deadlines and your timeline for submitting. Can combine with next module.

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>FUNDER</th>
<th>DUE DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., German archive project</td>
<td>DAAD Research Grant</td>
<td>Sept</td>
<td>Identify affiliate institution in Berlin</td>
</tr>
<tr>
<td>e.g., cancer project</td>
<td>NIH R01</td>
<td>Aug 12</td>
<td>Send research methods to PI by July 20</td>
</tr>
<tr>
<td>e.g., Beamtime proposal</td>
<td>BNL NSLSII</td>
<td>May</td>
<td>Not started</td>
</tr>
</tbody>
</table>

Obstacles:

**HONORS, FELLOWSHIPS & GRANTS**

List any awards, fellowship or grant proposals you plan to submit this year, including the deadlines and your timeline for submitting. Can combine with previous module.

<table>
<thead>
<tr>
<th>PROJECT</th>
<th>FUNDER</th>
<th>DUE DATE</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., Italian film history</td>
<td>Fulbright</td>
<td>Sept</td>
<td>Identify affiliate institution in Italy</td>
</tr>
<tr>
<td>e.g., protein project</td>
<td>NIH K99/R00</td>
<td>Jan 15</td>
<td>Outline done; specific aims by Dec 1</td>
</tr>
</tbody>
</table>

Obstacles:
TEACHING & MENTORSHIP
List activities where you will teach or mentor students, including the time you plan to spend and the overall goal for working with those students.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME COMMITMENT</th>
<th>GOAL(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., Teacher Assistant-Spring</td>
<td>15-20 hrs/week</td>
<td>Receive teaching evaluation</td>
</tr>
<tr>
<td>e.g., mentor student research of</td>
<td>8 hrs/week</td>
<td>Help her complete data analysis</td>
</tr>
<tr>
<td>Sarah</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Obstacles:

PROFESSIONAL & SKILL DEVELOPMENT
List activities for strengthening your professional development. Look for opportunities, for example, at Stony Brook, the local New York region like the New York Academies of Science, from your professional societies, resource online.

<table>
<thead>
<tr>
<th>PROGRAM/SKILL</th>
<th>GOAL(S)</th>
<th>STRATEGY</th>
<th>TARGET DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., Presentation skills</td>
<td>Become more confident in front of an audience</td>
<td>Alda Center Communicating Science class</td>
<td>Fall</td>
</tr>
<tr>
<td>e.g., time management</td>
<td>Learn strategies for making more efficient use of time and energy</td>
<td>Attend IREP/CIE Practical Professional Skills workshop on time and energy management</td>
<td>Spring</td>
</tr>
<tr>
<td>e.g. Learn R for statistical analysis</td>
<td>Learn the basics of R</td>
<td>Learn in statistics lab class</td>
<td>Fall</td>
</tr>
</tbody>
</table>

Obstacles:

CAREER EXPLORATION & NETWORKING
List goals for expanding your career horizons and your professional network. This can include learning more about your chosen career or exploring new career paths. If you don’t have any secondary plans outside of academia, this is a good place to plan some exploratory activities.

<table>
<thead>
<tr>
<th>CAREER</th>
<th>EVENTS/PROGRAMS</th>
<th>TARGET DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., Negotiations Consultant</td>
<td>Columbia University Negotiations Workshop</td>
<td>Oct 17</td>
</tr>
<tr>
<td>e.g., something in writing</td>
<td>Explore Versatile Ph.D. resources on careers in writing &amp; publishing</td>
<td>End of year</td>
</tr>
<tr>
<td>e.g., biotech startups</td>
<td>Informational interviewing with identified local contact</td>
<td>June</td>
</tr>
</tbody>
</table>

Obstacles:
PROFESSIONAL SERVICE
Describe professional service activities and what you hope to gain from them.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME COMMITMENT</th>
<th>INTENDED OUTCOMES/GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., GSO senator</td>
<td>5 hrs/week</td>
<td>Promote interdisciplinary relationships</td>
</tr>
<tr>
<td>e.g., journal reviewer</td>
<td>6-8 hrs/paper</td>
<td>Hone peer review skills, broaden network</td>
</tr>
</tbody>
</table>

Obstacles:

WORK-LIFE BALANCE
Write down here a couple goals for maintain your work-life balance, whether that’s sleeping, exercising, eating right, volunteering, whatever steps you want to take to maintain your life on your way to accomplishing your career goals.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME COMMITMENT</th>
<th>INTENDED OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g., sleep more regularly</td>
<td>At least 6 hrs/night</td>
<td>Have more energy</td>
</tr>
<tr>
<td>e.g., go the gym</td>
<td>Once a week</td>
<td>Work up to three times a week by end of year</td>
</tr>
<tr>
<td>e.g., volunteer in son's classroom</td>
<td>Once a semester</td>
<td>Get to know teacher and other parents more</td>
</tr>
</tbody>
</table>

Obstacles:

Before finalizing your IDP, you should consider discussing it with an individual other than your mentor(s). For example, you may ask a professor or a peer in or outside your department. When it is completed, sign your IDP as a pledge to implement your plan.

Your Signature: ___________________________________________  Date: ________________
Appendix L. SBU-CIP Notes on Supervision Contact

Intern: ___________________________  Supervisor: ___________________________

Date: ___________  Type of Supervision:  Individual__  Group__  Phone__

Re.: Intern’s client(s): _ yes __ no; Client(s) initials: __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________; __________.

Covered (check areas covered in this supervision session):

_  Discussed previous session(s) re: (a) assessment __; (b) therapy __
_  Watched session tape and discussed, specifics: ____________________________

_  Reviewed intern’s implementation of treatment technique(s) and/or provided feedback
_  Taught specific clinical technique(s) (__________________)
_  Reviewed Case Conceptualization and Treatment Planning (and/or Changes in Treatment)
_  Discussed therapist-patient relationship and alliance issues
_  Reviewed intern’s learning experience in delivering psychological services (successes, challenges) and/or supervision issues
_  Discussed next session and treatment plan
_  Discussed supervisor’s concerns regarding student’s progress and/or approach to training
_  Other: ____________________________

_  Indirect tasks:  __ reviewed report ______________________ (draft # __),
_  watched tape and made detailed feedback notes
_  reviewed client chart
_  wrote evaluation/written feedback
_  Other: ____________________________

Notes:

Signature: __________________________________________________________