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

Introduction

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

I. General Information/Appointment

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

At the present time, four psychology internship positions with the New York State employee title of Counselor, Staff Level 3, are available annually. The internship appointment is for twelve (12) months, with an August 1 start date and an end date of July 31. Interns are paid a salary of $26,250, with university professional staff benefits (namely: the New York State Health Insurance Plan for individuals, dependents, and domestic partners; prescription, dental, and vision plans; parking; and gym and library privileges). Interns are eligible for the following amount of time off:

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

The SBU-CIP is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), member site #2371, since 09/26/2016. It can be found in the National Matching Services (NMS) rank system as program code #2371-11. The SBU-CIP is accredited by the American Psychological Association Commission on Accreditation (APA CoA).

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

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

II. The SBU-CIP Member Agencies

The SBU-CIP Member Agencies and their Programs

A. Leonard Krasner Psychological Center (KPC)

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

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

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.

B. Mind Body Clinical Research Center (MB-CRC)
A 15-minute walk from the KPC, the MB-CRC is an outpatient mental health and research center located within the SBU campus. The mission of the MB-CRC is to improve the mental and physical health of individuals and communities through providing holistic clinical services, conducting basic and applied cutting-edge research, and training tomorrow’s clinical research leaders. The MB-CRC staff includes psychologists and clinical-researchers engaged in clinical services and research.

The MB-CRC provides individual psychological evaluations and individual and group-based treatments. Psychological services are informed by CBT approaches and include a mind-body treatment called the Stress Management and Resilience Training (SMART) Program, Dialectical Behavior Therapy, and behavioral health treatments, such as smoking cessation and acquisition of healthy lifestyle behaviors (e.g., nutrition, exercise, and sleep). Patients served by the MB-CRC are self-referred or referred from various departments within Stony Brook Medicine, including the Stony Brook University Hospital (SBU Hospital) and community providers. Additionally, the MB-CRC provides clinical services to members of the Stony Brook World Trade Center (WTC) Wellness program, a CDC-funded program that monitors the physical and mental health of responders to the 9/11 WTC disaster. Specifically, the MB-CRC provides treatment to patients with co-morbid medical and psychological difficulties secondary to their participation as responders during 9/11.

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

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

(a) Obesity 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 and treatment of obesity, disordered eating, chronic pain, maladaptive health behaviors affecting general medical conditions, anxiety disorders, depressive disorders, stress related problems, and difficulties related to adjustment following bariatric surgery. Clients ages 16 and over are treated at the BMWLC; however, the majority of the patient population includes adults.

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

Note: The director of psychological services at the 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.

(b) Comprehensive Psychiatric Emergency Program (CPEP)

The CPEP, located within the SBU Hospital Emergency Department, provides emergency psychiatric services to people in urgent need of psychiatric evaluation, acute intervention, and referral services 24 hours per day, 7 days per week. After patients are screened for medical complications, they receive a psychiatric evaluation. Those in need of on-going care are referred to mental health services in the community, while patients who require hospitalization are admitted to the hospital or transferred to psychiatric units throughout Suffolk County. Patients who require extended observation to complete their evaluation may be admitted to CPEP for up to 72 hours. The CPEP includes a multidisciplinary team composed of physicians, nurses, and mental health professionals. Patients
present to CPEP with various psychiatric emergencies related to mood disorders (including mania and suicide ideation/intent), substance dependence, and active psychosis. This hospital-based psychiatric emergency service is licensed by the New York State Office of Mental Health.

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

(c) Inpatient Psychiatry Unit

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

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

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

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

Interns attend patient rounds with a multidisciplinary team and provide psychiatric and psychological evaluations, short term interventions, and consultation to patients and clinicians on medical and surgical inpatient units throughout Stony Brook Hospital.

III. SBU-CIP Training Program and Supervision

Training Opportunities

The SBU-CIP is designed to provide the interns with a “generalist” training experience across the two member sites and associated programs, including experience in general outpatient psychological care, behavioral medicine, 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. 78). 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. 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, mindfulness, and DBT-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:
  
  o Internship/Externship Administration: An intern who elects this training experience may work on one or more projects, either conjointly with or with guidance from the SBU-CIP 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.
  
  o 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.

**Intern Schedule**

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

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

2) Supervision: average 5 hours/week

  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**: average 28 hours/week  
   - 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

### IV. Didactics

#### Clinical Seminars/Presentations

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

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

2) Weekly 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 4:30PM – 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); a complete schedule of all the didactics available to the SBU-CIP interns during the internship year is listed on the SBU-CIP Combined Didactics Syllabus, which is distributed to the interns during orientation at the start of the internship. Below is a list of the topics included in the current (2017 – 2018) 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
- Childhood adversity, weight bias, and obesity
- The Treatment Outcome Package (TOP): Psychometric properties and treatment applications in the delivery of psychotherapy within an EBPP model.
- Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for the treatment of Chronic Depression
- 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
• Diversity Journal Club: Underserved populations: lower SES and the impact of poverty on mental health and treatment issues
• Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with racial/ethnic minorities
• Advancements in the cognitive neuroscience of anxiety disorders and depression.
• Psychotherapy issues in working with transgender clients.
• Mindfulness-Based Stress Reduction (MBSR): Treatment approaches and applications with adults.
• Dissemination of Mindfulness-Based treatment approaches to school-aged populations.
• A systematic approach to case formulation for treatment planning: The STAIRCASE approach
• The business of clinical psychology: private practice
• Research advances for evaluating psychological factors in LGBT populations and ameliorating health disparities
• Collaborative management of suicide risk with college populations
• Cognitive-Behavior Therapy of Asperger’s Spectrum Disorders (ASD) in adults
• Cognitive Behavioral Intervention Therapy (CBIT) for Tics across the lifespan
• Positive Psychology: Theoretical basis and treatment implications
• Hurricane Sandy: Effects on personality and neural diatheses for psychological symptoms in youth.
• From Dysthymia to Chronic Depression: Advances in the field
• Integrated Couple Treatment (ICT)
• Psychotic Disorders: Advancements in cognitive neuroscience research and clinical
• Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with people with physical disabilities and chronic illnesses.

In addition to the topics covered by the in-house didactics, the weekly 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.

V. Intern Selection Criteria and Procedures

Selection Procedures

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

Disclosure Statement

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

Selection criteria policy: Ranking applicants and matching

The members of the SBU-CIP Intern Selection Committee independently review all applications received using a structured review form. The committee members then discuss all applicants’ files in one or more committee meetings to make decisions about invitations for interviews. The SBU-CIP Training Director invites the top applicants to come to SBU-CIP for in-person interviews with the SBU-CIP Intern Selection Committee. Interviews take place at the KPC, usually in early January. After interviews, the committee reaches decisions regarding applicants’ ranking by reviewing the complete files for each of the applicants interviewed.
Intern selection is based on a number of factors as described below, including demonstration of a strong academic background, scholarly productivity, clinical practicum experience, and fit with the internship program. The fit between the intern's professional interests/career goals and the mission of the SBU-CIP, as well as the goals and philosophy of the training program, is a very important factor in SBU-CIP’s interview and ranking decisions. Of note, the SBU-CIP is partially affiliated with the doctoral program at SBU, and thus prioritizes applications from the SBU clinical psychology training program for one of the two internship positions. Other SBU-CIP selection criteria are listed next.

1) Selection Criteria

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

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

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

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

- **Strong 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.

- **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.

**Application procedures and Interviews**

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

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

Application materials must be submitted by November 01, 2018. Interviews will be offered to those applicants whose interests and training best fit the goals of the program. Interview announcements will be sent to all applicants via email by December 08, 2018. 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