



Stony Brook University

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

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

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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 patient population includes children, adolescents, and adults. For this upcoming training year, there are 4 adult track positions and 1 child track position available.

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

The SBU-CIP is committed to providing interns with the necessary training that will enable them to develop and strengthen “generalist” skills. This is accomplished through instruction, supervision, and direct clinical experience in a wide spectrum of functions engaged in by a professional psychologist, including psychological assessment/evaluation, provision of psychotherapy services to clinical populations, supervision of others, and consultation and liaison services. An additional aim of the

SBU-CIP is to train interns to fulfill their professional responsibilities upholding the highest standards of professional conduct and in ways that are thoughtful, compassionate, skillful, culturally sensitive, and ethical.

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

I. General Information/Appointment

The internship includes approximately 45 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, five 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 \$31,100, with university professional staff benefits (New York State Health Insurance Plan for individuals, dependents, and domestic partners; prescription, dental, and vision plans; parking; and gym and library privileges). 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: apaacred@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 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, externs, doctoral interns, and post-doctoral residents; and (b) to provide evidence-based mental health services to the campus and nearby communities. In addition to administrative personnel, the KPC staff includes trainees at different levels of training (as listed above) and clinical supervisors, including the director of the KPC who serves as the main supervisor for all advanced trainees, supervising faculty from the associated doctoral program, and supervisors from the SBU-CIP. All supervisors at the KPC are doctoral level psychologists, and all the principal supervisors for the SBU-CIP are New York State licensed psychologists.

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

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

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.

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 co-located with the Outpatient Psychiatry Department on 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 clinical psychologists engaged in clinical services, research, and training.

The MB-CRC provides a range of services including psychodiagnostics evaluations/consultations, individual therapy, and group-therapy. Services may be offered in person or via telemedicine. Individual and group services are informed by CBT and third-wave approaches including DBT and ACT. The MB-CRC is committed to increasing community access to affordable care and, as such, emphasizes time-limited evidence-based individual therapy and group-based services. Group psychotherapy services may vary from year to year depending on faculty availability and trainee interest. A typical list of group services offered is available below.

Groups Typically Offered at MB-CRC/Outpatient Psychiatry

Adult DBT Skills Group
DBT University Group (emerging adults)
Radically Open DBT Skill Group (RO-DBT)
Unified Protocol for Anxiety Disorders
CBT for Depression
Behavioral Weight Management
Stress Management and Resilience Training (SMART; for co-occurring mental and physical health problems)
The Incredible Years (parent training)
CBT for Insomnia (offered at Family Medicine)

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 OWMC; however, the majority of the patient population includes adults.

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

Note: The director of psychological services at the OWMC 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, hernia, irritable bowel syndrome, fibromyalgia, gastroesophageal reflux disease, osteoarthritis, rheumatoid arthritis, traumatic brain injury, somatic symptom disorder, major depressive disorder, depressive disorder, unspecified, generalized anxiety disorder, post-traumatic stress disorder, schizophrenia, schizoaffective disorder, social phobia, specific phobia, bipolar disorder, borderline personality disorder, and schizophrenia. The OWMC Psychology Team assesses and treats between 300 and 350 patients per year.

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

(c) Inpatient Psychiatry Units

The Adult 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.

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

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

(d) Consultation Liaison (CL) Psychiatry

The CL service is multidisciplinary, including psychiatrists, nurse practitioners, a clinical nurse specialist, social workers, and psychologists. The service is also comprised of psychiatry

residents, medical and physician assistant students, fellows from psychiatry, neurology, family medicine, geriatric medicine and geriatric psychiatry, and psychology postdoctoral fellows, interns, and externs. The CL service is always growing, with an increasing number of psychiatric and psychological consultations provided throughout all areas of the academic hospital, including the connected Children's Hospital. The most common problems faced are related to substance use, depression, agitation, capacity for medical decision making, and suicidality.

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

III. SBU-CIP Training Program and Supervision

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. 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 a minimum of 4 full-battery psychoeducational and/or psychological evaluations at the KPC for learning problems, or, if less than 4 full-battery evaluations, a

combination of 5 to 6 psycho-educational/psychological evaluations, including evaluations for ADHD, disability determinations, mental health clearance, and/or IQ testing for giftedness.

Please note: on a year-to-year basis and contingent on availability of funding and trainee interest/experience, research rotations (½ day or one full day –weekly) may be available to interns to work with faculty in the doctoral program in clinical psychology at SBU or with faculty at the MB-CRC. Accordingly, interns who participate in a research rotation will have a decreased patient caseload at the KPC or MB-CRC (contingent on the funding source); however, they are still expected to complete the psychoeducational testing requirements described above. Main programs include an average total of about 10 hours of face-to-face client contact through individual or group interventions and assessments (e.g., psycho-educational evaluations, clinical intakes, etc.). 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) who present with a wide range of clinical problems, as typically found in outpatient mental health facilities. Psychological interventions include a comprehensive intake assessment with a semi-structured clinical interview and self-report questionnaires. Additionally, outcome monitoring is closely integrated into treatment, as the patients provide weekly ratings about their psychological functioning via the Treatment Outcome Package, an electronically based assessment system especially designed to provide ongoing information about patients' progress in treatment. Specialized clinics within the KPC provide interns with experience in delivering Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for depressive disorders, Exposure/Response Prevention for Anxiety Disorders, Unified Protocol for Mood and Anxiety Disorders, and Integrated Couple Therapy (ICT). 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, 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 2-3 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-IV), diagnostic semi-structured interviews (e.g., MINI, K-MINI), and paper-and-pencil questionnaires (e.g., Achenbach's scales, BDI-II, BAI, BASC 3, Barkley's ADHD scales, Brown ADHD scales, Conners' scales, SNAP, etc.).
- Providing Supervision. Interns are expected to attend a weekly supervision course (1.0 hours/week), during the first four months of the internship, led by the TD. This course includes lectures, readings, and group discussions regarding supervision based on a

competency-based model of supervision; additionally, once the supervision course is completed the interns will have the opportunity to provide supervision to less advanced psychology trainees while receiving super-supervision from the TD (approx. 4.0 hours/week).

(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, young adult, and child/adolescent populations and provide individual psychodiagnostic assessments and individual psychotherapy for mood, anxiety, and personality disorders. Interns also have opportunities to co-lead group-based psychotherapy including the following evidence-based programs: the Stress Management and Resiliency Training (SMART) Program, Dialectical Behavior Therapy (DBT), Radically Open DBT (RO-DBT), CBT for insomnia (CBT-I), Adolescent Groups, and Behavioral Weight Management. Group offering may vary from year to year depending on staffing and trainee interests. Interns spend .5-1 days 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 groups such as DBT skills and anger management.

Child Inpatient Psychiatry Unit. The Child Inpatient Psychiatry Unit is a self-contained 10-bed unit designed for the acute short-term stabilization treatment of child inpatients (ages 8-14) with a variety of internalizing and externalizing psychiatric and behavioral problems. Every child receives a comprehensive, multi-disciplinary evaluation by our team of child psychiatrists, nurses, psychologists, social workers, and special education teachers. Children also attend school on the unit. Interns may have the opportunity to co-facilitate groups such as the Wise Mind DBT program.

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

Obesity and Weight Management Clinic (OWMC). At the OWMC, interns conduct pre-surgical and post-surgical psychiatric diagnostic evaluations and pre- and post-surgical interdisciplinary skills training groups in an outpatient interdisciplinary setting.

3) Optional Training Concentrations

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

(a) Concentrations 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. Interns participating in this concentration may see less individual psychotherapy cases and engage in more assessment.
- Clinic Administration & Training. This concentration is appropriate for trainees interested in becoming a clinical training director, DCT, or director of a training program. An intern who elects this concentration receives training related to preparation for the opportunities and challenges of mental health leadership and administration. Activities include 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. Additional tasks may involve helping with recruitment and review of applications for the consortium internship and externship programs.

(b) Concentration at the MB-CRC/Hospital Rotations:

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

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

Intern Schedule

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

- 1) Didactics (In-house didactics, Brown Bags, Grand Rounds): average 2.5 hours/week
- 2) Supervision: average 6 hours/week
 - Individual Supervision: average 2.5 hours/week
 - Group Supervision: average 2.5 hours/week
 - Group Supervision of Supervision: average 1.0 hours/week
- 3) Research/Readings: average 4 hours
- 4) Experiential Activities: average 22.5 hours/week
 - Individual therapy: average 13 hours/week
 - Group intervention: average 2 hours/week
 - Assessment (including Intake and Evaluations): average 6 hours/week (rotation dependent)
 - Providing supervision to others: average 1.5 hour/week
- 5) Administrative tasks: average 10 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 didactics at the KPC (Wednesdays 9:00 – 11:00 AM; Psychology B438)
- 2) Weekly in-house course on clinical supervision at the KPC. 12-weeks of didactic training followed by weekly super-supervision group seminar. (Wednesdays 2:00 – 3:00 PM; Psychology B436)
- 3) Monthly clinical science colloquia as part of the associated SBU doctoral program in clinical psychology (Wednesdays 12:30PM – 1:30PM on the first Wednesday of the month)
- 4) Dialectical Behavior Therapy Treatment Team (Required for those participating in year-long DBT elective. Wednesdays 5:00PM – 6:00PM; MB-CRC)

5) Optional weekly Grand Rounds offered by the Department of Psychiatry (Tuesdays 11:00AM – 12:00PM)

An example of a typical didactics syllabus for the SBU-CIP is available in the internship handbook. An updated syllabus is distributed to the interns during orientation at the start of the internship.

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

- Clinical scientist colloquium series (1x monthly; associated with PhD Doctoral Program, typically related to research on DEI topics)
- 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 for the treatment of Chronic Mood Disorders (CBASP; 8 hours)
- Dialectical Behavior Therapy In-Depth Training Series (DBT; 12 hours)
- 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; 6 hours)
- 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
- Diversity Journal Club: Psychotherapy issues and clinical guidelines in working with people with physical disabilities and chronic illnesses.
- 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.
- The business of clinical psychology: multiple professional pathways
- 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

- 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

In addition to the topics covered by the in-house didactics, the seminar on Supervision (see 2 above) includes a didactic component that addresses theoretical, empirical, and training aspects of supervision. The curriculum includes weekly discussions using a main textbook concerning the competencies-based approach to supervision (Falender, C.A. and Shafranske, E.P., 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 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.

Selection criteria policy: Ranking applicants and matching

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

Intern selection is based on a number of factors as described below, including demonstration of a strong academic background, scholarly productivity, clinical practicum experience, and fit with the internship program. The fit between the intern's professional interests/career goals and the mission of the SBU-CIP, as well as the goals and philosophy of the training program, is a very important factor in SBU-CIP's interview and ranking decisions. Of note, the SBU-CIP is partially affiliated with the doctoral program at SBU, and thus prioritizes applications from the SBU clinical psychology doctoral program 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 and state mandates for healthcare facilities, before the start of the internship all interns are required to undergo PPD skin tests (or show proof of having undergone a PPD TB skin test [or approved exemption] or equivalent within 12 months prior to starting the internship), proof of one Measles, Mumps, Rubella (MMR) immunization or Titer test, and proof of Varicella (Chicken Pox) vaccination, physician's documentation of disease, or Varicella Titer. Lastly, interns are required to show proof of complete COVID-19 vaccination.

Application procedures and Interviews

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

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

Interviews will be offered to those applicants whose interests and training best fit the goals of the program. Interview announcements will be sent to all applicants via email by the end of November or early December. We offer two 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.

2021-2022 Application Due Date: November 1st

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