Stony Brook University
Consortium Externship Program (SBU-CEP)

Last updated:8/31/26 (JP)

Psychology Doctoral Externship Program Brochure

Leonard Krasner Psychological Center (KPC)
Department of Psychology
Main Campus
Stony Brook, NY 11794-2500

Mind-Body Clinical Research Center (MBCRC)
Stony Brook University Hospital (SBUH)
Department of Psychiatry & Behavioral Health
South Campus & SBU Hospital
Stony Brook, NY 11794

Dina Vivian, Ph.D.
Externship Training Director
Dina.Vivian@stonybrook.edu
631-632-7848

Adam Gonzalez, Ph.D.
Externship Co-Training Director
Adam.Gonzalez@stonybrookmedicine.edu
631-632-8657

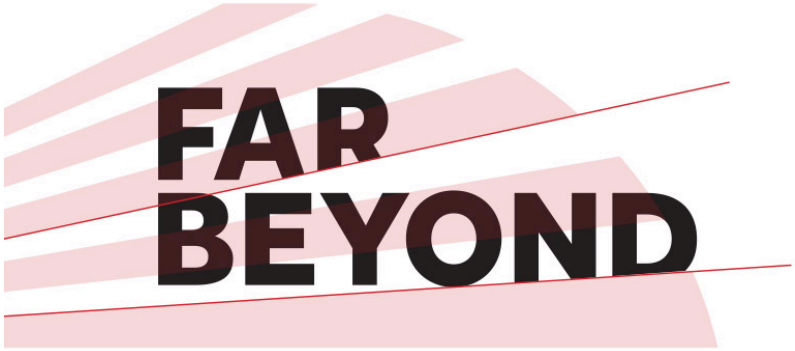

Table of Contents

I. Introduction and Overview

A. Program Philosophy and Training Aims

The Stony Brook University Consortium Externship Program (SBU-CEP) offers a part-time, 12-month, doctoral externship in clinical psychology to qualified students currently enrolled in doctoral psychology programs. The SBU-CEP includes three-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), the **Mind-Body Clinical Research Center** (MBCRC), an outpatient facility associated with the Department of Psychiatry & Behavioral Health (Stony Brook Medicine), and the **Stony Brook University Hospital** (SBUH; Stony Brook Medicine), Long Island's premier academic medical center. The SBUH provides general health services to the community and serves as the region's only tertiary care center and Regional Trauma Center, among other medical specialties. Although completely distinct in administration and location, the three member agencies are part of Stony Brook University (SBU).

The overall aim of the SBU-CEP is to train and educate psychology externs 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-CEP program. The patient population served by the three member agencies includes children, adolescents, and adults.

The SBU-CEP is designed to provide externs 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, consultation liaison psychiatry). Training includes experience in delivering cognitive-behavioral therapies (CBT), including elements of third-wave CBT models including elements of third wave CBT models, behavioral medicine, and in-hospital consultation and liaison services. The patient population includes primarily adults, children and adolescents.

The SBU-CEP is committed to providing externs with the necessary training that will enable them to develop and strengthen "generalist" skills. This is accomplished through instruction, supervision, and direct clinical experience across a wide range of professional activities consistent with the practice of clinical psychology, including psychological assessment/evaluation, psychotherapy, supervision of others, and consultation and liaison services. An additional aim of the SBU-CEP is to train externs to fulfill their professional responsibilities while upholding the highest standards of professional conduct and in ways that are thoughtful, compassionate, skillful, culturally sensitive, and ethical.

The SBU-CEP emphasizes the continual professional development of externs 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 externs with training that is sequential, cumulative, and graded in complexity. The goals of SBU-CEP are accomplished by capitalizing on the academic training resources and the professional expertise of the SBU faculty. To this end, the member agencies, the KPC, MB-CRC, and SBUH, have pooled resources to deliver training and experiential program that provides externs with a breadth and depth of training.

For questions regarding SBU-CEP, contact:
Dina Vivian, Ph.D., **SBU-CEP** Training Director (TD)
Department of Psychology Stony Brook, NY 11794-2520
Telephone: 631-632-7830 and/or 631-632-7848 E-mail: dina.vivian@stonybrook.edu

B. General Information/Appointment

The SBU-CEP externship includes approximately 16 hours of training weekly, including direct face-to-face delivery of psychological services, didactics/clinical workshops, supervision, readings, and administrative responsibilities. Schedule permitting, externs may also elect to attend our weekly two-hour didactics that are part of our APA - accredited doctoral internship program, the Stony Brook University Consortium Internship Program (SBU-CIP). Up to 12 unpaid positions are offered each year. The externship start/end dates are August 1st to July 31st of any given year. On occasion, externs may have to leave the externship by June 30th when they match for a doctoral internship that starts on July 1st. In these

situations, the extern will be allowed to complete their externship by June 30th contingent upon all externship requirements (time and tasks) being completed.

Personal leave approval is based on in the extern's satisfactory progress toward accrual of direct clinical service hours required to complete the externship program. Externs are expected to accrue a minimum of **750** training hours (96 days) over 12 months to complete the externship program. If time off prevents externs from meeting the minimum hours of training, the additional time will need to be made up on alternative days. Externs are expected to obtain approval from the TD, Co-Training Director (CTD) 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.

Parental Leave: externs 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. When possible, notice should be provided to the TD and the extern's supervisors a minimum of 30 days prior to anticipated parental leave. Externs who take parental leave will also need to complete their committed 750 hours. As such, they may have to extend their externship time all externship requirements (time and tasks) have been completed.

Academic and Religious Accommodations

Academic: Externs with documented physical, psychological, learning, or temporary disabilities may receive assistance and support from Student Accessibility Support Center (SACS). Externs with disabilities should see the SACS's website for specific documentation guidelines and contact a SACS associate to discuss available accommodations.

Religious: Externs are allowed time off to observe religious holidays. Externs must notify their supervisor of time-off needed for religious purposes within the first two weeks of the externship program. If time off prevents externs from meeting the minimum hours of training, the additional time will need to be made up on alternative days.

Additional Information

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

Note: Following a review of this handbook, externs are asked to sign an Acknowledgement Form, indicating they have read, understood, and agreed to abide by all information, policies, and procedures for the SBU-CEP noted herein (Appendix H)

II. The SBU-CEP Member Agencies

A. The SBU-CEP 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 and psychological science at Stony Brook University (SBU), a program currently ranked 6th among Ph.D. programs in clinical psychology in the U.S. (2025, U.S. News and World Report, Best Graduate Schools) and accredited by 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 SBU campus and nearby Long Island and New York State communities. In addition to administrative personnel and faculty, the KPC includes trainees at different levels of training (see above). Clinical supervisors at the KPC include tenure-track faculty from the associated Ph.D. program in clinical psychological science and four (4) non-tenure track clinical faculty, including the director of the KPC, who is also the TD of the SBU-CIP, the associate director of the KPC, and two faculty who hold joint appointments in the departments of psychology (at the KPC) and psychiatry (at the MB-CRC). All the clinical supervisors at the KPC are doctoral level psychologists (Ph.D. or Psy.D.).

Consistent with the clinical scientist model shaping the doctoral program in clinical psychological science at SBU, the SBU-CEP practicum at the KPC is designed to integrate science and practice through the EBPP approach described earlier. Externs 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 SBU campus and surrounding communities, and psychological services encompass assessment and treatment with patients across the lifespan, 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, tics, Tourette's Disorder, and body focused repetitive behaviors, trauma, Insomnia, 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 affective/mood disorders –chronic depression in particular, the Exposure/Response Prevention (E/RP) Center of Excellence for the treatment of anxiety disorders, the Couples/Intimate Relationships Treatment program, Comprehensive Behavioral Intervention for Tics, Cognitive Behavioral Therapy for Insomnia, Motivational Interviewing, and a number of group treatment programs (e.g., Executive Skills Training for ADHD, CBASP for depression, Unified Protocol for Mood Disorders, Parent Management Training). The KPC also provides a broad range of psychological assessment services, including comprehensive psychological and/or psycho-educational evaluations for Learning Disabilities/learning problems, ADD/ADHD, disability determination, mental health clearance, and giftedness. At the KPC, in addition to delivering psychological services to patients, externs are welcomed and encouraged opportunity to attend the SBU-CIP didactics.

The patient population at the KPC includes patients from the nearby communities in Suffolk County, Long Island, as well as patients from the SBU community who are self-referred or 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, as of 2023, are as follows: 44% Asian, 44% White, 15% Hispanic/Latinx/e, 10% African-American/Black and 1.5% 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; 47% are males and 53% are females. Their ages range from 5-60 years old. Principal diagnoses include anxiety disorders, depressive disorders, adjustment disorders, interpersonal problems, learning difficulties, ADHD, PTSD, ASD, Conduct Problems/ODD, and diagnostic co-morbidities. In fact, approximately 60% of the patient population meets criteria for more than one diagnosis. As the KPC is a psychology training clinic, services are not covered by third party payors. However, the fees are very low in comparison with those of local practitioners and are based on a sliding scale according to family income. Consequently, most of the KPC patient population comes from middle/low or low SES backgrounds.

2) Mind-Body Clinical Research Center (MBCRC)

A 15-minute walk from the KPC, the MBCRC is an outpatient mental health and research center co-located with the Outpatient Psychiatry Department on South campus. The mission of the MBCRC 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. As such, the MBCRC faculty associated with the SBU-CEP includes clinical psychologists who are engaged in delivering psychological services, and, in many cases also research, and training activities (e.g., supervision of trainees).

The MBCRC 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 Dialectical Behavior Therapy (DBT) and Acceptance and Commitment Therapy (ACT). In addition, the MBCRC offers specialty programming including a fully adherent DBT Program for adolescents and adults and a comprehensive weight management program. There are also training experiences available focused on bi-lingual and bi-cultural care for Latine/x communities as part of the Department of Psychiatry and Behavioral Health's Conexiones program. The MBCRC 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. Groups typically offered at MBCRC/Outpatient Psychiatry include Adult DBT Skills Groups, Radically Open DBT Skills Group (RO-DBT), Stand UP to Anxiety a Unified Protocol based group, 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), and CBT for Insomnia (offered through Family Medicine).

The patient population served at the MBCRC reflects the larger patient population accessing services from the Outpatient Psychiatry Department at SBUH. 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. Child and adolescent patients and their caregivers are also seen at the MBCRC. The MBCRC accepts most health insurances for group programs and provides individual therapy and some group services on a fee-for-service basis.

The MBCRC member clinic includes an associated program:

Obesity and Weight Management Clinic (OWMC)

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 externs work surgeons, dietitians, physical therapists, nurses, and nurse practitioners on an interdisciplinary team, allowing for informal and formal consultations regarding treatment planning for patients. Patients served by this clinic have been diagnosed with obesity and have several 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- metabolic and 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 13 and over are treated at the OWMC; however, the majority of the patient population includes adults.

Externs have the opportunity to conduct comprehensive psychological evaluations with metabolic and bariatric surgery candidates, conduct pre- and post-surgery groups, and participate in inter-disciplinary team meetings to coordinate patient care.

Note: The director of psychological services at the OWMC, Genna Hymowitz, Ph.D., serves as the main externship clinical supervisor for this program, and is also a main faculty/clinical supervisor at the MBCRC. Thus, the two programs enjoy a close collaborative relationship.

Approximately 72% of the patients at the OWMC are White, 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.

3) Stony Brook University Hospital (SBUH)

Situated within a 10-minute walk from the KPC and the MBCRC is the SBUH– the Long Island's premier academic medical center and an academic hospital that provides general health services to the community. SBUH serves as the region's only tertiary care center and Regional Trauma Center, among other medical specialties. The Department of Psychiatry & Behavioral Health operates several programs/units:

(a) Comprehensive Psychiatric Emergency Program (CPEP)

The CPEP, located within the SBUH 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.

Externs who attend a practicum rotation in CPEP work closely with a multidisciplinary team, under the supervision of the unit clinical psychologist, and they are given the opportunity to evaluate and coordinate care for individuals in urgent need of psychiatric services. To this end, externs receive training in conducting psychiatric evaluations, treatment formulation and disposition, and care coordination within the context of the emergency department.

(b) Inpatient Psychiatry Units (10 North & 12 North)

The Adult Inpatient Psychiatry Unit (10 North), located in the SBUH, 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 SBUH 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 (12 North), located in the SBUH, is a self-contained 10-bed unit designed for the acute short-term stabilization treatment of child inpatients (ages 9-15) 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.

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

(c) Consultation Liaison (CL) Psychology/Psychiatry

Under the leadership of a doctoral level clinical psychologist, CL is a multidisciplinary psychology program that includes psychiatrists, nurse practitioners, a clinical nurse specialist, social workers, and psychologists. This hospital based mental health service is also staffed by 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 program 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.

charging the above described duties and responsibilities.

III. SBU-CEP Training Program and Supervision

A. Training Opportunities

The SBU-CEP is designed to provide the externs with a "generalist" training experience across the three member sites and associated programs, including experience in general outpatient psychological care, behavioral medicine, and inpatient services. The program is designed to provide opportunities to the externs to participate in the training opportunities offered by the outpatient programs offered at the KPC and MB-CRC sites and the main inpatient programs at the SBU Hospital. Placement in the outpatient clinics and/or inpatient rotations are determined based on the externs' interests as well as the supervisory resources available across training setting.

Overall, externs typically spend10-12 hours per week engaged in face to face service delivery (i.e.., assessment, brief-intervention, individual or group therapy) across the SBU-CEP sites. The remainder of time is spent on supervision, administrative, and training activities. Full-year programs and rotational programs are described next.

1) Training Experiences:

All externs participate in one or both full year outpatient training opportunities, namely, the general outpatient program at the KPC and the behavioral health program at the MB-CRC. Experience in psychoeducational testing is required at the KPC. Full year experiences include an average total of about 8-10 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., psychoeducational 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.
  Externs provide supervised psychological treatment to patients across the lifespan 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 externs with experience in delivering Cognitive Behavioral Analysis System of Psychotherapy (CBASP) for depressive disorders, Exposure/Response Prevention for Anxiety Disorders, Unified Protocol for Anxiety Disorders, Integrated Couple Therapy (ICT), OCD, Tics, and Body Focused Repetitive Behaviors, Motivational Interviewing, Child and Adolescent Cognitive Behavioral Therapy, and Integrative Lifespan Trauma Treatment Program.

- Psychological/Psycho-educational Assessment. Externs are expected to conduct a minimum of 2 integrative assessments, including psychoeducational and psychodiagnostic evaluations, evaluations for ADHD, disability determinations, and/or mental health clearance with children, adolescents, and/or adult populations. A schedule for the completion of the assessments will be determined by the extern and their supervisor. However, typically it is expected that externs will complete a minimum of one psychological evaluation within the first 5 - 6 months of the externship and the second evaluation by the end of June of the externship 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.).

(b) General Outpatient Program at the MBCRC

The general outpatient program at the MBCRC includes the following:

- Psychological Assessment and Treatment. Externs work with adult, young adult, and child/adolescent populations and provide individual psychodiagnostic assessments and individual psychotherapy for mood, anxiety, and personality disorders. Externs also have opportunities to co-lead structured, evidence based psychotherapy groups. Group offerings (described in Section A) may vary from year to year depending on staffing and trainee interests. Externs spend .5-1 days per week in the delivery of psychological services at the MBCRC.

(c) Hospital Training Experiences

Externs may have the opportunity to rotate through a variety of inpatient and outpatient psychiatric services at Stony Brook Medicine. The availability of these rotations is dependent upon the externs' availability and prior training experiences and competencies and the availability of rotation supervisors. These programs are described in more detail in section A and include:

- Comprehensive Psychiatric Emergency Program (CPEP).
- Adult Inpatient Psychiatry Unit.
- Child Inpatient Psychiatry Unit.
- Consultation Liaison (CL) Psychiatry.
- Obesity and Weight Management Clinic (OWMC).

3) Optional Training Concentrations

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

(a) Concentrations at the KPC:

- Affective/Mood Disorders clinic: Cognitive Behavioral Analysis System of Psychotherapy (CBASP). An evidence-based third-wave CBT/integrative treatment model for affective/mood disorders, CBASP is designed specifically to address individual and interpersonal problems associated with chronic mood disorders. Targeted are depressed patients' feelings of helplessness, hopelessness, external locus of control, perception of low control over life stressors, and difficulty in establishing positive and supportive relationships with others in their lives. CBASP is also designed to harness and utilize in a planful way the import of the therapist relationship to increase patients' motivation to engage in the treatment process, benefit from corrective in-session interpersonal experiences with the therapist and overcome the lasting effects of adverse childhood events. Trainees will see a minimum of 2 individual CBASP clients at the KPC.

- Intimate/Close Relationships clinic: Integrative Behavioral Couple Therapy (IBCT). Based on a robust base of research across the past 30 years, IBCT the is one of the most well-known evidence based couple treatment models, designed to address the core concepts of acceptance and behavioral change in intimate relationships. In fact, IBCT is designed to provide couples with interventions that increase understanding of each partner's approach to intimacy, learning history of love, expectations toward the relationship, and acceptance of a partner's difficulties in negotiating successfully dyadic differences in the relationship. Effective communication skills and dyadic behavioral, cognitive, and emotional skills are also targeted in treatment.

- Psychoeducational assessment clinic. After completing the two mandatory psychoeducational evaluations – which are part of the SBU-CEP requirements, an extern may choose to continue conducting psychological evaluations in lieu of providing treatment services at the KPC. In this case, they are expected to complete a minimum of 4 *additional* psychological/psycho-educational evaluations by the end of the externship. This

program is particularly suited for externs who intend to specialize in providing these types of services in their professional career.

- Motivational Interviewing concentration: Motivational Interviewing (MI) is an evidenced based approach to promoting growth and change. Currently on its fourth edition, MI is considered a transtheoretical approach and a "way to do what you already do." Interested externs have the opportunity to work with our Associate Director, who is also a member of the Motivational Interviewing Network of Trainers (MINT) to enhance their skills in MI through engagement in an MI learning community (group practice/supervision). Externs in this concentration will also have their skills coded utilizing the Motivational Interviewing Treatment Integrity (MITI 4.2.1) form to assess skill development over the year.

(b) Concentrations at the MBCRC/SBUH Rotations:

- Dialectical Behavior Therapy (DBT) Program. The MBCRC offers 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 2 individual DBT clients at the MBCRC 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.

- Conexiones Program. This program offers mental health services and training for bilingual, bicultural and multicultural care for Latine/x communities. Externs fluent in Spanish will have the opportunity to provide therapy and psychological assessments in Spanish and receive supervision by Spanish-speaking licensed psychologists.

(c) Dual-Site Concentration at the KPC and MBCRC:

- Integrative Lifespan Trauma Treatment Program. This concentration provides a patient-centered approach to integrative treatment of trauma in children, adolescents, and adults. Through the KPC and MBCRC, externs may participate in the specialized TF-CBT program for children, as well as integrative approaches using models of DBT, Cognitive processing therapy (CPT), Prolonged Exposure (PE), Writing Exposure Therapy (WET), and CBASP to address PTSD in individuals who have experienced a wide-range of trauma types, including sexual assault, sudden, traumatic loss, violence, combat, natural disasters and accidents.

- Child and Adolescent Cognitive Behavioral Therapy (CBT) Program. This concentration provides assessment and treatment for youth experiencing a range of emotional and behavioral challenges, including anxiety, depression, emotion dysregulation, behavioral issues, and adjustment difficulties to life stressors. Using evidence-based approaches that are grounded in CBT, clinicians help children and adolescents identify and modify unhelpful thoughts and behaviors, build coping and problem-solving skills, and improve daily functioning. Therapy is developmentally tailored and may include individual sessions with youth, joint parent-child sessions, and caregiver support. Trainees gain experience in the implementation of several empirically supported CBT models such as the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Children and Adolescents (UP-C, UP-A), exposure-based interventions, parent management strategies, as well as third wave approaches such as Acceptance and Commitment Therapy (ACT)

- OCD, Tics, and Body Focused Repetitive Behaviors Program. This concentration provides a patient-centered approach to providing evidenced based treatment of repetitive behaviors, such as vocal and motor tics, Tourette's Disorder, Hair/Skin/Nail Picking, Trichotillomania, and Obsessive-Compulsive Disorder. Through the KPC and MBCRC, externs may participate in the specialized training in Comprehensive Behavioral Interventions for Tics (CBIT), Habit Reversal Training (HRT), and Exposure and Response Prevention (ERP) across the lifespan. Both individual and group treatments for OCD are available at the MBCRC and the KPC; individual services for tics and Tourette's at KPC.

B. Supervision

1) SBU-CEP Supervisors

The SBU-CEP supervisors are NYS licensed clinical psychologists who hold clinical faculty appointments in the departments of psychology and/or psychiatry. Faculty from the Ph.D. program in clinical and psychological science associated with the KPC are also available to the externs for ad-hoc consultation, back-up support, and/or limited supervision in their areas of clinical and/or research expertise. Similarly, faculty from the department of psychiatry (psychologists and psychiatrists) are available for ad-hoc supervision/consultation. Lastly, on a per needed basis, outside psychology consultants (e.g., psychologists who are members of the Suffolk County Psychological Association) may be available for ad-hoc consultation in their respective areas of clinical expertise. Current primary program supervisors are listed in the table below along with the populations they supervise.

Supervisor Name	**Population(s) Supervised**	**Unit/Location**
Kimberly Alba, Ph.D.	Child-Adolescent	Outpatient Psychiatry
Candice Alfano, Ph.D.	Child-Adolescent	KPC/Super-Supervision
Kristin Bernard, Ph.D.	Child-Adolescent	KPC (not for 26-27)
Danielle Citera, Ph.D.	Child-Adolescent	12N Child Inpatient
William Calabrese Ph.D.	Adult	MBCRC
Cynthia Cervoni Ph.D.	Adult	MBCRC
Joanne Davila, Ph.D.	Adult	KPC/Super-Supervision
Andrew Deptula Ph.D.	Adult	10N Adult Inpatient
Adam Gonzalez, Ph.D.	Adult	MBCRC
Eric Hand, PhD	Child	KPC/Super-Supervision
Madeleine M. Hardt, PhD	Adult	CL
Genna Hymowitz, Ph.D.	Adult	Bari MBCRC
Amanda Levinson, Ph.D.	Adult	MBCRC
Brittain Mahaffey, Ph.D.	Adolescent-Adult	MBCRC
Jessica McCurdy Ph.D.	Child-Adult	Outpatient Psychiatry/CL
Ola Mohammed Ali	Adolescent	KPC/MBCRC
Ryan Montes Ph.D.	Child-Adult	CPEP
Amanda Oliva, Psy.D.	Adult	MBCRC
Jenna Palladino, Psy.D.	Adolescent-Adult	KPC
Dina Vivian, Ph.D.	Adolescent-Adult	KPC
Luke Waters, Psy.D.	Adolescent-Adult	KPC/MBCRC

2) SBU-CEP Supervision

The SBU-CEP takes a developmental approach to supervision that is sequential, cumulative, and graded in complexity. Externs are viewed as colleagues-in-training, with considerations for each extern's individual needs and skill level. Externs are encouraged to use the externship year 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 externs develop mastery of the various types of clinical work. The supervisor also serves as an advocate and consultant and assists the extern in decisions related to professional development. To this end, the supervisor-extern relationship is central to effective supervision. If the extern 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-CEP provides a minimum 1 hour of individual supervision (face-to-face) with a licensed psychologist or advanced trainee (i.e., postdoc or clinical psychology intern). In many cases, additional group supervision opportunities are also offered. Supervision includes observational methods, namely, live streaming at the KPC via the PsyViewer, a HIPAA-compliant and secure software program, audio recording or video recordings on telehealth platforms at the MBCRC and/or direct observation (e.g., conducting co-therapy with as supervisor, supervisor sitting in a session) in other programs. Externs are assigned supervisors who are involved with the various experiential training programs (main and rotational).

Individual/Group supervision focuses primarily on developing understanding and competence in formulating and implementing intervention strategies. All areas of the externs' 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 externs' competencies, and externs 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 externs' experiential training progresses within each main/minor program, they are assigned cases that are more diverse, complex, and challenging. Relatedly, externs are expected to function increasingly independently as they progress through the externship. While externs are expected to be able to complete all their assignments with increasing levels of autonomy and self-directedness, supervision time, however, is never reduced.

Note: At the beginning of supervision, supervisors and externs review and sign the "SBU-CEP Extern Supervision Contract" found in Appendix A.

C. Extern Schedule

Externs are expected to spend an average of 16 hours/week in externship training activities. An average breakdown of externship hours by weekly activity is listed below:

1) Supervision:	average 2 hours/week
Individual Supervision:	average 1.0 hours/week
Group Supervision:	average 1.0 hours/week
2) Didactics/Readings:	average 1.5 hour
3) Experiential Activities:	average 12 hours/week
Individual therapy:	average 6 hours/week
Group intervention:	average 1 hours/week
Assessment (including Intake and Comprehensive Evaluations):	average 4 hours/week
5) Administrative tasks:	average 1.5 hours/week

D. Cohort Activities and Social Milieu

On a regular basis, externs interact with staff members and other trainees (e.g., graduate students, externs, interns, and postdocs) at the KPC, MB-CRC, and associated minor externship programs. For instance, externs 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 intern). At the KPC, externs also interact formally and informally with the TD who is on-site whenever the externs are at the KPC. In fact, the TD office and the externs' offices are contiguous, and the TD has an "open door" policy that facilitates the externs' integration into the externship program and provides stable support, both educationally and psychologically.

The externs are also exposed on a regular basis to a range of role models from various health and mental health care fields. This encourages them to expand their perspectives and to better identify their areas and modalities of clinical interest. The externship rotational experiences offer opportunities for true interdisciplinary social milieu and training experiences. Faculty and staff members are encouraged to challenge externs' assumptions, promote creativity, and provide the enrichment of new perspectives that interdisciplinary activities generate.

IV. Didactics

A. Clinical Seminars/Presentations

The externship offers 2-3 *optional* didactic opportunities weekly across member agencies (averaging approximately 2.5 hours/week). These trainings are offered as part of the SBU Consortium Externship Program (SBU-CEP). These are optional experiences that externs may choose to attend, schedule permitting, in addition to the experiential opportunities outlined earlier in this manual. Didactic experiences include the following:

1) 1-2 day in-depth specialized workshops are offered in the early part of the externship (CBASP, DBT, MI, CBIT)

2) Weekly in-house didactics at the KPC (Wednesdays 9:30 – 11:030 AM; Psychology B438)
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; 1 hour weekly, day TBD))

5) Optional weekly Grand Rounds offered by the Department of Psychiatry (Tuesdays 11:00AM – 12:30PM)

V. Extern Evaluation Policy

A. Evaluation

To verify the appropriate development of profession-wide and program-specific competencies, all externs receive comprehensive evaluations from each of their supervisors two times throughout the year (mid and end of year), via the "SBU-CEP Extern Competency Rating Scale" (Appendix B). This evaluation form includes information about the extern's performance regarding each of SBU-CEP's 10 expected training competencies and the related elements. Supervisors are expected to review these evaluations with the externs and provide an opportunity for discussion at each quarterly evaluation time, in addition to giving the extern ongoing informal feedback during supervision throughout the year.

Each clinical competency is rated on a 4-point Likert scale, with the following rating values: "0= Significant Development Needed" to "3=Exceeds Expectations". The minimum requirements for successfully completing the externship include attaining a rating of "2=Meets Expectations" on each competency across all supervisors by the end-of-the year evaluation. If an extern receives a score less than 2 on any competency covered by the "SBU-CEP Extern 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-CEP Due Process and Grievance Policy and Procedure," Appendix C). If an extern receives a score less than 2 on any competency 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 externs based on the remediation plan. A score of less than 2 on any competency on the final evaluation may lead to failure to satisfy the requirements of the externship program.

*Note: Externs are generally evaluated by each supervisors with whom provides mentorship to them,

Meeting the 16 hours/week requirement and obtaining sufficient ratings on evaluations, particularly the final one, demonstrates that the extern has progressed satisfactorily through and completed the externship program. Extern evaluations and certificates of completion are maintained indefinitely by the TD in a secure digital file. Externs provide authorization for SBU-CEP to share information pertinent to educational progress with their home doctoral program (Appendix J). Feedback to the externs' home doctoral program is provided at minimum at mid-year and at the culmination of the externship year. Doctoral programs are contacted within one month following the end of the externship year and informed that the extern has successfully completed the program. If successful completion of the program comes into question at any point during the externship year, or if an extern enters 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 externs' progress, is kept engaged to support an extern who may be having difficulties during the externship year. The home doctoral program is notified of any further action that may be taken by the SBU-CEP because of the Due Process procedures, up to and including termination from the program.

Externs also complete an evaluation of their supervisors using the "SBU-CEP Assessment of Clinical Supervisor" form (Appendix D), and the externship program using the "SBU-CEP Extern Evaluation of the externship Program" form (Appendix E) twice/yearly (at mid-point and at the end of the externship). The externs' evaluations of their supervisors and of the externship program are used by the externship 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, D, , and E) and via the SBU-CEP intranet.

B. SBU-CEP Profession-Wide and Program-Specific Competencies

The SBU-CEP offers diverse training opportunities to enable externs to function successfully in doctoral-level positions in clinical psychology. As described elsewhere in this Handbook, the main aim of the SBU-CEP is to prepare externs 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-CEP goals for externs:

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. Consultation and interprofessional/interdisciplinary skills (Participation in multidisciplinary teamwork; Role of Consultant; Supervision)
9. 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-CEP Extern Competency Rating form" (Appendix B)

C. Processes

To develop the competencies listed above, externs receive training in these areas across all the SBU-CEP training programs through 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.