Stony Brook University
Consortium Internship Program (SBU-CIP)

Last edited: 8/12/26 JP

Psychology Doctoral Internship Program Brochure

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

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

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

Adam Gonzalez, Ph.D.
Internship Co-Training Director
Adam.Gonzalez@stonybrookmedicine.edu
631-632-8675

Table of Contents

I. Introduction and Overview

A. Program Philosophy and Training Aims

The Stony Brook University Consortium Internship Program (SBU-CIP) offers a full-time, 12-month, doctoral internship in clinical psychology to qualified students in doctoral psychology programs. The SBU-CIP comprises three-member agencies: the **Leonard Krasner Psychological Center** (KPC), an outpatient mental health facility associated with the Ph.D. program in clinical psychological science, Department of Psychology (College of Arts and Sciences), the **Mind-Body Clinical Research Center** (MBCRC), an outpatient mental health facility in 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 and academic hospital. The SBUH provides general health services to the community and also 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 the Stony Brook University (SBU).

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 served by the three member agencies includes children, adolescents, and adults. Currently, the SBU-CIP offers 4 adult track and 2 child track positions.

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 to 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-CIP is to train interns 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-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 three member agencies, KPC, MBCRC, and SBUH, have pooled resources to deliver a training and experiential program that provides interns with a breadth and depth of training.

For questions regarding SBU-CIP, contact:
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

B. General Information/Appointment

The internship includes approximately 40 hours of training weekly, including direct face-to-face delivery of psychological services, didactics/clinical workshops, supervision (receiving and providing), reading/research, and administrative responsibilities, for a minimum total amount of 2,000 doctoral internship hours.

At the present time, six (6) internship positions with the New York State employee title of Psychology Intern, Staff Level 1, are available annually. The 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 $47,372, with university professional staff benefits (namely, 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 time off as follows:

- Thirteen (13) legal holidays;
- Twelve (12) sick days;
- Twelve (12) vacation days;
- Five (5) professional development days (e.g., research, dissertation defense, conference, etc.) and four (4) hours/weekly protected professional time (e.g., research, reading time, completing writing projects, etc.)

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

Parental Leave: Interns are entitled to a maximum of twelve weeks of parental leave (see below for *NYS Paid Family Leave* [PFL] eligibility. For those who are ineligible for NYS PFL, leave will be *unpaid*). 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 intern's supervisors a minimum of 30 days prior to anticipated parental leave. However, per APPIC mandates, in addition to satisfactorily complete internship program requirements, interns who take a parental leave will also need to complete a full 12-month internship. As such, they may have to extend their internship time as an unpaid volunteer affiliate until all internship requirements (time and tasks) have been completed.

> *NYS Paid Family Leave* Eligibility: A professional or academic employee whose regular professional obligation is primarily other than teaching classes is eligible for PFL if working:
>
> - **at least twenty hours per week,** once they have completed **26 consecutive workweeks** of such employment or
> - **less than 20 hours per week,** once they have completed **175 workdays** (does not need to be consecutive) in a 52-week period of such employment. For eligibility purposes, workdays include days that the employee reports to work.

Professional Leave: Professional leave (the 5 professional development days) may be granted for interns to attend professional conferences, workshops, job interviews, doctoral paper defenses, or appropriate professional development activities. Interns may use their professional days allowance and/or vacation days for the professional leave(s). However, they must notify the TD and their supervisors at least two weeks prior to the anticipated leave(s). Note: Interns will not be reimbursed for expenses associated with professional leave activities.

Research: Interns may have the opportunity to engage in research at individual internship sites and/or programs. Research opportunities may vary from year to year depending on the availability of grant funding. It's helpful to express specific research interests/mentors of interest at the time of application. These activities should be negotiated with the TD. In alignment with the aims and mission of our internship, interns are granted 4 hours/week of protected time (see above) to be used for research or other professional development activities, as discussed with the TD.

Academic and Religious Accommodations

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

Religious: Interns are allowed unpaid time off to observe religious holidays. Interns must notify their supervisor and training director of time-off needed for religious purposes in advance. Time off used for religious holidays must be taken either as vacation, personal day or unpaid leave.

Additional Information

ID Badges/Cards: ID badges are provided for interns. ID badges serve as identification badges and, at certain internship sites (e.g., the SBU University Hospital), provide entry into employee-only areas. ID badges are to be worn at all times during internship work hours.
Note: Upon reviewing this handbook, interns are asked to sign an Acknowledgement Form, indicating that they have read, understand, and agree to abide by all the information, policies, and procedures for the SBU-CIP noted herein (Appendix I).

C. Accreditation Status

The SBU-CIP is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), member site # 2371, and it can be found in the National Matching Services (NMS) rank system as program code #2371-11 (Adult Tracks) and #2371-12 (Child Tracks). The SBU-CIP is accredited by the American Psychological Association Commission on Accreditation as of November 29th, 2017, (APA CoA; expiration November 2027).

Questions related to the program's accreditation status should be directed to the APA Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202)336-5979 / Email: apaacred@apa.org / Website: www.apa.org/ed/accreditation

II. The SBU-CIP Member Agencies

A. The SBU-CIP Member Agencies and Their Programs

1) Leonard Krasner Psychological Center (KPC)

The KPC is a psychology training clinic housed in the Department of Psychology and associated with the doctoral program in clinical 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-CIP practicum 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 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, interns will have the opportunity to attend the SBU-CIP mandated didactics, including weekly lectures and a 1-week supervision seminar; they will also be able to provide supervision (under supervision) to less advanced trainees.

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-CIP 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 called Step into Health. There are also training experiences available focused on bi-lingual and bi-cultural care for Latine/x communities as part of a program called Conexiones. 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 MBCRC also has an active research program including randomized clinical trials (RCTs) evaluating the efficacy and effectiveness of CBT, DBT, and mind-body treatments. Additional research foci include the implementation practices for increasing access to care such as the stepped care model, self-guided treatments, the delivery of care via telemedicine and online technologies, and intervention development for high-risk populations (e.g., first responders, perinatal populations etc). Thus, interns may choose to participate in research training experiences at the MBCRC including data analyses, manuscript preparation, and grant writing—such activities may require additional time outside of the standard internship unless otherwise discussed with the TD and/or Co-TD.

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 also 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 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, Genna Hymowitz, Ph.D., serves as the main internship 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 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.

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.

Interns 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, interns 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.

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.

(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.

III. SBU-CIP Training Program and Supervision

A. Training Opportunities

The SBU-CIP is designed to provide the interns with a "generalist" training experience across the three 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 MBCRC sites, in three (3) of the four inpatient programs within the SBUH (4 month rotations), and participation in one or more of the training concentrations at the KPC and/or MBCRC –which may include a time limited rotation (e.g., 6 months) or a year-long participation, depending on the interests and career goals of the intern and the characteristics of the concentration. Additionally, while the internship program is designed to provide an integrated generalist training across all three member sites (KPC, MBCRC, and SBUH), the experiential component of the internship concerning the delivery of psychological services, particularly those related to outpatient work, can be modified to take into account the interests and career goals of the intern. For example, an intern may choose an internship schedule 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.

As mentioned above, degree of participation in different aspects of the SBU-CIP program 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 concentrations are described next.

1) Full Year Training Experiences

All interns participate in the training opportunities provided by the three member agencies throughout the academic year. In addition, all interns complete a minimum of 2 to 3 integrative reports at the KPC.

Please note: on a year-to-year basis and contingent on availability of funding and trainee interest/experience, additional research experiences (over and above the ½ day already provided by the program) may be available to interns to workwith faculty in the doctoral program in clinical psychological science at SBU, at the MBCRC, or within the department of Psychiatry and Behavioral Health. Accordingly, when interns participate in additional research opportunities, they will have a decreased patient caseload at the KPC or MBCRC (depending on the funding source); however, they are still expected to complete the psychoeducational testing requirements described above and to participate in the cohort activities (e.g., didactics). Practicum at the KPC and MBCRC includes an average total of about 10 hours of face-to-face patient, including individual and group interventions and psychological assessment (e.g., psycho-educational evaluations, clinical intakes, etc.). The KPC and MBCRC 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 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 interns 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. Interns typically spend approximately 4 to 6 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 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 intern and their supervisor. However, typically it is expected that interns will complete a minimum of one psychological evaluation within the first 5 - 6 months of the internship and the second evaluation by the end of June of the internship year. Psychological/psycho-educational assessments include the administration of cognitive batteries (i.e., all the Wechsler Scales and Woodcock Johnson-V COG) and achievement batteries (i.e., WJ-V ACH 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 will have the opportunity to provide supervision to less advanced psychology trainees (e.g., novices from the associated Ph.D. program in clinical psychological science) while receiving face-to-face super-supervision from a faculty supervisor (approx. 2.5 to 3 hours/week). To increase their preparedness for providing supervision, interns are expected to attend a mandatory weekly supervision seminar (1.0 hours/week over 14 weeks), during the first four months of the internship. This seminar, which is organized by the TD, includes lectures, readings, and group discussions regarding supervision based on a competency-based model of supervision. Each of the participants, which may include new faculty at the KPC and advanced trainees –in addition to the doctoral interns, is expected to give one or more lectures (as needed) and stimulate group discussion concerning the topics included in the supervision seminar.

(b) General Outpatient Program at the MBCRC

The general outpatient program at the MBCRC 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 structured, evidence based psychotherapy groups. Group offerings (described in Section A) may vary from year to year depending on staffing and trainee interests. Interns spend 1 day per week in the delivery of psychological services at the MBCRC.

2) Rotation-Based Training Experiences

Rotations generally include an average of 8 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 SBUH. These programs 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-CIP requirements, an intern may choose to continue conducting psychological evaluations in liu of providing treatment services at the KPC. In this case, they are expected to complete a minimum of 8 *additional* psychological/psycho-educational evaluations by the end of the internship. This program is particularly suited for interns 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 it's fourth edition, MI is considered a transtheoretical approach and a "way to do what you already do." Interested interns 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). Interns in this concentration will also will 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. Interns 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 Concentrations 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, interns 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.

  Note: Typically, trainees provide services to either youth (typically adolescents) or adults and will participate on either our adolescent or adult treatment teams as appropriate.

- 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, interns 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-CIP Supervisors

The SBU-CIP 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 interns 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-Super.
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-Superv.
Andrew Deptula Ph.D.	Adult	10N Adult Inpatient
Adam Gonzalez, Ph.D.	Adult	MBCRC
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-CIP Supervision

The SBU-CIP takes a developmental approach to supervision that is sequential, cumulative, and graded in complexity. Interns are viewed as colleagues-in-training, with considerations for each intern's individual needs and skill level. The internship is viewed as a transitional period in which interns move from the role of student to that of a professional psychologist. Interns are encouraged to use the internship period to challenge themselves within the supportive environment of the training program. One major training role of the supervisor is to ensure quality of care in service delivery. Individual supervisors work as part of collaborative staff teams to help interns develop mastery of the various types of clinical work. The supervisor also serves as an advocate and consultant and assists the intern in decisions related to professional development. To this end, the supervisor-intern relationship is central to effective supervision. If the intern and the supervisor are to grow professionally and personally, this relationship must be one of mutual trust, respect, honesty, and commitment to sustaining the relationship.

The SBU-CIP provides an average of 2.5 hours/week of individual supervision (face-to-face) with a licensed psychologist across sites/programs, and an average of 1.5 hours/week of group supervision (face-to-face) weekly across sites/programs. Supervision includes observational methods, namely, live streaming at the KPC via the PsyViewer, a HIPAA-compliant and secure software program, and/or direct observation (e.g., conducting co-therapy with as supervisor, supervisor sitting in a session) in other programs. Interns are assigned supervisors who are involved with the various experiential training programs and, where possible, are paired with supervisors directly involved in providing services relevant to any training concentrations in which the trainee is participating.

Individual/Group supervision focuses primarily on developing understanding and competence in formulating and implementing intervention strategies. All areas of the interns' work are discussed in supervision, including intakes, interventions, consultation/outreach, assessment, evaluation of outcomes (both individual and programmatic), ethics, the therapeutic relationship, work with diverse populations, applied research, and paperwork, as well as supervision of others, crisis assessment and intervention, and group intervention where applicable. Additional supervision time is offered as needed.

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

Note: At the beginning of supervision, supervisors and interns review and sign the "SBU-CIP Intern Supervision Contract" found in Appendix A.

C. Intern Schedule

Interns are expected to spend an average of approximately 40 hours/week in internship training activities. An average breakdown of internship hours by weekly activity is listed below:

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

2) Supervision: average 4.5 hours/week
- Individual Supervision: average 2.5 hours/week
- Group Supervision: average 1.5 hours/week
- Group Supervision of Supervision: average 0.5 hour/week

3) Professional Time (e.g. Research, Readings, Administrative Tasks): average 4 hours/week

4) Experiential Activities: average 18 hours/week
- Individual therapy: average 12 hours/week
- Group intervention: average 2 hours/week
- Assessment (e.g., Intake and Evaluations, rotation dependent): average 3 hours/week
- Providing supervision to others: average 1 hour/week

5) Administrative tasks: average 11 hours/week

D. Cohort Activities and Social Milieu

Interns participate in a number of cohort activities, including weekly in-house didactics at the KPC, 14-week Supervision Seminar, weekly group supervision at the KPC and at the MBCRC, as well as weekly check-in meetings with the training directors and/or member(s) of the SBU-CIP Executive Board. Additional optional training opportunity: weekly Grand Rounds in Psychiatry. At the "KPC home base," interns are housed in contiguous offices and have access to a lounge and all other facilities within the KPC, so they have ample opportunity for informal socialization and interactions.

On a regular basis, interns also interact with staff members and other trainees (e.g., graduate students and externs) at the KPC, MBCRC, and associated minor internship programs. For instance, interns may co-lead a therapy group with another KPC trainee (e.g., a less advanced trainee) or MBCRC supervisor or other trainee (e.g., an extern). At the KPC, interns also interact formally and informally with the TD who is on-site whenever the interns are at the KPC. The TD's office and the interns' offices are contiguous and the TD has an "open door" policy that facilitates the interns' integration into the internship program and provides stable support, both educationally and psychologically. Similarly, the interns interact in person face-to-face formally (in supervision) and informally with the KPC Associate Director and KPC supervisors.

The SBU-CIP is closely integrated within the psychology and psychiatry departments and trainees have the opportunity to interact with other trainees including: clinical psychology students, externs, postdocs, doctoral interns from the Counseling and Psychological Services, who are invited to participate in the SBU-CIP didactics, and psychiatry residents.

The interns also are exposed on a regular basis to a range of role models from various health care and mental health care fields (e.g., psychiatric RNs, CSWs, Psychiatrists) particularly in the department of psychiatry. This experience encourages them to expand their clinical perspectives and develop interprofessional consultation and collaboration skills. The internship hospital rotations, in particular, offer opportunities for true interdisciplinary social milieu and training experiences. Faculty and staff members are encouraged to challenge interns' assumptions, promote creativity, and provide the enrichment of new perspectives that interdisciplinary activities generate.

IV. Didactics

A. Clinical Seminars/Presentations

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

1) Weekly in-house didactics at the KPC (Wednesdays 9:30AM – 11:00 AM; Psychology B436 and on Zoom)

2) Weekly intern check in with training directors (Wednesdays 11:00 AM – 11:15 AM; Psychology B436 and on Zoom)

3) Weekly in-house clinical supervision course at the KPC (14-weeks; Wednesdays 11:30AM – 12:30PM; Psychology B436 and on Zoom)

4) 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) (Optional)

5) Dialectical Behavior Therapy Treatment Team at the MBCRC (Required for those participating in the year-long DBT elective; 1 hour weekly, day TBD) (Optional)

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

A number of Specialty Topics [integrated in the SBU-CIP curricula] address directly training goals that are at the core of the SBU-CIP mission, such as:

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

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., 2021) and a number of additional readings including guidelines for clinical supervision in health service psychology, supervising CBT, trans-theoretical models of supervision, DEIJ issues in supervision, contribution of supervision to therapy outcomes, evidence-based clinical supervision, and clinical research on supervision.

B. Additional Professional Development Opportunities

1) Formal Professional Presentations

Each intern is expected to make a minimum of three (3) formal presentations/year during the didactics, including an end-of-the year case presentation and a research presentation, and one or two lectures based on the syllabus of the supervision seminar. Lastly, the interns are also invited to submit on a voluntary basis an abstract to the Executive Board concerning the opportunity to give a formal research-based presentation during Grand Rounds in the department of psychiatry. Typically, these presentations are given in-person and/or Zoom and include psychiatrists, psychologists, and other mental health personnel. Based on the quality of their abstract, one or two interns/year may be chosen for this honor.

2) Research

Interns are invited to participate in research activities offered by faculty in the doctoral program in clinical psychological science associated with the KPC or the MBCRC. In alignment with the aims and mission of our internship, interns are granted 4 hours/week to be used for research or other professional development activities. For example, the OWMC has a large data set collected over the course of several years with patients undergoing bariatric surgery; interns whose area of interest is eating disorders, could get involved in this type of research. Similarly, at the KPC we have been collecting weekly ratings of patients' functioning via the Treatment Outcome Package since 2009. This is another very large data set that could be mined –if an intern is interested in treatment outcome and feedback-mediated changes. Contingent on available funding, interns may be able to spend additional time working on research in lieu of a portion of their practicum at the MBCRC or KPC. At the outset of the internship, interested interns should discuss their research interests with the principal investigators of the various research projects, as well as with the members of the internship Executive Board.

V. Intern Evaluation Policy

A. Evaluation

To verify the appropriate development of profession-wide and program-specific competencies, all interns receive comprehensive formal evaluations from each of their supervisors twice yearly (at mid-point and at the end of the internship) or at the end of a time-limited hospital rotation, whichever is more appropriate, via the "SBU-CIP Intern Competency Rating Scale" (Appendix B). This evaluation includes information about the intern's performance regarding each of SBU-CIP's 10 clinical competencies and related elements. In addition to providing their Supervisees with ongoing informal feedback throughout the year, Supervisors are expected to review these formal evaluations with their Supervisee, and collaboratively identify areas of expected growth –if appropriate.

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 internship include attaining a rating of "2=Meets Expectations" on each competency across all supervisors by the end-of-the year evaluation. If an intern receives a score less than 2 on any competency covered by the "SBU-CIP Intern Competency Rating Scale," (e.g., maintaining an optimal case load, actively participating in the didactics and doing the readings, overall psychological functioning, etc.), the program's Due Process procedures would be initiated (see the "SBU-CIP Due Process and Grievance Policy and Procedure," Appendix C). If an intern 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 interns 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 internship program. At the end of the internship program, interns are expected to be competent entry-level clinical psychologists who can function in a variety of settings.

*Note: Interns are generally evaluated by a different supervisor for each of the 3 hospital rotations and this supervisor does not continue to work with or evaluate the trainee for the full duration of the training year. Accordingly, if an intern receives a rating below "2=Meets Expectations" on a given competency, the Training Committee will make a holistic determination, based on feedback across all supervisors and rotations, as to whether the intern has demonstrated sufficient progress on that competency by the end of the training year.

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

Twice yearly (at mid-point and at the end of the internship), the interns also complete an evaluation of their supervisors using the "SBU-CIP Assessment of Clinical Supervisor" form (Appendix D), and an evaluation of the internship program using the "SBU-CIP Intern Evaluation of the Internship Program" form (Appendix E). The interns' evaluations of their supervisors and of the internship program are used by the internship leadership and supervisors to enact changes and/or to foster improvements in the training program.

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

The SBU-CIP offers diverse training opportunities to enable interns to function successfully in doctoral-level positions in clinical psychology. As described elsewhere in this Handbook, the main aim of the SBU-CIP is to prepare interns to use evidence-based

methods to provide psychological services and engage in doctoral-level functions in thoughtful, skillful, ethical, and compassionate ways. The following competencies provide an overview of the SBU-CIP goals for interns:

1. Research (Scientific Mindedness, Scientific Foundation of Professional Practices, Application of Scientific Method to Practice.)
2. Ethical and Legal Standards (Knowledge/Ethical Conduct)
3. Individual and Cultural Diversity (Individual Applications.)
4. Professional Values, Attitudes, and Behavior (Integrity; Deportment; Professional Identity; Self-Care; Self-Awareness)
5. Communication and Interpersonal Skills (Rapport/Therapeutic Alliance; Professional Relationships.)
6. Assessment (Measurement and Psychometrics; Evaluation and Application of Methods; Diagnosis; Supervision.)
7. Intervention (Planning and Case Conceptualization; Implementation; Progress Evaluation; Supervision.)
8. Supervision (Receiving and Providing to Others) (Knowledge; Skill Development; Relationship with Supervisee; Goal Setting; Structure/Plan; Evaluation; Diversity; Supervision of Supervision; Ethics/Professional Issues.)
9. Consultation and interprofessional/interdisciplinary skills (Participation in multidisciplinary team work; Role of Consultant; Supervision)
10. Group Therapy (Time-limited skills training group therapy for specific clinical problems, such as anxiety and mood disorders, co-occurring mental and physical health problems, and emotion regulation problems).

Training elements under each competency are found in the "SBU-CIP Intern Competency Rating form" (Appendix B).

C. Processes

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

D. Program Outcomes

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

1) During the Internship:

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

- Interns provide multiple ratings, as follows:

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

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

(c) Interns rate the in-house didactics weekly using the, "SBU-CIP Didactics Rating Sheet" (Appendix F).

2) After the Internship:

- Outcomes for interns are measured by employment data and licensure rates, which are collected by contacting yearly the interns who completed their internship in prior years.