ADELPHI UNIVERSITY

DERNER SCHOOL OF PSYCHOLOGY

PHD PROGRAM IN CLINICAL PSYCHOLOGY

THE PRE-DOCTORAL DERNER INTERNSHIP CONSORTIUM

Information for the 2026-27 & 2027-28 Training Years

Introduction: This Handbook describes the training program for the Derner Internship Consortium. Questions about the program are encouraged. This information is current and accurate at the time it was written but may be subject to revision.

Listing information:

Internship Title:	Derner Internship Consortium
Training Term and Level:	One-year, full-time (2000 hours), doctoral level internship
Internship Training Director:	Breanna Vizlakh, Ph.D.
Address:	Adelphi University, Garden City, NY 11530
Telephone:	o: (347) 464-2275 fax: (516) 877-4805
E-mail:	dernerconsortium@adelphi.edu

Six-Digit Program Code Numbers (to be used when submitting ranking information):

2026-27 TRAINING YEAR

222414 Center for Motivation and Change (CMC)

222416 Long Island Reach

222411 WAWI/SH (40% of the time at the William Alanson White Institute and 60% at Silver Hill Hospital, concurrently)

2027-28 TRAINING YEAR

222414 Center for Motivation and Change (CMC)

222416 Long Island Reach

222411 WAWI/SH (40% of the time at the William Alanson White Institute and 60% at Silver Hill Hospital, concurrently)

222412 Greene Clinic (GC)

Application Instructions: In Phase I of the Match, only students enrolled in the PhD Program in Clinical Psychology at the Derner School of Psychology may apply to the Internship. Positions that remain vacant in Phase II of the Match, and in the Post Match Vacancy period, are open to qualifying students from Derner and from other doctoral programs. All applicants in Phase I and II must submit the AAPI online via the Applicant Portal on APPIC's webpage. Currently we request a psychotherapy case summary as a supplement to the AAPI online for Phase I applications. Please visit our listing in the APPIC Directory (DoL) at www.appic.org for further instructions. For Phase I (and Phase II, if applicable) applications, all application materials must be uploaded to the APPIC applicant portal for the 2027-2028 training year.

The deadline for Phase I application is the second Wednesday in November in the year preceding the start of the Internship. ***For Internships beginning in Fall 2027, the application deadline is Wednesday, November 11, 2026.***

The Internship duration is from September 1 until August 31, or the first working day in September until the last working day in August.

Selection Procedures

Overall selection procedures for the Consortium

The Derner Internship Consortium participates in the Association of Psychology Postdoctoral and Internship Centers (APPIC) National Match with the assistance of National Matching Services. All selection procedures will be conducted within APPIC and National Match guidelines. The Internship further agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any Intern applicant. In accordance with APPIC policies, if matched with a site, the applicant must Intern at that site.

Selection Criteria at the Time of Application: (See the section, *Internship Program Admissions* later in this document for a summary)

Overall criteria for the Consortium:

Graduate Program: Applications are accepted only from APA or CPA-accredited doctoral training programs in clinical, counseling, and school psychology.

Academic Record: Students are expected to have satisfactorily completed academic requirements (three and one-half years of full-time training or the equivalent) preparatory to the Internship application, including the doctoral dissertation proposal, and they are expected to be on track to complete the fourth year before beginning Internship training.

Clinical Experience:

Applicants are expected to have completed a minimum of 500 hours of supervised practicum experiences including two external practica and additional training at their respective programs' on-site clinics, a minimum of 80 hours of supervised assessment training that includes at least three integrated diagnostic assessments.

Scholarship: Applicants will have demonstrated competency in scholarship through criteria of their respective doctoral programs, i.e., successful completion of the proposal stage of the doctoral dissertation.

Writing skills: Applicants must show evidence of good writing skills (professional, organized, articulate) as shown in application materials, including, for Phase I applications, the required supplemental (to the AAPI) psychotherapy case report.

Letters of recommendation: Applicants must have three letters of recommendation: one from a core faculty professor addressing abilities and progress in the academic portion of their respective programs, and two from clinical supervisors who are well acquainted with the applicant's clinical work.

Interviews: The Training Director reviews Internship application materials and, when they meet overall criteria as defined above, forwards them for consideration to member sites in which applicants have indicated interest. Upon review, the sites invite applicants for interviews as an important step in evaluating prospective Interns. Each site decides if in-person interviews are required, or if virtual interviews are acceptable due to geographic, health, and other considerations.

Applications must include:

- Completed APPIC Application for Psychology Internship (AAPI) available online at http://www.appic.org.
- A cover letter outlining your interest in the Internship. Please address the letter to the Internship Training Director, Dr. Breanna Vizlakh, and indicate in the letter the names of the site/s to which you are applying, along with your reasons for applying. **You may apply to as many sites in the Consortium as you wish.**
- Three letters of recommendation, one from a core faculty professor with direct knowledge of the candidate's academic work and the other two from clinical supervisors.
- A psychotherapy case report (de-identified) as supplemental material (for Phase I applications).

The Training Director will review applications, select those that meet minimal requirements, and forward these to respective site supervisors. They and other staff at each site will review applications and select, for interviews, individuals who appear to be a good fit for the site. Individual sites will determine interview times, format, and questions with guidance from the Internship Training Director. After interviews have concluded, site supervisors will submit confidential rank order lists to the Training Director who will enter them into the ROLIC (Rank Order List Input and Confirmation) system.

Program Status: The Internship was granted Membership status in APPIC (Association of Psychology Postdoctoral and Internship Centers) in November 2013 and participates in the APPIC-sponsored Match for all positions. The American Psychological Association Commission on Accreditation (750 First St., NE, Washington, DC 20002-4242, telephone number 202-336-5979) *accredited the internship for seven years, beginning 2015*. Following the submission of a self-study in April 2023 and a site visit conducted in December 2024, the Commission on Accreditation *re-accredited the internship for ten years, beginning in 2025.* The Internship will seek to renew accreditation through submission of a self-study and a site visit to be conducted in 2034. Reports or other materials that pertain to the Internship program's accreditation status will be made public through this document.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, NE, Washington, DC 20002
Website: https://accreditation.apa.org/
Telephone: (202) 336-5979
TDD/TTY: (202) 336-6123
Fax: (202) 336-5978
E-mail: apaaccred@apa.org

About the Host Institution, Adelphi University

Founded on June 24, 1896, Adelphi University is one of the first institutions of higher education on Long Island, and its charter was one of the earliest to be granted by the New York State Board of Regents to a co-educational college. The University is in its second century preparing undergraduates, graduate students, and returning adult students in the arts, sciences, humanities, business, education, nursing and public health, social welfare, and clinical psychology. With its main campus in Garden City (25 miles from mid-town Manhattan), and centers in Manhattan, Hauppauge, Sayville, and Poughkeepsie, the University maintains a commitment to liberal studies in tandem with rigorous professional preparation and active citizenship. Recognizing the interrelatedness of worldwide political, scientific, and cultural life, the University is committed to sustaining and improving its ethnic, social, and geographic diversity, and curricula that reflects global awareness. Adelphi believes in the broad development of students necessary to their serving as effective and enlightened persons in society. In addition, therefore, to its traditional emphasis on teaching and research, Adelphi supports the growth of students outside the classroom by offering a wide range of cultural and artistic programs, internships, and public and community service opportunities.

The university's approximately 550 full-time faculty serve approximately 8,000 students. The majority of our students are female, approximately one fourth are members of minority groups, and many are the first in their families to attend college. The main University is located on a 70-acre campus in a suburb of New York City; just under half of its students lived on campus in the recent past. The university is currently accredited by the Middle States Commission on Higher Education, and the various professional schools in business, education, social work, psychology and nursing are each accredited by their respective accrediting bodies, for example, the American Psychological Association, the National Council for Accreditation of Teacher Education, and the Council on Social Work Education.

About the PhD Program, the Derner School of Psychology

The Gordon F. Derner School of Psychology at Adelphi University is the first university-based professional school of psychology in the United States. The Derner School of Psychology was founded in 1951 as a clinical/school psychology training program. In 1957, the PhD Program was accredited by the American Psychological Association (APA) for training in clinical psychology, and it has maintained accreditation continuously ever since. In 2017, the school formally changed

its name to the Gordon F. Derner School of Psychology to reflect the inclusion of its undergraduate, masters, doctoral, and postgraduate programs.

The PhD Program is an integral part of the School's mission regarding professional training in psychology. The Program's goals are to prepare students at the doctoral level to become scholars and practitioners, to enable them to embark on a career in professional psychology through instruction in theory, training in research and in supervised practice so that they might meet the needs of an increasingly diverse society. To accomplish these several goals, the Program requires of all clinical PhD students four years of study including foundational areas, clinical theory, and intensively supervised clinical practica, and a full-time Internship that is typically completed in the fifth year.

The PhD Program is recognized by the University as an integral part of its larger mission regarding the commitment to service, research, knowledge, and lifelong education.

Non-discrimination statement: The Derner Internship Consortium is guided in its respect for individual and cultural diversity by the non-discrimination policies of its host, Adelphi University. Adelphi is committed to a policy of non-discrimination regarding all student programs and further commits not to discriminate against any individual on the basis of an individual's race, creed, color, national origin, ethnicity, sex, sexual orientation, disability, age, religion, marital status, veteran status or any other basis protected by applicable local, state or federal laws. In addition to meeting fully its obligations of non-discrimination under federal and state laws, Adelphi University is committed to maintaining a community in which a diverse population can thrive in an atmosphere of tolerance, acceptance, civility and mutual respect for the rights and sensibilities of each individual, regardless of differences in economic status, ethnic background, political views or other personal characteristics and beliefs. In support of this commitment, it is the moral responsibility and the pledge of the University, and all who work and learn here, to protect all those under its care from any form of discrimination or harassment. In the same vein, the University and its programs assert its obligation to interrogate social injustice based on race and any other classifications.

Interns encountering any form of discrimination or harassment should report these matters immediately to the Training Director who will accept all inquiries as well as allegations of discrimination and harassment and will assist students to take appropriate follow-up action. Furthermore, the Internship is informed by the document, *APA Multicultural Guidelines executive summary: Ecological approach to context, identity, and intersectionality* published in the *American Psychologist* in 2019, and the *Report of the APA Task Force on the Implementation of the Multicultural Guidelines,* published in 2008. The Internship recognizes the need for evolving training in psychology that continually considers the needs of individuals and groups who have been marginalized within and by psychology due to ethnic/racial heritage and social group identity or membership. The program strives to provide its students with an understanding of the importance of addressing issues of racial and social justice in research, practice and organizational change. The current *Ethical Principles of Psychologists and Code of Conduct* (particularly policies on unfair discrimination) also provides a framework for training.

The Consortium Model

According to APA's *Standards of Accreditation* for Internships, a consortium is comprised of multiple independently administered entities (termed "agencies" with respective training "sites" or "tracks") that have formally agreed to pool resources to conduct a training or education program.

As part of the Derner School of Psychology, the Internship Consortium's training goals, described in the following section, are consistent with the training philosophy of the PhD Program. Training personnel at the various agencies will evaluate Interns, and the Internship will collect data from Interns and training personnel for program evaluation and improvement. Consortia members are not independently accredited.

Derner's Consortium is a partially affiliated Internship: only students enrolled in the Derner PhD Program are eligible to apply in Phase I of the National Match. Vacancies in Phase II and in the Post-Match vacancy period are open to qualified applicants from other APA accredited doctoral programs that award a Ph.D. or a Psy.D. in clinical, school and counseling psychology.

Training Philosophy, Goals, Objectives, Competencies, Outcomes, and Thresholds/Exit Criteria

Philosophy: The Internship Consortium training experience seeks to build on the broad and general skills developed during an applicant's preceding four years of doctoral education and training in order to graduate competent, entry-level clinical psychologists who can function independently in a variety of settings and continue to develop professionally throughout their careers. The Internship program utilizes a developmental approach, providing training that is sequential, built on skills and knowledge the Intern attains while in training, and graded in complexity. Ongoing program planning and evaluation involving the Interns and their supervisors are an integral part of training. Interns are encouraged to assume a gradually increasing degree of professional responsibility and autonomy as the training year progresses. The Internship is an intensive training experience and carries an hourly requirement for completion of 2,000 hours. The requirement is to be completed at one or two different agencies (in which case training hours are apportioned approximately equally to each site) in one year.

Hands-on Experience: In order to achieve proficiency and, ultimately, independence in clinical work, interns require immersion in direct patient care. All sites included in internship training afford the intern a direct service role amounting to a minimum of 10 hours per week.

Supervision: Our training model emphasizes intensive supervision, sufficient in both quality and quantity, and tailored to the needs of individual Interns. We believe that close supervision is imperative to build clinical skills, identify and correct areas of weakness, build on strengths and alleviate insecurities, and resolve concerns as Interns assume direct clinical responsibilities of increasing complexity. Interns obtain individual and group supervised experiences that enable them to implement treatment that is supported by empirical evidence. Interns are not trained in interventions known to be harmful or ineffective. Training includes a component of direct observation, wherein a supervisor co-facilitates, passively observes an intern's work in real time, listens to audio, or views audio/video recordings of the intern's clinical activities on a planned periodic basis.

Goals of Training: The Internship Program's overarching training goal is to produce skilled, empathic, entry-level health care providers in psychology who possess and utilize a solid foundation in knowledge and practice through the demonstrated attainment of profession-wide competencies listed below:

*1) **Research**: Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation,*

publications) at the local (including the host institution), regional, or national level. This may include presentation at research conferences, as well as discussion and/or presentation of scholarly articles, and/or application of evidence-based practice.

2) ***Ethical and legal standards****: Responds professionally and ethically in increasingly complex situations with a greater degree of independence throughout training. Site Directors, Supervisors and Interns are asked to review APA's "Ethical Principles of Psychologists and Code of Conduct" (available online at https://www.apa.org/ethics/code/ethics-code-2017.pdf)*

3) ***Diversity****: Demonstrates the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during training.*

4) ***Professional values and attitudes****: Responds professionally in increasingly complex situations, reflecting the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.*

5) ***Communication and interpersonal skills****: Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.*

6) ***Assessment****: Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. Interns are expected to be able to select and apply assessment methods that draw from the empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient; interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective; and communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.*

7) ***Intervention****: Demonstrates competence in evidence-based interventions.*

8) ***Supervision****: Mentors and monitors trainees and others in the development of competence and skill in professional practice and the effective evaluation of those skills. Interns may gain knowledge of supervision through didactics, including supervision modeling (including but not limited to participation in clinical supervision), AND experientially, including co-leading supervisory sessions, role play, and/or peer supervision with other trainees.*

9) ***Consultation and interprofessional/interdisciplinary skills****: Intentionally collaborates*

with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities.

Objectives: Through the provision of intensive, yearlong, supervised clinical experiences, and didactic training seminars, Interns will meet the training goals listed above, as they progress toward being able to function as independent, entry-level psychologists with broadly based skill sets based in profession-wide competencies.

Outcomes: Proximal
Proximal outcomes for Interns are measured by written evaluations two times/year (completed by primary, on-site supervisors with input from secondary supervisors if available). For Interns to successfully complete Internship Consortium training, they must complete the required number of hours of training at each agency; they must receive an average score of at least "3" (on a five-point scale, demonstrating meeting the minimally acceptable standard of readiness to practice on the entry level) on the outcomes (i.e., competencies) listed above and that comprise the Internship Training Report. The minimal score of "3" must be achieved on the final evaluation. If requested by an Intern or Supervisor, the Internship Training Director will meet with Interns individually to discuss areas of strength and areas of weakness, and overall progress in training.

Outcomes: Distal
Distal outcomes for Interns are measured by a range of professional milestones. These include, but are not limited to, licensure rates, employment data, and professional activities including publications, presentations and awards, supervisory and administrative responsibilities. As well, Interns will be surveyed on the extent to which they feel the Program has accomplished the training goals it has enumerated, and their satisfaction with the training experience.

Supervision: The Consortium takes a developmental approach to training and supervision with consideration for each Intern's individual needs and skill level. The Internship is viewed as a transition in which the Intern develops from the role of a student into that of a professional. Interns are encouraged to challenge themselves in the supportive environment of the Internship training. At least four hours of supervision per week, a minimum of which is two hours of individual supervision, are provided for every 40 Internship hours. Interns receive supervision from at least two different psychologists during the training year. It is a policy of the Internship, consistent with New York State and Connecticut State Mental Health Law, that supervisors are clinically responsible for their cases under supervision. Supervisors are notified of this policy by means of this document.

Evaluation: Evaluation of Interns in the Consortium is to be a collaborative process designed to facilitate growth, to pinpoint areas of strength and difficulty, and to refine goals. It is a tool for evaluation of performance and also a vehicle for change. Primary Supervisors (and additional supervisors who have met regularly with Interns) formally evaluate Interns on all competencies at the mid-point and conclusion (i.e., twice yearly).

We are also committed to evaluating the Internship Program to allow for enhancement and improvement. As part of this process, Interns formally evaluate supervisors, in writing, at the

conclusion of the training year. "Graduating" Interns are asked to complete an evaluation of the Internship training program at the completion of training.

Didactics: The Derner Internship Consortium provides didactics training for all interns. Didactics include presentations from internship site directors and take place on a monthly basis on Wednesdays from 2 p.m. to 4 p.m. Select didactics will be extended to 5 p.m. to include an hour of peer supervision (by interns) facilitated by the Consortium Training Director. Attendance at the Consortium didactics is mandatory. Interns are permitted one excused absence per year. Additional absences will require a make-up assignment (3-4 page paper) on the subject of the missed didactic based on the supplemental reading materials (e.g., articles) provided.

End-of-Year Requirements: Each intern is required to compile a portfolio which will be reviewed and approved at the end of the training year. This portfolio serves as documentation that the intern has satisfactorily completed all internship training requirements and met competency standards. Each intern should create a drive folder and share it with the following individuals:

Breanna Vizlakh, Ph.D. (bvizlakh@adelphi.edu)
Assistant Clinical Director, Center for Psychological Services
Training Director, Derner Internship Consortium
Derner School of Psychology

Monica Pal, Ph.D. (mpal@adelphi.edu)
Director, Center for Psychological Services
Director, Practicum Training
Derner School of Psychology

Maria Etwaroo, M.A. (metwaroo@adelphi.edu)
Clinical Training Specialist
Derner School of Psychology

The portfolio should include all of the following:

1) Intern's APPIC application
2) Notification of acceptance to internship/Offer Letter
3) Mid-year evaluation(s)
4) End-of-year evaluation(s)
5) Intern's feedback on internship experience (e.g., evaluation of experience with supervisors, responses to diversity climate survey)
6) De-identified assessment report
7) Certificate of completion
8) Complete Form 4, certifying successful completion of Internship experience (added after the end of the internship)

Facilities and Resources
As a consortium, the Internship makes principal use of the resources of its member agencies. These include physical clinics with sufficient and varied patient populations; supervised individual and group

training provided by licensed psychologists; and didactic training sessions specific to the populations served and to the relevant assessment and intervention practices.

The Internship Training Director is a licensed clinical psychologist employed by the Derner School of Psychology's Center for Psychological Services for the purpose of providing clinical and administrative oversight to the Derner Internship Consortium program. The Derner Center for Psychological Services has a full-time administrative assistant whose time is apportioned to Internship administrative assistance as needed. When creation of the Derner Internship was proposed, the Derner faculty, Dean, and the Associate Dean fully endorsed the creation of the Consortium. The Dean and Associate Dean are available for consultation as needed.

Required Hours, Stipends and Outside Employment

Interns are expected to complete 2000 hours during their Internship year with the Derner Consortium. Interns receive a minimum stipend of $30,000.00 on a full-time basis. Interns receive additional benefits, all of which are listed in the section, "financial and other benefit support," later in the handbook.

We recognize that stipends are not uniform across sites, and that some may extend more additional benefits to Interns than others. Whenever possible, the Consortium aims to reduce or remove these inequities, no matter how minor.

Policy on Outside Employment: Due to the nature of the Internship program, Interns are required to seek permission before taking on or continuing any outside employment. If an Intern would like to pursue an outside employment opportunity, the Intern must submit this request to the Internship Training Director, who will discuss the matter with site supervisors and other supervising staff at the intern's training site(s). An intern must secure approval from the internship Training Director and all site supervisors at each of their training sites before they may accept an outside employment opportunity. Outside employment should not directly conflict with an Intern's internship schedule. Though the Training Director and site supervisors will consider each employment request on an individual, case by case basis, non-clinical employment requests (teaching, research, incidental employment to support income, volunteer work) are more likely to be approved than employment that includes clinical responsibilities. Any approved request for outside employment is contingent on an intern's successful management of internship tasks. If an Intern is struggling to successfully manage internship tasks, the Training Director and site supervisors will discuss a remediation plan to support the Intern, and part of this remediation plan may require the Intern to give up previously approved outside employment.

PARTICIPATING CONSORTIUM SITES

Note that all training sites are involved with providing clinical services, have designated supervisors for Interns, provide didactic seminars, and provide supportive administrative staff--often in the form of office managers, information technology officers, clerical staff, or other designated individuals. As well, the Internship Training Director and the full-time administrative assistant of the Derner Center for Psychological Services are available to help Interns throughout the training year.

The Center for Motivation and Change

Accepting applications for the 2027-2028 training year.

The Center for Motivation and Change (CMC) is a private group practice of New York State licensed psychologists specializing in evidence-based treatments for substance misuse and other compulsive behaviors, as well as co-occurring disorders. It offers a one-year full-time Clinical Internship for doctoral-level psychology students at its outpatient location in Manhattan, at 519 8th Avenue. The CMC Internship seeks to train the next generation of clinicians in providing evidence-supported treatments (EST) to adults and teens struggling with substance use disorders and other mental health problems. Interns will receive a rigorous practice curriculum that includes training in EST through individual and group supervision, as well as regularly scheduled didactics in-house at CMC (Thursday mornings and Tuesday afternoons). Training also aims to foster the growth of clinically relevant research skills by providing training in assessment as well as behavioral data collection using validated scales, behavioral measures, therapeutic alliance measures, and assessment of treatment progress and outcomes.

Training and Services:

Interns will receive training and supervision in Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Motivational Interviewing, Community Reinforcement And Family Training (CRAFT), and other cognitive-behavioral approaches for the treatment of substance use and mental health problems. These include exposure to evidence-based trauma treatments such as Cognitive Processing Therapy, Prolonged Exposure, and STAIR. Interns will learn about treatment fidelity approaches and receive a minimum of two hours individual and two hours group supervision weekly. Interns will learn how to administer standardized mental health and behavioral assessments, track these data over time, and explore how they predict treatment outcomes. Interns also receive significant training in collaboration with collateral contacts such as psychiatrists, sober living facilities, and outside therapists.

Note: CMC's internship is an in-office position, located at our offices at 519 8th Avenue in New York City.

Patient Population:

Patients at CMC are typically moderate to high functioning, with mild to severe substance use issues, as well as concomitant psychiatric diagnoses. They are typically referred from local mental health providers and inpatient treatment programs. The majority of our clients are adults.

Treatment Approach:

Each patient receives a comprehensive evaluation, followed by referral to the appropriate intensity (level) of services. Services range from a day program level of care to once-weekly individual therapy. All clients see a CMC therapist regularly and individually in addition to any other services at CMC. Interns at CMC see individual therapy clients, co-lead groups (both process and CBT skills), and gain training in assessments related to new clients, trauma treatments, and group readiness. Psychologists licensed in New York provide clinical supervision. Opportunities are available for those interested in gaining skills in work with family members, trauma-focused services, and supportive services such as CBT-Insomnia and CBT-smoking cessation.

Training curriculum:

- Interns begin with an initial training overview in Motivational Interviewing, Cognitive Behavior Therapy, Dialectical Behavior Therapy, and other cognitive-behavioral approaches.

- All Interns receive a total of two hours weekly individual supervision from a minimum of two different licensed psychologists and two hours of weekly group supervision. There are also several optional supervision hours available to all CMC clinicians, including trauma supervision, exposure work supervision, and CRAFT supervision. Supervision will be a minimum of 50% in-person.
- Interns receive one hour weekly of didactic training, in which all CMC clinicians participate.
- Following the initial training overview, training workshops continue for one hour each week and address both evidence-based approaches as well as broader emergent clinical issues (e.g., toxicology screening, integrating psychiatric medication into treatment plans).
- Interns receive training in psychological and behavioral assessment and implement follow-up measures as clinically relevant, such as trauma symptom questionnaires and assessments, depression inventories, OCD screenings, and ADHD self-reports.
- Interns are trained in how to integrate the data they collect into treatment with patients and use of data as 'feedback loop / early warning system.'
- Interns will have approximately 20 patient hours per week of direct client contact, a combination of individual treatment and co-leading groups at CMC.

Ongoing Telehealth Training:
CMC views advances in telehealth as positive and will continue to offer some portion of our services via telehealth in an ongoing way. As such, we provide training in all of our modalities via telehealth format. In-person vs telehealth services at CMC are based on client demand and clinical needs. Interns will receive in-person group experience and may have the opportunity to co-lead a virtual group as well. Individual client contact will likely be at least 50% in-person services, given current demand.

Administrative and Supervisory Staff:
Kathy Pruzan, Psy.D., Primary Supervisor, Director of Evaluation Services
Nicole Kosanke, Ph.D., Clinical Director
Kristina Steelman, Administrative Director
Venice Bruno, Psy.D., Supervisor
Kayla Sanchez, Psy.D., Supervisor
Josh King, Psy.D., Supervisor, Director of Digital and Clinical Integration

Stipend and Additional Support:
In the 2026-2027 training year, CMC will provide a training stipend of $32,000 with an additional dissertation/research stipend of $3,000 paid directly to the intern. For the 2028-2027 training year, interns will receive a training stipend of $35,000. All benefits are listed in a section, "financial and other benefit support," later in the handbook.

Long Island Reach, Inc., Long Beach, New York
Accepting applications for the 2027-2028 training year.

Founded in 1970, Long Island Reach, Inc. is a community based multi-service agency providing a broad range of rehabilitative services serving Nassau County, NY. Its mission is to engage and work with troubled individuals and families to help them learn better ways to cope with their pain, to enhance their self-esteem, develop self-awareness, and to help seek and create alternatives to self-destructive, aberrant and anti-social behavior. The goals and objectives are to provide a comprehensive delivery of service system to a high-risk population of community residents of all ages and their families.

Long Island Reach has six major service units:

- Outpatient Chemical Dependency Treatment and Prevention Services including Individual, Group, Family Counseling, School based counseling and Intensive Treatment services
- Outpatient Mental Health Treatment Services including Individual Group and Family Psychotherapy
- Juvenile Justice Projects including: Court Liaison Unit, Post Institutional and Reach for Peace programs
- Crisis Intervention Services
- Alternative Education Programs including The Harriet Eisman Community School High School Diploma Program
- Adolescent Pregnancy Prevention and Services Sharing and Caring and Pre/post Natal Educational Program

Interns work in the Outpatient Chemical Dependency and Outpatient Mental Health clinics.

An analysis of the Long Island Reach program and its impact on the community reflects the community it serves by its comprehensive program both internally and its inter-relationship with a variety of service agencies. Reach employs a highly skilled, experienced inter disciplinary professional staff of psychologists and social workers including bilingual), Mental Health Counselors and Educators and maintains a staff psychiatrist and Nurse Practitioner in Psychiatry. The program is primarily geared toward providing psychotherapy; however, Reach also offers additional services to deal with employment, housing, education, vocational, medical, emergency food, clothing and financial assistance, Medicaid, sexually transmitted disease, reproductive health care, legal and other problems. These support services are offered on an individual basis to clients to modify their entire life space.

Long Island Reach, Inc. is a licensed New York State Office of Alcohol and Substance Abuse Services outpatient Chemical Dependence Treatment program with three sites in Long Beach, Franklin Square and Port Washington. Reach is also licensed as an Outpatient Mental Health Clinic by the New York State Office of Mental Health and combined the two treatment programs maintain an active caseload of over 600 clients reflecting the socio-economic and ethnic diversity of Nassau County ranging in age from early childhood, adolescence and adults of all ages. Most clients served have a history of chemical dependency; however, approximately 1/3 of our caseload are significant others who have been impacted by the chemical dependency of a loved one. Our understanding of chemical dependency and the reality of our clients presenting with co-occurring mood disorders, personality disorders and other indicators of emotional disturbance has led to an integrated, insight-oriented psychodynamic psychotherapeutic

approach; however, staff utilize an array of treatment interventions including motivational Enhancement therapy and Cognitive Behavioral approaches as an adjunct to insight oriented treatment. Psychiatric evaluations and psychopharmacological treatment is offered to clients as needed along with psychotherapy. Group and/or family treatment is frequently recommended as part of the treatment plan however, the program is committed to long term Individual Treatment, which is offered to most clients. An intensive multi-modality treatment milieu consisting of 9 hours per week of therapeutic intervention is available for those clients with more entrenched, longstanding chemical dependency issues.

Required Training: The internship program will offer a one-year full-time clinical placement (40 hours weekly) from September 1 through August 31 to pre-doctoral interns in psychology. It will include a maximum of 20 hours per week of direct patient contact within the outpatient Chemical Dependency Treatment Program and Mental Health Clinic. Interns will maintain an active caseload of typically 10 individual psychotherapy cases, co-lead at least one psychotherapy group, participate in weekly clinical case conferences and admission/disposition conferences, conduct one psychosocial clinical intake assessment weekly, conduct psycho-diagnostic evaluations, and participate in weekly didactic trainings. Licensed Psychologists will provide supervision to the intern in both individual and group formats, with a minimum of two hours of individual supervision and two hours of group supervision per week. All interns will be supervised by at least two different staff Psychologists.

All clinical staff including interns attend weekly case conferences and didactic presentations on Wednesdays from 3:00 pm to 4:00 pm. These meetings include formal case presentations by staff and trainees focusing on case formulation, diagnoses and treatment planning. Supervisory staff and guest presenters will provide seminars and lectures focusing on a range of topics including psychodynamic psychotherapy with chemically dependent populations, treatment of co-dependent significant others, treatment considerations related to work with mandated clients, psychopharmacology and chemical dependency treatment, treatment of co-occurring disorders, medication assisted treatment of chemical dependency disorders, LGBTQ issues, crisis counseling, counter-transference and therapist self-disclosure, treatment of adolescents and families, self-medication in treatment of anxiety and mood disorders, integration of evidence-based practice such as motivational interviewing and motivational enhancement/CBT, and treatment of other compulsive and addictive conditions (e.g., overeating, compulsive gambling, sex and pornography), epidemiology and contemporary substance use patterns, DSM-5 and diagnostic considerations in the treatment of chemical dependency.

Staff
Joseph Smith, Ph.D. Executive Director, Psychologist, Primary Site Supervisor
Joy Tajes, Ph.D. Project Director Mental Health Clinic
Lee Anne Nadel, NPP, Nurse Practitioner Psychiatry
Diana Tanzosh, LCSW, CASAC Clinical Director, Social Worker
Elizabeth Shorin, Ph.D., Supervising Psychologist
David Hersh, Psy.D. Supervising Psychologist Treatment Program, Supervising Psychologist
Molly Murphy, LMHC, Project Director, Port Counseling Center

Stipend and Additional Support:
For the 2026-2027 training year, interns will receive a stipend of $30,000, payable directly to them as 1099 consultants. For the 2028-2027 training year, interns will receive a training stipend of $35,000, payable

directly to them as 1099 consultants. All benefits are listed in a section, "financial and other benefit support," later in the handbook.

Silver Hill Hospital, New Canaan, CT

Accepting applications for the 2027-2028 training year.

Silver Hill Hospital (https://silverhillhospital.org/) will offer a one-year, full-time clinical placement to Interns in psychology, in partnership with the William Alanson White Institute (see below for site and program description). Interns who match to Silver Hill Hospital will spend 60% of the full-time clinical placement at Silver Hill Hospital and 40% of the full-time placement at the William Alanson White Institute. This part-time placement at Silver Hill Hospital cannot be done independently. The two placements at the William Alanson White Institute and at Silver Hill are complementary and together comprise one full-time Internship track within the Derner Internship Consortium.

Silver Hill Hospital is a private, non-profit hospital that has become a destination treatment center for complex patients in need of a higher level of care and novel treatment approaches. Located in New Canaan, Connecticut (approximately one hour from Manhattan by Metro-North Railroad), Silver Hill Hospital offers a full continuum of care on a 44-acre campus setting, where patients can move easily between two state-of-the-art inpatient units, six residential treatment programs and ultimately into outpatient programming. Patients also come to Silver Hill for an 8-12 day evaluation bringing together expertise from multiple disciplines. Silver Hill Hospital is also a training site for psychiatry residents from Yale School of Medicine, and several supervising physicians have voluntary (clinical) faculty appointments at Yale.

Services: Patients in the residential portion of the hospital participate in a variety of group and individual programming specific to their needs while residing in several houses on campus organized into distinct tracks: Dual Diagnosis, Executives and Professionals, Personality Disorders, Adolescents in Crisis, and Persistent Psychotic Illness. The unique and flexible setting for care, long-standing commitment to dignifying and individualized treatment plans, and specialized expertise among staff in psychology, psychiatry, nursing and social work result in a dynamic setting for innovative team-based care. Group and individual therapy follows evidence-based models with a goal of thinking in an integrative way and from multiple perspectives, in order to better understand and meet our patients' unique challenges. Techniques and treatments are drawn from the psychodynamic tradition as well as CBT, DBT, MBT, CPT, motivational interviewing and SMART recovery approaches. Treatment is complemented by 12-step groups, wellness programming, and thoughtful attention to milieu dynamics. Inpatient and outpatient work is covered by commercial insurances and Medicare, and partial reimbursement of residential treatment is possible in some cases.

Required Training: Interns will have the opportunity to do group and individual work across the inpatient and residential continuum as valued members of a multidisciplinary team. Interns will gain experience with diagnostic assessment, testing, and formulation, contributing to decisions regarding programing at Silver Hill and beyond, while serving as the primary clinician and therapist for a caseload of 1-3 Silver Hill residents. Responsibilities, under supervision, will include up to twice weekly therapy, family meetings, and attendance at team rounds. Interns will also have the opportunity to participate in sponsored training and supervision by experts in 1-2 of the following modalities: MBT,

TFP, DBT and CPT, with a path towards certification and ongoing case supervision with Silver Hill patients at multiple levels of care. Interns learn in an educational community together with social work and counseling interns, psychiatry residents, medical students, and psychiatry and psychology post-doctoral fellows. Group supervision and didactics will take place on Campus in this multidisciplinary setting. The small and flexible nature of the hospital provides for customization of the internship experience based on populations of particular interest, as well as opportunities to be involved in institution-based research endeavors, program development and staff teaching. Interns will be expected to be on site three days out of the week with some rare fourth day availability (remotely) in order to achieve a full learning and immersion experience. Additional aspects of the position include attendance at case conferences, Grand Rounds, Hospital Town Halls and selected community meetings.

Administrators and Supervisors:
Jeffrey Katzman, M.D., Fellowship Director and Director of Education, Silver Hill Hospital
Alexis Briggie, Ph.D., Director of Psychology, Supervisor
Benjamin Bernstein, Ph.D., Supervising Psychologist
Fenia Weiller, Ph.D., Staff Psychologist, Steward House: Executives Program, Supervisor
Frank Yeomans, M.D., Ph.D., Transference-Focused Psychotherapy Supervisor
Andrew Gerber, M.D., Ph.D., President and Medical Director, Silver Hill Hospital
Emily Calderone, PsyD, Staff Psychologist, Steward House: Executives Program, Supervisor

Stipend and Additional Support: For the 2026-2027 training year, interns will receive a stipend of $18,000 to be paid directly to the Intern. All benefits are listed in a section, “financial and other benefit support,” later in the handbook.

William Alanson White Institute, New York, NY
Accepting applications for the 2027-2028 training year.

The William Alanson White Institute (www.wawhite.org) will offer a one-year, part-time (40%) clinical placement to Interns in psychology. Interns who match to the William Alanson White Institute will also match to the part-time (60%) clinical placement at Silver Hill Hospital (see above for site and program description). This half-time placement at the White Institute cannot be done independently. The two part-time placements at the William Alanson White Institute and at Silver Hill are complementary and together comprise one full-time Internship track within the Derner Internship Consortium.

For over 75 years, the William Alanson White Institute of Psychiatry, Psychoanalysis and Psychology has provided advanced level training to mental health professionals in psychoanalysis and psychotherapy and provided modest-cost clinical services to the community. Located in its historic town house on Manhattan’s Upper West Side, the W.A. White Institute has distinguished itself through its high standards and creative contributions as one of the world’s most prestigious and highly regarded psychoanalytic training and treatment centers. The Institute’s founders (including Harry Stack Sullivan, Erich Fromm, Frieda Fromm- Reichmann, and Clara Thompson) shaped the development of interpersonal psychoanalysis, embodying the conviction that psychopathology originates in difficulties in relationships with others and that the personal relationship between therapist and patient is the primary curative force in facilitating growth and development. The White Institute’s graduates continue to make significant contributions to interpersonal and relational psychoanalysis and are widely

recognized for their leadership in professional organizations and important training centers.

Services: Interns who are selected for this program will work in the adult Clinical Services of the Institute, under the direct administrative supervision of Patricia Bellucci, Ph.D., Director of Clinical Psychology Internship Training, who will participate in the selection of their training cases, didactic training seminars, and the determination of the level of clinical supervision they will receive, congruent with their training needs as Interns. In addition, they will work with others -- faculty, supervisors, postdoctoral fellows, and psychoanalytic candidates -- in providing the high-quality treatment services that are the Institute's signature. Subspecialty clinical training with children and adolescents will be available as an option for those qualified Interns who choose this elective rotation. Intensive individual supervision with licensed psychologists who are graduates of the Institute's post-doctoral psychoanalytic training program will be provided to all Interns, along with dedicated didactic and supervisory seminars.
Training: Interns' direct clinical service, a minimum of five hours per week, will be under close individual supervision of White Institute psychologist faculty members, and include opportunities for individual psychotherapy, diagnostic interviewing of clinic applicants, and psychodiagnostic testing evaluations. In addition to didactic training meetings focused on intensive psychotherapy, Interns may elect to attend a range of other didactic and clinical seminars, including Monday Child and Adolescent Development Seminars; Tuesday Clinical Education Meetings, Intake Seminar, and Clinical Case Seminar. Research opportunities may also be developed according to individual skills and interests.

Interns who elect the specialty rotation in Child and Adolescent Psychotherapy will work with patients and families in the Institute's Child and Family Center. In addition, this rotation will offer participation in Monday seminars in areas of developmental psychology, clinical diagnosis, psychological testing, psychotherapeutic technique, and case presentations.

Required Training:

Illustration of Interns' Sample Didactic Training Schedule (Tuesdays)

9:00 am-10:00 am: Interns meet for ongoing didactic training seminars on intensive psychotherapy including, where scheduling allows, guest lectures.

10:00 am-11:30 am: Clinical Education Meetings open to staff, Interns, Institute Candidates, and Postdoctoral Fellows

11:45 am-12:45 am: Intake Seminar

1:00 pm–2:00 pm: Group Supervision of clinic cases

2:00 pm – 3:00 pm: Continuous Case Conference

Overall, the Internship program will offer an immersion in the clinical, intellectual, and professional life of the White Institute, welcoming Interns to attend the rich array of colloquia, workshops, conferences, and special programs that are integral to the Institute's professional community, in addition to core experiences specifically directed toward Internship training. Among the opportunities open to all members of the White Institute's professional community are the monthly meetings of the Institute's specialized study groups and special services, pursuing the interests of members. These include the LGBT Service; Eating Disorders Service, Compulsions, and Addictions Service; Living with Medical Conditions Service; Later Lifespan Development Service; Sexual Abuse Service; Psychotherapy with People in the Arts Service; and Trauma Service.

The W.A. White Institute values personal awareness, self-understanding, and introspective reflection

and, toward this end, encourages its students to pursue personal psychotherapy or psychoanalysis. On a confidential basis, the Institute will make available, to those Interns who wish to explore this opportunity, the option of pursuing affordable personal treatment with an Institute psychoanalyst or psychotherapist.

Administrative and Supervisory Staff:
Jack Drescher, M.D., Interim Institute Director
Patricia Bellucci, Ph.D. Primary Site Supervisor
Izzy Eliaz, Ph.D., Post-Doctoral Fellowship Director, and Supervisor
Cynthia Field, Ph.D. Supervisor

Stipend and Additional Support: For the 2026-2027 training year, interns will receive a stipend of $12,000 to be paid directly to the Intern. All benefits are listed in a section, "financial and other benefit support," later in the handbook.

Greene Clinic (GC)
Accepting applications for the 2027-2028 training year.

Greene Clinic is a group practice and training clinic located in Fort Greene. Our staff includes a mix of licensed and pre-licensure psychologists, social workers, and mental health counselors. We provide sliding scale psychoanalytic and psychodynamic therapy to individuals, couples, and groups across the lifespan. Additionally, we provide training in socially-informed psychoanalytic practice to emerging clinicians; our training includes structured didactics, individual and group supervision of clinical casework at the clinic, neuropsychological testing and participation in an array of optional more specialized supervision groups. Clinical issues presented by the patients include anxiety and depression, emerging adulthood, trauma, relationship issues, LGBTQ concerns, academic and occupational difficulties, multicultural identity, and living with severe mental illness.

Clinical Training: Trainees at the clinic receive instruction and supervision in psychodynamic and psychoanalytic psychotherapy spanning various schools of thought (relational, Kleinian, Lacanian, object-relations, Freudian, etc.).

Interns are expected to carry a case load of 15 clinical hours per week. The majority of trainee caseloads consist of individual weekly therapy with adults. However, many trainees will also choose to work with couples, families, groups, children, and/or adolescents. Greene Clinic requires interns who are new to working with these populations to attend specialized group supervision (details below) during at least the beginning stages of the treatment.

Each trainee is matched with a primary and secondary supervisor according to their interests. Throughout the training year, interns will attend weekly group supervision with a consistent cohort. Didactics will take place in the form of multiple 4-6 week long seminars with a rotating cohort, and interns will be able to indicate their preferences for didactics topics.

Examples of previous didactics topics include: beginning treatment (setting the frame, fee setting, interviewing skills, transference/countertransference), developmental trauma, sexuality, eating problems, race, suicidality & high-risk treatments, psychosis, personality disorders, fascism & political violence, Freud, Klein & the Neo-Kleinians, Lacan, Winnicott, and relational theory.

The internship year runs from September 1 to August 31st.

Supervision/Didactics: Interns join all Greene Clinic trainees in person for weekly didactics and group supervision at either the 574 Atlantic or 89 Fort Greene Place offices (both in Downtown Brooklyn/Fort Greene).

Didactics: Mondays from 12-1:15
Group supervision: Mondays 1:30-2:45

Optional additional group supervisions include:

- Couples group supervision: held over Zoom on Thursdays at noon
- DBT group supervision: held over Zoom on Wednesdays at 11:45
- Child supervision: held over Zoom on Thursdays at 3pm

Interns receive 2 hours of individual supervision weekly, one hour each with a primary and secondary individual supervisor. When conducting neuropsychological assessments, interns additionally receive specialized supervision.

Additional opportunities include: conducting asylum interviews, writing gender affirming surgery letters, writing emotional support animal letters. GC offers specialized training and supervision for each.

Staff:
Cassie (Catharine) Kaufmann, PhD
Jennifer Marion, PhD
Sophia Frydman, PhD
Loren Dent, PhD
Matthew Oyer, PhD
Roula Hajjar, LCSW
Saman Kamgar-Parsi, LCSW
Jordan Dunn, PhD
Sara Richardson, PhD
Gabriella Cardona-Morales, PhD

Private Practice Business and Administration: Greene Clinic's model is intended to prepare trainees to manage their own private practices. As such, trainees receive instruction on fee-setting, billing, preparing and submitting out-of-network insurance claims, and processing in-network insurance claims through Headway. As they move closer to independent licensure, trainees may attend workshops on transitioning to private practice. This can include considerations around finding office space, paneling with health insurance, decisions around incorporating, soliciting referrals, securing malpractice insurance, and other related elements of practice management.

Stipend and Additional Support: GC provides a training stipend of $35,000 paid directly to the Intern. The intern additionally receives 3 weeks PTO (inclusive of sick days and bank holidays) and the option to split health care costs with the clinic.

Remote and In-Person Work: Greene Clinic clinicians and trainees conduct clinical services both in person and remotely. Interns typically work in the office 2-3 days per week, comprising about ⅔ of their weekly patient hours. Offices are located in Brooklyn at 89 Fort Greene Place and at 574 Atlantic Avenue.

Program Disclosure Statement/Background Checks

Internship applications may be discussed among the staff at participating sites as well as the Internship Consortium Training Director. If selected into this program, Internship files (including application, written evaluations, etc.) will be shared with APA site visitors during any accreditation visits.

Interns may be required to submit background checks prior to beginning training. These checks may include (but are not limited to): social security number verification, felony and misdemeanor (primary and secondary court search), seven year residency history based on given addresses and others found from the Social Security verification (including all names), sex offender – national, national criminal record file – adjudicated, and federal criminal record. Interns may be asked to provide health related documents including proof of COVID vaccination, MMR documents, HepB documents, History of Varicella, and a recent TB test. Failure to pass background checks and/or provide necessary documentation may result in revocation of Internship offer.

Program Admissions, Support, and Outcomes Data (Updated July 2026)

Internship Program Admissions: This description is consistent with the program's policies, also described earlier in this Handbook, on intern selection and practicum and academic preparation requirements.

The Internship Consortium training experience is situated in a variety of outpatient settings including substance use treatment centers, a private psychiatric hospital, a psychoanalytic institute, a private group practice, and community mental health centers. Accordingly, applicants should demonstrate interest and, if available, prior experience in working with the specific populations treated at sites to which they apply. These include, for example, and where applicable, substance use disorders among adults, inpatient and day treatment programs, and psychoanalytic approaches to treatment.

The training seeks to build on the broad and general skills developed during an applicant's preceding four years of doctoral education and training in order to graduate competent, entry-level clinical psychologists who can function independently in a variety of settings and continue to develop professionally throughout their careers. The Internship program utilizes a developmental approach, providing training that is sequential, built on skills and knowledge the Intern attains while in training, and graded in complexity. Interns are encouraged to assume a gradually increasing degree of professional responsibility and autonomy as the training year progresses.

Additional entrance requirements are enumerated below.

Clinical Experience: Applicants are required to have attained the following minimum number of hours of supervised training at time of application:

Total Direct contact Intervention Hours	Amount: 500
Total Direct Contact Assessment Hours	Amount: 80

Other required minimum criteria used to screen applicants include the following:

Applications are accepted only from APA or CPA-accredited doctoral training programs in clinical, counseling, and school psychology. Students are expected to have satisfactorily completed academic requirements (three and one-half years of full-time training or the equivalent) preparatory to the Internship including the doctoral dissertation proposal. Further, they are expected to be on track to complete the fourth year before beginning Internship training.

Applicants are expected to have completed two external practica and additional training at their respective Programs' on-site clinics.

Applicants will have demonstrated competency in scholarship through criteria of their respective doctoral programs, i.e., successful completion of the proposal stage of the doctoral dissertation.

Applicants must show evidence of good writing skills (professional, organized, articulate) as shown in application materials, including the required supplemental (to the APPI) psychotherapy case report.

Applicants must have three letters of recommendation (one from a core faculty professor addressing abilities and progress in the academic portion of their respective programs, and two from clinical supervisors who are well acquainted with the applicant's clinical work. A copy of a psychotherapy case report (de-identified) is required as supplemental material.

Parental Leave during Internship Training
Given the timing of psychology graduate training, it is not unusual for interns to take on new childcare responsibilities during their internship training. We endorse guiding principles provided by APPIC, that it is important for training programs and trainees to come to mutually agreeable solutions that accomplish, at a minimum, the following goals:

- Allow appropriate parental leave for parents and their new children.
- Provide sufficient time for bonding with new children and postpartum recuperation (in the event of birth) for mothers, which may include physical healing, establishing breastfeeding (should a mother choose to do so) and managing with postpartum depression or anxiety.
- Ensure that trainees meet the program's aims, training goals, competencies and outcomes
- Comply with state, federal, and institutional standards regarding parental leave.

Lactation Accommodation during Internship Training
In accordance with New York State and federal law, internship sites hosting trainees must ensure the following in regard to lactation accommodations:

- The site shall designate a private room or other location (not a restroom or toilet stall) close to the employee's work area, which is shielded from view, free from intrusion by others, and available when needed for the expression of breast milk.
- If a refrigerator is provided at the worksite, Interns must have access to store expressed milk.
- The law provides that the Intern shall be allowed reasonable break time each time they have a reasonable need to express breast milk up to three years following the birth of a child.

We strive to be as creative and flexible as possible in accommodating the family needs of our trainees.

This includes at the time of birth or adoption and in the times both before and after when medical appointments or other complications for parents and/or children may occur. In turn, we ask trainees to be open-minded, realistic and collaborative when requesting leave.

Due Process for Problem Behavior Advisement and Remediation, Probation, Termination, and Appeal

Definition of Problem Intern Behaviors

Problem Intern behaviors are defined as behaviors or attitudes that seriously disrupt the Intern's capacities to deliver clinical services; maintain working relationships with peers, supervisors or other staff; or adhere to appropriate standards of ethical and professional behavior. Problem Intern behaviors are distinguished from weaknesses, that do not produce these serious consequences, and that are the focus of ongoing supervision. In fact, identification of areas of strength and weakness is an integral part of training and of the Intern's professional development throughout the year.

Problem behavior is defined broadly as interference in professional functioning, reflected in one or more of the following ways:

1. Inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
2. Inability to acquire professional skills in order to reach an acceptable level of competency, and/or
3. Inability to control personal psychological dysfunctions, and/or excessive emotional reactions, which interfere with professional functioning over an extended period of time

Problem behavior is characterized by the following features:

1. The quality of services delivered by the Intern is negatively affected over a significant period of time
2. The problem is not restricted to one area of professional functioning
3. The Intern persistently does not acknowledge, understand, or address the problem when it is identified.
4. A disproportionate amount of attention by training personnel is required; and/or
5. The problem behavior does not change as a function of feedback, remediation efforts, and/or time

Advisement of Problem Behaviors, Remediation, Probation, and Termination

When, through the twice-yearly Intern evaluation process or at other necessary junctures, Intern problem behavior, having the above characteristics is identified, a series of procedures for responding is initiated. These include:

1. The Training Director will convene a Review Committee consisting of him/herself, the affiliate site primary supervisor, and another member of the faculty of the Derner School of Psychology to review the negative evaluations obtained, and determine the appropriate course of action.
2. The Intern will be advised in writing of this review, and invited to provide a statement or information.
3. With all information in hand, the Training Director will take one or more of the following actions:

    a. The Committee may determine that no further actions, other than existing supervision, monitoring, evaluation, and timely feedback are needed; or

b. The Committee may produce an Acknowledgment Notice, to the Intern, stating:

i. The Committee is concerned about the problem behavior, that the Intern has been advised of the problem behavior, and that a plan for remediation, with a specific time frame, has been initiated. The plan could include interventions such as enhanced supervision with the same or other supervisors, and/or other appropriate interventions. The time frame for review of the problem behavior will be three months or, if sooner, the next regularly planned Internship training evaluation; or

ii. The Committee is concerned about the problem behavior that the Intern has been advised of the problem behavior, but that no further action, other than existing supervision, monitoring, evaluation, and feedback, is needed; or

c. The Committee may compose and give a Probation Notice to the Intern. Probation is intended as a remediation-oriented, time-limited action, during which the Intern's continuing ability to complete the Internship will be assessed. At the end of Probation, the Committee will determine that the Intern will be able to return to more fully effective functioning; or will not be able to do so. The Probation Notice will include:

i. A description of the problem behavior;
ii. A plan for remediation - which could include interventions such as: enhanced supervision, with the same or other supervisors; change in the approach and/or emphasis of the supervision; recommendation for leave of absence; and/or other intervention(s);
iii. A time frame for probation, during which problem amelioration is expected. A reasonable time frame for review of the problem behavior, and the Probation, will have been determined by the Committee, and specified in the Probation Notice; and
iv. Procedures for assessing whether or not the problem has been appropriately rectified.

4. Following Acknowledgment or Probation Notice, the following action steps will be taken:

a. The Training Director and the Intern will review the remediation plan and time frame. The Intern may decide either to accept the plan, or to challenge it.

b. The Training Director will notify the Intern's Director of Clinical Training, in writing, of the Intern's problem behavior, Probation status, and the plan and time frame for remediation. If Probation has the potential to interfere with the Intern's accrual of sufficient training hours for completion of Internship, the Intern, and his/her home doctoral program will be advised of this, in writing. A copy of this notification will be given to the Intern.

5. At the specified time point for evaluation of Probation status, the Committee will review the problem behavior and Probation status. If the remediation plan has not rectified the problem behavior, and/or the Intern seems unable or unwilling to improve his/her problem behavior, the Committee will take one or more of the following actions:

a. The Committee will extend Probation status, under the same conditions, for a specific time period, and notify the Intern of this, in writing; or

b. The Committee will extend Probation status, while suspending the Intern from professional activities compromised by the problem behavior for a specific, reasonable, time period during which evidence that the problem behavior is rectified could be obtained. Suspension of professional activities will occur only when the determination that the welfare of the Intern's patients could be jeopardized. The Committee will notify the Intern of this, in writing. If Suspension has the potential to interfere with the Intern's accrual of sufficient training hours for completion of Internship, the Intern, and the Derner School's Director of Clinical Training will be advised of this, in writing. At the end of the suspension period, the Training Committee will review the problem behavior and the indications for suspension, and determine if, and when, the professional activities could be resumed; or

c. The Committee will extend Probation status, while placing the Intern on Administrative Leave, and withdrawing all responsibilities and privileges at the training agency. Administrative Leave will only be recommended in the event of the Intern's severe violations of the APA Code of Ethics: imminent risk of physical or psychological harm to a patient; or inability to complete the Internship, due to incapacitating illness. The Committee will notify the Intern, and his/her Director of Clinical Training of this and its effects on stipend, any benefits, and accrual of sufficient hours for completion of Internship, in writing. If Administrative Leave has the potential to interfere with the Intern's accrual of sufficient training hours for completion of Internship, the Intern, and his/her Director of Clinical Training will be advised of this in writing; or

d. The Committee will recommend that the Intern be terminated immediately from the Internship program. Actions for termination will be initiated. Termination will only be recommended in the event of the Intern's severe violations of the APA Code of Ethics: imminent risk of physical or psychological harm to a patient; or inability to complete the Internship, due to severe physical or mental illness. Termination will be recommended only after all specified remediation interventions do not rectify the identified problem behavior(s) after reasonable time periods. The Intern, as well as his/her Director of Clinical Training, will be notified, in writing, of this. If appropriate, the Committee will recommend that the Intern consider alternatives to his/her original career goals;

6. At end of the training year, for Interns on active Probation status, the Committee will review the problem behavior(s) and Probation status, to determine whether or not the conditions for revoking Probation status have been met. If the Committee determines that problem behavior has not been rectified, and the Intern has, thus, not fulfilled program requirements for Internship completion, the Intern will be advised, in writing, that he/she has not completed the Internship. This will only be recommended in the event of the Intern's severe violations of the APA Code of Ethics, imminent risk of physical or psychological harm to a patient; or inability to complete the Internship, due to severe physical or mental illness. It will be recommended only after all specified remediation interventions do not rectify the problem behavior after reasonable time periods. The Intern, as well as his/her Director of Clinical Training, will be notified in writing of this. If appropriate, the Committee will recommend that the Intern consider alternatives to his/her original career goals.

Appeal

At any point in the Evaluation, Advisement, Remediation, Probation and Termination process, an Intern can initiate an appeal process to challenge an action. The Intern has a five-working day window within which to notify the Training Director, in writing, of his/her intent to make this challenge. After this, the Intern has a 5-workingday window within which to provide written explanation of his/her challenge. Grounds for appeal may consist of new information, failure of the Internship to follow procedures, inappropriately excessive consequences, or any other issues the Intern may put forward that may form the bases of an appeal.

With the Intern's written challenge in hand, the Training Director convenes an ad-hoc Review Panel to consider the appeal. The Review Panel is composed of the Internship Training Director, the Derner School of Psychology's Associate Dean, and two other faculty members of the Derner School. The Training Director convenes the Review Panel but does not vote on decisions. The Review Panel considers the challenge and its evidence, and within 10 working days, makes a recommendation determined by majority opinion, to the Internship Training Director, who then meets with the Intern to discuss the decision of the Review Panel.

Grievance Procedures

A grievance procedure may be necessary if an Intern has a complaint against the Internship training program. Interns may grieve on all aspects of their training experience. To illustrate, complaints may arise concerning administrative procedures such as evaluations, stipends, or concerning individuals.

Often, a complaint will arise in the context of a conflict between an Intern and a Supervisor, fellow Intern, or staff member. Interns may grieve on all aspects of their training experience. Whatever the source and whatever the concern, it is preferable that an attempt be made to resolve the conflict through informal interaction with the Training Director when it concerns aspects of the Internship Program, or directly with the person(s) who may be the object of the complaint. The Training Director encourages and guides Interns in handling conflicts informally.

If this is not successful, the procedure becomes formalized and follows the protocol described below, continuing with an informal approach described below in 1.

1. A meeting is scheduled with the Training Director to discuss the conflict. It may be decided at this point to have another meeting with the other party or parties involved. If these steps are successful in resolving the conflict, the procedure ends.
2. If step 1 is not successful, the Intern is advised he/she may submit a written grievance to the Training Director. This should include all of the relevant details including a proposed resolution. The Training Director may call a second meeting with all parties involved or whomever he or she believes is appropriate. A written copy of the grievance will be given to the persons involved. If this meeting results in an agreed upon course of action, it will be summarized by the Training Director and distributed to all persons involved.
3. If step 2 is unsuccessful, or if the Training Director is the object of the complaint, the Training Director informs the Intern about his/her right to bring the grievance to the Associate Dean of the Derner School of Psychology, to whom the Training Director reports. The Associate Dean will convene a review panel of him or herself and two other members of the faculty of the Derner School of Psychology to hear the grievance and attempt a resolution. The Intern may also request to meet with the

review panel or be asked to supply information or to meet with the review panel. All parties involved will be informed of the resolution.

The decision of the review panel may include but is not limited to the following:

a. No action is deemed necessary.
b. The Intern may be reassigned to work with a different supervisor/staff.
c. The Intern may be reassigned to another site.
d. The supervisor/staff/Director will be referred to their HR department or appropriate committee of their agency for further action.

In the event that all steps fail to resolve any matter under any section of this Handbook, or if the issue/s are of such a serious nature that require urgent action, the Intern or the review panel may refer the action immediately to APPIC or the Dean of the Derner School of Psychology, who will render a decision as to how to resolve the issue that may include, but is not limited to, the following:

a. No action is deemed necessary.
b. The Intern may be reassigned.
c. The supervisor/staff/Director may be reassigned.

In the event that all steps fail to resolve any matter under any section of this Handbook, or if the issue/s are of such a serious nature that require urgent action, the Intern or the review panel may refer the action immediately to APPIC or the Dean of Derner School of Psychology, who will render a decision as to how to resolve the issue that may include, but is not limited to, the following:

a. No action is deemed necessary.
b. The Intern may be reassigned.
c. The Supervisor/staff/Director may be reassigned.
d. Intern may be dismissed from the Internship.
e. Supervisor/staff/Director may be dismissed in accordance with their HR policies.

The Internship's investigation and resolution of Intern or Staff concerns that are the subject of a grievance will be consistent with established policy and procedure of Adelphi University, as well as with all applicable law.

Information from the APPIC website was used in the creation of these Grievance Procedures and includes consultation provided by the Mid-Atlantic Internship Consortium, Argosy University, Training Director, Gayle Norbury, Ph.D.

Maintenance of Records

Records pertaining to Interns' performance, evaluation, remediation/termination and/or grievances and appeals are maintained permanently by the host institution following the Interns' completion of or dismissal from Internship.

Derner Internship Consortium Policy on Telesupervision

The relationship between supervisor and intern should be evaluative and hierarchical, extend over time, and have the simultaneous purposes of enhancing the professional functioning of the intern, monitoring the quality of professional services offered, and serving as a gatekeeper for those who are to enter the profession. In-person supervision is supervision of psychological services where the supervisor is physically in the same room as the trainee. Telesupervision is defined by the American Psychological Association's Commission on Accreditation as "clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee." (Standards of Accreditation Implementing Regulation C-13D). C-13D requires that programs who use any telesupervision have an explicit policy about its use. Our policy is detailed below.

Relevant Regulations:
Per American Psychological Association (APA) Standards of Accreditation (SoA) Implementation Regulations (IR) Section C, pg 89: "The CoA recognizes that accredited programs may utilize telesupervision in their program curriculum. At the same time, the CoA recognizes there are unique benefits to in-person supervision. Benefits to in-person supervision include, but are not limited to: opportunities for professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision, all of which are essential aspects of professional development, ensuring quality, and protecting the public. Therefore, the CoA recognizes that there must be guidelines and limits on the use of telesupervision in accredited programs."

In response to the current APA Implementing Regulations in this area, we articulate the following:

1. Specify how many of the 4 hours of required supervision may be provided via telesupervision and via in-person supervision: All interns will have at least 50% of the 4 hours of required supervision provided via in-person supervision. The exact proportion of in-person to telesupervision will depend on specific intern training goals and needs and overall weekly schedule as a portion of our supervisors work a hybrid in-person/telework schedule across each of our internship tracks.

2. Specify how many hours of individual and group supervision may be provided via telesupervision and via in-person supervision: In accordance with the policy that at least 50% of the 4 hours of required supervision will be provided in-person, no more than two total hours of supervision will be provided via telesupervision. Exact number of individual supervision hours will vary according to trainee rotations and overall weekly schedule based on training goals and needs.

3. An explicit rationale for using telesupervision: Skill in both in-person and virtual formats for patient care, supervision, and team meetings will be required of early career professionals, and supervision in both modalities greater ensures competency in both formats. Additionally, telesupervision can maximize both trainee and supervisor schedules/availability to allow for best timing, access to experts in various specialty areas, flow, and diversity of high-quality supervision, specific to the trainee's training goals and needs, throughout the week. Using telesupervision as an alternative form of supervision allows trainees to participate in relevant clinical training that may not otherwise be available to them and allows for the continuation of high-quality training even in extenuating circumstances that might preclude in person supervision.

4. How telesupervision is consistent with their overall aims and training outcomes: Our training model emphasizes intensive supervision, sufficient in both quality and quantity, and tailored to the needs of individual interns. Close supervision is imperative to build clinical skills, identify and correct areas of weakness, build on strengths and alleviate insecurities, and resolve concerns as interns assume direct clinical responsibilities of increasing complexity. Our goal is to provide our trainees with a comprehensive training experience that will enable them to become highly effective clinicians. The primary training method is experiential with conscientious attention to didactics, mentoring, modeling and supervisory guidance, according to the needs and desires of the individual trainee. Our approach to telesupervision is consistent with our overall program aims and training outcomes. Telesupervision allows supervisors to be engaged and available to assigned trainees, oversee client care, and foster trainee development, even in circumstances that preclude in-person interactions. Incorporating telesupervision allows us to continue to offer a broad array of training opportunities with the above aims that are not restricted by supervisor in-person schedules, allowing for increased flexibility and trainee-centered decisions in the formulation and implementation of training plans.

In-person supervision has unique benefits, including the availability of nonverbal and affective cues that can assist in relationship formation and evaluation of competence. To ameliorate the potential drawbacks of telesupervision, trainees and supervisors engaging in telesupervision should be informed of the inherent challenges of the format and must work collaboratively to identify strategies to minimize potential risks and maximize the effectiveness of psychological services in this format. Trainees and supervisors should discuss the potential for miscommunication, environmental distractions, temptation to multitask, technology failures, lack of dedicated workspace, etc. Supervisors are encouraged to set clear expectations and learning objectives at the outset of the supervisory experience with each trainee and to regularly review these throughout the supervisory relationship. Trainees should receive ongoing feedback to ensure they are progressing appropriately within core clinical competency areas.

5. How the program engages in self-assessment of trainee outcomes and satisfaction with use of telesupervision versus in-person supervision: Trainees are encouraged to form and maintain an open and transparent dialogue with supervisors regarding the effectiveness of telesupervision and their satisfaction with telesupervision. Trainee outcomes and satisfaction with supervision, whether telesupervision or in-person, are assessed at mid-year and end-of-year through our Supervisor Rating Form. Should the format of supervision not meet any party's training needs, an alternative training plan will be established.

6. How and when telesupervision is utilized in clinical training: Due to the clinical schedules/location of supervisors, telesupervision will be offered to allow for flexibility and trainee-center decisions in the formulation and implementation of training plans. In particular, telesupervision is used in place of in-person supervision when meeting physically is not possible or is not safe (such as extenuating schedule, travel, life events, or public health emergencies). It is not used for the sole purpose of convenience. Regardless of modality, all elements of appropriate clinical supervision are required. Telesupervision will be held over an institution-approved format that allows for both video and audio. Telephone supervision should only be utilized in rare instances when technology fails and synchronous video telesupervision is not possible. Only non-public facing video technology will be permitted for the use of telesupervision, to ensure the confidentiality requirements are met. Both the supervisor and supervisee must ensure they have a quiet and private place in which to virtually meet for supervision. As with in-person supervision, telesupervision is expected to occur during scheduled and planned intervals. For supervision that typically occurs in person, telesupervision may be utilized as an alternative option

for increased continuity in instances of severe weather or illness, as appropriate, that would not allow for an in-person meeting.

7. How it is determined which trainees can participate in telesupervision: Telesupervision will be available to all trainees. Effectiveness and appropriateness of telesupervision will be monitored on ongoing basis through the biannual evaluations conducted via the Supervisor Rating Forms. Should the format of supervision not meet any party's training needs, an alternative training plan will be established.

8. How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience: Supervisors and trainees will meet at the beginning of the training period to discuss the parameters of the telesupervision, standard operating procedures for the placement experience, and emergency procedures. Ideally, in-person meetings between supervisor and supervisee are encouraged, especially early on in supervisory relationship development. We also encourage supervisors to check in regularly with supervisees about their telesupervision experience. Furthermore, the requirement that telesupervision involve use of video will allow nuanced communication. Supervisors must inform trainees of how to reach them in between supervision sessions for consultation and informal discussions, as needed. Supervisors should be comfortable with the use of technology and be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, and responsive to email/messaging/phone calls). Such availability for consultation and socialization as well as our demonstrated interest in the learning and development of our trainees serves to foster the development of strong supervisory relationships.

9. How the supervision relationship is facilitated, maintained, and monitored for ruptures: The process for facilitating, maintaining, identifying and responding to ruptures is the same regardless of supervision modality. Otherwise, all trainees and supervisors are regularly encouraged to contact the Training Director with any concerns related to supervision or training in general.

10. How an off-site supervisor maintains full professional responsibility for clinical cases: The off-site supervisor maintains full oversight and professional responsibility for the clinical care being provided by the trainee under their supervision and has clinical privileges within the institution the care is being provided. On-site and/or remotely working clinical staff are also available to trainees and maintain communication with the direct supervisor regarding any assistance they provide in responding to a trainee's needs or client care. It is the responsibility of the supervisor providing telesupervision to arrange an identified on-site licensed provider and to find alternative accommodations should the designated on-site licensed provider be out of the office.

11. How non-scheduled consultation and crisis coverage are managed: Trainees are encouraged to access their own supervisors, the Training Director, the Track Directors, and/or any training program supervisors for non-scheduled consultation or crisis coverage as needed.

12. How privacy and confidentiality of the client and trainees are assured: Supervisors and supervisees will only conduct supervision that pertains to the discussion of confidential client information from settings in which privacy and confidentiality can be assured, whether this be in the office or a home-based setting. The videoconferencing platform used must provide end-to-end encryption and meet HIPAA standards.

13. The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor: Supervisors and trainees complete of all required trainings to ensure competency with technologies being utilized for telesupervision. Trainees are trained in the use of telesupervision platforms and emergency procedures at the start of the training year. Trainees and supervisors are provided with the appropriate technology for the use of these platforms.

14. How it ensures that supervisors are competent to provide telesupervision: It shall be the supervising psychologist's responsibility to provide telesupervision, to:

- Maintain a license to practice psychology in the state where training takes place (New York and/or Connecticut);
- Maintain full legal functioning authority and professional responsibility for the welfare of the client and have functional authority over the psychological services provided by the supervisee.
- Establish a clear protocol for managing emergency consultation and be available to the supervisee as needed in the event of an emergency with a client;
- Ensure telesupervision is conducted via two-way video/audio or audio-only transmissions simultaneously;
- Take into account the training needs of the supervisee and the service needs of the clients, protecting them from harm;
- Inform the supervisee of the risks and limitations specific to telepsychology supervision, including limits to confidentiality, security, and privacy;
- Identify at the onset of each contact the identity of the supervisee, as well as the identity of all individuals who can access any electronically transmitted communication;
- Inform supervisees of procedures to manage technological difficulties or interruptions in service;
- Obtain and maintain competence in the chosen telecommunication technology;
- Ensure that telesupervision is provided in compliance with the supervision requirements of the licensing board.

15. What circumstances would lead to changing between telesupervision and in-person supervision: Telesupervision may not be appropriate for all trainees. If the telesupervision format is interfering with efficient use of the supervision hour, interfering with effective engagement in all aspects of the supervision encounter, or creating distraction, this would be addressed directly, and we would assess the need for a transition in the modality of supervision should concerns persist.

16. How are diversity, equity, inclusion, and accessibility issues considered and addressed: Professional and ethical conduct, as well as the highest standards for quality of care with multicultural awareness, are highly emphasized in this program. Trainees are provided private office space to engage in telesupervision on site. Should a trainee need further accommodations to engage in telesupervision or utilize the necessary platforms, the training program will work with the trainee to ensure appropriate accommodations are offered. The training program expects that telesupervision (like in-person supervision) will routinely involve discussion of diversity, equity and inclusion-focused concepts related to the supervisory relationship and patient care.

Internship Program Support: Financial and Other Benefit Support for 2026-2027 Training Year (listed separately for each training site)

The Center for Motivation and Change*

Annual Stipend/Salary for Full-time Interns	$32,000
Annual Stipend/Salary for Half-time Interns	n/a
Annual Dissertation/Research Stipend for Full-Time Interns	$3,000
Annual Dissertation/Research Stipend for Half-Time Interns	n/a
Program provides access to medical insurance for Intern?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	80
Hours of annual paid sick leave	80
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Long Island Reach*

Annual Stipend/Salary for Full-time Interns	$30,000
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for Intern?	no
If access to medical insurance is provided	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	160
Hours of annual paid sick leave	96
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Silver Hill Hospital*

Annual Stipend/Salary for Full-time Interns	n/a
Annual Stipend/Salary for Half-time Interns	$18,000**
Program provides access to medical insurance for Intern?	no
If access to medical insurance is provided	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	40
Hours of annual paid sick leave	40
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	N/A

*Note: programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

** Stipend for 60% of full-time clinical placement. Interns who are placed at Silver Hill Hospital will complete the other 40% of their clinical placement at the William Alanson White Institute, which will provide an additional stipend of $12,000.

The William Alanson White Institute*

Annual Stipend/Salary for Full-time Interns	n/a
Annual Stipend/Salary for Half-time Interns	$12,000**
Program provides access to medical insurance for Intern?	no
If access to medical insurance is provided	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	40
Hours of annual paid sick leave	40
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	N/A

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

** Stipend for part-time (40%) clinical placement. Interns who are placed at the William Alanson White Institute will complete part of their clinical placement (60%) at Silver Hill Hospital, which will provide an additional stipend OF $18,000.

Internship Program Support: Financial and Other Benefit Support for 2027-2028 Training Year (listed separately for each training site)

The Center for Motivation and Change*

Annual Stipend/Salary for Full-time Interns	$35,000
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for Intern?	Yes
If access to medical insurance is provided	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	80
Hours of annual paid sick leave	80
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Long Island Reach*

Annual Stipend/Salary for Full-time Interns	$35,000
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for Intern?	no
If access to medical insurance is provided	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	160
Hours of annual paid sick leave	96
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Silver Hill Hospital*

Annual Stipend/Salary for Full-time Interns	n/a
Annual Stipend/Salary for Half-time Interns	$20,000**
Program provides access to medical insurance for Intern?	no
If access to medical insurance is provided	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	40
Hours of annual paid sick leave	40
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	N/A

*Note: programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

** Stipend for 60% of full-time clinical placement. Interns who are placed at Silver Hill Hospital will complete the other 40% of their clinical placement at the William Alanson White Institute, which will provide an additional stipend of $12,000.

The William Alanson White Institute*

Annual Stipend/Salary for Full-time Interns	n/a
Annual Stipend/Salary for Half-time Interns	$12,000**
Program provides access to medical insurance for Intern?	no
If access to medical insurance is provided	
Trainee contribution to cost required?	n/a
Coverage of family member(s) available?	n/a
Coverage of legally married partner available?	n/a
Coverage of domestic partner available?	n/a
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	40
Hours of annual paid sick leave	40
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Benefits begin the day of hire.	N/A

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

** Stipend for part-time (40%) clinical placement. Interns who are placed at the William Alanson White Institute will complete part of their clinical placement (60%) at Silver Hill Hospital, which will provide an additional stipend OF $18,000.

Greene Clinic

Annual Stipend/Salary for Full-time Interns	$35,000
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for Intern?	yes
If access to medical insurance is provided	
Trainee contribution to cost required?	50%
Coverage of family member(s) available?	yes
Coverage of legally married partner available?	yes
Coverage of domestic partner available?	yes
Hours of annual paid personal time off (personal time off and/or vacation, and holidays)	3 weeks (100 hours)
Hours of annual paid sick leave	(included in the 3 weeks PTO)
In the event of medical conditions and/or family leave needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	yes
Benefits begin two months after start date.	

*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Internship Admissions, Support, and Initial Placement Data

Initial Post-Internship Positions for Interns in the 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-21, 2021-22, 2022-23, 2023-24, 2024-2025, and 2025-2026 training years (aggregated total):

Total # of interns who were in the 10 cohorts	69	
Total # of interns in the preceding 3 cohorts	20	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching	1	N/A
Community mental health center	14	8
Consortium	N/A	N/A
University Counseling Center	3	N/A
Hospital/Medical Center	6*	N/A
Veterans Affairs Health Care System	2	N/A
Psychiatric facility	1	N/A
Correctional facility	N/A	1
Health maintenance organization	N/A	N/A
School district/system	1	N/A
Independent practice setting	23*	3
Independent primary care facility/clinic	4	N/A
Other	1	N/A

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, this data reflects their primary position.

*Includes one part-time placement