Walter Reed National Military Medical Center

NAVY CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

2019-20 TRAINING MANUAL

4 June 2019

MEDICAL CENTER DIRECTOR (Acting)
Colonel Rodney S. Gonzales, M.D.
Medical Corps, United States Army

PROGRAM DIRECTOR
Richard D. Bergthold, Psy.D.
CAPT, MSC, USN (RET)
(301) 319-2997

Walter Reed National Military Medical Center
Department of Behavioral Health Consultation and Education
8960 Brown Drive
Bethesda, MD 20889-5629

TABLE OF CONTENTS

PREFACE

The following Manual provides a detailed description of the principles, aims, and competencies of the Navy Clinical Psychology Internship Program at the Walter Reed National Military Medical Center, one of three Navy Clinical Psychology Internships. The other Navy Internship sites are located at the Naval Medical Center, San Diego, CA, and the Naval Medical Center, Portsmouth, VA. Only the internship programs at Walter Reed National Military Medical Center and Naval Medical Center San Diego participate in the Association of Psychology Post-Doctoral and Internship Centers (APPIC) Internship Match. Applicants have the option of applying to one or both sites. Applications are reviewed by a single Navy Selection Board. Matches are dependent on the rankings of applicants made by the Selection Board and by the rankings of the Navy sites made by the applicants. It is important for the applicant to acquire sufficient information about both sites so that informed rankings can be made. Any resulting APPIC Match with a Navy internship will be with one specific internship site.

Applications for the Navy Clinical Psychology Internship Programs have two parts:
1) the standard application and supporting documents submitted for the APPIC Match, and 2) the information needed to establish the applicant's qualifications to be commissioned as a naval officer. The second part of the application MUST be completed with the assistance of a Navy Medical Programs Officer Recruiter (see Appendix A for additional information).

The Navy internship sites do not function as a formal Consortium as defined by the American Psychological Association, although their programs are similar and they work in cooperation with one another.

The Navy internship sites will make a reasonable effort to share address lists of persons who write requesting information from any particular site. However, it remains the responsibility of the applicant to seek out the information he/she needs to make informed decisions.

PROGRAM DIRECTORS

Richard Bergthold, PsyD
CAPT, MSC, USN (RET)
Psychology Internship Program Director
Walter Reed National Military Medical Center Bethesda, MD
richard.d.bergthold.civ@mail.mil

David Mather, PhD
CAPT, MSC, USN (RET)
Psychology Internship Program Director
Naval Medical Center San Diego, CA
david.b.mather2.civ@mail.mil

Michael Franks, PsyD
CDR, USPHS
Psychology Internship Program Director
Naval Medical Center Portsmouth, VA
michael.j.franks2.mil@mail.mil

NAVY PSYCHOLOGY NATIONAL TRAINING DIRECTOR

David Jones, PhD
CAPT, MSC, USN
Navy Psychology National Training Director (Acting)
Naval Medical Center Portsmouth, VA
david.e.jones196.mil@mail.mil

OVERVIEW

The Navy Clinical Psychology Internship Program (CPIP) is sponsored by the Department of Behavioral Health Consultation and Education at the Walter Reed National Military Medical Center (WRNMMC), Bethesda, Maryland. WRNMMC is the nation's largest military medical center. Considered "The Nation's Medical Center," WRNMMC represents the joining of the "Best of the Best" in military medicine when the National Naval Medical Center and Walter Reed Army Medical Center came together in September 2011, to form the Walter Reed National Military Medical Center as decreed by the Base Realignment and Closure law of 2005.

WRNMMC is a leader in healthcare, providing some of the most advanced and state of the art medical care available anywhere in the world. In addition to being the largest and pre-eminent medical center in the Department of Defense, WRNMMC is also home to the military's most comprehensive center for graduate medical education, with 75 medical and allied health programs training nearly 700 healthcare providers in all three military services, and staffed by over 1,500 faculty.

The Navy Clinical Psychology Internship Program is fully accredited by the American Psychological Association (APA). The program is an intensive twelve-month period of clinical and didactic experiences designed to meet two aims: 1) To provide the trainee with experiences and skills needed to function competently as a broadly-trained clinical psychologist, and 2) to equip the intern with additional knowledge and skills needed to practice competently within the Navy (e.g., unique military populations, personnel evaluation skills, etc.).

The internship is organized around a **Practitioner-Scholar** model. Day-to-day training emphasizes a sequential increase of knowledge and skill based on the current and evolving body of general knowledge and methods in the science and practice of psychology. Although active participation in research is not required as part of the internship, we expect interns to consistently refer to the psychology literature, and to be able to practically apply empirically supported interventions in their clinical work.

Before reporting for internship, applicants who match with the internship are commissioned as Naval Officers with the rank of Lieutenant in the United States Navy Medical Service Corps. During the internship (and subsequent service as active duty Navy psychologists), interns receive full pay and benefits as Naval Officers (see Program Description for additional details).

The internship has been continuously accredited since 1964 by the American Psychological Association's Commission on Accreditation. In 2018 the program received full 10-year accreditation by the Commission on Accreditation.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, D.C., 20002-4242
(202) 336-5979
E-mail: apaaccred@apa.org Web: www.apa.org/ed/accreditation

APPIC Special Notice:

This Internship Program has been a Member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since APPIC's founding in 1990, and conducts intern selection in accordance with the policies and procedures of APPIC. This internship site 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 prior to Uniform Notification Day.

Navy Psychology Training and Practice:

Since few of our interns have had prior military experience, all attend the five week Officer Development School at Newport, Rhode Island prior to arrival at an internship site. This school includes didactic presentations on the history, traditions, and organization of the Navy. Instruction is designed to provide new officers with the knowledge and skills necessary for professional performance and conduct as Officers in the United States Navy.

We have learned from former interns that graduates of Navy internships typically report to a professional assignment that demands a higher level of independent responsibility and professionalism than their peers in civilian practice. Our faculty has identified, and continues to develop, learning experiences aimed at imparting the competencies and skills necessary for effective professional performance at the next Navy assignment. These experiences are organized into a dynamic curriculum which embodies the principles set forth in the Standards of Accreditation of the American Psychological Association.

There are a number of ways in which the general professional competencies and skills imparted through the internship can be operationally described. The Navy Clinical Psychology Internship Program at Walter Reed National Military Medical Center has adopted the profession-wide competencies outlined in APA's Standards of Accreditation (2015) to include competencies related to: research; ethical and legal standards; individual and cultural diversity, professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation.

The following experiential clinical activities reflect the major areas in which Navy clinical psychologists may provide clinical services: Adult Outpatient Behavioral Health, Health Psychology (to include integrated behavioral health services in a primary care setting and Behavioral Sleep Medicine), Inpatient assessment and intervention, and Psycho-diagnostic Assessment. The internship program's evaluation

form for profession-wide competencies can be found in Appendix B.

Operational training trips enable the intern to experience professional activities, patient populations and service environments consistent with the work of a Navy psychologist. The trans-rotation experience offers longer-term practice of psychotherapy across the entire 12 months of training.

Following the internship, graduates are assigned to Navy medical centers, hospitals, or clinics where they continue to practice under supervision until they attain licensure in one of the fifty states or the District of Columbia. Once licensed, they are able to be privileged as a Licensed Independent Provider by the Commanding Officer of the medical facility to which they are assigned. All internship graduates are expected to achieve state licensure within 18 months of internship graduation. Ultimately, we encourage our graduates to earn Board Certification from the American Boards of Professional Psychology. To reward this process of professional development, the Navy pays all Board Examination fees, and pays an annual salary bonus to its board certified psychologists.

PROGRAM DESCRIPTION (GENERAL)

Facilities: Walter Reed National Military Medical Center is the largest tertiary care academic medical center in the Military Health System, providing a full range of inpatient and outpatient services for military Service members, family members, and military retirees from the National Capital Region (NCR) and facilities throughout the continental United States and overseas. The wide diversity of healthcare training programs at WRNMMC, to include the co-location with the Uniformed Services University of the Health Sciences (USUHS), fosters a strong commitment to academic and training excellence that greatly enhances the opportunities for psychology interns to develop competence as multidisciplinary team members and consultants, and to develop an appreciation of the potential roles of psychologists in large healthcare delivery organizations.

WRNMMC offers a full range of administrative assistance. Interns have offices with both desktop and laptop computer capability and robust information technology support. WRNMMC's Darnell Medical Library includes a range of journals, books, and electronic search capabilities related to the practice of psychology. The library has an excellent research staff offering direct assistance with literature searches and research tutorials. The Darnell Medical Library website has a specific Clinical Psychology portal, offering online access to a range of required readings, other books and manuscripts, and professional journals.

Pay and Benefits: Navy psychology interns are commissioned as Lieutenants in the U.S. Navy and receive full pay and benefits commensurate with their rank. Financial and other benefit support for the training year is set by Congress each calendar year. Military pay for a naval officer with a rank of Lieutenant (O-3) with one year of service can be found on the Defense Finance and Accounting System website (https://www.dfas.mil). For Calendar Year 2019, interns will receive an annual salary (to include housing allowance) of $84,923.88 (without spouse and/or children) or $87,011.88 (with spouse and/or children). Interns receive complete medical and dental coverage. Family members have multiple options for accessing medical and dental care through TRICARE (https://www.tricare.mil/).

The psychology internship at Walter Reed National Military Medical Center is comprised of an orientation period followed by two 16-week rotations (Adult Outpatient Behavioral Health and Psycho-diagnostic Assessment), two 8-week rotations (Behavioral Health in Primary Care/Behavioral Sleep Medicine and Inpatient assessment and intervention), the overarching trans-rotation experience which is

12 months, operational training trips, and didactic presentations to include the Psychiatry Grand Rounds series and other military-specific didactic training.

Interns receive training from the Center for Deployment Psychology (CDP), associated with the Uniformed Services University of the Health Sciences in Bethesda, MD. CDP courses provide extensive training in aspects of the military deployment cycle, including situational and clinical factors impacting both deploying military members and their families. Additionally, CDP provides training in empirically supported treatment (Prolonged Exposure and Cognitive Processing Therapy) for Post-Traumatic Stress Disorder, and Cognitive Behavioral Therapy for Insomnia.

Didactic training during the internship includes lectures, seminars, and Psychiatry Grand Rounds, sequenced in order to build on the training already received in graduate studies. Didactics include topics relevant to the general practice of clinical psychology (including professional ethics and cultural diversity), topics more specific to the practice of clinical psychology in the military, and ongoing education related to professional development as a Navy psychologist and Naval Officer.

Training trips include, whenever possible, approximately one week aboard a major Navy combat vessel at sea, giving the interns a firsthand overview of life and clinical issues in the Navy Fleet. Additionally, interns will visit Marine Corps Base Quantico, VA to observe training and health service delivery in a Marine Corps context.

PROGRAM DESCRIPTION (SPECIFIC)

The program described below is planned for the academic year 2019-20:

I. Orientation

The orientation period includes the first two weeks of the internship and covers such topics as departmental structure, standard operating procedures, policies and procedures regarding grievances, remediation, probation, and due process, a tour of the hospital, preparing individual development plans, completing a competency self-assessment, discussion about dissertation progress, office assignments, and training on procedures for military-specific psychological evaluations and risk assessment. As with every other newly reporting staff member, the intern will spend two days of the orientation period attending hospital orientation. In addition, they will attend training on the military electronic health record for clinical documentation, certification training for Basic Life Support, and training on policies and procedures regarding patient privacy.

II. Clinical Rotations

A. <u>Adult Outpatient Rotation (16 Weeks)</u>: The Outpatient Rotation offers interns the opportunity to develop the necessary competencies that they will require to provide appropriate care in hospital and operational environments. These opportunities include experience with a variety of general mental health evaluations, military-specific evaluations, and experience in providing psychotherapy. Military evaluations include: Command Directed Mental Health Evaluations, Deployment Screenings, plus evaluations for: Drill Sergeant, Fitness for Duty, Sniper, Recruiter, Security, and Temporary Disability and Retirement. Additionally, the intern will co-facilitate a therapy group and participate in at least one couple's therapy case during the rotation. Interns will learn how to assess and manage risk for self-directed and other-directed aggression, as well as learn how and when to refer patients to more

intensive or controlled treatment environments. Interns will gain experience communicating with military commands regarding Service member's performance and fitness for duty. Didactic experiences include reading and discussion related to military-specific issues as well as profession-wide competencies. The residents will also gain experience in managing their appointment template and in the logistics of administrative management in an outpatient clinic.

B. Psycho-Diagnostic Assessment Rotation (16 Weeks): The Psycho- Diagnostic Assessment Service at WRNMMC receives testing referrals from the Inpatient Psychiatry Service, the Psychiatry Continuity Service, the Trauma Recovery Program, and the Adult Behavioral Health Clinic at WRMMMC as well as from other Military Treatment Facilities within the National Capital Area. The training goals of this rotation include: familiarizing the Navy interns with the most frequently used psychological assessment measures in Navy and other military settings, developing an understanding of the administration and interpretation of these measures, as well as gaining experience working in a consultation role within a medical system. Interns attend weekly individual and group supervision, as well as a didactic seminar. Group supervision is also, along with the didactic seminar, an opportunity to review test construction, validity and reliability issues, as well as current literature on tests such as the MMPI-2, MMPI-2RF, the MCMI-III, and other commonly used measures. In addition, we review the RPAS system for the Rorschach.

While on the Assessment Service, interns are assigned to an inter-disciplinary team on the Psychiatric Consultation and Liaison Service where they assist in covering emergency room evaluations and other medical consults. Crisis management skills, risk assessment, medical consultation, and functioning as a member of an inter-disciplinary medical team are the primary training objectives on this unique rotation.

C. Health Psychology/Behavioral Sleep Medicine Rotation (8 Weeks): During this rotation interns work in the Primary Care clinic for eight weeks practicing a collaborative population health approach to behavioral health. Interns serve as consultants to primary care providers who rapidly evaluate patients' symptoms and functioning. Interns address patients' needs with regard to chronic health conditions and behavioral health conditions. They also increase motivation for behavioral change, provide brief, targeted interventions and dispositional recommendations. Problems addressed include headaches, pain, anxiety, insomnia, weight reduction, treatment adherence, and lifestyle management. Integrated throughout the 8 week rotation is an opportunity to learn about Behavioral Sleep Medicine (BSM). Interns will be trained in Cognitive Behavioral Therapy for Insomnia and other topics in BSM. Interns will have the opportunity to consult with providers in the Sleep Disorders Center on the treatment of patients.

D. Inpatient Rotation (8 Weeks): Interns will have the opportunity to work on the Inpatient Psychiatry Service and the Inpatient Neurobehavioral Service.

While rotating on the Inpatient Psychiatry Service, interns will become acquainted with the admission, diagnosis, acute stabilization, treatment and disposition of patients with mental health disorders of such severity as to require hospitalization. The intern is part of a multidisciplinary treatment team (comprised of staff psychiatrists and psychologists, psychiatric residents, nurses, social workers and hospital corps staff) and will be responsible for individual therapy, group therapy and consultation.

While on the Inpatient Neurobehavioral Service, interns will have the opportunity to function within a unique multi-disciplinary setting (neuropsychiatry, psychiatry, psychology, neuropsychology, nursing, social work; physical, speech, occupation and recreational therapy) - providing consultation

and individual and group therapy to inpatients with various neurobehavioral disturbances secondary to a brain injury. Interns will gain an understanding of the role of psychology in treating brain injury as well as how to understand and address the neuropsychiatric complications of brain injury.

Throughout the eight weeks, interns will spend one day a week focusing on gaining an understanding of basic elements in cognitive evaluation, and have an opportunity to evaluate inpatients with a variety of neurological complaints. By the end of the rotation, interns will be able to accurately diagnose traumatic brain injuries, perform basic cognitive screening evaluations, decide when a referral to a neurologist or neuropsychologist is indicated, and understand how to critically read neuropsychological reports.

E. Trans-rotational Requirements: In addition to the basic requirements expected of the intern to meet the goals of the major rotations, the following trans-rotational objectives are required.

- **Long-Term Individual Therapy Case:** Each intern is expected to carry one long-term, psychodynamic outpatient case during the year (long- term means at least 9 months). The Program Director will coordinate the assignment of long-term cases and ensure weekly supervision is provided.

- **Trauma Cases:** Each intern is expected to carry cases of patients suffering from Post-Traumatic Stress Disorder (PTSD). Whenever possible, a case will be treated to completion before the next is begun. Interns are given the opportunity to learn a variety of evidence-based therapies for PTSD with a principle focus on Prolonged Exposure and Cognitive Processing Therapy. All of the cases may be supervised by the same supervisor or different supervisors, depending on the model used and the expertise of the supervisor.

- **Operational Psychology Seminar:** This seminar is an informal facilitated discussion with senior Navy Psychologists from Department of the Navy communities (Marine Corps, Navy Air, Submarine, Surface, Navy Special Warfare). Interns receive information about the different assignments and duties Navy psychologists can perform outside of the traditional mental health setting. Topics address military-specific competencies to include discussions about military culture, military-specific psychological evaluations, and exposure to Navy and Marine Corps mental health policies and instructions.

III. Clinical Didactic Training Presentations

A program of scheduled and sequenced seminars and other workshop presentations accompanies the intensive direct supervision on the clinical rotations. These didactic presentations are designed to expose the intern to contemporary information and training relevant to the practice of behavioral health, both as a clinical psychologist and as a Navy psychologist. The faculty, the presenter, and the level of interest of the attendees determine the particular format for a topic and the amount of time devoted to it. The presenters of these didactic programs frequently are distinguished colleagues from the Navy and civilian clinical/academic communities. Interns are also encouraged to attend weekly Psychiatry Grand Rounds and periodic special training opportunities lasting a full day or longer.

IV. Operational Experiences

The major operational experience is a deployment, lasting approximately one week, aboard a major

Navy combat vessel during which the interns will experience shipboard living conditions and stresses, work in the ship's Medical Department, interact with sailors, and learn about the industrial and psychological demands of working and living aboard a large ship. This deployment is typically aboard a US Navy aircraft carrier, under the guidance and supervision of the Navy Psychologist assigned to the carrier. In rare circumstances where the ship has no psychologist on board, a uniformed and experienced member of our Internship faculty will accompany interns to supervise their professional work and guide their experiential education.

A second operational experience is scheduled at Marine Security Group (MSG) at Marine Corps Base Quantico, VA. Particular emphasis is placed on gaining familiarity with the organizational structure of the Marine Corps, the unique stressors Marines face, and on developing skills for effective assessment and consultation with Marine Corps commands.

When possible, interns will spend a day visiting the Navy Bureau of Medicine and Surgery (BUMED) and the United States Naval Academy (USNA) for exposure to the unique command and training environments in the National Capital Area.

V. Additional Intern Functions and Roles

A. Class Adjutant: Each intern will function as the class adjutant on a rotating basis. As such, the intern serves as the senior member of the class and as a liaison for information between leadership, faculty, and intern. Specific responsibilities include the following:

- For the seminar series, the adjutant is responsible for attendance forms, lecture evaluation forms, continuing education forms for staff, and equipment needed by the presenter. The adjutant conveys weekly seminar information to interns at military, civilian, and Veterans Administration internships in the local area.

- Organize all paperwork and travel for operational activities for internship class.

- Maintain an email and phone list for Air Force, Army, civilian and Veterans Administration Interns.

B. Medical Service Corps: All Navy psychology interns are officers in the Navy Medical Service Corps (MSC), and are strongly encouraged to interact professionally and socially with other MSC officers assigned to the hospital. Such interaction is not only important to the smooth and effective performance of the psychologist's job when it extends beyond the mental health clinic, but also serves to increase the intern's appreciation for other non-physician specialists in the Navy health care system, just as it increases others' awareness of the psychologist's role. Interns will be required to serve in the role of Officer of the Day (OOD), an administrative role that enables the intern to gain experience in managing day-to-day operations of a large medical center, become familiar with standard operating procedures, and learn to work as a member of the Medical Service Corps. OOD duty occurs every four to six weeks, and requires the intern to be onboard WRNMMC.

VI. Supervisors

A. Most of the ongoing case supervision will be provided by designated privileged staff psychologists on the rotation to which the intern is assigned. Privileged psychiatrists serve as adjunct supervisors and provide additional supervision, particularly on the Psychiatric Consultation Liaison

Service (PCLS) and Inpatient Rotations.

B. The intern may be assigned several staff members to supervise trans-rotational cases. Over the course of the year, the intern may receive supervision from several of the psychology faculty and some of the psychiatry staff. It is very important to note that in addition to scheduled supervision times, the faculty is available for and strongly encourages additional supervision and consultation as needed.

TRAINING AIMS

OVERALL TRAINING AIMS: As mentioned previously, the program's training aims are to provide the trainee with experiences and skills needed to function competently as a broadly-trained clinical psychologist, and to equip the intern with additional knowledge and skills needed to practice competently within the Navy. We identify and evaluate a set of profession-wide and program-specific (military-specific) competencies to ensure we are meeting our training aims. By the end of the internship year, interns are expected to demonstrate competencies in the following clinical skills: individual and group psychotherapy (both brief and long term), psychological assessment by interview and by testing, emergent and urgent evaluation as a member of the Psychiatry Consult Liaison Service, interdisciplinary consultation with other healthcare providers, providing consultation to other healthcare providers, providing clinical consultation to active duty military commanders, basic cognitive assessment and referral, inpatient assessment and intervention, integrated behavioral healthcare in a primary care setting, and behavioral sleep evaluation and treatment. Additionally, when possible, interns will demonstrate basic competence in providing clinical supervision to other students, and a basic understanding of program evaluation. Competence in each of these areas at a level considered appropriate for initial licensure as a psychologist is the expected minimum standard of achievement. Interns will demonstrate that their work with each of these competencies is informed by the theoretical and research literature in psychology, is sensitive to cultural factors impacting all aspects of clinical practice, and by the ethics of our profession.

Please see sample competency evaluation form in Appendix B for an example of defined behavioral anchors for each competency.

GENERAL BEHAVIORAL CHARACTERISTICS EXPECTED OF INTERNS

- Willingness to learn
- Efficiency in work organization
- Assumption of responsibility
- Military bearing and appearance
- Creative problem-solving

EVALUATION

The evaluation process has two components: Measures of Intern Performance, and Evaluation of the Internship Program.

I. Intern Performance Evaluation

A. Weekly supervision. Throughout the internship year, the intern receives weekly scheduled and, when needed, unscheduled supervision. Each intern will receive at minimum four hours of scheduled supervision per week, at least two of which must be individual supervision. At mid-rotation the intern and primary supervisor will have a formal session to review progress toward development of clinical competencies and identify areas to be focused on during the second half of the rotation.

B. End of Rotation Competency Evaluation. The evaluation form (Appendix B) is completed by the primary supervisor (with input from other rotation supervisors as appropriate), and submitted to the Program Director at the mid-point and end of each 16-week rotation (formal evaluations for 8-week rotations occur only at the end of the rotation, with informal discussion about intern progress provided at the mid-point). At the time of the evaluation, there is a meeting between the rotation supervisor and the intern to review performance, and to discuss areas to be focused on in upcoming rotations. The Program Director can attend this meeting if desired by the intern or supervisor, but this is not required. Mid-point and end of rotation competency evaluations are the primary means of determining "passing" of rotations and successful completion of internship. Each competency is rated on a 5 point scale: "1" (Remedial Work Required), "2" (Performing at Entry Level), "3" (Intermediate Level), "4" (Proficient), and "5" (Advanced). In order to pass a rotation, an intern must achieve a rating of "3" or higher on all competencies at the end of the rotation. An intern must achieve a rating of "4" (Proficient) or higher on their final evaluation in order to pass the internship. If an intern has any competency rated "R" (Remedial Work Required) or "E" (Entry Level) on a mid-rotation evaluation, a remediation plan will be implemented to assist the intern in acquiring the identified competency. Remediation may be initiated early in the rotation (before mid-rotation evaluation) to ensure that sufficient time is available to address any difficulties. All rotations must be passed to complete the internship. This could require extension of the internship past one year in order to achieve successful completion.

C. Navy Fitness Report. All Naval Officers receive annual Fitness Reports, an evaluation of their performance both in their areas of specialization and, more generally, regarding their leadership abilities, team work, etc. These reports are prepared by the Program Director and forwarded to Senior Navy leadership for review and signature.

II. Internship Program Evaluation

At the mid-point and end of the internship year, each intern will submit a written evaluation of the training program to the Program Director. This report discusses both specific aspects of each rotation, as well as an overall assessment of the training program's success in preparing the intern for future work in psychology. Additionally, at the end of each rotation, interns are required to submit an evaluation highlighting strengths of the rotation and supervision, along with suggestions for improving the rotation.

FACULTY SUPERVISION

Rotation Supervision:

During the Navy Clinical Psychology Internship Program training year, each intern rotates through the aforementioned clinical rotations. While assigned to a rotation, the intern's clinical work is

supervised by a licensed independent provider. All documentation written by an intern is reviewed and signed by the responsible supervisor. High-risk patients (those with significant suicidal or homicidal ideation/plans/threats, or unable to adequately care for themselves) are to be discussed with supervisors and documented PRIOR TO departure of the patient from the clinic or service.

Weekly supervision: Each intern receives weekly scheduled and, when needed, unscheduled supervision. Each intern will receive at minimum four hours of scheduled supervision per week, at least two of which must be individual supervision. In addition to addressing clinical issues, case load, and professional growth, supervision is also a time for the primary supervisor to review intern progress toward program-specific and profession-wide competencies.

Trans-rotational Supervision:

Each intern is assigned multiple cases to be seen across rotations. Interns will be assigned a faculty supervisor who is responsible for supervising the evaluation, treatment, and documentation for trans-rotational cases. Supervision for trans-rotational cases will be scheduled weekly, although unscheduled supervision for urgent or emergent issues is always available. As stated above, high-risk patients are to be discussed with supervisors and documented PRIOR TO departure of the patient from the clinic or service.

Supervision and Disclosure of Personal Information:

Intern performance is addressed at faculty meetings to include discussion of professional behavior (e.g., clinical skills, ethical conduct, areas of competence, and areas needing further attention) and military comportment (e.g., military bearing, appearance, and conduct). Rotation directors and primary supervisors provide written progress reports highlighting strengths and areas for improvement across the profession-wide and program-specific competencies. Progress reports are maintained in the intern's training file.

Only the information that relates to the patient is strictly confidential when disclosed in a supervision session. However, the supervisor will treat supervisee personal disclosures with discretion. There are limits of confidentiality for supervisee disclosures. These include ethical and legal violations, indication of harm to self or others, and/or disclosures requiring command notification in accordance with Department of Defense Instruction 6490.08 (Command Notification Requirements).

IN-PROGRAM REMEDIATION OF PERFORMANCE: A PROCEDURAL OUTLINE FOR DUE PROCESS MANAGEMENT

Introduction: It is the goal of the Navy Clinical Psychology Internship Program to educate and graduate interns. The faculty recognizes its duty to provide special assistance to interns who are having difficulty learning. When an intern is determined to be making insufficient progress, faculty supervisors and the intern involved will cooperatively attempt to find the reasons for the difficulties in order to develop a thoughtful and comprehensive plan for remediation.

Additionally, it is the intent of this policy to separate failure to learn from disciplinary matters. The latter is handled through the WRNMMC chain of command, the Director, WRNMMC, and the

Commanding Officer, Navy Element, WRNMMC and may result in formal counseling statements, letters of reprimand, or even non-judicial punishment under the Uniform Code of Military Justice. On the other hand, it is recognized that not all transgressions or ethical violations should be viewed simply as disciplinary matters. Some may be due to ignorance or misunderstanding and therefore require concurrent remedial training under this training manual, consistent with policy directives from the WRNMMC Professional Education Training Committee (PETC).

1. Acceptable levels of performance on each rotation are established. (See Competency Evaluation forms in Appendix B)

2. Performance criteria will be provided to each intern at the beginning of the internship year via a copy of this Training Manual.

3. The rotation's supervising psychologist will meet with the intern individually for at least two hours weekly. The supervisor will provide verbal feedback outlining the performance against the criteria.

4. Mid-rotation and end-of-rotation evaluations are forwarded by the rotation supervisor to the Program Director and are discussed with the intern.

5. In order to meet internship requirements, all rotations must be satisfactorily completed. Failure to meet criteria satisfactorily for one rotation does not necessarily exclude the intern from the next rotation, but may delay the scheduled graduation from the internship.

6. If unsatisfactory progress is determined by the Program Director, the intern will be placed on a written in-program remediation plan which the intern will be able to review and sign. (Remediation plan for one rotation may continue while the intern is on another rotation.) The Program Director will outline in writing the deficiencies, suggest methods and objectives to regain satisfactory performance, and determine the appropriate period of remediation (not to exceed 60 days). A formal review of progress will occur after 30 days and 60 days (if necessary) following the original notification of Remediation Plan (or more frequently if deemed appropriate). Once standards are met, remediation status will be removed, and the intern will be in good standing within the internship.

7. If the intern fails to meet the criteria necessary for removal from the remediation plan, the Program Director shall place the intern on probationary status and inform the appropriate Department Chief and the WRNMMC Professional Education Training Committee (PETC) of the intern's probationary status. The Program Director shall advise the intern in writing of this decision, detailing those areas of deficiency which could lead to termination of training, and establish a probation period (not to exceed 45 days) within which time the deficiencies must be brought up to acceptable levels.

8. After the designated probation period has been completed:

A. IF PROGRESS IS SATISFACTORY, the intern's good standing is restored by a letter from the Program Director.

B. IF INTERN PERFORMANCE DOES NOT IMPROVE TO A SATISFACTORY LEVEL, a request will be made to the WRNMMC PETC for action. It should be recognized that only the Medical Center Director, upon the recommendation of the PETC,

has the authority by instruction to make decisions regarding dismissal from the Navy Clinical Psychology Internship Program.

C. Interns have the right to appeal any of the potentially adverse decisions made by the Program Director and training faculty, including remediation, probation, and termination. Appeals can be made at any stage in the remediation process (see process below).

9. Intern Appeals Process for Remediation, Probation, and Termination Decisions:

A: Interns should make the appeal in writing to the Program Director, outlining the specific reasons for disagreement with any decision by the Program Director or training faculty. This would typically include factual disagreements with evaluations leading to the negative decisions about the intern's performance, or about the intern's ability to reach sufficient competency in a reasonable period of time.

B: Immediately after receiving such an appeal, the Program Director will convene an Appeals Panel consisting of a faculty member not directly involved with the adverse decision, a second faculty member of the intern's choosing, and the Program Director. If the intern's appeal involves evaluations made by the Program Director, the National Navy Training Director will replace the Program Director as the third member of the panel.

C: The panel will consider information presented both by the faculty and by the intern. The intern may request information from any WRNMMC medical staff member whom the intern believes can add useful information for the appeal. Both the intern and other staff members requested by the intern are welcome to appear in person at the Appeals Panel meeting.

D: A panel decision will be provided to the intern in writing within one week of the Appeals Panel meeting. The Panel can, by majority vote, decide to uphold the adverse decision, or to endorse the intern's appeal.

E: In the case when the Panel concurs with the intern's position, the intern is restored to good standing in the program. If the panel agrees with the adverse decision, remediation, probation, or termination will move forward per the guidelines outlined in this manual. The Panel's decision is considered final.

PROCEDURE FOR INTERN GRIEVANCES

If an intern finds him/herself with a grievance toward the training program, Program Director, or a faculty member, the grievance procedures are as follows:

1. In accordance with conflict resolution research, the APA ethical code, and general principles of human resource management, the intern should first attempt to communicate the grievance as clearly and specifically as possible to the party perceived as the source of the problem, either verbally or in writing.

2. In the event that an intern has a grievance with a faculty member or another supervisor, the intern should initially attempt to resolve the issue with the faculty member or supervisor concerned. If the intern cannot resolve the grievance with the individual involved, the matter is brought to the

attention of the Program Director. The Program Director reviews the matter with the intern in order to clarify the issues. The Program Director attempts to resolve the grievance informally by discussing the issue with the faculty member or supervisor involved. If the grievance cannot be resolved informally, the Program Director reviews the matter with the Chief, Behavioral Health Consultation and Education (or the Professional Education Training Committee (PETC) if the issue is with the department chain of command), and subsequently makes appropriate recommendations for resolving the issue. If grievances continue, and are found to be legitimate, the matter will continue to be addressed by the Program Director and Chief, Behavioral Health Consultation and Education, in consultation with the PETC, until resolution is achieved. If the grievance is with the Program Director, the intern should initially attempt to resolve the issue with the Program Director. If the intern cannot resolve the issue informally with the Program Director, the issue will be brought to the attention of the Chief, Behavioral Health Consultation and Education, who makes appropriate recommendations for resolving the issue.

3. If these informal channels fail to bring a resolution that is satisfactory to the intern, the next step in the process would be for the intern to make a formal complaint to the PETC. This body will review the complaint and the documentation of attempts to deal with the problem on the local level. The PETC will make a formal determination and inform all parties of the results and recommendations.

4. Information for equal opportunity complaints (SECNAV INSTRUCTION 5354.2), Navy Equal Opportunity policy (OPNAV INSTRUCTION 5354.1F) or sexual harassment complaints (SECNAV INSTRUCTION 5300.26D) are available online at the Navy Bureau of Personnel website (http://www.public.navy.mil/bupers-npc). A hard copy of relevant instructions will be provided to incoming interns during orientation, and can also be obtained from Navy Medicine Readiness and Training Command – Bethesda (https://www.wrnmmc.intranet.capmed.mil/Tenants/NMSD/SitePages/Home.aspx). Interns electing to make a formal complaint of sexual harassment or assault may contact the chain of command, or the DoD Sexual Assault Support Hotline at 877-995-5247 or safehelpline.org.

POLICY ON INTERN MILITARY LEAVE (VACATION)

I. The following guidelines have been developed to help faculty evaluate requests by psychology interns for time away from the internship. Interns are required to plan their absences, if any, well in advance and to submit their requests in a manner that will allow adequate review by the Rotation Director and the Program Director.

A. With rare exceptions under special circumstances, no more than five working days (training days) personal leave will be permitted during the internship year.

In addition to the above (and per MILPERSMAN 1320-210), no more than five consecutive days of no-cost temporary additional duty (TAD) for the purpose of obtaining housing at a new station will be allowed.

B. Two leave periods should not normally be requested during the same rotation. This implies that if a request for house hunting is going to be made during the last rotation, other requests should be planned in earlier training periods, if possible.

C. All requests for absences are contingent upon the projected requirements of the intern's

training assignments and upon the intern's progress in the internship. Above all, patient care responsibilities are primary.

D. Additional time off, such as time for meeting with dissertation committees or defending dissertations will be considered by the Program Director on a case-by-case basis.

DIDACTIC PRESENTATION SERIES

I. The purpose of the series is to provide the psychology interns with didactic training in areas relevant to the practice of clinical psychology generally, and Navy psychology specifically. Didactic training includes a Psychiatry Grand Rounds series, scheduled on Wednesdays from 1600-1700. Additional didactic trainings will be scheduled on Friday afternoons from 1300-1530. Friday afternoon didactics occur once or twice a month. Navy Psychology interns meet weekly with the Training Director, during which administrative issues are covered, journal articles are discussed (focusing on Leadership, Ethics and Multicultural Competence), and prepared case presentations made and discussed.

The following principles have been established for the various didactic training series:

A. Each presentation is practice oriented.

B. The interns will be exempted from scheduled clinical responsibilities during the planned didactic seminars. Any exception must be cleared with the Rotation Director and Program Director.

C. For interns, attendance is mandatory, unless time away has been approved by the Program Director in advance. Clinical responsibilities should be scheduled so as not to be a reason for absence.

Following each presentation, those attending will complete an evaluation form.

Examples of Recent Seminars, Grand Rounds, and Extended Training Topics

Cognitive Processing Therapy (two day course)
Prolonged Exposure Therapy (two day course)
Case Formulation and Presentation
Program Evaluation (Lean Six Sigma)
Military Specific Psychological Evaluations
Cognitive Behavioral Therapy for Insomnia
Ethics and Professional Practice in Psychology
Ethics and Professional Practice in an Operational or Deployed Setting
Licensure, Board Certification, and Other Credentials in Psychology
Traumatic Brain Injury
Psychological Practice with Lesbian, Gay, and Bisexual Clients
Diversity: Experiencing “Otherness”
Military Sexual Trauma
Military Transgender Issues and Policy

Navy Psychology Practice on Aircraft Carriers
Ethical and Effective Practice of Supervision
Supervision Training: Defining and Assessing Competencies
Special Operations in Navy Psychology
Psychopharmacology
Substance Use Disorder Assessment
Collaborative Assessment and Management of Suicidality
MMPI2-RF
Personality Assessment Inventory
Rorschach Performance Assessment System

CONTRIBUTING PROFESSIONALS

Contributing professionals and agency supervisors are considered critical in the delivery of the internship program as presently outlined.

Agency Supervisors: Licensed psychologists and psychiatrists not part of the Core Faculty but readily available to interns for adjunctive supervision and consultation.
Psychiatry Staff: Attending Psychiatrists on Inpatient Service, Attending Psychiatrists on Psychiatric Consultation Liaison Service, Attending Psychiatrists on Adult Outpatient Service
Other Contributing Professionals: Provide didactic presentations in areas supplementing Navy CPIP faculty expertise.

QUALITY ASSURANCE

In order to assure the maintenance of the standards of quality patient care, the following steps will be taken by the faculty. The Program Director is responsible for assuring that each step is accomplished.

I. Supervisors will submit written rotation competency evaluations to the intern and the Program Director indicating that the evaluation of the intern has taken place as scheduled (mid-rotation and end of rotation).

II. At the mid-point and end of the internship year, each intern will submit to the Program Director a formal evaluation of the training received.

III. At the end of each 8 week or 16 week rotation, each intern will submit to the Program Director a formal evaluation of the rotation-specific training, and of the supervision received.

APPENDIX A

INTERN RECRUITMENT AND SELECTION

Application to the Navy Clinical Psychology Internship Program at Walter Reed National Military Medical Center is processed through the Navy Recruiting Command (for Navy Officer commissioning clearance) and through the APPIC Match. The officer commissioning part of the application process is NOT made directly to the internship program. As applicants to the internship are also applying to become active duty naval officers if matched to our program through the APPIC match, they must meet all age, security background check, and medical requirements for commissioning as naval officers prior to being placed on the internship's APPIC match list. Applicants do not need to be in the military to apply, and despite the extensive officer commissioning background process during the application, there is no subsequent military service obligation unless an applicant matches with the internship through the APPIC match.

The Navy internship sites at Walter Reed National Military Medical Center and Naval Medical Center San Diego are not a consortium. They are separately accredited by the American Psychological Association (APA) and are listed separately on the APPIC website. Applicants may apply to one or both of the internships. In order to be placed on the APPIC match list for the Navy internships at Walter Reed National Military Medical Center Bethesda and Naval Medical Center San Diego, applicants must apply to each internship program separately.

Application packages will include the standard APPIC application (including graduate training director verification of readiness for internship), transcripts of all graduate school education, a curriculum vitae, and letters of reference from graduate school professors and practicum supervisors. Letters from professors and supervisors directly familiar with applicants' clinical work are most helpful in the application review process. Additionally, Navy Recruiting will include required naval officer recruiting paperwork, the physical examination, and the criminal background check in the application package.

Our internship and the Navy welcome and encourage applications from men and women of diverse backgrounds. We select psychology interns on a competitive basis without regard to race, color, religion, creed, sex or national origin (Article 1164, Navy Regulations). In accordance with United States law regarding military officers, applicants must be United States citizens and cannot hold dual citizenship. (Applicants who hold dual citizenship must be willing to relinquish non-U.S. citizenship prior to commissioning as a military officer). As noted above, applicants must meet age, security background check, and medical qualification requirements for Navy officer commissioning prior to being placed on the internship's APPIC Match ranking list.

It is important to note that the Navy accepts internship applications only from APA-accredited doctoral programs in clinical or counseling psychology.

All doctoral degree requirements other than the internship and doctoral dissertation must be completed prior to the start of the internship year. This includes all required coursework and pre-internship practicum experiences. In addition, all written and/or oral comprehensive examinations and approval of the dissertation proposal by the applicant's full dissertation committee must be completed prior to the APPIC Match list submission deadline. Whenever possible, the dissertation should be completed prior to internship, but this is not a requirement.

The Navy internships have not established a required number of practicum hours, or required types of practicum settings, to be considered for our internships. However, given the predominantly adult focus of the program and of Navy Psychology in general, we specifically seek applicants with practicum experience in generalist psychological assessment and psychotherapy with adults. Experience treating moderate to severe psychopathology in adults is preferred but not mandatory. Applicants with minimal experience with adults, or with adult experience in narrowly focused specialty areas such as neuropsychological assessment, would be at a significant disadvantage in our review and APPIC ranking of applicants. Applicants with minimal experience with psychological assessment of adults would also be at a disadvantage.

Graduate students interested in applying to the Navy Clinical Psychology Internship Programs at Walter Reed National Military Medical Center Bethesda and/or Naval Medical Center San Diego are advised to contact the Navy Recruiting Office in their local areas. This office can typically be found online and in the Government Pages of the local telephone directory. Applicants should specifically ask for a Medical Programs Officer Recruiter. Often, small recruiting offices will not have Medical Programs Officer Recruiters, but can easily direct the applicant to the closest one.

Applicants are strongly encouraged to visit the internship sites in which they are interested, and to which they have been invited for interviews during the APPIC application process. An in-person interview at one of the Navy sites is required. An interview at both sites is preferred. However, we understand the investment of time and finances for the APPIC Match process, and are happy to conduct phone interviews when travel to both Navy internship sites is prohibitive for the applicant. Additionally, applicants are strongly encouraged to contact the Program Director with any questions or concerns.

APPENDIX B

Walter Reed National Military Medical Center

Clinical Psychology Internship Program

PROFESSION-WIDE COMPETENCY EVALUATION FORM

Trainee Name: Click here to enter text.

Supervisor Name: Click here to enter text.

Rotation: Choose an item. Choose an item.

Evaluation Period: Start date Click here to enter a date. **End Date** Click here to enter a date.

ASSESSMENT METHOD(S) FOR COMPETENCIES

☐Direct Observation	☐Review of Raw Test Data
☐Videotape	☐Discussion of Clinical Interaction
☐Audiotape	☐Review of Written Work
☐Case Presentation	☐Comments from Other Staff
☐Other:	

COMPETENCY RATINGS DESCRIPTIONS

5 **Advanced/Skills comparable to autonomous practice at the licensure level.**

Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however supervision is required while in training status.

4 **Proficient/Ready for independent practice.**

Rating expected at completion of internship and required on final internship evaluation. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

3 **Intermediate/Should remain a focus of supervision.**

Rating expected at completion of a rotation. Common rating during the course of a rotation for many technical skill domains or for advanced skills taught over the course of the internship training year. Routine supervision of activities required. Progressing as expected at this point in the training program.

2 **Entry level/Continued intensive supervision is needed.**

Required intensive supervision efforts are documented on the progress report form and/or the weekly remediation checklist as appropriate.

1 **Needs remedial work. Initiate a remediation plan.**

PROFESSIONAL INTERPERSONAL BEHAVIOR (PWC – Professional Values, Attitudes, and Behaviors)

Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.

N/O	☐	Not Observed.
5	☐	Smooth working relationships, handles differences openly, tactfully and effectively.
4	☐	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
3	☐	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with rare interpersonal concerns with colleagues.
2	☐	Ability to participate in team model is limited, relates well to peers and supervisors. Requires intensive supervision (for a trainee at this level) to identify and or address interpersonal concerns with colleagues.
1	☐	May be withdrawn, overly confrontational, insensitive, or may have had hostile interactions with colleagues.

SEEKS CONSULTATION/SUPERVISION (PWC – Communication and Interpersonal Skills)

Seeks consultation or supervision as needed and uses it productively.

N/O	☐	Not Observed.
5	☐	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. Maintains excellent insight into personal strengths and limitations. Actively seeks assistance to improve areas of weakness and is effective in doing so.
4	☐	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, rarely over or under-estimates need for supervision. Maintains appropriate insight into personal strengths and limitations. Almost always seeks assistance to improve areas of weakness and is almost always effective in doing so.
3	☐	Generally accepts supervision well. Needs supervisory input for determination of readiness to try new skills. Generally aware of strengths and limitations and open to accepting feedback in these areas. Demonstrates ongoing efforts to improve areas of weakness.
2	☐	Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
1	☐	Frequently defensive and inflexible, resists important and necessary feedback and/or lacks insight into personal limitations.

USES POSITIVE COPING STRATEGIES (PWC – Professionals Values, Attitudes, and Behaviors)

Demonstrates positive coping strategies with personal and professional stressors and challenges. Maintains professional functioning and quality patient care.

N/O	☐	Not Observed.
5	☐	Good awareness of personal and professional problems. Stressors have minimal impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues. Routinely engages/employs effective positive coping strategies.
4	☐	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Routinely engages employs effective positive coping strategies.
3	☐	Occasionally uses supervision time to minimize the effect of stressors on professional functioning. Able to successfully employ positive coping strategies to minimize effect of stressors on professional practice, with occasional prompting from supervisor. Accepts reassurance from supervisor well.
2	☐	Personal problems can significantly disrupt professional functioning.
1	☐	Denies problems or otherwise does not allow them to be addressed effectively.

PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION (PWC – Professional Values, Attitudes and Behaviors)

Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.

N/O	☐	Not Observed.
5	☐	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
4	☐	Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
3	☐	Uses supervisory feedback well to improve documentation. May require some feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
2	☐	Needs considerable direction from supervisor. May leave out crucial information.
1	☐	May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

EFFICIENCY AND TIME MANAGEMENT (PWC – Professional Values, Attitudes, and Behaviors)

Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.

N/O	☐	Not Observed.
5	☐	Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
4	☐	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner.

3	☐	Completes work effectively and promptly by using supervision time for guidance. Rarely needs reminders to meet deadlines.
2	☐	Dependent on reminders or additional deadlines to complete tasks.
1	☐	Frequently has difficulty with timeliness or tardiness or unaccounted absences are a problem.

KNOWLEDGE OF ETHICS AND LAW (PWC – Ethical and Legal Standards)

Demonstrates good knowledge of ethical principles, federal and state law, and relevant military instructions. Consistently applies these appropriately, seeking consultation as needed.

N/O	☐	Not Observed.
5	☐	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed
4	☐	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
3	☐	Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
2	☐	Often unaware of important ethical and legal issues.
1	☐	Disregards important supervisory input regarding ethics or law.

EFFECTIVE COMMUNICATION (PWC – Communication and Interpersonal Skills)

Responsible for key patient communication tasks (e.g. phone calls, written correspondence, case management), and completes tasks promptly. Keeps supervisors aware of whereabouts as needed. Routinely communicates with faculty and supervisors when absences occur. Proactive and clear in communication style.

N/O	☐	Not Observed.
5	☐	Maintains regular and clear communication and coordination with faculty and primary supervisors. Routinely communicates proactively and effectively.
4	☐	Maintains regular and clear communication and coordination with faculty and primary supervisors. May occasionally require prompting to clarify issues, but quickly clarifies and effectively applies lessons learned in future settings.
3	☐	Mostly maintains clear communication with faculty and primary supervisors. Routinely requires prompting to clarify issues. Struggles to anticipate when/where proactive communication would assist in clinical duties.
2	☐	Needs considerable direction from supervisor. Routinely struggles to communicate effectively without prompting from supervisor.
1	☐	May seem unconcerned about proactive communication and coordination. Neglects to keep faculty and chain of command informed. Unresponsive to feedback.

PATIENT RAPPORT (PWC – Intervention)

Consistently achieves a good rapport with patients.

N/O	☐	Not Observed.
5	☐	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
4	☐	Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
3	☐	Actively developing skills with new populations and able to develop rapport with minimal supervision efforts. Relates well when they have prior experience with the population.
2	☐	Has difficulty establishing rapport.
1	☐	Alienates patients or shows little ability to recognize problems.

SENSITIVITY TO PATIENT DIVERSITY (PWC - Individual and Cultural Diversity)

Sensitive to the cultural and individual diversity of patients. Committed to providing culturally sensitive services.

N/O	☐	Not Observed.
5	☐	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
4	☐	Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
3	☐	Resolves lack of knowledge with some patient groups effectively through supervision. Open to feedback regarding limits of competence.
2	☐	Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
1	☐	Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND (PWC – Individual and Cultural Diversity)

Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.

N/O	☐	Not Observed.
5	☐	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
4	☐	Aware of own cultural background. Readily acknowledges own culturally-based assumptions.

3	☐	Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
2	☐	Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
1	☐	Has little insight into own cultural beliefs even after supervision.

DIAGNOSTIC SKILL (PWC – Assessment; Intervention)

Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclatur and DSM. Utilizes historical, interview and psychometric data to diagnose accurately.

N/O	☐	Not Observed.
5	☐	Demonstrates a thorough knowledge of psychiatric classification, including relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
4	☐	Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good.
3	☐	Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May occasionally miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
2	☐	Significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-V criteria to develop a diagnostic conceptualization.
1	☐	Unfamiliar with DSM-V organization or criteria. Cannot gather necessary information to make a diagnosis.

GENERAL INTERVIEWING SKILLS (PWC – Assessment; Intervention)

Can gather necessary history and diagnostic information; displays an organized approach; Interview style sets the patient at ease and helps to build rapport.

N/O	☐	Not Observed.
5	☐	Gathers all necessary history and diagnostic information in most cases. Always does so in an organized, attentive, thoughtful way, even in the most complex cases. Quickly establishes patient rapport, and uses style tailored to the individual patient.
4	☐	Gathers necessary history and diagnostic information in an organized manner, in most cases. Ensures that thoughtful inquiry is balanced with timely and organized completion of the interview.
3	☐	Shows improvement with practice and supervision, and evidences adequate reflective and empathic skills most of the time.
2	☐	Demonstrates the basics of interviewing technique but frequently misses critical historical data. May require significant supervision to arrive at diagnostic conclusions. Difficulty developing treatment plans supported by history and diagnosis.
1	☐	Is disorganized and superficial in interview, even in the most basic cases, and despite repeated feedback and assistance from supervisor. Routinely misses important history. Does not engage the patient effectively; cannot establish basic rapport. Struggles to adequately empathize with the patient.

PATIENT RISK MANAGEMENT AND CONFIDENTIALITY (PWC – Assessment; Intervention)

Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and provide additional treatment as needed. Discusses all applicable confidentiality issues openly with patients.

N/O	☐	Not Observed.
5	☐	Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consults (as needed). Establishes appropriate short-term crisis plans with patients. Solid working knowledge of the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide.
4	☐	Recognizes and effectively manages safety issues. Appropriately documents risk. Initiates appropriate actions to manage patient risk. Promptly discusses confidentiality issues. Working knowledge of the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide. Seeks supervision, as needed, with complex cases.
3	☐	Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. May occasionally need input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient. Needs prompting to utilize. DoD/VA Clinical Practice Guidelines.
2	☐	Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
1	☐	Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor. Cannot apply DoD/VA Clinical Practice Guidelines in risk assessment.

CASE CONCEPTUALIZATION AND TREATMENT GOALS (PWC – Intervention)

Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.

N/O	☐	Not Observed.
5	☐	Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
4	☐	Independently reaches a good case conceptualization within own preferred theoretical orientation. Readily identifies emotional issues. Sets appropriate goals and distinguishes realistic and unrealistic goals.
3	☐	Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
2	☐	Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.
1	☐	Cannot articulate a case formulation using any theoretical orientation. Unable to work with patient to formulate treatment goals.

THERAPEUTIC INTERVENTIONS (PWC – Intervention)

Interventions are well-timed, effective and consistent with empirically supported treatments.

N/O	☐	Not Observed.
5	☐	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
4	☐	Most interventions and interpretations facilitate patient acceptance and change. Solidly developing timing and delivery of more difficult interventions.
3	☐	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
2	☐	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.
1	☐	Cannot intervene in a way that is therapeutic for the patient.

EMPIRICALLY SUPPORTED INTERVENTIONS (PWC – Intervention)

Interventions for Post-Traumatic Stress Disorder are well timed, patient centered, effective and consistent with empirically supported treatments (e.g., Prolonged Exposure Therapy or Cognitive Processing Therapy).

N/O	☐	Not Observed.
5	☐	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed. Able to independently identify knowledge and practice gaps and spontaneously seek out additional assistance or
4	☐	Most interventions and interpretations facilitate patient acceptance and change. Solidly developing timing and delivery of more difficult interventions. Seeks ongoing supervision to advance skills.
3	☐	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
2	☐	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting empirically supported interventions to patients' level of understanding and motivation. Struggles with asking for assistance or additional supervision. Requires close observation and supervision when using empirically supported treatments.
1	☐	Cannot utilize empirically supported interventions in a way that is therapeutic for the patient.

EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE) (PWC-Intervention)

Understands and uses own emotional reactions to the patient productively in the treatment.

N/O	☐	Not Observed.
5	☐	During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.

4	☐	Uses countertransference to formulate hypotheses about the patient during Supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.
3	☐	Understands basic concepts of countertransference. Can identify own emotional Reactions to patient as countertransference. Supervisory input is sometimes needed to process the information gained.
2	☐	When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
1	☐	Unable to see or denies countertransference issues, even with supervisory input.

SEEKS CURRENT SCIENTIFIC KNOWLEDGE (PWC-Research)

Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.

N/O	☐	Not Observed.
5	☐	Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
4	☐	Consistently demonstrates commitment to enhanced clinical practice by utilizing available databases, professional literature, seminars and training sessions.
3	☐	Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
2	☐	Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
1	☐	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

CONSULTATIVE GUIDANCE (PWC-Consultation and Interprofessional/Interdisciplinary Skills)

Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.

N/O	☐	Not Observed.
5	☐	Confidently interacts with senior officers, physicians, and peers. Is able to provide appropriate feedback with little to no assistance.
4	☐	Relates well to those seeking input, is able to provide appropriate feedback.
3	☐	Requires occasional input regarding the manner of delivery or type of feedback given, with additional guidance required on more complex cases.
2	☐	Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
1	☐	Unable to establish rapport.

KNOWLEDGE AND SKILL IN SUPERVISION (PWC-Supervision)

Demonstrates good knowledge and use of supervision theory, models, techniques, and skills. Builds good rapport with supervisee.

N/O	☐	Not Observed.
5	☐	Independently and consistently applies supervision models, techniques, and skills.
4	☐	Consistently recognizes relevant clinical and interpersonal issues in supervision; needs occasional guidance and supervisory input. Respected by supervisee.
3	☐	Generally recognizes relevant clinical and interpersonal issues in supervision; needs regular guidance regarding implementation of techniques and skills. Supervisee finds input helpful.
2	☐	Consistently needs reminders regarding supervision models, techniques, and skills. Can provide some useful information to supervisee, but often with prompting by faculty supervisor.
1	☐	Unable to demonstrate supervision theory, models, techniques, or skills. Unable to provide helpful supervision to supervisee.

ETHICAL AND LEGAL CONSIDERATIONS IN SUPERVISION (PWC-Supervision)

Demonstrates appropriate consideration of ethical and legal codes, statutes, and instructions in their role as supervisor.

N/O	☐	Not Observed.
5	☐	Independently and consistently applies APA Ethics Code and relevant legal and military instructions in dialogue with supervisee.
4	☐	Consistently recognizes relevant ethical and legal issues in supervision; needs occasional guidance and supervisory input.
3	☐	Generally recognizes relevant ethical and legal issues in supervision; needs regular guidance regarding integration of ethical and legal discussions into the supervision process.
2	☐	Consistently needs reminders regarding relevant ethical and legal issues in supervision. Can provide some useful information to supervisee, but often with prompting by faculty supervisor.
1	☐	Unable to accurately apply APA Ethics Code and relevant legal and military instructions in dialogue with supervisee.

MILITARY BEARING (Program-Specific Competency)

Demonstrates proper military etiquette and follows protocol, consistently and effectively comports self as a professional military officer with a presence that instills confidence and solid interpersonal skills, demonstrates proper uniform wear, utilizes proper social skills in a formal military setting.

N/O	☐	Not Observed.
5	☐	Viewed by officers as the standard to which others should meet. Exudes a confident presence without being arrogant or aggressive. Places mission needs above own.
4	☐	Consistently follows military protocols and demonstrates appropriate officer comportment without prompting. Wears the uniform correctly. Able to adapt interpersonal style to formal and informal demands of different military settings. Respectful of all ranks and civilians.
3	☐	Generally follows military protocols and demonstrates appropriate comportment, with occasional on the spot correction and prompts by supervisors. Wear of the uniform is sufficient. Usually is able to distinguish between and adapt to formal vs. informal military setting demands. Officer is respectful of senior officers/civilians and progressing in learning how to supervise/be a role model to junior Service members.
2	☐	Inadequate comportment as a military officer usually demonstrated or egregious breeches in protocol/etiquette observed. Does not consistently wear the uniform properly. Does not consistently adapt interpersonal interactions to formal vs. informal military setting demands. Instances of disrespect have been reported.
1	☐	Does not observe military customs and courtesies, follow protocols, properly wear the uniform, or violates other aspects of appropriate officership. Instances of disrespect have been reported.

MILITARY FUND OF KNOWLEDGE AND APPLICATION TO PRACTICE (Program-Specific Competency)

Demonstrates appropriate breadth and depth of applicable military knowledge and is able to apply information to clinical practice. Functional military knowledge effectively informs clinical decision making, treatment plans, recommendations, referrals, consultation methods, etc.

N/O	☐	Not Observed.
5	☐	Demonstrates expansive functional knowledge of the military, expertly applies knowledge to clinical practice, and is called upon as a consultant on a variety of different topics and in multiple settings in military psychology.
4	☐	Able to consistently apply knowledge of the military and military culture to clinical practice without supervisor's assistance. Military knowledge is effectively combined with clinical practice to produce solid case conceptualization, treatment recommendations, clinical decision making, referrals, and consultation practices.
3	☐	Possesses basic understanding/knowledge of the military and military culture but Requires routine supervision to supplement and expand fund of knowledge. Requires supervisor's assistance to apply military specific information to clinical practice.
2	☐	Insufficient knowledge of the military and does not consistently apply information to clinical practice.
1	☐	Unaware of or disregards military culture or protocol. Does not apply military knowledge to clinical practice.

SUPERVISOR COMMENTS

PERFORMANCE SUMMARY:

Click here to enter text.

AREAS OF CONTINUED PROFESSIONAL DEVELOPMENT, INCLUDING RECOMMENDATIONS:

Click here to enter text.

INTERN COMMENTS (Optional):

Trainee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Training Director Signature: _____ Date: _____