

Clinical Psychology Internship



2016-2017 Internship Program Brochure

Malcolm Grow Medical Clinics and Surgery Center Joint Base Andrews, MD

**A scientist practitioner psychology internship
in the generalist tradition**

Training experiences include:

**Outpatient Mental Health
Clinical Health Psychology
Primary Care Psychology
Basic Neuropsychology
Prevention and Outreach
Emergent Care Center Consultation
Aerospace Psychology
Substance Abuse Prevention and Treatment**

**Accredited by the American Psychological Association since 1988
Member, Association of Psychology Postdoctoral and Internship Centers
National Matching Service match number: 134311**

Thank you for your inquiry regarding our American Psychological Association (APA)-accredited Clinical Psychology Internship Program at Malcolm Grow Medical Clinics and Surgery Center (MGMCSA), Joint Base Andrews, MD.

Our internship accepts five to six applicants who, upon graduation, are guaranteed clinical psychology positions in the United States Air Force (USAF).

We emphasize broad-based clinical training within a military medical clinic. Joint Base Andrews is a fertile learning environment for psychology interns with plentiful resources to offer a rich variety of training experiences.

Our program has been accredited by APA since 1988 and a member of APPIC since 1993. We received our most recent 7-year re-accreditation by the APA's Commission on Accreditation (COA) in July 2015 with our next site visit scheduled for 2022. Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street NE, Washington DC, 20002
Phone: (202)-336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

We invite your questions, encourage your visit and look forward to your application to our program.

NOTE: Our internship program uses the terms “Residency” and “Residents” to be on par with other healthcare professional training programs within the Air Force (AF). Thus as you read through the brochure, please recognize “Residency” is equivalent to “Internship” and “Residents” are equivalent to “Interns” in our program.

Our program code for the National Matching Service match is 134311 and the name is Malcolm Grow Medical Clinics and Surgery Center (USAF).

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****In compliance of DoD Web Policy and for the safety of all staff members – names, affiliations, and locations are provided by request only. See Page 26 for details and contact information to obtain this list.***

Quick facts about the Malcolm Grow Internship

- ❖ Accredited by the American Psychological Association (APA) since its first year of existence in 1988. See APA contact information on page 24.
- ❖ Scientist-practitioner and empirically based training/practice model.
- ❖ Collegial, full-time psychology faculty of 9 covering a wide range of specialties and interests.
- ❖ Experience with diverse patient populations presenting a wide variety of problems.
- ❖ “State of the science” training in Adult Psychological Assessment/Treatment, Clinical Health Psychology, Integrated Primary Care, Neuropsychological Screening/Testing, Substance Abuse Treatment, Community Outreach/Prevention plus unique elective rotations.
- ❖ Training and experience in clinical supervision of psychology practicum students from a local graduate program.
- ❖ Training in leadership and program management.
- ❖ Supervision rated as outstanding in both quantity and quality by program alumni.
- ❖ Training in operational and aviation psychology applications.
- ❖ Extensive didactic program including Distinguished Visiting Professors (DVPs) of national reputation.
- ❖ Immediate post-internship employment with high levels of professional autonomy and the opportunity to develop leadership and management skills that greatly enhance competitiveness for future positions.
- ❖ Excellent preparation for either an Air Force or civilian career in psychology.
- ❖ Rank, pay and benefits of an Air Force Captain: competitive salary, including tax free housing and food allowances, medical and dental benefits for the member and full medical coverage for the family; discounted shopping privileges; inexpensive life insurance and family dental package; 30 days paid vacation plus ten federal holidays per year. For current pay and benefit information, see the military active duty basic pay chart (<http://www.defenselink.mil/militarypay/pay/index.html>). Salary based on officer pay grade O-3 with <2 years of service and includes base pay as well as tax free subsistence and housing allowances (use zip code for Joint Base Andrews, 20762). See page 6 for specific instructions for calculating compensation.
- ❖ The Air Force offers opportunities for paid post-doctoral fellowships in Neuropsychology, Clinical Health Psychology, Child Psychology, Operational/Aviation Psychology, Forensic Psychology, and Psychopharmacology.
- ❖ In order to maximize the quality and effectiveness of interns’ learning experience, all interactions among interns, supervisors and training staff are expected to be collegial, respectful and conducted in a manner that reflects the highest standards of the profession. The program has identified avenues of recourse if problems in this area arise.

AIR FORCE INTERNSHIP PROGRAMS

The United States Air Force (AF) offers up to 24 fully-funded one-year internship positions in clinical psychology. Internships are available across three training sites, each located in Air Force medical treatment facilities: Malcolm Grow (Joint Base Andrews in Maryland), Wilford Hall (Lackland AFB in San Antonio, Texas) and Wright-Patterson (Wright-Patterson AFB in Ohio). All three internship programs are APA-accredited.

The Air Force accepts applications from all qualified persons who meet the following eligibility requirements.

ELIGIBILITY CRITERIA

To be eligible for consideration for an officer commission and Intern selection, the applicant must:

- a. Be a U.S. citizen.
- b. Meet the requirements for commissioning in the United States Air Force, including an Air Force physical examination.
- c. Satisfactorily complete all academic and practica requirements for a Ph.D. or Psy.D. in clinical or counseling psychology from an **APA-accredited graduate program** (Air Force Instruction 44-119, 7.9.2.1). This includes, at a minimum, the completion of preliminary and comprehensive examinations.
- d. Must be certified as ready for internship by their program Director of Clinical Training.
- e. Committee approval of the dissertation proposal is **mandatory** before entering active duty and beginning the internship. Since dissertation progress is a factor in the selection process, we recommend that the proposal be approved by the time one submits his/her application and at minimum before internship match day. Completion of the dissertation prior to internship is **strongly** encouraged to allow for full participation in the wealth of experiential opportunities available during the internship. Those interns who have not completed their dissertation are expected to continue to consistently work toward completion and to utilize the dissertation elective rotation.
- f. Complete a minimum of 500 face-to-face hours of supervised practicum experience by the time the application is submitted.

PLEASE NOTE: Admittance into our internship program is contingent upon being selected for and accepting a commission in the United States Air Force (USAF) and serving on active duty throughout the internship year and the following 36 months post-internship (the 36 months are typically at a single location). This represents a 4-year commitment on active duty in the USAF as an Air Force Commissioned Officer in the rank of Captain.

NON-DISCRIMINATION AND EQUAL OPPORTUNITY

- As a matter of Federal and military policy, the AF and AF psychology training programs fully adhere to the practices and procedures of the Equal Employment Opportunities Act in the selection of trainees and employees. The AF views diversity and equal opportunity as a vital part of providing patient care, creating a fair and respectful work environment, and ultimately maintaining a healthy and synergistic workforce. We are committed to fostering diversity through hiring and selection practices including attracting and training diverse interns.
- **Eligibility for military service requires certain physical abilities and attributes including age, height, weight, and physical ability requirements. The main point of contact for questions about these eligibility standards is a Health Professions recruiter for the Air Force Recruiting Service (AFRS).** Age limits are determined on an annual basis and listed in the AFRS Procedural Guidance Message (PGM). In addition, recruiters will screen for medical issues and facilitate the applicant's physical exam with a physician.

POST INTERNSHIP PROFESSIONAL DUTIES

The position of clinical psychologist in the Air Force is comparable to that of many civilian psychologist positions. Duties depend primarily upon the needs of the individual clinic or the Air Force community in which one works. However, depending upon one's interests or skills, even in initial duty assignments, Air Force psychologists are usually given levels of responsibility and autonomy rarely seen in other contexts and the MGMCSC internship prepares graduates to effectively transition into their role as AF psychologists. The initial assignment invariably provides a superb foundation for a future military or civilian psychology career.

BENEFITS

Interns receive the rank, pay and benefits of an Air Force Captain including full medical and dental coverage; full family medical coverage, discounted shopping privileges and life insurance; family dental packages; 30 days paid vacation per year (though the number of days one may take "away from training" during the internship year is limited) plus all federal holidays. For specific salary and benefits, see the military active duty basic pay chart (<http://www.defenselink.mil/militarypay/pay/index.html>). To calculate current pay, use the website to identify:

1. Basic pay
 - a. At the above link, select "Basic pay"
 - b. Select "Active Duty Pay"
 - c. Select most current date
 - d. On the chart, find the monthly pay for "<2" Years of Service row and Pay Grade column of "O-3"
 - e. This number is your monthly basic pay
2. Basic allowance for subsistence (tax free)
 - a. At the above link, select "Allowances"
 - b. Use the rate for "BAS" officers
 - c. This number for "Officers" is your monthly, tax-free basic allowance for subsistence (i.e., food)
3. Basic allowance for housing (tax free)
 - a. Go to: <http://www.defensetravel.dod.mil/perdiem/bah.html>
 - b. Select "BAH Calculator" form the Quick Links section on the right
 - c. Select the current year, enter zip code "20762", and select the pay grade "O-3"
 - d. The figure under the heading "O-3 without Dependents" is the monthly tax-free housing allowance if you are single. The figure under the heading "O-3 with Dependents" is the monthly tax-free housing allowance if you are married and/or have a child(ren). The rate does not change with the number of "dependents" you have. For this purpose, one "dependent" is the same as 7 or 8 "dependents".
4. Add the figures obtained in 1-3 above for an estimate of monthly pay and multiply by 12 to calculate your total pay for the internship year. Keep in mind the total from 2 and 3 above are tax free.

Note: basic pay will increase according to the pay schedule during the 3 years following internship. To calculate pay rate changes, go to back to #1 above and look at the pay for 2 years of service (this will be your pay rate one year out of internship) and for 3 years of service (this will be your pay rate at 2 years out of internship). These rates are current as of now, however, these pay rates are typically increased by cost of living adjustment each year. Therefore, the basic pay figure may increase a couple of percentage points by the time interns enter the program and future pay rates will be higher as well. Housing allowances are also re-evaluated regularly so this figure may change by the time of entry.

An Air Force Health Professions Recruiter can help you calculate your pay if you have difficulty accessing the above website or calculating the total. They can also provide you with detailed information about the other extensive benefits you receive as an officer in the Air Force.

ADMINISTRATIVE ASSISTANCE

The Psychology Internship Program has an Education Coordinator who supports the internship training program. The Medical Group (MDG) and Mental Health (MH) Flight staff also provide technical support and assistance with required training for medical staff, logistics, computers, pay, and leave (time off) issues.

The MH Flight ensures the internship has needed resources to support the training and clinical missions, including office space, computers, telephones, and office supplies. All interns and staff are provided with individual offices designed to be welcoming and of sufficient size to comfortably interact with clients. Offices are located on the fourth floor of the clinic with most having a window.. Each office is fully furnished with modern modular desks, book shelves, adjustable high quality office desk chairs, 1-2 client chairs and is equipped with a networked computer and telephone with voicemail.

The Mental Health Flight encourages easy collaboration between supervisors and interns and between mental health disciplines. With this in mind, intern offices are located together in one area, to facilitate peer socialization, support, and interaction, and also near their supervisors' and other staff offices to encourage intern-supervisor interaction and consultation. MGMCSC and Joint Base Andrews have spacious conference rooms and a conference center equipped with computers, power point projectors, TV's, DVD players and video-teleconference capabilities for didactics, workshops by national experts, and teleconferences. The training office and Training Director's (TD) office have secure and orderly storage for psychology training program files. The TD's office is in a central location between the two major rotations to facilitate equal access by interns and staff from both major rotations.

The MDG and MH Flight also ensure the internship program has a wide array of training resources and audiovisual equipment. For example, interns will have access to computer-based psychological testing packages for multi-dimensional batteries, multiple manually administered tests, one office designated for psychological testing and an office designated for biofeedback treatment. The interns also have ready access to electronic copies of journal articles through AF Medical Service's web-based portal.

SCHEDULE, VACATIONS & HOLIDAYS

The internship year is preceded by a five-week course at Maxwell AFB in Alabama. This course serves as an introduction to the Air Force and the Air Force Medical Service and is called Commissioned Officer Training (COT). COT is designed to prepare medical, chapel and legal professionals to understand core aspects of officership. This course does NOT provide training specific to psychology nor is it specific to your role as a military psychologist. During this time (typically late June/early July to late July/early August), new interns obtain uniforms, establish pay records, learn officership basics and get to know the other incoming Air Force psychology and social work interns. Upon arrival to the internship at Joint Base Andrews (usually by early August), all interns participate in a three-week orientation to MGMCSC, Joint Base Andrews and the internship which includes one to two weeks of rotation specific orientation.

Interns are permitted **10 training days** total away from the internship program if dissertation is not completed and are permitted 15 total training days away if their dissertation defense has been completed by 1 June. A day away from training is defined as any day on which an intern is absent for any reason, when other interns are present and engaged in training. Examples of days away from training include personal leave and sick days. It does not include days when all interns are out of the office such as federal holidays, downtime during holiday periods, occasional days off designated as "family days", attendance at an approved professional conference or meeting in town, dissertation defense or dissertation time away from MGMCSC that is part of allocated dissertation work time, etc.

POST-INTERNSHIP ASSIGNMENTS

The AF offers assignments at more than 70 locations in the continental U.S. and overseas. Your preferences, along with special needs of some interns, are considered when assignments are made. However, the needs of the Air Force are the primary determining factor. Initial (post-graduate) placements are almost always in outpatient mental health clinics housed in medical treatment facilities within the United States. On average, interns receive an assignment within their top 10 rankings of preferred assignments (out of 24-28 ranked options). Positions outside the continental United States (e.g., in Europe and the Pacific) are generally granted to individuals after their initial USAF assignment rather than directly after the internship year.

Staff seeks to facilitate a smooth transition from intern to Air Force psychologist. Therefore, in addition to enhancing interns' clinical skills, the program is also geared toward developing leadership and managerial skills. Intern knowledge of Air Force programs and policies is ensured so graduates are well prepared to tackle the responsibilities they will have at their post-internship assignment. Throughout the training year interns will complete a number of tasks that will provide awareness and understanding of the wide array of programs they may have a direct role in as a psychologist in the AF. This may include observation of various components of a particular program, review of military policies and discussion with faculty about readings and observations. In summary, the internship faculty is very invested in preparing interns to be top-notch, autonomous clinicians and Air Force officers because every intern will become their Air Force colleague upon graduation.

WHAT IS UNIQUE ABOUT THE MALCOLM GROW INTERNSHIP

We are frequently asked what makes our site unique compared to other AF sites. The AF internships in general, and MGMSC in particular, offer a number of exciting training opportunities that are a function of each program's training model and location. Here is a quick summary of some of the unique training opportunities at MGMSC, the general philosophy of training and the recreational opportunities in the local area:

- **Wide Range of Elective Rotations**
 - Dissertation
 - Personnel Selection Assessment with the DoD Intelligence Community
 - Advanced Biofeedback
 - Advanced Neuropsychology
 - Advanced Primary Care Consultation
 - Individually Tailored Experience
- **Supervising Practicum Students**
 - Most interns participate in supervision of a clinical psychology practicum or clerkship student from the Uniformed Services University of Health Sciences PhD program in clinical psychology.
- **Realistic Transitional Training Model**
 - Staff view interns as “junior colleagues” and our emphasis is on training and mentoring to transition interns from graduate student into professional psychologists who become our peers
 - Concurrent rotations simulate real-world work processes and enhance time management skills
 - Interns are given increasing autonomy across rotations
 - To the degree possible, tailored preparation of follow-on roles and responsibilities
- **Scientific Focus**
 - Program focuses on empirical and critical thinking as well as case conceptualization skills
 - Covers wide range of empirically-based practices (EBPs) including assessment, treatment, supervision, and community-based psychology
 - Encourages pursuit of research and use of outcome measures to evaluate treatment
 - Completion of a group research project that culminates in an IRB proposal at the end of the training year.
 - Dedicated time for dissertation work and elective research rotations
- **Support Intern Autonomy and Professional Development**
 - Interns choose their elective rotations and submit preferences for long-term and short-term supervisors
 - All interns have the leadership opportunity of being Chief Resident for about 8 weeks
 - Supervision and other training focus on professional and officership skills development
 - As part of their professional development, interns may receive tours of the Pentagon, White House and/or U.S. Capitol
- **Interdisciplinary Teamwork and Consultation**
 - Interns work closely with staff from other disciplines as well as social work residents
 - Interns work closely with other medical specialties in the medical treatment facility, members of base agencies, and military unit leaders
 - Mental Health consultation role to the Aeromedical Staging Facility (returning “wounded warriors”)

- **Access to Mental Health and Medical Expertise**

- MGMCSC is located in the Washington DC National Capital Region (NCR). The NCR has multiple military and civilian agencies related to health care and research including the Defense and Veterans Brain Injury Center (DVBIC), the Defense Centers of Excellence (DCoE), the Center for Deployment Psychology (CDP), Walter Reed National Military Medical Center (WRNMMC), National Institutes of Health (NIH) and Mental Health (NIMH) offering potential training opportunities on state-of-the-art health issues. Furthermore, there are several doctoral level psychology graduate programs in the NCR, including, George Washington University, Howard University, Catholic University, American University, Uniformed Services University of Health Sciences and George Mason University.

- **Working in a Joint Service Environment**

- The NCR is a Joint Medical Command. This is important because the military is moving towards joint operations (i.e., multi-service operations) and military healthcare providers need to know how to work with patients and leadership from other military services.
- Interns work with patients from all services (Air Force, Army, Navy, Marines, as well as Public Health Service and Coast Guard members) and learn about each service's unique culture, missions, and regulations. Residents also work with providers and leaders from all services.
- Interns may attend trainings and interact with Army and Navy interns WRNMMC as well as local interns from Washington and Baltimore Veteran's Administration Hospital.

- **DC Area Attractions**

- The Washington D.C. metropolitan area offers exciting cultural, historical, political, academic and international attractions. One can travel around the area by Metro train, crowded beltway, or curvy country/park roads. There is a lot going on, and yet with minimal effort, one can be in the country driving on rural routes exploring the Chesapeake Bay coast or Amish country. Below are some examples of DC area attractions:
- White House, National Capitol, Supreme Court, Library of Congress, The Pentagon
- Free national art, history, and technology museums
- Historic sites and national monuments such as the Washington, Jefferson and Lincoln Monuments and the Vietnam and World War II Memorials.
- Famous neighborhoods such as Georgetown, Alexandria, DuPont Circle
- Cultural diversity and richness
- Wide range of premier and ethnic restaurants, shopping and professional sports.
- Three major airports (Reagan National, Baltimore-Washington International, and Dulles International).
- Proximity to eastern seaboard and Chesapeake Bay, New York City and Philadelphia
- Proximity to Appalachian Trail and Sky Line Drive
- Variety of outdoor recreational activities

MGMCSC Training Model

The Clinical Psychology Internship Program at MGMCSC, which is part of the 779th Medical Group (779 MDG), is based on a scientist-practitioner approach to understanding human behavior and providing psychological services. The purpose of the MGMCSC internship program is to prepare interns for a broad array of post-internship entry positions in the field of clinical psychology. To accomplish this goal, the program's primary goals are to develop psychologists who can fill "generalist" roles and who are ready for entry level practice.

The overwhelming emphasis is on outpatient services for adults.

Faculty predominantly employ a competency-based developmental model in clinical supervision of interns (e.g., increasing level of autonomy as knowledge, skills and competencies develop, challenging interns in a collegial manner to view clinical issues differently, and tailoring supervision interventions to the intern's level of knowledge and skill). Supervisors also draw heavily on principles of competency based supervision models

(e.g., assessing areas of strength and weakness early in the supervision process, promoting self-reflection on what happened in therapy sessions to plan for what needs to happen next session, evaluating skills using specific competency based criteria). Additionally, they also frequently draw on the concept of fostering the innate capacities for becoming a good therapist found within a person centered supervision model.

Training and supervision focus on the following competencies, which are the emphasis of intern evaluation throughout the training year:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Communication and interpersonal skills
5. Professional values, attitudes and behaviors
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills
10. Implementation of military-specific guidance and processes
11. Officership

We view the internship year as a transitional year between being a student and a professional. Thus, while providing strong training, supervision and support, we also promote autonomy, critical thinking and problem solving for dealing with challenges that psychologists encounter. Similarly, we have structured the program such that interns learn critical skills in managing caseloads, efficient administrative processes, effective use of support staff, program management, etc. We consistently see our interns being highly sought after and succeeding in military and civilian settings where professional excellence is valued.

Our Medical Clinic and Community

MGMCSA was established in 1958. It currently offers a full range of primary care services along with medical and surgical subspecialties, dental care and aerospace medicine. In addition, a 37-bed Aeromedical Staging Facility servicing over 20,000 transient medical patients annually from around the world is also located at MGMCSA.

The MGMCSA mission is highly conducive to psychology training, stressing the importance of top quality medical services, prevention services, education and training, personal and professional growth, and partnerships with other military medical agencies in the National Capital Region. Interns work in a busy Air Force outpatient mental health clinic alongside of experienced active duty and non-active duty psychologists, psychiatrists, social workers and mental health technicians to deliver high quality services to a wide range of beneficiaries as well as meeting the mental health needs of the installation population through activities such as outreach and community intervention. In this way, the duties of interns very closely mimic duties they may expect to have in their first post-internship assignment.

MGMCSA provides direct health care services to over 70,000 eligible Department of Defense (DoD) service members and their families, to include retirees and their families, high-level government officials and foreign dignitaries who reside in the National Capital Area.

The APA has accredited the Clinical Psychology Internship Program at MGMCSA since 1988. The APA Commission on Accreditation is located at 755 1st Street NE, Washington DC, 20002 and can be reached by phone at 202-336-5979. The internship maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

We are located in suburban Maryland, 11 miles from downtown Washington, DC (“the mall”). “The mall” is the traditional place to see many of the historical locales and landmarks including the Washington Monument, the Vietnam, Lincoln and Jefferson Memorials, the Smithsonian complex including the Air & Space Museum, Hirshhorn Museum and the National Gallery. Other points of interest include Congress, the Supreme Court, the Kennedy Center, the White House, the African History Museum, the Holocaust Museum, the International Spy Museum, National Portrait Gallery, and the National Zoo. All these sites, and many others, offer free or low cost activities for the entire family. Washington also has a safe and efficient Metro system, making the Capital and surrounding areas easily accessible. Nearby mountains and lakes offer a full range of outdoor activities. We are also within an hour of the Chesapeake Bay, Annapolis and Baltimore. Entertainment ranges from concerts, plays and ballets, to professional and college sports, some within minutes of the base.

Washingtonians enjoy all four seasons in a moderate climate. The coldest month is normally January, with an average temperature of 35 degrees Fahrenheit. July is the hottest month, with an average temperature of 86 degrees. Washington DC is green almost year round with spectacular fall and spring seasons. It is surrounded by beautiful countryside, and the ocean and mountains can both be reached within a two-hour drive.

The educational, medical and scientific communities are large and active. Washington DC is home to Walter Reed National Military Medical Center (a merger of Walter Reed Army Medical Center and the National Naval Medical Center), the Uniformed Services University for the Health Sciences as well as NIH, NIMH and APA Headquarters. The DC area offers a wealth of educational resources, including the Library of Congress. Through an affiliation agreement, Air Force interns are often able to take advantage of presentations and seminars offered by local Army and Navy psychology training programs. With faculty permission, interns may tap into the multitude of educational and research institutions in the DC area.

Shopping varies from Macy’s, Nordstrom, and Neiman Marcus to many malls with a wide variety of specialty shops. Many restaurants, pubs and shops are available in and around the greater DC area. The beautiful National Harbor provides fine dining only 20 minutes from the base.

As home for the President’s airplane, Air Force One, and as the entry point into the United States for numerous foreign dignitaries including kings, queens, presidents and prime ministers, Joint Base Andrews and the 779th MDG are regular subjects for the news media covering national and international events.

Dynamic Training Environment

Please note that the AF operational and training environment can be affected by external events related to national defense. For example, deployment of active duty AF staff members from all three mental health disciplines has been a regular occurrence. Thus, we periodically adjust our training activities to meet changing organizational and training demands and opportunities. Usually these changes are to improve the program; but at times mission demands may require the program to cut specific minor components of the training program for periods of time. The needs of the interns are always a primary concern. Such changes would not significantly affect the major components or rotations of the program.

SUMMARY OF THE PSYCHOLOGY INTERNSHIP YEAR

1. Mental Health Clinic (MHC) Rotation (6 months)

- Outpatient Mental Health major rotation
 - Intake evaluations and therapy cases
 - Individual, Groups (psychoeducational & DBT skills), Couples
 - Crisis/Risk assessment and intervention (e.g., walk-in triages)
 - Psychological assessment/testing (e.g., security or medical board evaluations)
 - Commander directed and fitness for duty evaluations (i.e., personnel & occupational fitness evaluations)
 - Community outreach and prevention
 - Consultation to leadership
 - Supervision of practicum/clerkship students
- Basic neuropsychology mini-rotation (approximately 40 hours across 2-6 months)
- Substance Use Disorders mini-rotation (approximately 50 hours across 2-6 months)
- Elective rotation, see below (60-70 hrs)

2. Behavioral Medicine Service (BMS) Rotation (6 months)

- Clinical Health Psychology major rotation
 - Behavioral/functional analysis of patients with chronic medical problems
 - Self-regulation strategies (biofeedback, relaxation techniques)
 - Biopsychosocial self-management strategies for chronic medical conditions
 - Consultations to medical providers
 - Health promotions (e.g., smoking cessation)
- Integrated primary care mini-rotation
- Biofeedback assessment and treatment (approx. 40 total hrs of training and experience)
- Elective rotation, see below (60-70 hrs)

3. Emergent Care Center After Hours On-call. MGMCS does not have a full Emergency Department, but the clinic does have an Emergent Care Center that is open 24/7. Each intern may expect to be on call after hours and on weekends approximately 5-6 weeks during the training year. While on-call, interns are supervised, or “backed up,” by independently licensed and fully privileged mental health providers.

4. Aerospace Psychology. One full day of training led by specialists in aerospace psychology.

5. Aerospace Staging Facility. This experience involves engagement with the multidisciplinary medical team who receives, triages and monitors ‘wounded warriors’ coming back to the US because of medical and/or mental health issues. The psychology intern and staff engage with the ASF team to provide mental health consultation to the flight physicians, nurses and medical technicians for both medical patients and mental health patients. The consultation focuses primarily on patient care as well as assisting the ASF leadership in team development and training. The ASF houses ‘wounded warriors’ temporarily (less than 24 hours) as a way-station after a lengthy transatlantic flight before they move on to their next medical care facility. All interns will participate in ASF support, which typically occurs outside normal duty hours.

ELECTIVE ROTATIONS (approximately 65 hrs while on each major rotation)

- Dissertation (required if not completed)

- ❑ DoD Intelligence Community (security clearance required)
- ❑ Applied Research when available
- ❑ Advanced Biofeedback
- ❑ Advanced Primary Care/BHOP
- ❑ Advanced Neuropsychology
- ❑ Individually tailored (e.g., research opportunities, Family Advocacy Program, Policy Development)

ROTATIONS

As stated above, the internship year is currently divided into two broad areas of training, each with a major rotation and a variety of experiences through mini-rotations. The Mental Health Clinic (MHC) rotation focuses on adult outpatient therapy and assessment, prevention and community consultation, as well as substance abuse treatment and prevention and basic neuropsychology. The Behavioral Medicine Service (BMS) rotation provides training in clinical health psychology, basic biofeedback and consultation in the primary care settings. Interns select one of the elective rotations on each of the major rotations (see above list). Dissertation and research elective rotations may be selected for both major rotations, but other electives may only be done once. If the dissertation is not complete, interns are required to select the dissertation elective.

MAJOR ROTATIONS

MENTAL HEALTH CLINIC

The Mental Health Clinic (MHC) major rotation provides clinical training across a range of activities and a diverse spectrum of clientele with presenting problems ranging from situational and work-related stressors to acute psychosis (on rare occasion). Most common diagnoses are Depressive Disorders, Anxiety Disorders, Post-traumatic Stress Disorder, and Adjustment Disorders. Initial triage, safety evaluation and determination of patient disposition are conducted for all clients who walk-in on an emergency basis. The majority of daily clinical work is by scheduled appointments (intakes and follow-ups). The patient population is mostly active duty with family members. Interns are supervised by a staff psychologist in providing individual, and psycho-educational group therapies for both long- and short-term care. Marital/couples therapy cases are also sometimes available. Interns also conduct or co-lead 1-2 cognitive-behavioral psycho-educational groups. Clinical supervision focuses on empirically supported treatments, primarily from a cognitive-behavioral theoretical orientation.

While on the MHC rotation, interns regularly conduct supervised formal psychological assessments (e.g., psychological testing) of outpatients. These testing cases are generated by colleague and medical referrals as well as via military-specific clinical evaluation processes such as medical discharge evaluation boards, security clearances, special duty applicant evaluations and "commander-directed" mental health evaluations (CDE). In conducting the latter evaluations (e.g., special duty applications and CDEs), the intern not only learns about various job requirements within the military and how personnel are managed, but also how to conduct oneself professionally and ethically when analyzing, interpreting and acting as a command consultant. An additional part of the training goals on this rotation is to ensure basic competency in widely used cognitive tests (e.g., WAIS and RBANS). These training experiences provide excellent preparation for general duties within an Air Force setting or in a similar civilian, clinical/community setting.

Additionally, most interns are typically responsible as the primary supervisor and coordinator of a practicum student's (clinical psychology graduate students) experience while working in the MHC. Training on

supervision is provided (supervision of practicum students) and a faculty supervisor is also available to provide supervision of your work with the practicum student.

BEHAVIORAL MEDICINE SERVICE

The Behavioral Medicine Service (BMS) rotation includes a variety of outpatient clinical health psychology experiences, including working on interdisciplinary programs (e.g., diabetes management, smoking cessation). The rotation provides the intern the opportunity to evaluate and recommend treatment for medical and psychophysiological conditions in which the patient's behaviors, emotions, cognitions, spirituality, culture or environment may be a significant determinant in the severity or extent of dysfunction. Cognitive-behavioral interventions are implemented to assist patients in modifying health compromising behaviors. BMS receives consultation requests from providers throughout the medical clinic to include the gastrointestinal clinic, nutritional medicine, internal medicine, primary care, physical therapy, and consult liaison psychiatry. The BMS major rotation also includes training using biofeedback as an adjunctive treatment for appropriate conditions.

REQUIRED MINI-ROTATIONS

BEHAVIORAL HEALTH CONSULTATION IN PRIMARY CARE/BHOP

The Behavioral Health Optimization Program (BHOP) is a behavioral health consultation service within primary care clinics. The Internal Behavioral Health Consultant (IBHC) works with primary care staff to address a patient's emotional health, habits, or behaviors when they are impacting overall health. Each intern has the opportunity to provide behavioral health screening and brief, solution-focused interventions to adults and, to a lesser extent, children. The IBHC also tries to decrease burden on the primary care managers as well as the emergent care clinic through follow-up visits and feedback to primary care managers on issues impacting patient care. By working as IBHCs, interns provide early intervention for patients suffering from life-style and stress-related disorders as well as more chronic medical conditions. This is a cutting-edge experience that is included in the 6 month BMS rotation. Interns are immersed in approximately 1 week of intensive daily training in a primary care clinic to learn behavioral health consultation skills using population health principles. This is extended with interns practicing these skills 1 day per week for 8 subsequent weeks.

BASIC NEUROPSYCHOLOGY

The neuropsychology portion of the internship is conducted during the 6-month MHC rotation. The goal is exposure to neuropsychology as a specialty (clinical processes and tools). The patient population consists of active duty, family members, and retired adults referred for neurocognitive testing. During the MHC rotation, interns will be expected to attend a series of neuropsychology related didactics, neuropsychology case presentations, and be heavily involved in 1 comprehensive neuropsychological evaluation (interviewing, test interpretation, drafting a report, etc.) to include presenting the case for group case conference. Depending upon staffing, referrals, and intern interest, individual interns may have additional opportunities for involvement in other neuropsychological evaluations to sharpen their skills in conceptualizing clinical care within the context of neuropsychological complaints/deficits. Referrals address a wide variety of presenting problems, with the most common being early dementia, vascular injuries, psychiatric cases, persistent cognitive complaints and traumatic brain injury. Part of the training goals on this rotation is exposure to the various neuropsychological tests, how to conduct a neuropsychological interview, and disease/injury course and presentation. A fellowship trained neuropsychologist supervises interns in the above activities.

ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT (ADAPT)

The substance use disorder rotation is provided through the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program as part of the 6-month MHC rotation. ADAPT is embedded in a robust continuum of treatment interventions, ranging from early intervention and targeted prevention using evidence-based practice, through a Partial Hospital Program for addiction and dual diagnosis disorders. The ADAPT rotation involves the intern in a multidisciplinary team. Interns learn a biopsychosocial approach to addictions with input from physicians, addictions medicine specialists, nurses, social workers, counselors, and technicians. Current emphasis is on program management, a role many graduating interns may have at their first post-internship assignment. Treatment team planning decisions in the military involve commanders, first sergeants, and supervisors. Interns learn the advantages to this approach as well as the requirements for ethical practice.

AEROSPACE PSYCHOLOGY

The Aerospace Psychology component is not a rotation but rather a local one day conference conducted by the Aerospace Consultation Service at Wright-Patterson AFB, Ohio. Opportunities to apply knowledge gained on assessment, treatment and decision making regarding personnel engaged in flying duties occur throughout the clinical rotations when “flyers” are seen for evaluation or treatment. Exposure to aviation and work with psychological issues related to flyers is a unique and exciting aspect of practice in the Air Force.

AEROMEDICAL STAGING FACILITY (ASF)

This experience is not a true mini-rotation as all interns will support this service during the training year. ASF support involves engagement with the multidisciplinary medical team who receives, triages and monitors ‘wounded warriors’ coming back to the US because of medical problems. The psychology intern and staff engage with the ASF team to provide mental health consultation to the flight physicians, nurses and medical technicians for both medical and mental health patients. The consultation focuses primarily on patient care as well as assisting the ASF command in team development and training. The ASF houses ‘wounded warriors’ temporarily (less than 24 hours) as a way-station after a lengthy transatlantic flight before they move on to their next medical care facility. ASF support typically occurs outside of the normal duty day and is accomplished when interns are scheduled to cover normal after-hours call (see Emergency Care Center (ECC) Support below).

EMERGENCY CARE CENTER (ECC) SUPPORT

ECC support is not a true mini-rotation as all interns will support this service during the training year. MGMCSC houses an ECC that is open 24/7 and is the location base personnel and other beneficiaries report for mental health emergencies on weekends, holidays and evenings. Each intern will have several (approximately 6) full weeks during the training year when they serve as the primary, on-call mental health provider with back-up/supervision from a licensed mental health provider. Primary presenting problems typically include suicidality or other risk/crisis assessment and management. ECC support is accomplished outside of the normal duty day.

CLINICAL INVESTIGATION

In order to be consistent with the scientist-practitioner model, each intern will be expected to have some involvement in a clinical investigation activity or project. This requirement may be met through a number of options including, but not limited to, program evaluation, co-authoring a review paper with a staff member, writing up a case study or single-subject study, participating in a panel discussion or symposium, presenting dissertation at a conference including local professional psychology organizations, conducting peer review of abstracts or articles, working on a data base, and participation in research meetings. At a minimum, all interns will participate in a group research project that culminates in an IRB proposal by the end of the year. It is anticipated this aspect of training will require an average of 3-4 hours per month across the course of the

internship. Ability to participate in any of the options mentioned above is dependent upon staff approval and availability of current projects, which may be limited.

ELECTIVE ROTATIONS

DISSERTATION

This rotation is required for all interns who have not completed their dissertation (e.g., written but still need to defend). Through this rotation interns receive time in their training schedule and access to program resources to work toward dissertation completion. The goal is to help ensure all interns complete their dissertation by the end of the training year. Long-term supervisors support and encourage progress on dissertation goals.

DoD INTELLIGENCE COMMUNITY

There are several organizations in the DC area that are part of the Department of Defense intelligence community. On this rotation interns will assist psychologists who consult decision-makers in support of their corresponding missions. Specifically, they will provide expert clinical input regarding applicant processing, military programs, and initial/continued security clearance eligibility.

ADVANCED BIOFEEDBACK

The Advanced Biofeedback mini-rotation focuses on developing additional skills in measuring physiological responses to anxiety such as heart rate (HR), skin conductance (SC), temperature (TMP), respiration (RSP), surface electromyography (sEMG), and Heart Rate Variability (HRV). Interns learn to use the NeXus-10 with Biotrace+ software biofeedback equipment to evaluate and treat patients with a variety of physical and mental health conditions. In addition, patients are taught proper mechanics and chemistry of respiration via use of capnometry training. Patients referred for biofeedback may present with a range of disorders including panic disorder, phobias, generalized anxiety, fibromyalgia, chronic pain, sleep disturbance, temporomandibular disorders, or headache/migraine. The goal of biofeedback is to help the patient increase their awareness of their body's physiological responses, bring them under greater voluntary control and generalize this new learning to environments outside the clinic.

ADVANCED PRIMARY CARE/BEHAVIORAL HEALTH OPTIMIZATION PROGRAM (BHOP)

This elective rotation is an extension of behavioral health consultation in primary care. The intern has the opportunity to refine IBHC skills to an advanced level. We currently provide BHOP services in 2 Clinics - Family Health and Internal Medicine. This rotation is flexible enough to tailor the intern's time to any clinic offering BHOP. The advanced rotation also may be spent with a concentration on BHOP research projects and/or projects/presentations that support primary care staff and/or operations.

ADVANCED NEUROPSYCHOLOGY

The goal of the rotation is a broad exposure to clinical neuropsychological evaluation and hands-on experience with all aspects of the neuropsychological evaluation process. Most neuropsychological evaluations in this setting are clinical assessment of relative cognitive strengths and weaknesses via objective neuropsychological evaluation (testing, record reviews and interviews) for patients referred for evaluation by their physician. Common referral questions include: assessment of cognitive difficulties or persistent complaints related to medical conditions or history (e.g., post-traumatic brain injury, seizure disorders, cardiovascular accidents, and chronic diseases such as diabetes) as well as evaluations to assess patient functioning related to concerns of early dementia. Interns are heavily involved at all stages of the process including interviewing, records review, learning to administer and interpret a variety of neuropsychological

tests, designing test batteries/evaluation processes, test administration and interpretation, report writing, face-to-face patient feedback and drafting clinical recommendations for the referring physician. Depending upon staffing and activities at our site and other NCR training sites (e.g., Walter Reed National Military Medical Center or Ft. Belvoir) additional training opportunities are possible including: participation in weekly multi-site DOD/VA neuropsychology VTC case conference and readings, visit(s) to DVBIC (Defense and Veterans Brain Injury Center) or NICoE (National Intrepid Center of Excellence) and neuropsychology specific lectures/presentations.

INDIVIDUALLY TAILORED

This rotation simply means that an intern can develop, with training director approval, a customized elective rotation to fill a gap in training or meet an interest that is not obtainable through established rotations. The training director or other faculty member will assist interns in coordinating the rotation, setting goals and evaluating progress.

DIDACTIC PROGRAM

The internship emphasizes a strong knowledge base for professional practice through an extensive Didactic and Readings Program at the rotation and department level. Rotation supervisors incorporate research discussions on topics relevant to particular cases. Inclusion of didactic material provides integration of theory, science, and practice through discussion of issues germane to patients that interns are actively treating.

The MHC rotation readings/discussion group focuses on in depth understanding and skills development. The initial week on the MH rotation includes orientation to the clinic and military specific aspects of assessment and treatment. For the remainder of the rotation, interns and rotation faculty meet weekly to discuss assigned readings on a wide variety of topics, such as, the philosophy, common issues and resources of empirically based practice, common factors model, case conceptualization models, ethics, cultural competence, neuropsychological assessment and various military specific issues which are a part of understanding the system and culture of our client base.

The BMS rotation didactics and readings focus on general topics pertinent to the behavioral medicine field and disorders likely to be seen in a behavioral medicine clinic. The initial week of the rotation is an orientation which includes training on health psychology concepts and practices (e.g., biopsychosocial conceptualization, functional analysis, relaxation training, biofeedback, and consultation), training on the most common presenting problems (i.e., chronic pain, headaches and insomnia) and basic concepts in primary care consultation.

Didactics at the department level consist of an organized series of 2-hour weekly classes on issues or topics that transcend rotational emphases. Topics are organized around 5 core components: 1. Professional Development, 2. Intervention, 3. Assessment, 4. Diversity and Psychology and 5. Research and Consultation. With the goal of minimizing redundancy with university course work, didactic sequences tend to stress advanced intervention and assessment strategies, current research in specific areas, or the integration of general psychological principles and practices. Examples of specific topics by core component are list below:

Professional Development –

- AF Psychology the Big Picture
- Military Inspections
- Integrated Delivery System/Community Information Action Board/Family Advocacy
- Confidentiality and Release of Records in Military Mental Health
- Post-Internship – What Happens Next

Intervention–

- Psycho-pharmacology I
- Psycho-pharmacology II
- Basic Behavior Therapy for Primary Care
- Practical Applications of ACT
- Practical Applications of DBT
- Interventions for Suicidal Behaviors
- Building Resilience
- Motivational Interviewing

Assessment

- Assessment of Malingering
- Theories and Methods of Evaluation
- Security Evaluations and Sanity Boards
- Medical Evaluation Boards
- Deployment Resiliency Assessments

Diversity* and Psychology –

- Army Psychology and Culture
- Navy Psychology and Culture
- Cultural Diversity in Empirically Based Practice
- Child and Adolescent Development
- Religious Issues/Working with Chaplains
- Working with Law Enforcement and Enlisted Airman

Other Core Psychology Skills-

- Theories and Methods of Consultation
- Theories and Methods of Supervision
- Designing an AF Applied Research Project
- Single Subject Research
- Traumatic Stress Response and Reintegration of Prisoners of War/Detained Personnel

In addition to “in-house” training from experienced clinicians within the NCR, our program brings in two Distinguished Visiting Professors (DVP’s) each year. DVP’s conduct 1 to 2 day workshops on their areas of expertise and spend informal time with the interns at lunches and dinners. A selected list of DVPs at MGMCSC since 1994 is below. In addition to MGMCSC DVPs interns may attend selected DVP workshops hosted by Walter Reed National Medical Medical Center Psychology Internship Programs.

*As part of intern’s diversity training they are also expected to attend at least one of the annual diversity events held on base (e.g., Hispanic, Native-American, Asian-Pacific, African-American, Women’s, etc.)

1994 - 2015 SELECTED MGMSC DISTINGUISHED VISITING PROFESSORS

Presenter	Affiliation	Topic
Alex Caldwell, Ph.D.	UCLA	MMPI-II
John P. Foreyt, Ph.D.	Baylor College of Medicine	Obesity
C DiClemente, Ph.D.	UMD, Baltimore	Addictions/Stages of Change
George Clum, Ph.D.	Virginia Tech	Panic Disorder
Art Nezu, Ph.D.	Hahnemann University	Clinical Decision Making
John Reid, Ph.D.	Oregon Social Learning Center	Conduct Disorder
Bruce Ebert, Ph.D., J.D.	Calif. Board of Psychology	Forensic Psychology
George Albee, Ph.D.	Univ of Vermont	Primary Prevention
Charles M. Morin, Ph.D.	Laval University – Quebec	Treatment of Insomnia
Paul Retzlaff, Ph.D.	Univ of Northern Colorado	MCMI - Clinical Applications
Ray DeGiuseppe, Ph.D.	St John's University	Anger Management
Michelle Craske, Ph.D.	University of California-LA	CBT with Anxiety & Panic
Christine Nezu, Ph.D.	Allegheny U of Health Sciences	Problem-Solving Therapy
Theresa Moyers, Ph.D.	University of New Mexico	Motivational Interviewing
Donald Meichenbaum	University of Waterloo	CBT: Issues of Comorbidity
Terence M. Keane, Ph.D.	VA Boston Healthcare System	PTSD
James McCullough, Ph.D.	Virginia Commonwealth Univ.	Chronic Depression & CBASP
Joseph Matarazzo, Ph.D.	Oregon Health Sciences Univ.	History & Future of Psychology
Yossef Ben-Porath, Ph.D.	Kent State University	MMPI-2
Albert Ellis, Ph.D.	Ellis REBT Institute	Advanced REBT
Arthur Freeman, Ph.D.	University of Pennsylvania	CBT: Depression Management
David Jobes, Ph.D.	Catholic University	Assessment/Treatment of Suicide
Theodore Millon, Ph.D.	University of Miami	MCMI Assessment
Kirk Strosahl, Ph.D.	Mt View Consulting Group	Mental Health & Primary Care
Jeffery Young, Ph.D.	Private Consulting Firm	Cognitive Therapy
Patricia Resick, Ph.D.	Boston University	Cognitive Processing Therapy
Sonya Batten, Ph.D.	Baltimore VA	Acceptance & Commitment Therapy (ACT)
Kermit Crawford, Ph.D.	Center for Multicultural Mental Health, Boston Univ.	Disaster Behavioral Health
Stephen Behnke, Ph.D.	American Psychological Assoc	Ethics
Daniel Taylor, Ph.D.	University of North Texas	Behavioral Treatment of Sleep Disorders
Candace Monson, PhD	Boston Veterans Medical Center	Conjoint Treatment of PTSD
Carol Falender, PhD	UCLA	Competency Based Supervision
Jeffrey Barth, PhD	University of Virginia	Mild-Traumatic Brain Injury
Johan Rosqvist, PsyD	Pacific University	OCD and Hoarding
Pamela Hays, PhD	Nakenu Family Center	Culturally Responsive CBT
Frank Andrasik, PhD	University of Memphis	Biofeedback
Craig Bryan, PhD	University of Utah	Cognitive Therapy for Suicidal Behaviors
Christopher Martell, PhD	Private Consulting Firm	Diversity/Multicultural Issues in Working with the LGBT Community
Yossef Ben-Porath, PhD	Kent State University	MMPI-2-RF
Douglass Snyder, PhD	Texas A&M University	Promoting Recovery in Military Couples Struggling with Infidelity
Beverly Thorn	University of Alabama	Bhvrl Mgmt of Chronic Pain

EVALUATIONS

The process of evaluation has two components: (a) measurement of intern performance, and (b) evaluation of the internship program.

Internship Performance Evaluation

Long-term supervisors assist interns with an initial self-evaluation to promote self-reflection in practice and conduct mid-year and end-of-year evaluations. Major rotation (short-term) supervisors provide formal evaluation/feedback at the Quarterly evaluations are completed by major rotation clinical supervisors.

Evaluations assess intern performance and competency in each of the identified domains. Each competency domain is evaluated based on developmental performance levels, which are defined and operationalized using behavioral anchors.

Internship faculty strives to give prompt on-going feedback to interns so they always know what they are doing well and what they need to improve on. Continuous feedback in this manner ensures interns are not surprised by any feedback given on the formal evaluations. Formal evaluations are conducted at the start, middle and end of each rotation. Intern progress and performance are discussed monthly at training staff meetings and on an as needed basis so all staff members are aware of each intern's progress in the program and developmental needs.

The information from these evaluations will be used to inform a Training Report at the end of the internship year and mid-year feedback to the intern's graduate program. The Training Report will essentially document completion of internship requirements and becomes part of graduates' military personnel record. Notification of internship completion will also be sent to interns' graduate programs. Additionally, information on intern progress is shared with the intern's graduate school program director at the mid-year point, as needed or as requested by the graduate program.

Intern Program Evaluation

Interns have multiple avenues for providing feedback about the program. The Chief Intern attends the weekly staff meetings to represent intern issues. The interns formally evaluate their supervisors at the end of each rotation and are asked to provide other informal feedback mid-rotation or as needed. Additionally, the interns also provide a comprehensive and aggregate feedback of their whole training experience about three quarters through the year as part of the program's annual review. Interns also meet with the program director regularly during the year to discuss the program, professional development topics, and the direction of psychology nationally and in the Air Force, or any other issue they desire.

The training director also conducts exit interviews with each intern after they have received their final evaluations to obtain candid, qualitative feedback on the program, with a particular focus on how the program compared with what was "advertised."

Finally, graduated interns are also asked for feedback six to nine months after they have left the program. These critiques provide valuable input into program design in terms of the effectiveness of the program in preparing interns for the responsibilities they encounter post-internship. Lastly, current supervisors at graduate's first post-internship assignment are asked for feedback related to graduates' readiness for entry level practice.

SUPERVISION

In addition to rotation specific supervision, each intern is assigned a faculty mentor for the entire year. This preceptor (or long-term supervisor) is responsible for the intern's overall training to include supervision of long-term therapy cases and guidance and assistance on issues relevant to his or her growth as a clinical psychologist and Air Force officer. As noted above, each intern will have several general rotation supervisors during the year who provide assistance with rotation specific assessment, treatment and consultation. Supervisor expertise, caring and accessibility are consistently lauded in intern critiques.

Overall interns receive a minimum of 2 hours per week of individual supervision and 2 hours per week of group supervision/case discussion in various formats. Across the year interns will receive periodic direct supervision via observation, audio recording or video recording.

However, supervision is not limited to official supervision times. We encourage students and colleagues to have ready access to each other. Informal supervision, consultation, or support happens easily and interns use it often. All supervisors have "open door" policies welcoming intern consultation between formal supervision times.

FACULTY AND INTERN LISTS

We are happy to provide you with a list of internship core and adjunct faculty including their training information and affiliations, curriculum vitae, a list of graduates from the program and their first assignment and/or a list of recent graduates who have agreed to be contacted by prospective applicants. To request any of these lists, please contact the program at:

Malcolm Grow Medical Clinics and Surgery Center
USAF Psychology Residency Program
779 MDOS/SGOW
1050 W. Perimeter Rd
Joint Base Andrews, MD 20762
(240)-857-8942, Fax: (240)-857-8112

Additional information about our program can also be found in our Resident Handbook, which is available on request.

APA ACCREDITATION STATUS

The MGMCSC internship program has been accredited by the American Psychological Association (APA) since 1998. We were most recently re-accredited in July 2015, for a full seven year accreditation, the longest accreditation period APA grants. **Our next site visit is scheduled for 2022.** Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street NE, Washington DC, 20002
Phone: (202)-336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPIC POLICY

This internship (residency) site agrees to abide by the Association of Psychology Postdoctoral and Internship Centers (APPIC) policy that no person at this training facility will solicit, accept, or use any ranking-related information from any internship applicant.

ADDITIONAL AIR FORCE REQUIREMENTS

1. Internship candidates are required to complete and pass a physical examination in order to be considered for a commission in the United States Air Force.
2. Intern applicants, like all Air Force psychologists, are required to have a background investigation in order to obtain a "secret" security clearance. An Air Force Health Professions Recruiter can give you more details regarding what this process entails.
3. All Air Force active duty members, including interns, are subject to random drug testing through urinalysis. All Air Force personnel are required to take annual/bi-annual physical fitness tests.

APPLICATION PROCEDURE

Contact the nearest **Air Force Health Professions Recruiter (AFHPR)** for additional information and application processing. Go to <http://www.airforce.com/contact-us/recruiter-locator/> or <http://www.airforce.com> for the exact location and phone number of the nearest **AFHPR** or call 1-800-443-4690 or 210-565-0628. Also, feel free to call the internship training director (contact information on page 27) if you encounter problems in connecting with a recruiter.

Please note there are actually two application processes. One process is through the Air Force Recruiting Service and the second is through the APPIC on-line application to the individual AF internship site. Application packages are due to the USAF Recruiting Service Headquarters in early January 2016 for the 2016 - 2017 training year (talk to the AFHPR for specific deadline). Since this can be a lengthy process it is important that interested applicants contact a recruiter as soon as they determine they are interested in pursuing an AF internship. The recruiter will require the same materials the individual sites require as well as the completion of additional forms and a physical exam. Engaging with a recruiter by early or mid-September is strongly encouraged. Your AFHPR will guide you through the completion of the other AF specific forms and procedures and submit to the Recruiting Service for you. In addition to the APPIC application form, there are Air Force specific questions (located on page 30) that should be addressed, in bullet format, as part of your cover letter.

Your APPIC materials will be printed from the website by the AF Recruiting Headquarters staff and included in your package for review by the Air Force selection board. This selection board examines applicant's qualifications to serve as an officer in the USAF. Selection board membership consists of the Psychology Consultant to the AF Surgeon General and the three AF psychology internship training directors or their representatives. Only applicants selected by this board are able to be ranked for matching through APPIC by AF internship programs (i.e., applicants must be determined to meet basic qualifications to be an Air Force officer before training directors consider how well the applicant would match at the psychology internship). It is up to each AF psychology internship program to determine which applicants selected by the AF selection board are ranked and in what order for each particular program. Training Directors are not able to release the results of the AF selection board prior to Match Day.

Please call an AFHPR or AF Internship Training Director if you have any questions or uncertainties about this somewhat complex process. Note, in general, the AFHPR is the best source of information on the AF

application process, AF requirements and benefits. The AF Training Directors are the best source of information regarding specifics of the training program or AF psychology. However, if you run into any problems, you can always call an AF Training Director for assistance. Please do not hesitate to call. Contact information for the three AF Training Directors is below.

TRAINING SITES

While all three internship programs hold to the same standards and goals, each has its own distinctive location, character and emphases. Information about each site can be obtained from the Training Director at that facility:

Lt Col Robert J Vanecek, Ph.D.

779 MDOS/SGOW

Malcolm Grow Medical Clinics & Surgery Center

1050 West Perimeter Rd

Joint Base Andrews, MD 20762-6600

Voice: (240) 857-9940/8942 Fax: (240) 857-8112

Lt Col Kirk Rowe, Ph.D.

88 MDOS/SGOH

Wright-Patterson Medical Center

4881 Sugar Maple Drive

Wright-Patterson AFB, OH 45433-5529

Voice: (937) 257-1363 Fax: (937) 656-1192

Dr. Ann Hryshko-Mullen, Ph.D.

59 MDOS/SGOW

Wilford Hall Ambulatory Surgical Center

2200 Bergquist Dr., Ste 1

Lackland Air Force Base, TX 78236-9908

Voice: 210-292-5972 Fax: 210-292-5944

APPLICATION INSTRUCTIONS

1. Complete the on-line **APPIC Standardized Internship Application Form**. For instructions on completing the application see the APPIC website at www.appic.org.
2. Use the on-line process and request **official transcripts of all graduate level courses**.
3. Arrange for a minimum of **three supporting letters** from your professors, program directors, supervisors or others with direct knowledge of your psychological knowledge, academic training, research experience and/or supervised clinical experiences. A minimum of one letter should be from the current or previous year's clinical supervisor. The three supporting letters should be completed using the on-line process. General "character references" may supplement, but do not substitute for letters addressing your specific skills and training in psychology. Such letters should be uploaded as supplement data to the application.
4. Submit **Curriculum Vitae** listing honors, publications/presentations, research experience, clinical experiences, and other information relevant to your training and performance in psychology via the on-line application process. Additionally, information such as community involvement/volunteer service, leadership roles and other non-psychology jobs that demonstrate training or experiences relevant to potential roles as a psychology professional and officer in the Air Force may also be included.
5. Submit a cover letter that in addition to your introduction also answers, in bullet format, the Air Force Psychology Applicant Questions (see page 30) via the on-line application process as part of your cover letter.
6. We will provide the Air Force Health Professions Recruiting Service access to the APPIC on-line applications to enable them to print applications for their applicant files or provide them copies directly. Additionally, there are other requirements not associated with the APPIC application that the AF will require you to complete. The deadline for your recruiter's submission of these and other materials (e.g., medical examination documents, interview and recommendation by a Recruiting Service Flight Commander, other AF application forms) to the USAF Accessions Selection Board is **typically in early January**. Be sure to check with your recruiter regarding specific due dates. A phone call to any Air Force recruiting station or 210-565-0628 will yield the exact location, phone number, etc. of the Health Professions recruiter you should contact. An on-line locator service is also available at <http://www.airforce.com/contact-us/recruiter-locator/>. **The health professions recruiter is critical to the application process, providing information and assistance to you throughout the application process.** Recruiter assistance is particularly important in completing requirements for qualification as an Air Force officer, including application forms and physical examinations which must be completed before you can be considered for the internship program.
7. The AF also requires a "Senior Consultant" interview with any of the three Training Directors as part of the Air Force's general application process. All applicants will be interviewed; therefore, no specific interview notification is provided. **Applicants should contact Training Directors to arrange an interview.** Although only one "Senior Consultant" interview is required, applicants are encouraged to at least conduct a telephone interview with Training Directors from each AF internship program for which they wish to be considered.
8. The entire application process usually takes a minimum of two months so it is best to start by early September at the latest. Additionally, during this process your recruiter should be in regular contact with you to ensure that all procedures are progressing. Do not let more than about 2-3 weeks go by without contact from your recruiter. Finally, if you encounter problems with your recruiter, please contact one of the AF Internship Training Directors as soon as possible.
9. If you are interested in the AF, it is best to apply to all three sites to increase your chances of selection at an AF internship. **The deadline for submitting applications through the APPIC web site is 1 December.**

10. At the AF Accessions Selection Board in late January, you will be deemed eligible or ineligible for an AF psychology internship from an Air Force perspective. Selection at this board does not constitute selection by the internship program, but rather it indicates that you are eligible for consideration by the AF internship programs. Training Directors are not able to release any information about who is selected at the Accession Selection Board prior to Match Day. From the list of eligible persons, each individual site Training Director will submit his/her own preferences in rank order to the APPIC match system.

11. **When participating in the match, you must list each AF site you are interested in (in order of preference) as a separate site.** Application to the individual sites is accomplished by selecting the Program's Code in the APPI on-line process. The AF training sites are MGMCSC, Wilford Hall and Wright-Patterson. **MGMCSC's Program Code is 134311.**

12. Questions about the military application process and qualification as an Air Force officer should generally be directed to your Health Professions recruiter. Issues relevant to the profession of psychology or the specifics of the training programs should be addressed to the Training Director at one of the AF internship sites. Training directors are eager to work with strong applicants in determining whether our programs are well suited to your career plans and to offer any information you may need in planning this critical part of your professional education. You may call, e-mail, or write at any time.

13. Although the official AF deadline for application materials submitted through the recruiter is in January (see item 6 above), MGMCSC requests that the APPIC application be submitted no later than 1 December. The MGMCSC internship **typically hosts in-house interviews, which are by invitation only, during early December and again in early January.** At that time, in addition to seeing our program first hand and meeting staff and current interns, applicants receive interviews with site faculty members. At MGMCSC, such on-site interviews are not required, but are strongly encouraged. Applicants who are not able to visit on the dates of in-house interviews may request different dates for either an on-site or phone interview with the Training Director.

APPLICATION CHECKLIST FOR MGMCSC INTERNSHIP

Be Sure to Check for Changes in these Requirements

*Note: Required items may vary, and the list below may not be comprehensive.
Work closely with your recruiter to ensure that you submit requested materials quickly.*

Materials to be submitted through the AAPI and to the Air Force Professions Recruiter

- AAPI (due by 1 December)
 - Official Transcripts of all graduate level courses
 - Three letters of recommendation
 - Curriculum Vitae
 - Cover Letter (include AF relevant topics)
- Medical examination documents*
- Health recruiter interview, other AF application forms*

*NOTE: HPSP students are not required to re-accomplish these final two items.

Anyone having difficulty contacting or maintaining contact with a Health Professions Recruiter can go to <http://www.airforce.com/search?find=psychology> and select "live chat" at the top right of the screen for assistance

- In addition, be sure to arrange for a Senior Consultant/Training Director Interview



AF Psychology Applicant Questions Form

U.S. Air Force Psychology Internship Program
Revised October 2012



1. Why did you choose psychology as a profession?
2. Identify awards or public recognition that you have received for your academic accomplishments in your doctoral program.
3. Describe significant professional and community service activities you have engaged in during the past 5 years.
4. Describe notable leadership roles you have held and the impact you made (inside or outside of academia).
5. What do you believe are your most significant accomplishments?
6. Describe your short-term professional goals (1-5 years).
7. What type of professional life do you imagine for yourself 5-10 years from now?
8. Have you served in the military? Do you have close family or friends who have served as active duty military? What do you know about their experience?
9. What aspects of military service are attractive to you now?
10. What aspects of military service might present some difficulty or detract from the positive benefits you see?
11. Please discuss the benefits and limitations associated with military service in relation to your personal values