Naval Medical Center San Diego

Mental Health Service

CLINICAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

TRAINING MANUAL

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PREFACE

The following Manual describes in detail one of three Navy Clinical Psychology Internships. The other Navy Internship sites are at the Walter Reed National Military Medical Center, Bethesda, MD, and the Naval Medical Center Portsmouth, VA.

These sites do not function as a formal *Consortium*, as defined by the American Psychological Association. However, the programs are similar, and they work in general cooperation with one another, given that all three internships train psychologists who will work as Navy psychologists for at least three years after internship.

Any application for a Navy Clinical Psychology Internship, which MUST be submitted through the APPIC Match and simultaneously through the applicant's local Navy Medical Programs Recruiter (see Appendix A), is considered by a single Selection Board made up of representatives from the three Navy Internship sites. Any resulting APPIC Match with a Navy internship will be with the specific internship site, and the applicant is asked to rank order his/her site preferences during the APPIC Match process. Therefore, it behooves the applicant to acquire sufficient information about the sites so that an informed rank ordering can be made.

The three Navy sites will make a reasonable effort to share contact information for potential applicants requesting information from any particular site. However, it remains the ultimate responsibility of the applicant to seek out the information he/she needs to make his/her choices and decisions.

Additional Navy Internship Contacts and Addresses of Interest:

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OVERVIEW – JULY 2020

The APA-accredited internship program in clinical psychology offered by the Directorate of Mental Health at the Naval Medical Center, San Diego is an intensive twelve-month period of clinical and didactic experiences designed to meet two broad aims. We are committed to meeting the overall requirements for continued accreditation, as established by the American Psychological Association in its various Commission on Accreditation publications.

The first aim is to train psychologists who are competent with the knowledge and skills required for entry level practice of Health Service Psychology, as defined by the American Psychological Association. Included within this aim is preparation of interns for clinical practice, including readiness for independent licensure, particularly given the increasing number of states permitting licensure upon doctoral degree completion, as opposed to after an additional year of postdoctoral supervised practice.

The second aim is to equip internship graduates with additional specific clinical knowledge and competencies in personnel evaluation, military-specific cultural and industrial-organizational factors, and community psychology approaches, all essential to the practice of clinical psychology within a military health care system. This second aim is quite important, as graduates of the internship are required to serve for three years as active duty Navy psychologists after completing the internship.

The internship is organized around a **Practitioner-Scholar** model. Day to day training emphasizes increasing skill in clinical practice, but always with increasing familiarity with and careful reflection on research underpinnings for that practice. We recognize and emphasize that science and practice are interlocking skills forming the foundation of Health Service Psychology. The training faculty expects interns to learn to practice clinical psychology in a manner that is informed by psychological theory and research. Although active participation in research is not required as part of the internship, we expect interns to develop competence in evidence-based practice, including competence in a number of interventions that have been supported by research.

Before starting internship, selected applicants are commissioned as Lieutenants in the Navy's Medical Service Corps. During the internship (and subsequent service as active duty Navy psychologists), interns receive full pay and benefits as Navy officers. For calendar year 2020, a new Navy Lieutenant in San Diego receives annual pay of $91,860 if single, and $94,776 with spouse and/or dependent children. The increased amount for interns with spouses and/or children reflects a larger Variable Housing Allowance, which is based on typical housing costs for Navy Lieutenants in the San Diego area. Interns with prior active military service will be paid at a slightly higher rate, based on prior years of military service. Salary amounts are set, and annual pay raises occur on January 1, as determined by the U.S. Congress for all military officers.

The report of the APA Commission on Accreditation (CoA) in 2013 gave the NMCSD Internship high praise and recommended that it be reaccredited for a full seven year period. The internship is fully APA accredited and the CoA's schedule calls for a re-evaluation visit in late 2020.

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, 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 Internships Centers (APPIC) since the program's beginning 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."

We have learned via feedback from former interns that the follow on, obligated service assignments for graduates of a Navy internship typically demand a higher level of independent responsibility and professionalism than is typical in early career civilian practice. Our teaching faculty has identified, and continues to develop, learning experiences aimed at imparting the skills necessary for effective professional performance at the next Navy duty station. These experiences are organized into a dynamic curriculum, which embodies the principles and philosophies set forth in the current Standards of Accreditation published by the Commission on Accreditation of the American Psychological Association.

The Department of Defense operates with a comprehensive Medical Staff privileging system that is in many ways more comprehensive than some systems in the civilian sector. For military psychologists, central to this system is completion of APA-accredited doctoral programs in clinical or counseling psychology, completion of APA-accredited internships, and mandatory state licensure as conditions for awarding of staff clinical privileges. Coupled with these fundamental requirements is a stringent hospital staff credentialing and re-credentialing process (by the military health care system), which follows the health care provider wherever he/she goes within the worldwide military health care system. Our continual development of learning experiences, attuned to particular psychological service delivery tasks our Intern Alumni will face, "fits" well with this over-all credentialing and quality-assurance process, as well as with the psychological needs of the community our Alumni will be serving for at least the next three years after graduation. Anecdotal feedback from dozens of now-civilian, but former Navy psychologists over the past twenty years also confirms how valuable they have felt their Navy training and experiences were to their subsequent work in the civilian sector following their active duty service.

From a longer professional perspective, the internship is one of a series of supervised experiences which continue beyond the internship until the psychologist in training obtains the doctorate, completes postdoctoral supervised experience if required, is awarded a license in some state, and is credentialed as an Independent Provider by the commanding officer of the Navy medical facility to which he/she is assigned. Please note that all internship graduates are expected by the Navy to achieve state licensure within 18 months of internship completion. Ultimately, we encourage our graduates to earn Board Certification from the American Board of Professional Psychology. To further reward this process of professional development, the Navy will pay all the fees of the Board Examination once passed, and an annual salary bonus, to its Board Certified Psychologists.

There are a number of ways in which these generalist professional skills can be operationally described. A useful model, which we have attempted to follow, is to target our training toward acquiring or enhancing the Profession Wide Competencies set forth in the APA Standards on Accreditation. All target competencies and evaluative criteria throughout the internship reflect one or more of the Profession Wide Competencies. For some of these Competencies, there are specific adaptations added reflecting skills essential to successful practice of clinical psychology in a military setting. The clinical experiences reflect the major areas in which military clinical psychologists may provide clinical services: Inpatient, Outpatient, Health Psychology, and Psychological Assessment. Out of hospital training trips, of varying length, reflect professional activities, customer populations and service environments consistent with the industrial organizational and community psychology aspects of a Navy psychologist's work. The Transrotation experience offers longer-term Assessment and Intervention practice which otherwise might be lost in a very busy 12 month internship within a highly mobile population and a contemporary American healthcare delivery culture, in which extended Mental Health Services are in declining availability.

PROGRAM DESCRIPTION (GENERAL)

The internship year is comprised of a brief orientation period followed by five clinical rotations each about 10 weeks long, the overarching Transrotation experience which is 12 months long, and out of hospital training trips of varying lengths. As noted above, these clinical experiences enhance intern competence related to the Profession Wide Competencies, both in terms of generalist psychological practice with adults, and specific applications within military mental health.

As Navy Medicine, including Navy psychologists, provides healthcare services and consultation for, primarily, the Navy and Marine Corps, the program offers specific training related to those two branches of the Department of Defense. Training trip experiences include, whenever possible, approximately one week aboard a major Navy combat ship at sea, giving the interns a firsthand overview of life at sea for crew members, resilience and positive adaptation, and clinical issues in the Navy Fleet. A similar trip is scheduled to the Marine Corps Base Camp Pendleton, to enhance intern understanding of the same factors, but in this case specific to the Marine Corps. Both of the above experiences are intended to enhance intern understanding of the unique military cultural factors specific to the Navy and Marine Corps. New additions to the internship's training trips in military-specific clinical psychology are experiences with utilization of interview and psychological testing assessment for personnel selection for high stress and high responsibility positions, such as Marine Corps drill instructors at the San Diego Marine Corps Recruit Depot and for Special Forces personnel at the Naval Base Coronado, also in San Diego.

Additionally, interns attend several full day or multi-day trainings in evidence based psychotherapy interventions. Given the increased rates of Post Traumatic Stress Disorder among military personnel over the past 15 years, training in both Prolonged Exposure and Cognitive Processing Therapy is provided every internship year, along with supervised practice of these modalities after didactic training. Other extended trainings over the past few years have included Cognitive Behavior Therapy for Insomnia, Dialectical Behavior Therapy, Suicide Risk Identification and Mitigation, etc.

Didactic training during the internship includes timely lectures and seminars, planned so as not to repeat

didactic work the interns have already experienced in their graduate studies, and therefore somewhat content-dependent on the particular backgrounds of a given internship class. Additionally important in developing didactics are emerging directions in the science of clinical psychology, including applications within military mental health practice. An additional area of didactic emphasis is education related to professional development as a military psychologist and Naval officer. During all didactics, both regularly scheduled seminars/Grand Rounds, and the extended full day or multi-day trainings, interns have no clinical responsibilities scheduled to ensure full attendance in the didactic aspects of the internship.

Since few of our interns have had prior military experience, all attend a five week "Officer Development School" at Newport, Rhode Island prior to arrival at NMCSD for internship. This school includes didactic presentations on the history, traditions, organization and "sub-culture" of the Navy, as well as psychosocial patterns and influences which are particular to the military in general and the Navy and Marine Corps in particular.

FACILITIES AND INTERN SUPPORT

Facilities

The Naval Medical Center San Diego (NMCSD) is a large tertiary care teaching hospital, providing a full range of inpatient and outpatient services for service members, military retirees, and their family members, both from the San Diego area and, for tertiary specialty care, throughout the Pacific Rim. In addition to the Psychology Internship, NMCSD hosts extensive Graduate Medical Education including 17 physician residencies and fellowship programs. Additionally hosted are training programs for Physician Assistants, advanced practice pharmacy, and numerous other healthcare training programs. This wide diversity of healthcare training programs fosters a strong commitment to academic and training excellence at NMCSD. This 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.

The NMCSD Directorate for Mental Health is comprised of several inpatient, outpatient, and residential program services both on the NMCSD main campus and at several of its San Diego area branch clinics. Interns have rotations in several of those locations, further described below. On each rotation, interns have dedicated, fully furnished individual offices, with equipment needed for efficient mental health practice. Offices are all in close proximity to those of immediate rotation supervisors, fostering ready availability of emergent or "on the fly" consultation and supervision whenever needed.

The Naval Medical Center, as a large tertiary care hospital, offers a full range of administrative and technical assistance opportunities. Interns have individual offices with desktop computers specific to each of the 5 rotations. The Medical Center's medical library includes a range of journals, books, and electronic search capabilities related to the practice of psychology, as well as staff assistance with on line literature searches. Research and statistical consultation is available both within the Mental Health Directorate and the medical center's Clinical Investigations Department.

Administrative and Technical Support

Each clinic or ward where interns work has administrative staff members who assist both clinical staff and interns with administrative aspects of patient scheduling, administration of computerized psychological testing and outcome measures, plus some level of clerical assistance. A full time psychometrician provides administration and scoring of numerous psychological tests, for both staff psychologists and interns. Office computers include full access to the military's electronic medical record system (AHLTA), used for patient charting in all military medical facilities. Computers also provide access to the Internet for conducting on line literature searches and other official government business. Interns should note that access to a variety of websites is restricted on government computers, including many social media sites, YouTube, etc., to ensure security of the military electronic network system. NMCSD has a large Information Technology department, providing interns the same level of IT support as for staff providers. IT support is available 24 hours a day, seven days a week.

Financial Support and Benefits

As noted earlier, interns are paid at the same level as all Lieutenants in the Navy; for 2019, $91,860 for interns who do not have spouses or children, and $94,776 for those with spouses or dependent children (based on increased housing allowance for military personnel with families). Interns (and spouses and children) have full military healthcare and dental benefits, including access to inexpensive TRICARE insurance for family members, and healthcare at NMCSD and its branch clinics, as well as worldwide in any military healthcare treatment facility. As with all military personnel, interns have access to lower cost shopping in military commissaries (for groceries) and department stores (referred to as "Exchanges").

Military members including interns acquire 30 days a year in vacation time, referred to as "Annual Leave". Interns are generally not able to take that full amount of time, as this would prevent completion of the internship's required 2000 hours. However, they are able to carry over any unused annual leave balance to the following year, at their next military duty stations.

The military currently offers women who deliver children up to 6 weeks of fully paid maternity convalescent leave. In addition to this postpartum convalescent leave, the parent who is the primary caretaker of the newborn child can take up to 6 additional weeks of parental leave. The parent who is the secondary caregiver is authorized two weeks of parental leave. Parental leave is also authorized for parents adopting children. All of this time is fully paid and is in addition to the military member's Annual Leave balance. Interns would be entitled to maternity and parental leave, although this could necessitate extending the completion of the internship. Such an extension would remain fully paid, as the intern would remain on active duty for the duration. The "clock" for the three years of obligated service as a Navy psychologist after internship completion would not "start" until the delayed date of completion.

PROGRAM DESCRIPTION
(SPECIFIC)

While the program described below is planned for the coming year (2019-2020), our internship training plan is intended to be dynamic and will evolve as experience shows a better way, and new opportunities present themselves.

I. Orientation.

The orientation period includes approximately the first five days of the internship, and following hospital check in covers such topics as departmental structure, standard operating procedures, a tour of the hospital, rotational objectives, the importance of dissertation completion, seminar scheduling, office assignments, etc. As with every other newly reporting staff member, the intern will spend two to three additional days during the initial rotation in a hospital-wide, mandated, orientation seminar, and will attend training on the hospital's electronic systems for patient charting and e-mail.

II. Clinical Rotations

A. Adult Outpatient Mental Health Clinic Rotation: This rotation involves provision of outpatient assessment and therapy. Working in the Adult Outpatient Mental Health Clinic at the Naval Medical Center, interns serve active duty military members, military retirees, and their families. Services provided include interview assessment and psychotherapy with general Mental Health Outpatients and formal psychological testing in the Psychological Assessment program.

General Mental Health Outpatients: Referrals typically arrive from primary care medical clinics throughout the medical center and its outlying clinics. The full spectrum of mental health problems are involved, and the intern has the opportunity to hone diagnostic and intervention skills with a wide variety of patients in terms of age, socioeconomic status, ethnicity, and disorders. Multidisciplinary mental health teamwork with psychiatrists and social workers is readily available and encouraged. Psychotherapy interventions include both brief individual and group therapy. A licensed psychology faculty member working in the Adult Outpatient Clinic provides primary rotation supervision.

Psychological Assessment Program: Over the course of the internship year, each intern conducts a number of psychological evaluations incorporating psychological testing. While these evaluations may be conducted during any of the five primary rotations, the bulk will occur during the rotations at the Adult Outpatient Mental Health Clinic and on the Inpatient Rotation. Interns are expected to become proficient in the administration, scoring, and interpretation of various mainstream psychological assessment instruments. Written reports are prepared under the clinical supervision of one of the licensed psychologist faculty members working within the Mental Health Directorate's Psychological Assessment Program or, for Inpatient Rotation assessments, either the Training Director or one of the licensed psychologist faculty members working in the Inpatient Division.

B. Health Psychology: During this rotation, interns will respond to consults from other inpatient and outpatient services within the hospital such as cardiology, neurology, oncology, dentistry, anesthesiology, endocrinology and internal medicine. These consults usually request psychological evaluation, diagnosis and

treatment for referral problems including sleep disorders, chronic pain, poor adherence to prescribed medical regimens, and anxiety problems related to medical issues. To treat such disorders, a broad array of behavioral medicine interventions is offered, such as stress- management techniques, mindfulness interventions, and cognitive-behavioral strategies. Interns will also have opportunities for participating in interdisciplinary, structured group interventions for managing chronic illness and for stress. There will be additional opportunities for innovative, behavioral medicine interventions with outpatients at a number of the Medical Center's outpatient medical and surgical clinics, in close collaboration with clinic physicians of varied specialties. Supervision is provided by the hospital's licensed Health Psychologist.

C. Mental Health Operational Outreach Division Clinic: During this rotation the intern works at the Mental Health Operational Outreach Division (MHOOD) at the Naval Station San Diego. The MHOOD Clinic primarily serves active duty Navy personnel, as well as psychology-related consultation with those sailors' military commands. Psychological services typically include interview assessment and brief psychotherapy, both individual and group. A unique opportunity is the chance to work directly with Navy psychiatrists who are embedded with Navy Fleet Surgical Teams; this gives interns the opportunity to learn a great deal about mental health issues on board Navy ships, and about consultation with seagoing Navy commands. This clinic represents quite well the type of outpatient clinic associated with a Navy Fleet port, in which a Navy psychologist is likely to work in a first post-internship assignment. The rotation emphasizes development of competence in mental health consultation with Navy Fleet commands.

D. Marine Corps Mental Health: During this rotation the intern works at both the Mental Health Clinic, Marine Corps Recruit Depot (MCRD) San Diego, and the Mental Health Clinic at the Marine Corps Air Station Miramar. Both clinics primarily serve active duty Marine Corps members. This rotation involves brief assessments of Marine Corps recruits experiencing psychological difficulty in adjusting to Marine Corps boot camp. It also involves a significant amount of assessment and treatment of Marine Corps members on staff at both MCRD and the Marine Corps Air Station, and struggling with Post Traumatic Stress Disorder and other psychological issues subsequent to combat deployments. The rotation emphasizes development of competence in mental health consultation with Marine Corps commands. A unique aspect of the rotation is the opportunity to consult with Marine Corps air squadron flight surgeons, offering rapid familiarization with mental health requirements for military personnel who are flight qualified.

In both of these operational rotations, the intern will learn or refine skills for rapid evaluation of patients referred from a large number of sources with a wide variety of presenting problems. The intern may follow patients in brief interventions, refer patients to appropriate military or civilian resources, or recommend active duty patients for discharge from the military. Part of the challenge of these Operational Rotations is learning to handle a steady case load, utilize available resources, and communicate and consult effectively with Navy and Marine Corps units (the "organizational customer") without becoming overwhelmed by the clinical pace and competing demands on time. Interns will also engage in outpatient psychotherapy groups, and will be involved in crisis intervention. Multidisciplinary teamwork is available and encouraged. Licensed military and civilian faculty psychologists practicing in the Operational Mental Health Clinics provide direct supervision of interns.

E. Inpatient Mental Health/Emergency Mental Health Rotation: During this rotation, interns become competent with the admission, diagnosis, treatment and disposition of patients with severe 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 is immediately responsible for patient care to the credentialed staff psychiatrist who heads this team. The attending psychiatrist holds clinical privileges and final responsibility to make ultimate admission and discharge decisions for inpatients. The staff psychiatrist leading the intern's treatment team provides daily supervision of the intern's inpatient case load. The credentialed staff psychologists on the Inpatient Service provide administrative and oversight supervision, meeting directly with the intern for weekly supervision throughout the rotation. Interns on this rotation will provide psychological testing for one psychiatric inpatient weekly, specific to consults from the Inpatient multidisciplinary treatment teams. Testing is supervised by either the Inpatient Staff Psychologists or the Director of Psychology Training. During this rotation, the intern will stand the weekend day in-house mental health watch, once every other week, with the psychiatry resident on call and assigned medical students. During these watches, the intern will work with the resident in responding to psychiatric emergencies in the medical center's Emergency Department, on the inpatient psychiatric wards, and elsewhere in the hospital. Supervision of on-call responsibilities rests with the Mental Health Department psychiatrist on call. This rotation is the most demanding of the intern's time and requires the learning and completion of many processes and much formal paperwork within short periods of time.

During this rotation, the intern also serves for two weeks as a member of the Mental Health Consultation Liaison/Emergency Psychiatry Team, responding with other team members to emergency mental health consultations from both the Emergency Department and inpatient medical/surgical services throughout the hospital. This training experience involves close multidisciplinary collaboration with psychiatrists, psychiatry residents, and social workers, as well as extensive consultation to physicians and physicians-in-training from multiple disciplines outside Mental Health. It additionally offers the interns opportunities to provide training and basic supervision to multidisciplinary trainees including psychiatry interns, physician assistant students, and students training to become Independent Duty Corpsmen. The intern's day to day clinical work is supervised by the staff psychiatrists within the Consult Liaison/Emergency Psychiatry program, with additional oversight supervision provided by the staff psychologist Inpatient Rotation supervisors.

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

Long-Term Individual Therapy Cases: Each intern is expected to carry three or four long-term outpatient cases during the year (long-term generally meaning 4 months or longer). Longer term cases fall into two categories. First are patients with Post Traumatic Stress Disorder, being considered for treatment with Cognitive Processing Therapy or Prolonged Exposure. These cases are supervised by the program's licensed psychologist affiliated with the Center for Deployment Psychology. Other transrotation cases focus on longer term therapy for patients with more complex mood, anxiety, and personality issues. The Director of Psychology Training supervises the interns on this work. Within the first two internship months, the Director of Training will assist the interns and rotation supervisors in identifying long-term cases, which may come from various sources. In addition to offering longer term services to patients who may benefit from such treatment, Transrotation cases are specifically chosen to enhance the training of each intern, challenging interns with new learning, new clinical skills, or enhancement of competencies for dealing effectively with, for example, difficult psychotherapy alliances.

III. Formal Case Presentations

Interns deliver formal case presentations to the faculty and each other twice during the year. The first presentation, early in the training year, involves a single case, and includes both a written summary of the case as well as an oral discussion. This includes discussion of diagnostic considerations, transdiagnostic factors impacting therapy planning and delivery, individual and cultural factors, overall formulation and treatment planning, therapy delivered, and assessment of therapy outcome. Theoretical perspectives and empirical findings impacting conceptualization, treatment planning, and treatment delivery are included. There is no "scoring" of intern performance; rather, this is used by the intern and faculty as a method to help fine tune the intern's training in terms of integration of science and practice, breadth of conceptualization, and grounding in evidence based practice.

At the end of the year, interns participate in a mock American Board of Professional Psychology examination. This serves as a capstone project, helping the interns to thoroughly integrate and articulate their integration of science and practice, diversity, professional ethics, and consultation in patient care. This project additionally service to help interns articulate their development of professional identity as a psychologist. Finally, the project serves as "practice" for pursuing board certification when eligible. As with the initial case presentation, there is no "pass" or "fail" on the mock ABPP; rather, interns receive feedback regarding strengths and areas for growth in their performance.

IV. Didactic Training Presentations.

A program of regularly scheduled seminars and other workshop presentations accompanies the intensive direct supervision inherent in the several rotations. These didactic presentations are designed to expose the intern to contemporary information and training relevant to effective functioning as a psychologist, with special reference to the social, vocational and special risks subculture of the Navy and Marine Corps. 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. Didactics include weekly Intern Seminars, weekly Mental Health Grand Rounds, monthly Diversity Journal Club discussions, and periodic special training opportunities lasting a full day or longer.

V. Operational Experiences.

A. The major Operational Experience is a working cruise, lasting approximately one week, aboard a major Navy combat ship during which the interns will experience actual shipboard living conditions and stresses, work in the ship's Medical Department, interact with, and be educated by, successfully adapted sailors about the industrial and psychological demands of their work. This cruise almost always is aboard a US Navy aircraft carrier, under the guidance and supervision of the Navy Psychologist stationed full time on board the ship. In rare circumstances where the ship has no psychologist on board, a uniformed and experienced member of our Internship teaching staff will accompany interns to supervise their professional work and guide their experiential education. The primary emphasis for this cruise is developing familiarity with resilience among typical sailors who are succeeding and even thriving in the Fleet, as opposed to clinical work with sailors not doing well.

B. When possible, a second Operational Experience is scheduled with the First Marine Division, the Marine Corps School of Infantry, or the Marine Special Operations Command, all at Camp Pendleton, CA. Particular emphasis is placed on gaining familiarity with the operational plans and stresses unique to the Marine Corps and on developing skills for effective consultation with Marine Corps Commands. As with the carrier cruise, the primary emphasis of the field portion of this trip is witnessing the resilience and success of typical Marines in infantry commands.

VI. Division Meetings.

Each division within the Mental Health Directorate holds regular meetings for all staff and trainees where news is passed, discussions of current issues are held and each division member is invited to contribute. Interns attend the division meetings applicable for their current training rotations.

VII. Additional Intern Functions and Roles.

A. Officer of the Day Watch. Interns will be assigned to the Medical Center Officer of the Day (OOD) duty roster. This duty, for which the intern receives extensive prior training, involves providing administrative services throughout the hospital after normal working hours and is an integral part of the duties of all junior Medical Service Corps Officers at the Medical Center. Interns will likely serve in similar watches at Navy Hospitals where they are assigned after internship graduation; thus, this is considered an essential training experience in the junior Navy Psychologist's professional development.

B. Medical Service Corps Membership. Since the interns are members of the Allied Sciences Branch of the Medical Service Corps (MSC), it is strongly encouraged that they 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. At San Diego, for example, there are several interest groups and annual celebratory functions such as the MSC Birthday Ball.

VIII. Supervisors.

A. Most of the ongoing case supervision will be provided by the designated credentialed staff psychologist heading the rotation to which the intern is assigned. Credentialed psychiatrists serve as adjunct supervisors and provide additional supervision, particularly regarding Inpatient and Consultation/Liaison services.

B. On each for the five rotations, the intern has a single psychologist assigned as his/her primary rotation supervisor. Given the five rotations, plus the transrotation long term case supervision, over the course of the year the intern will receive at least some supervision from most of the psychology training faculty and adjunct supervision from several of the psychiatry teaching faculty. IT IS VERY IMPORTANT TO NOTE THAT IN ADDITION TO REGULARLY SCHEDULED SUPERVISION TIMES, THE STAFF IS AVAILABLE FOR AND STRONGLY ENCOURAGES ADDITIONAL SUPERVISION AND CONSULTATION WHENEVER NEEDED.

C. Please see Appendix C for brief bios of the program's Core Training Faculty.

IX. Supervision of Interns.

Rotation Supervision: During the Psychology Internship each intern rotates through five clinical divisions of the Mental Health Directorate. As described above, these include Adult Outpatient, Health Psychology/Consult Liaison, Fleet Mental Health, Marine Corps Recruit Mental Health, and the Inpatient Service. While assigned to a rotation, the intern's clinical work is supervised by a credentialed staff psychologist who is a member of the program's Core Training Faculty. Rotation supervisors provide interns with at least two hours of individual supervision weekly. Additional supervision can be readily provided by rotation supervisors, in situations where interns request additional supervision on difficult clinical situations between formal supervision times, or if additional supervision is needed to address specific learning needs. Additionally, interns receive at least one additional hour of individual supervision weekly from Transrotation Case supervisors. As with rotation supervisors, transrotation supervisors are readily available for additional, unscheduled supervision throughout the week. Thus, at a minimum, interns receive three hours of individual supervision weekly.

Supervisors hold the final clinical responsibility for all patients seen by interns. Every case note written by an intern is co-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 notes written/countersigned prior to departure of the patient from the pertinent clinic or inpatient ward. Medical aspects of a patient's care will be provided by a credentialed physician.

A. Documentation of Supervision of Patient Contacts for Psychological Assessment: All assessment services will be in response to written consults. Consultation assessment reports will be prepared in the electronic medical record and signed by the psychology intern and responsible supervising psychologist. (It is usually helpful for the Intern, following supervision on a case, to give telephone feedback to the testing referral source to shortcut the delay in delivering written materials.) Progress notes will be completed in the electronic medical record for each patient contact, with co-signature by the responsible supervising psychologist.

B. Documentation of Supervision for Patient Contacts on the Health Psychology Rotation: Professional services are in response to written consults. Consultation assessment reports will be prepared in the electronic medical record and signed by the psychology intern and responsible supervising health psychologist. (With consultative recommendations from the supervising health psychologist, it may be helpful for the Intern, following supervision on a case, to give telephone feedback to the medical/surgical referring healthcare provider to shortcut the delay in delivering written materials.) Progress notes will be completed in the electronic medical record for each patient contact, with co-signature by the responsible supervising psychologist.

C. Documentation of Supervision of Patient Contacts on the Inpatient Rotation: Psychology interns are assigned as the primary health care provider for psychiatric inpatients. Patient care and progress are guided and recorded in the inpatient chart under the professional supervision of the credentialed inpatient psychiatrist and/or psychologist according to the quality assurance procedures of that service. In addition, a

credentialed staff psychiatrist will document oversight supervision with a weekly note in the patient's chart, or by co-signing a team treatment plan.

D. Documentation of Supervision of Patient Contacts on the Adult Outpatient, Fleet Mental Health, Marine Corps Recruit Mental Health, and Transrotation: Consultation assessment reports will be prepared in the electronic medical record and signed by the psychology intern and responsible supervising psychologist. Progress notes will be completed in the electronic medical record for each patient contact, with co-signature by the responsible supervising psychologist.

E. Group Supervision: The entire group of interns meets with the Director of Training for weekly group supervision throughout the internship year. This weekly one hour group supervision offers the primary opportunity for interns to learn from each other in terms of both assessment and intervention. Over the course of the year, the interns take increasing responsibility for discussions in group supervision, as a form of demonstrating supervisory competency. Every other week, interns engage in an additional hour and a half of group supervision/consultation specific to their patients being treated with Cognitive Processing Therapy or Prolonged Exposure Therapy. The schedule of individual and group supervision ensures that interns receive at least four hours, and often five hours, of consistently scheduled supervision weekly.

TRAINING AIMS AND COMPETENCIES

OVERALL TRAINING AIMS: As noted earlier, the internship has two overarching aims. The first is to train psychologists with intermediate to advanced competency for entry level, generalist practice in health service psychology. The second is to train psychologists who are competent with the knowledge and skills required to practice health service psychology effectively within the military.

COMPETENCIES: By the end of the internship year, interns are expected to demonstrate intermediate to advanced competency in the nine Profession Wide Competencies as outlined in APA's Standards on Accreditation. These include (1) Research, (2) Ethical and legal standards, (3) Individual and cultural diversity, (4) Professional values, attitudes, and behaviors, (5) Communication and interpersonal skills, (6) Assessment, (7) Intervention, (8) Supervision, and (9) Consultation and interprofessional/interdisciplinary skills. Training and assessment of competencies occurs through extensive, supervised clinical practice as well as didactic training related to numerous professional practice areas, including individual and group psychotherapy (both brief and longer term), psychological assessment by interview and by testing, conducting emergency evaluations, obtaining consultation from other healthcare providers, providing consultation to other healthcare providers, providing clinical consultation to active duty military patients' military commands, and participation in multidisciplinary treatment teams. Additionally, interns will demonstrate competence in application of knowledge of supervision models and practice, and in evaluation of intervention efficacy. Competence in each of these areas at an intermediate to advanced level is the expected minimum standard of achievement by the end of the internship. Interns will demonstrate that their work with each of these competencies is informed by the theoretical and research literature in psychology, by sensitivity to multicultural factors impacting all aspects of clinical practice, and by the ethics of our profession.

As can be seen from the earlier descriptions of the five internship rotations, day to day clinical duties and experiences of interns may vary substantially between rotations. However, all five rotations, and the assessment of competencies in evaluations conducted on all rotations, are structured around the two program Aims and nine Profession Wide Competencies. Thus, no matter where interns start the year within the five rotations, there is consistency in the goals and expectations for professional development, and the overall trajectory of competency growth and mastery carries across the full year.

GENERAL BEHAVIORAL CHARACTERISTICS EXPECTED OF INTERNS

1. Willingness to learn
2. Efficiency in work organization
3. Assumption of responsibility, increasing over the course of the year
4. Professional bearing and appearance
5. Solve problems creatively

INTERN EVALUATION

I. Intern Performance Evaluation

A. Weekly supervision: During each clinical rotation the intern receives weekly scheduled and, when needed or requested, unscheduled supervision. This supervision in part reviews intern progress toward rotational learning goals. At mid-rotation the intern and supervisor will have a formal session to review progress on learning goals, offering the opportunity to shift focus in any areas where interns are struggling, prior to final evaluation at the end of the rotation..

B. Psychology Intern Performance Evaluations: This performance rating (please see Appendix B) is directly tied to the training in eight of the nine Profession Wide Competencies. (Competence in application of knowledge of supervision models and practices is separately evaluated by the Training Director.) This performance rating is used on all five rotations, although not every rotation includes every item on the form. This rating is prepared by the rotation supervisor, reviewed and co-signed by the intern, and submitted to the Director of Psychology Training by the primary supervisor of the intern at the midpoint and at the end of each rotation. Discussion between the supervisor and the individual intern provides an opportunity to discuss progress, highlight areas of particular intern strength, and identify possible growth areas for increased focus in ongoing work. The Training Director can attend this meeting if desired by the intern or supervisor, but this is not required. End of rotation Performance Evaluations are the critical instruments in determining "passing" of rotations and successful internship completion. As can be seen from the evaluation form in Appendix B, interns are evaluated on the specific Profession Wide Competencies. Each competency assessed is rated on a 5 point scale, from "R" (remedial work required) through "P" (professional skill level). Competencies are identical for the 5 rotations. In order to pass a rotation, an intern must achieve an average rating of 3.0, or "I" (Intermediate), and no competency rated lower than 2, or "E" (entry level). If an intern has any competency rated "R" (remedial work required) at the end of a rotation, that rotation must be repeated and successfully completed before the internship can be passed. All five rotations must be passed to complete the internship; this could require extension of the internship past one year in order to achieve successful completion. Further, for the 5th and final rotation, interns must

achieve an average rating of 3.0 (Intermediate), with no individual competency ratings lower than 3 (Intermediate). Thus, interns must demonstrate at least an Intermediate level of competency, on all competencies evaluated at the end of the internship, in order to successfully complete the program. Failure to achieve this level of competency will result in remediation and likely extension in training past the end of the internship year, until required competency is completed. In the quite unusual situation where an extension of the training year was required, interns would remain commissioned Navy Lieutenants and thus would still have full pay and benefits during the extended internship. The three years of obligated active duty service would not begin until successful completion of the internship.

C. Competency in Supervising Others: Primary training in supervising others occurs through didactic seminars conducted by the Training Director related to theories and methods of supervision, and following those seminars through interns providing mock supervision to each other in a biweekly mock supervision of each other, overseen by the Training Director. The didactic series on supervision involves readings from the supervision literature, and seminar discussions based on those readings. Interns are then expected to demonstrate growth in their supervisory skills during mock supervision, utilizing knowledge and skills learned in the didactic series. Please see the Supervision Competency Evaluation form contained in Appendix B, following the rotation Evaluation Form.

D. Navy Fitness Report: All Navy officers receive annual Fitness Reports, an official evaluation by the NMCSD Command 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 Training Director and then routed through the Director for Mental Health to the Medical Center Chain of Command. Ultimately, Fitness Reports are approved and signed by the Commanding Officer and then by the intern. Fitness Reports become a permanent part of the Officer Service Record.

PROGRAM EVALUTION BY INTERNS

At the end of the internship year, each intern submits a written critique of the training program to the Director of Psychology Training. This report discusses several specific aspects of the program, with a focus on an overall assessment of the training program's success in preparing the intern for future work in psychology. The report format is included in Appendix B. Additionally, at the end of each rotation interns are requested to submit an evaluation highlighting strengths of the rotation and supervision, along with suggestions for improving the rotation. Finally, in terms of formal intern feedback, interns have a retreat day near the end of the training year, during which they develop feedback and recommendations representative of the class as a whole. More informally, the Training Director invites and regularly seeks informal feedback from interns regarding the program, both "positives" and "negatives". These formal and informal sources of feedback are a critical part of the program's ongoing self-assessment and improvement process, and have been the source of numerous program enhancements over the past several years.

Approximately one year after internship completion, graduates are contacted by the Training Director and asked to complete a survey tied to the program's success in achieving its Aims and its success in training interns in the Profession Wide Competencies. This time frame allows graduates a reasonable period of time to actually see how well they believe they were trained, while also being recent enough for graduates to distinguish internship contributions to their training as compared to post-internship training, supervision, consultation, continuing education, etc.

PSYCHOLOGY INTERN'S DEFICIENT PERFORMANCE: A PROCEDURAL OUTLINE FOR DUE PROCESS MANAGEMENT

1. Acceptable levels of performance on each rotation are established, as discussed above in Psychology Intern Performance Evaluations.

2. Performance criteria will be provided to and discussed with each intern at the beginning of the Internship year via a copy of this Training Manual. That discussion during the indoctrination and orientation period also highlights discussion of these Due Process, Appeals, and Grievance policies.

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 intern performance related to competency achievement criteria. The supervisor documents verbal feedback and any positive or negative changes in the intern's performance, as well as formal written feedback at the midpoint and end of each rotation.

4. After completion, midrotaton and end of rotation evaluations are forwarded by the rotation supervisor to the Director of Psychology Training.

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. Remediation Status: If consistent unsatisfactory progress is determined by discussion of the rotation supervisor(s) with the Training Committee (the entire Psychology Faculty, chaired by the Training Director), the intern will be notified by the Training Director in writing that he/she has been placed on Remediation Status. (Remediation status may continue while the intern is on another rotation.) The Training Director will outline in writing the deficiencies and suggest methods and objectives to regain satisfactory status. A Review will be held 30 days, and then 60 days following the original notification of Remediation Status. If satisfactory standards are met within 60 days, remediation status will be removed, again in writing by the Training Director, and the intern will be in good standing within the internship. Remediation is intended for situations where the intern is not demonstrating reasonable progress during a rotation, and where the deficit is considered serious enough that it may not be resolved through regular, ongoing training across rotations. This is an "interim" training status designed to highlight particular issues of concern, but cannot lead directly to termination from the program. Notification of placement on remediation would be communicated to the intern's doctoral university Training Director, and any information and/or recommendations from the university would be requested. The University would again be notified of successful remediation, or unsuccessful remediation leading to probation (see below).

7. Probation: If the intern fails to meet the criteria necessary for removal from remediation status, the issues are discussed by the Training Committee, which may determine that the intern will be placed on formal Probationary Status. The Training Director will notify the intern in writing, including the deficiencies and suggest methods and objectives to regain satisfactory status, and establishing a "cautionary period" of time (not more than 60 days) within which time the deficiencies must be brought up to acceptable levels. Because failure to correct problems of such severity as to require Probation could result in termination from the program, at this point the Training Director would also notify the Director of Mental Health and the Medical Center's Director for Graduate Medical Education, as well as the intern's doctoral

program Director of Training. The process for resolving Probationary Status could require extension of the intern in training beyond the original scheduled completion date. As with other causes for extension of training previously discussed, the intern would remain on Navy active duty and in full pay status during this extension of training. Assuming successful resolution of Probation and ultimate internship completion, the three years of obligated active duty service would begin upon actual internship completion.

After the designated period of probation has been completed, if progress is satisfactory and required competency improvements have been achieved, the intern will be restored to good standing in the program by a letter from the Director of Psychology Training. This includes notation that the specific competency improvements have been achieved. The Director of Mental Health, Director for Graduate Medical Education, and the intern's doctoral program Director of Training are also notified.

If intern performance does not reach a satisfactory level of competency improvement, the Training Committee may decide in one of two ways. If the intern is demonstrating clear but not sufficient improvement, and it appears that at least Intermediate levels of competency can reasonably be achieved, the Probation Cautionary Period can be continued for a specified time. This extension will be by written letter from the Training Director, specifying improvements made, further improvements necessary, and a specific time period of extension. Notifications will be the same as for initial Probation.

If the Training Committee determines that improvement is not satisfactory and if it is determined that the intern cannot reasonably be expected to achieve at least Intermediate competency with a brief extension, the Committee will determine that the intern should be terminated from the internship. A letter is prepared by the Director of Psychology Training for the Director of Mental Health's signature requesting, via the Medical Center's Director for Graduate Education, that the intern be disenrolled from his/her training program, by reason of "failure to satisfactorily complete a training program." All relevant correspondence will be attached to the disenrollment letter and the intern's deficiencies specifically addressed. The Director of Mental Health, with the assistance of the Graduate Medical Education committee, will then convene a meeting of a Disenrollment Board comprised of the Director of Psychology Training, and the Command Legal Officer. The intern will be given the opportunity at that time to appeal to the Board personally and to justify his/her performance. If disenrollment of the intern is determined, the Director of Mental Health makes the notification to the Bureau of Navy Personnel via the Medical Center GME committee and subsequent appropriate Navy channels. The intern's doctoral program Director of Training is of course kept apprised throughout this process. As disenrollment from the internship would make it impossible for the intern to meet training requirements to serve as an active duty Navy Psychologist, the disenrolled intern would be separated from the Navy and would not have three years of obligated service.

8. In the event that an intern's performance for any reason requires it, the Director of Psychology Training may request extension of that intern's training period beyond the original intern year. Such request is transmitted to the Director of Mental Health.

9. Genuinely serious ethical or legal breaches may result in immediate recommendation for disenrollment through the same official procedures and channels, without remediation or probation. In such a situation, the intern would be immediately removed from all clinical responsibilities during processing of the disenrollment recommendation.

INTERN APPEALS PROCESS

Interns have the right to appeal any of the above potentially adverse decisions made by the Training Committee, including Remediation, Probation, and Termination. Appeals can be made at any or all of those stages.

Interns should make the appeal in writing to the Training Director, outlining the specific reasons for disagreement with the Training Committee's decision. This would typically include factual disagreements with evaluations leading to the negative decisions about the intern's competency achievement, or about the intern's ability to reach sufficient competency in a reasonable period of time.

Immediately after receiving such an appeal, the Training Director will convene an Appeals Panel consisting of a faculty member who is not directly involved with the intern at the time, a second faculty member of the intern's choosing, and the Training Director. If the intern's appeal involves evaluations made by the Training Director, the Associate Training Director will replace the Training Director as the third member of the appeals panel. The panel will consider information presented both by the faculty and by the intern. The intern may request information from members of the NMCSD staff 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, as are faculty members directly involved in identification of the issues leading to the potentially adverse decision being appealed. 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 decision leading to Remediation, Probation, or Termination, or to uphold the intern's appeal. In the latter case, the intern is restored to good standing in the program.

The intern may subsequently make a further appeal to the NMCSD Director for Graduate Medical Education. This step would involve specific processes and timelines specified by the NMCSD Directorate for Professional Education. The intern would be provided with the most current instructions regarding the Directorate for Professional Education appeal process, to ensure the intern's appeal receives proper and fair hearing and determination within the Professional Education Directorate.

PROCEDURE FOR INTERN GRIEVANCES

If an intern finds him/herself with a grievance specific to the training program, based on apparently continuing events (as contrasted with one or two time disagreements), the recommended steps are as follows:

1. In accordance with conflict resolution research, the APA ethical code, and general principles of organizational personnel advice, the intern should first attempt to communicate the problem as clearly and specifically as possible to the party perceived as the source of the problem, either verbally or in writing. The intern and the other party are encouraged to seek an informal resolution of the issue.

2. If for any reason the intern feels unable to approach the perceived source directly, or has already done so but the problem could not be resolved, he/she should then approach the Director of Psychology Training with a report of the problem. The intern is strongly encouraged, but not mandated, to put the report in

writing in order to provide necessary clarity. The Training Director will work with the intern, and any other parties involved, to seek a satisfactory resolution. If the grievance is with the Director of Psychology Training, the intern should take the matter to the Director of Mental Health. If the perceived source is the Director of Mental Health, the intern may take the matter to either the Director of Psychology Training or to the Director of Graduate Medical Education.

3. If the matter is taken outside the Directorate for Mental Health to the Director of Graduate Medical Education level (which may require a written report of the problem), the procedures outlined by the Medical Center's Graduate Education Committee will become the governing process. The Naval Medical Center's "Resident Grievance Procedures and Due Process Policy provides guidance regarding trainee grievance and fair process in Navy Medical Department education programs. Enclosure (5) of that Instruction in particular is germane. This instruction is available on the Naval Medical Center web site in the Graduate Medical Education policies listing.

4. More general grievances of an Equal Employment Opportunity nature may be handled in accordance with the procedures outlined in Naval Medical Center Instruction 5354.2A, "Command Managed Equal Opportunity (CMEO) Program". This instruction is readily available on the command's intranet website in "Resources" and then "Command Instructions".

POLICY ON INTERNS' VACATION

I. The following guidelines have been developed to help staff evaluate requests by psychology interns for time away from the internship. Interns are required to plan their absences well in advance, except for emergent situations, and to submit their requests in a manner that will allow adequate review by rotation supervisors and the training director.

A. With rare exceptions under special circumstances, no more than five consecutive working days personal leave, and no more than two weeks during the training year.

1. No more than five consecutive working days of no cost house hunting Temporary Additional Duty for the purpose of obtaining housing at a new station, in addition to the above.

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. Time away for meeting academic requirements, such as meeting with dissertation committees, defending dissertations, or participation in graduation ceremonies is available and supported. Please work with rotation supervisors and the Director of Training on scheduling well in advance, to avoid needing to cancel patients who are already scheduled. These times away for academic requirements are considered "official

Navy business", and the intern will be on permissive Temporary Additional Duty orders for the time away. "Permissive" means that while NMCSD and the internship program cannot pay travel expenses or per diem for such trips, the intern does NOT need to use personal leave (vacation time).

PSYCHOLOGY INTERNSHIP 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 psychology in the Navy, whether the particular presentation is called Grand Rounds or Seminar. Training will be given by a mental health professional with expertise in the subject area. Intern Seminars will normally be scheduled on Tuesday afternoons from 1300 to 1430, unless a particular consultant cannot meet those times. The Mental Health Grand Rounds presentations are on Fridays, 1400-1530; all psychology staff and interns are invited. Journal article lunch discussions are held monthly, focusing on Multicultural Competence with a particular emphasis on multicultural influences on military members and military psychology practice.

The following principles have been established for the various educations 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 supervisor.

C. For interns, attendance is mandatory, unless leave, liberty, TAD, etc. has been approved in advance. Clinical responsibilities should be scheduled so as not to be a reason for absence.

Following each presentation, those attending are asked to complete an evaluation form.

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

Cognitive Processing Individual and Group Therapy (three day course)
Cognitive Behavior Therapy for Insomnia (two day course)
Acceptance and Commitment Therapy (two day course)
Ethics and Professional Practice in Psychology
Ethics and Professional Practice in Navy Psychology
Licensure, Board Certification, and Other Credentials in Psychology
Co-Occurring PTSD and Traumatic Brain Injury
APA Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients
New Military Policies and Practice with Transgender Service Members
Navy Psychology Practice on Aircraft Carriers
Ethical and Effective Practice of Supervision
Supervision Training: Defining and Assessing Competencies
Supervision Training: Dealing with Problem Trainees
Special Operations/Special Warfare and Navy Psychology
Substance Use and Co-Occurring Disorders Assessment and Treatment
Suicide Risk Assessment and Intervention

ADJUNCTIVE TRAINING STAFF

I. Adjunctive training staff members are considered critical in the delivery of the internship program as presently outlined.
Psychology Staff: Licensed psychologists 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 Consultation/Liaison Service.
Outside Consultants: Provide didactic material and group consultation in areas supplementing Medical Center staff expertise.

PROGRAM RECORD KEEPING AND EXTERNAL COMMUNICATIONS

The Director of Psychology Training is responsible for assuring that the following record keeping and external communication requirements are met.

I. Training records are maintained in locked file cabinets in the Training Director's office. Records include copies of (a) rotation evaluations completed by supervisors on intern competency, and feedback from interns about both rotations and the program as a whole, (b) completion certificates, (c) communications with interns' graduate schools regarding initial Match, midyear progress, and program completion, (d) any training contracts and evaluations specifically required by graduate schools, (e) completion verifications and other communications with licensing boards, ABPP, and other professional bodies, (f) APPIC applications, and (g) Navy-specific materials such as Fitness Reports, credentials/privileges documentation, etc.

II. Any records generated related to intern complaints or grievances would also be stored in locked files, separate from interns' training files, in the Training Director's office.

III. The Training Director communicates directly with Matched interns on the day of the APPIC Match, with follow up e-mailed correspondence confirming the Match results to both the intern and the intern's doctoral program Director of Training. E-mailed progress review is sent to doctoral program DCTs at the internship midpoint, and confirmation of completion is e-mailed to DCTs at the end of the internship.

IV. The Training Director provides confirmation of internship completion, and other necessary communications, with state licensing boards and other external agencies, as requested by internship graduates and with their signed release for such communications.

Manual last revised September 2019, will be in effect for 2019-2020 internship training year.

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APPENDIX A: APPLICATION TO THE INTERNSHIP

As with the other APPIC Member Navy internship in Bethesda, MD, application to the Naval Medical Center San Diego internship is handled 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 Navy 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. The Navy officer application process is quite familiar to the Navy recruiters and most easily and efficiently handled through them. Applicants do not need to already be in the military to apply, and despite the extensive officer commissioning background process during the application, there is no military service obligation unless an applicant matches with the internship through the APPIC match.

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 Navy Officer recruiting paperwork, the physical exam, and the criminal/security background check in the application package.

Our internship and the Navy welcome and encourage applications from women and members of diverse backgrounds; we do not discriminate on the basis of gender, race, ethnicity, religion, sexual preference, etc. In accordance with United States law regarding military officers, applicants must be United States citizens. 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 emphasize that the Navy accepts internship applicants only from APA-accredited doctoral programs in clinical and counseling psychology.

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

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

Graduate students interested in applying to the Navy internship in San Diego or Bethesda are advised to contact the Navy Recruiting Office in their local areas. This office can typically be found on line by searching Navy Recruiting. Applicants should specifically ask for Medical Programs Recruiting. Often, small recruiting offices will not have Medical Program Recruiters, but can easily direct the applicant to the closest Medical Programs Recruiter.

Applicants are encouraged to visit both the San Diego and Bethesda internship sites if they are interested in both, once invited for interviews during the APPIC application process. However, we fully understand the current time, travel, and financial burden of the APPIC Match process, and are happy to conduct in person interviews at one site, and phone interviews at the other, when travel to both of the Navy internship sites is prohibitive for an applicant. Additionally, applicants are strongly encouraged to contact the Director of Psychology Training, with any questions or concerns.

APPENDIX B: ROTATION PERFORMANCE AND OTHER EVALUATION DOCUMENTS

The remainder of this manual consists of the (1) evaluation forms used to assess intern achievement of competencies for each rotation, (2) the evaluation form used to assess intern competence in Theories and Methods of Supervision, (3) the form used by interns to provide feedback regarding each rotation, (4) the form used by interns to evaluate seminar presentations, and (5) the end of internship evaluation outline for interns to assess the internship overall.

NMCSD PSYCHOLOGY INTERN PERFORMANCE EVALUATION

Intern Rank/Name	**Rotation Name:** **Rotation #:**
Supervisor Name(s)	**Date** **Mid-rotation/ End-rotation (circle one)**

Competency Ratings Descriptions

P (5) Professional Skill Level:

Skill level comparable to autonomous practice at an advanced post-doctoral or licensed staff psychologist job position. Rating descriptive of exceptional interns at completion of internship training.

H (4) Highly Developed/Advanced:

Occasional supervision or consultation is needed. A frequent level of performance demonstrated by strong interns at the completion of a rotation or at the end of the internship. Competency attained in all but non-routine cases; supervisor provides overall mentoring of intern's activities. Depth of supervision or consultation may increase with highly complex cases. Rating descriptive of advanced competence at end of internship.

I (3) Intermediate:

Generally solid skill levels, ready for entry level practice. Areas identified which would remain a focus in supervision, including postdoctoral supervision or, if licensed, consultation after internship. Common skill level during the course of a rotation, and at the end of rotations earlier in the internship. Passing rating for a competency at end of internship.

E (2) Entry Level:

Skill level frequently seen at the commencement of internship or for new competencies for an intern at start of a rotation. Continued close, ongoing, and regular supervision is needed. Not a passing competency rating at end of internship; this rating at end of final rotation requires remedial work of intern.

R (1) Remedial Work Required:

Requires remedial work of intern. Insufficient skill level and/or professionalism demonstrated. Not a passing competency rating on either individual rotation or at end of internship, remediation for competency required.

N/A Not applicable for this rotation/Not assessed during rotation.

Profession-Wide Competency: Research

Demonstrates knowledge of and/or use of empirical literature to guide selection and interpretation of appropriate assessment measures.

P	Detailed understanding/application of empirical literature as it relates to choosing and interpreting assessment measures for both broad categories of patients and as related to specific patients. 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. Eager independent consumer of empirical research on clinical assessment.
H	Strong basic and detailed understanding/application of empirical literature as it relates to choosing and interpreting assessment measures for broad categories of patients. Identifies areas of needed knowledge with specific patients and initiates steps to enhance own learning.
I	Solid basic understanding/application of empirical literature in selecting and interpreting assessment measures. Relies solely on knowledge of supervisor to enhance new learning.
E	Demonstrates only a superficial understanding of empirical literature and/or does not apply it consistently during selection or interpretation of assessment measures.
R	Unwilling to acquire or incorporate empirical literature into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.
N/A	

Demonstrates appropriate knowledge of, use of empirical literature to support therapeutic interventions and treatment plans, as well as in supervision discussion.

P	Detailed understanding/application of empirical literature as it relates to selection of appropriate interventions and development of treatment plans for both the most common mental health disorders and those less frequently seen. 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. Eager independent consumer of empirical research on clinical intervention.
H	Strong basic and detailed understanding/application of empirical literature as it relates to selection of appropriate interventions and development of treatment plans for the most common mental health disorders. Identifies areas of needed knowledge with less common mental health disorders and initiates steps to enhance own learning.
I	Solid understanding and/or application of empirical literature in supporting basic therapeutic interventions and development of treatment plans. Relies solely on knowledge of supervisor to enhance new learning.
E	Demonstrates superficial understanding of empirical literature and/or does not apply it consistently during development of treatment plan or therapeutic intervention.
R	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.
N/A	

Profession-Wide Competency: Ethical and Legal Standards

Demonstrates good knowledge of the ethical principles and legal standards of general clinical practice. Consistently applies these appropriately, seeking consultation as needed.

P	Spontaneously and consistently identifies potential ethical/legal issues and addresses them proactively. Judgment is reliable about when consultation is needed.
H	Consistently recognizes potential ethical/legal issues, appropriately asks for supervisory input.
I	Generally recognizes situations where ethical/legal issues might be pertinent, is responsive to supervisory input.
E	Often unaware of important ethical/legal issues.
R	Ignores ethical/legal concerns, or disregards supervisory input regarding professional standards.
N/A	

Related Program-Specific Competency

Demonstrates good knowledge of the ethical principles as specifically applied to military practice situations, as well as military laws and regulations. Consistently applies these appropriately, seeking consultation as needed.

P	Spontaneously and consistently identifies ethical and legal issues impacting military clinical practice, and addresses them proactively. Judgment is reliable about when consultation is needed.
H	Consistently recognizes ethical and legal issues impacting military clinical practice, appropriately asks for supervisory input.
I	Generally recognizes situations where ethical and legal issues might be pertinent to military clinical practice, is responsive to supervisory input.
E	Often unaware of important ethical and legal issues impacting military clinical practice.
R	Ignores ethical or legal concerns impacting military clinical practice, or disregards supervisory input regarding ethics or law.
N/A	

Profession-Wide Competency: Individual and Cultural Diversity

Demonstrates knowledge of cultural and individual factors contributing to patient diversit y. Committed to providing culturally sensitive services.

P	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. Actively seeks consultation/supervision on diversity. Strong knowledge of research literature on diversity factors in assessment and psychotherapy.
H	Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables; utilizes supervision/consultation effectively in application with individual patients. Needs only occasional supervisory input to recognize when more information is needed regarding patient differences, and then seeks out information autonomously. Usually aware of own limits to expertise. Actively seeks consultation/supervision on diversity. Good working knowledge of research literature on diversity factors in assessment and psychotherapy.

I	May have lack of knowledge regarding some patient groups, but resolves such issues effectively through supervision and literature searches. Open to feedback regarding limits of competence with diversity issues, and takes steps to enhance competence. Makes positive use of supervision/consultation on diversity. Basic working knowledge of research literature on diversity factors in assessment and psychotherapy, responsive to supervisor suggestions to seek additional readings.
E	Is beginning to learn to recognize influence of personal beliefs and cultural influences, which limit effectiveness with patient populations. Discussions of diversity issues must usually be initiated by supervisor. Rudimentary working knowledge of research literature on diversity factors in assessment and psychotherapy, needs strong supervisor encouragement to seek additional readings.
R	Has been unable or unwilling to surmount own belief systems and/or cultural influences to deal effectively with diverse patients. Poor knowledge of research literature on diversity factors in assessment and psychotherapy. Ignores or resists new readings, new learning.
N/A	

Related Program-Specific Competency

Demonstrates understanding of impact of diverse military subcultures on mental health issues.

P	Independently demonstrates broad and nuanced understanding of military subcultures and the challenges they create for individual patient and their families. Minimal supervision needed to assess impact on patient functioning or to inform diagnoses and treatment options. Consults with other professionals and/or scientific literature as needed to refine understanding, treatment options, and interventions.
H	Has a strong, broad understanding of military subcultures and the challenges they create for individual patients and their families. Regularly uses this knowledge of diversity to inform diagnoses and treatment options. Infrequent supervision needed to clarify more subtle role of these diversity issues.
I	Working knowledge of broader issues related to military subcultures and the challenges they create for individual patients and their families. Uses this knowledge of diversity to inform diagnoses and treatment options. Needs regular supervision/consultation to clarify the more subtle impact of these diversity issues.
E	Some understanding of military subcultures and their impact on the patient's individual functioning, family, diagnoses, and treatment options. Needs frequent supervision to clarify the interaction and impact.
R	Does not have an understanding of military subcultures and their impact on family, individual functioning, diagnoses, and treatment options. Not able to incorporate into assessment and treatment plans even with supervision.
N/A	

Profession-Wide Competency: Professional values, attitudes, and behaviors

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

P	Good awareness of personal and professional problems. Stressors have only mild impact on professional practice. Actively seeks supervision, consultation, and/or personal therapy to resolve issues. Demonstrates appropriate therapeutic, professional, and military boundaries.
H	Good insight into impact of stressors on professional functioning, seeks supervisory input, consultation, and/or personal therapy as indicated to minimize this impact. Demonstrates appropriate therapeutic, professional, and military boundaries.
I	Needs significant supervision time to minimize the effect of stressors on professional functioning. Accepts reassurance from supervisor well. Demonstrates appropriate therapeutic, professional, and military boundaries.
E	Personal problems can significantly disrupt professional functioning. Demonstrates questionable judgment with regard to therapeutic, professional, or military boundaries or behaviors.
R	Denies problems or otherwise does not allow them to be addressed effectively. Poor therapeutic, professional, or military boundaries.
N/A	

Related Program-Specific Competency

Development of expertise in role as Naval officer and enhancing credibility as military mental health professional.

P	Exemplary military bearing and rarely requires corrective feedback. Immediately responsive to feedback if necessary. Strong example of military discipline and consistently assumes leadership role. Consistently demonstrates strong use of military officership as an enhancer of credibility as a military mental health professional.
H	Consistently good military bearing and responsive to corrective feedback when minor issues arise. Good example of military discipline and beginning to take on leadership role. With only occasional lapses, demonstrates strong use of military officership as an enhancer of credibility as a military mental health professional.
I	Beginning to display military bearing, seeks feedback to improve. Military discipline is satisfactory. Little assumption of leadership role. Utilizes reminders from supervisors and officer mentors to utilize military officership to enhance credibility as military mental health professional.
E	Inconsistent use of military bearing and minimal responsiveness to corrective feedback. Behavior minimally conducive to military discipline/no assumption of leadership role. Lackadaisical in officer skills and presentation, difficulty understanding importance in credibility as a military mental health professional.
R	Lack of military bearing, not responsive to corrective feedback. Behavior that is not conducive to military discipline/undermines leadership role. Resistant to developing appropriate officer skills, bearing, and credibility, despite guidance from supervisors and military mentors.
N/A	

Profession-Wide Competency: Communication and interpersonal skills

Demonstrates skill in utilizing and summarizing patient information from all relevant resources into a well-organized psychological report which meets professional standards of care and departmental peer review criteria.

P	Reports are clear and thorough, follow a coherent outline, and effectively summarize major relevant issues. When available, relevant psychological test results are woven into reports as supportive evidence. Recommendations are related to referral questions.
H	Reports cover essential points without serious error, may need polish in cohesiveness and organization. Readily completes assessments with minimal supervisory input, makes useful and relevant recommendations.
I	Able to develop useful draft reports. Uses supervision effectively for assistance in determining important points to highlight.
E	May fail to summarize patient information into a cohesive report and have difficulty formulating recommendations to appropriately answer referral question. Relies heavily on supervisor for guidance in determining important points and treatment recommendations.
R	Inaccurate conclusions or grammar interfere with communication. Reports are poorly organized and require major rewrites.
N/A	

Demonstrates ability to establish and sustain rapport and effective communication with patients.

P	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients, addresses therapeutic alliance issues effectively and seeks supervision as needed. Consistently manages scheduling challenges to optimally meet treatment and situational needs of patients. Effectively explains assessment results and recommended treatments, and resolves questions raised by patients, in almost all cases.
H	Generally comfortable and relaxed with most patients, consults effectively and handles anxiety-provoking or awkward situations so that they do not undermine therapeutic process. Generally manages scheduling challenges to optimally meet treatment and situational needs of patients. Generally explains assessment results and recommended treatments, and resolves questions raised by patients, in most cases, with direct assistance of supervisor in highly complex situations.
I	Actively develops skills with new populations. Relates well when has prior experience with the population. May need frequent supervisory input to manage scheduling challenges to optimally meet treatment and situational needs of patients. May need supervisory assistance to explain assessment results and recommended treatments, and to resolve questions raised by patients, in numerous cases.
E	Has difficulty establishing rapport. Even with frequent supervisory input, struggles to manage scheduling challenges to optimally meet treatment and situational needs of patients. Frequently needs direct supervisory involvement to explain assessment results and recommended treatments, and to resolve questions raised by patients.
R	Alienates patients or shows little ability to recognize problems. Frequently unable to explain to patients assessment results and treatment plans, or to resolve questions raised by patients. Frequently unable or unwilling to manage scheduling challenges to meet treatment and situational needs of patients.
N/A	

Profession-Wide Competency: Assessment

Demonstrates skill in synthesizing DSM-5 diagnoses based on relevant clinical, historical, and test data.

P	Demonstrates a thorough knowledge of mental health classification, including multi-axial diagnoses and relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously. Consistently able to support diagnoses with inclusionary and exclusionary data.
H	Has a good working knowledge of mental health diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Generally able to support diagnoses with both inclusionary and exclusionary data. Uses supervision well in more complicated cases involving multiple or more unusual diagnoses.
I	Understands basic diagnostic nomenclature and is able to accurately diagnose many mental health problems. With less complex cases usually able to support diagnoses with both inclusionary and exclusionary data; may miss relevant patient data when making a diagnosis. Requires supervisory input on more complex diagnostic decision-making.
E	Has a theoretical knowledge and understanding of basic diagnostic nomenclature, but lacks practical experience applying knowledge to actual cases. May miss both inclusionary and exclusionary data when making a diagnosis. Requires supervisory input on most diagnostic decision-making.
R	Has significant deficits in understanding of the mental health classification system and/or ability to use DSM-5 criteria to develop a diagnostic conceptualization. Often unable to support diagnoses with inclusionary and exclusionary data.
N/A	

Demonstrates skill in effectively evaluating, managing and documenting patient risk by assessing immediate concerns such as suicide, homicide, and any other safety issues.

P	Assesses and documents all risk situations fully prior to leaving the clinic. Appropriate actions taken to manage patient risk situations (e.g., admitting the patient, liaison with patient's command) are initiated immediately, while seeking consultation and confirmation from supervisor. Strong knowledge of research literature on risk factors.
H	Aware of how to cope with safety issues, continues to need occasional reassurance in supervision. Asks for input regarding documentation of risk as needed. Sometimes can initiate appropriate actions to manage patient risk, sometimes needs input of supervisor first. Good working knowledge of risk factors literature.
I	Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards interns handle 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. Needs input regarding documentation of risk. Rudimentary knowledge of research on risk factors.
E	Delays or forgets to ask about important safety issues. Does not document risk appropriately. Does not consistently inform other clinical team members about a patient's risk. Needs reminders in supervision regarding risk factors. Needs supervisor's reminders to seek out research literature on risk factors.
R	Makes inadequate assessment or plan, does not take measures to protect the patient. Does not seek immediate supervision in situations of elevated patient risk. Ignores, or unaware of, research regarding risk factors.
N/A	

Demonstrates skill in selecting both appropriate psychological tests and self-report measures to assist with assessment.

P	Is confident in selection of assessment tools to address referral questions. Understands psychometric properties of tools as well as strengths and weaknesses of each measure. Is able to defend choice of test and why others were excluded. Seeks out experiences with new tests to broaden their capabilities.
H	With supervision is able to select appropriate measures to address the referral question. With prompting will be able to explain why alternate measures would not be as useful as the measures chosen. Knows the basic psychometric properties of each test and is willing to seek out information regarding limitations and strengths of measures.
I	Has some knowledge regarding the selection of testing materials. Is open to discussion regarding the strengths and weaknesses of measures and utilizes supervision to learn about new tests. Researches additional measures with prompting.
E	Is beginning to learn about basic test selection and development. Does not usually bring up strengths and weaknesses of a measure and relies on supervisor for guidance. Needs strong or repeated supervisor encouragement to seek additional readings.
R	Has been unable or unwilling to choose appropriate measures to address a referral question. Does not seek to expand knowledge base regarding testing instruments. Poor knowledge of research literature on assessment. Ignores or resists new readings, new learning.
N/A	

Demonstrates skill in interpretation of psychological testing data.

P	Independently and thoroughly integrates testing data with the history of the patient. Explains discrepancies when possible. Will select additional measures to address discrepancies as able. Will recognize test construction or weakness of a measure as a possible reason for discrepancy.
H	With minimal supervision is able to explain outcome of assessment data and how data relate to the patient's history. With only routine prompting will be able to discuss and explain any discrepancies between patient's history and testing data. Generally recognizes that test construction is a possible explanation for discrepancies.
I	Has working knowledge regarding the interpretation of test data. Is able to recognize significant elevations on scales and, with routine supervision, can interpret testing data in the context of the patient's history and circumstances. Supervision often required in explaining any discrepancies between the data, the patient's history, including potential causes for discrepancies such as test construction factors.
E	Is beginning to learn about effective testing data interpretation. Struggles with integrating data with the history of the patient. Does not recognize significance of elevations of scales or does not recognize discrepancies between the patient's history and the data. Does not consistently recognize possible causes of discrepancies, such as test construction factors.
R	Unable to interpret testing data without extensive supervision. Does not exhibit a basic understanding of test construction. Does not seek to expand knowledge base regarding test interpretation. Ignores or resists new readings, new learning to expand knowledge base.
N/A	

Profession-Wide Competency: Intervention

Demonstrates ability to formulate a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals, works toward goals systematically.

P	Independently produces good case conceptualizations within the chosen theoretical orientation, can also draw insights into cases from other orientations. Consistently sets, works toward realistic goals with patients. Strong knowledge of research literature regarding preferred orientation.
H	Reaches case conceptualization on own, recognizes improvements when pointed out by supervisor. Strong working knowledge of research literature regarding preferred orientation. Readily identifies emotional issues but occasionally needs supervision for clarification. Sets appropriate goals, works toward them with patients. With occasional prompting from supervisor, distinguishes realistic and unrealistic goals. .
I	Reaches case conceptualization with occasional supervisory assistance. Aware of emotional issues when they are stated by the patient, sometimes needs supervision for development of awareness of underlying issues. Sometimes needs supervision or consultation to set realistic therapeutic goals with complex patients and to pursue those goals, aside from those presented by patient. Good basic knowledge of literature regarding preferred orientation.
E	Responses to patients need for enhanced theoretical understanding and case formulation. Often needs supervision to perceive important emotional issues in therapy. Without close supervision, may have difficulty setting or working toward appropriate treatment goals with patients. Acceptable knowledge of literature regarding preferred orientation, but frequently struggles in application of that literature in all but clearly routine cases..
R	Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set or work toward appropriate treatment goals with patients. Rudimentary knowledge, at best, of literature regarding preferred orientation.
N/A	

Demonstrates planning and delivery of interventions which are well-timed, effective, consistent with patients' treatment needs and, where relevant, consistent with empirically supported treatment protocols.

P	Interventions and discussions with patients facilitate patient acceptance and change. Consistently, effectively utilizes empirically supported therapies whenever indicated and appropriate. Demonstrates motivation to increase knowledge and expand range of interventions through regular reading plus consultation as needed. Consistently maintains non-judgmental perspective on patient challenges while therapeutically addressing challenges to therapeutic gains. Consistently refers for multidisciplinary consultation/ treatment when indicated.
H	Most interventions and discussions with patients facilitate patient acceptance and change. Supervisory assistance needed for timing and delivery of more difficult interventions with highly complex cases. Generally effectively utilizes empirically supported therapies whenever indicated and appropriate. Generally seeks new readings, additional consultation to assist with planning and delivery of interventions. Generally maintains non-judgmental perspective on patient challenges while therapeutically addressing challenges to therapeutic gains. Consistently refers for multidisciplinary consultation/ treatment when indicated.

I	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify aim of intervention. With some supervisory direction required, effectively utilizes empirically supported therapies whenever indicated and appropriate. Collaborates with supervisors on use of literature, makes good use of supervisor-assigned readings and consultation. May need direct assistance with more challenging situations to maintain non-judgmental perspective on patient challenges while therapeutically addressing challenges to therapeutic gains.
E	Some interventions are accepted by the patient while some others are rejected by patient. Sometimes has difficulty targeting the interventions to patient's level of understanding and motivation. Needs strong encouragement to utilize empirically supported therapies, and to seek new readings or consultation. Has difficulty maintaining non-judgmental perspective on patient challenges, struggles with therapeutically confronting challenges to therapeutic gains. Often does not recognize need for multidisciplinary consultation/ treatment.
R	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation. Negligent or contraindicated use of intervention techniques. Lacks ability to formulate a case and develop/execute intervention. Resists or ignores opportunities for empirically supported treatments and/or recommended readings or consultations regarding intervention. Generally unable to maintain non-judgmental perspective. Fails to recognize need for multidisciplinary consultation/treatment in most cases.
N/A	

Demonstrates ability to evaluate efficacy of interventions.

P	Little to no supervision needed to regularly select and utilize appropriate outcome measures to monitor therapeutic progress, when such measures are applicable. Able to cogently discuss situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Demonstrates motivation to increase knowledge and expand range of evaluative measures through reading and consultation.
H	With reminders in supervision, often selects and utilizes appropriate outcome measures to monitor therapeutic progress when such measures are applicable. With inquiry, can recognize situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. With occasional encouragement, seeks to increase knowledge and expand range of evaluative measures through reading and consultation.
I	With supervisory direction, able to select and utilize appropriate outcome measures to monitor therapeutic progress when such measures are applicable. Beginning to recognize situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Utilizes resources from supervisor to increase knowledge and expand range of evaluative measures through reading and consultation.
E	Periodic difficulty selecting and utilizing appropriate outcome measures to monitor therapeutic progress when such measures are applicable. Some difficulty recognizing situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Needs significant encouragement from supervisor to increase knowledge and expand range of evaluative measures through reading and consultation.
R	Frequent or consistent difficulty selecting and utilizing appropriate outcome measures to monitor therapeutic progress when such measures are applicable. Even with supervision, difficulty recognizing situations where empirically derived outcome measures may not represent actual patient progress, such as secondary gain. Needs frequent direction from supervisor to increase knowledge and expand range of evaluative measures through reading and consultation; may resist such application.
N/A	

Profession-Wide Competency: Consultation and interprofessional/interdisciplinary skills

Demonstrates assessment/psychological testing consultation skills.

P	Independently reviews consultation request to determine referral questions. Will contact referral source to clarify referral question and is confident in determining if testing will be useful to address referral question. Consistently provides thorough feedback to referral source in a timely and professional manner.
H	With minimal supervision is able to determine if testing is an appropriate way to address referral questions. Recognizes when testing may not be helpful. With only occasional prompting will contact referral source to clarify referral questions. Provides feedback to referral source with only rare need for reminders. Is able to summarize test findings in a succinct and appropriate manner. Includes all pertinent information in presentation.
I	Has reasonable knowledge regarding the appropriateness of testing to address a referral question. May need supervision to determine when to contact referral source to clarify question. Provides feedback to referral source but may require direct supervision in order for feedback to be thorough and effective. Is able to summarize test findings but sometimes needs closer supervision to do so in a succinct and professional manner.
E	Is beginning to seek out information regarding testing consults. Needs close supervision to recognize that testing may not be an appropriate way to address some referral questions. Needs frequent reminders to provide feedback, or feedback is often disjointed and poorly presented.
R	Does not seek further information regarding a testing consult even when recommended in supervision. Does not utilize supervision to question appropriateness of testing to address a referral question. Does not provide feedback to referral source without multiple reminders.
N/A	

Demonstrates professional and appropriate interactions with multidisciplinary treatment teams, peers and supervisors.

P	Smooth working relationships, handles differences openly, tactfully and effectively. Consistently strong leadership of multidisciplinary consultation and treatment teams. Actively seeks, utilizes collegial support.
H	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns in professional relationships. Effective leadership of multidisciplinary consultation and treatment teams. Generally seeks, utilizes collegial support.
I	Progressing well on providing input in team meetings. Effectively seeks assistance to cope with interpersonal concerns in professional relationships. With supervisory encouragement, can provide effective leadership of multidisciplinary consultation and treatment teams. Often seeks, utilizes collegial support, but may need supervisory reminders to do so.
E	Ability to participate in team model is limited, but generally relates appropriately to peers and supervisors. Even with supervisory encouragement, may struggle to provide effective leadership of multidisciplinary consultation and treatment teams. May need frequent encouragement to seek and utilize collegial support.
R	May be withdrawn and/or non-contributory in team meetings, overly confrontational, insensitive or may have had hostile interactions with colleagues. Not able to provide effective leadership of multidisciplinary consultation and treatment teams.
N/A	

Related Program-Specific Competency

Demonstrates understanding of appropriate military resources and channels in military-specific case dispositions, and skill in liaison with military referral sources and military commands.

P	Relates well to patients' commands and other appropriate agencies/professionals. Able to provide appropriate feedback and disposition recommendations to commands. Highly effective psychology consultant to military commands.
H	Requires occasional input regarding the manner of delivery or type of feedback given to commands. Generally strong, effective psychology consultant to military commands.
I	Requires some ongoing supervisory input regarding the feedback given to military commands. Has developed good working knowledge of military command psychological consultation.
E	Needs continued guidance and continued input regarding appropriate feedback and military disposition recommendations. Has difficulty consulting without intensive supervisory oversight.
R	Unable to establish rapport or communicate recommendations clearly. Ineffective consultant, may require supervisor to take over consultation with military commands.
N/A	

Additional Comments:

The preceding evaluation was reviewed in detail with me. _____

Intern's Signature

This evaluation was reviewed in detail with the intern. All rated competencies were directly observed at least once during this rotation.
Method(s) of direct observation included: _____

_____

Supervisors' Signature

NMCSD PSYCHOLOGY INTERN SUPERVISION PERFORMANCE EVALUATION

Intern Rank/Name	
Evaluator Name **Dr. Mather**	**Date**

Competency Ratings Descriptions

P (5) Professional Skill Level:

Skill level comparable to autonomous practice at a post-doctoral or entry-level job position. Rating descriptive of exceptional interns at completion of internship training.

H (4) Highly Developed/Advanced:

Intermediate to advanced knowledge level regarding supervision. Competency attained at level required in all but quite complex supervisory cases; would successfully utilize consultation in such cases. Rating descriptive of more advanced competence in knowledge and delivery of supervision.

I (3) Intermediate:

Generally solid supervisory knowledge level, with some areas which would remain a focus of consultation as a new supervisor. Would require occasional consultation regarding supervisory practice. Passing rating for competency.

E (2) Entry Level:

Knowledge level frequently seen at the commencement of internship. Very frequent consultation with more experienced supervisors would be necessary for supervisory practice. Not a passing rating for internship completion.

R (1) Remedial Work Required:

Requires remedial work of intern. Insufficient knowledge level demonstrated. Not a passing competency rating, remediation for competency required.

LEARNING OBJECTIVES

a. Supervising Patient Assessment

1. Demonstrates skill in assisting supervisees in synthesizing DSM-V diagnoses based on relevant clinical, historical, and test data.

P	Demonstrates a thorough knowledge of mental health classification, including multi-axial diagnoses and relevant diagnostic criteria. Highly adept in assisting supervisees in attaining similar knowledge and skill.
H	Has a good working knowledge of mental health diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good. Generally provides useful supervision in more complicated cases involving multiple or more unusual diagnoses and problems.
I	Understands basic diagnostic nomenclature and is able to accurately diagnose many mental health problems. May miss relevant patient data when supervising others in assessment. Requires supervisory input on more complex diagnostic decision-making supervision.
E	Has a theoretical knowledge and understanding of basic diagnostic nomenclature. May miss relevant patient data when supervising diagnostic work. Requires staff supervisory input on most supervision of diagnostic decision-making.
R	Has significant deficits in understanding of the mental health classification system and/or ability to use DSM-IV criteria to develop a diagnostic conceptualization. Significant difficulty supervising others in assessment and diagnosis.

b. Supervising Psychotherapy

1. Demonstrate ability to assist supervisees in establishing and sustaining rapport with patients.

P	Encourages/reinforces quality relationships of supervisees with almost all patients, reliably identifies potentially challenging patients for supervisees, addresses transference and countertransference issues effectively in course of supervision.
H	Generally comfortable and relaxed in addressing supervisees' alliance with patients, consults effectively on handling anxiety-provoking or awkward situations so that they do not undermine supervisees' therapeutic process.
I	Actively developing skills with supervision of alliance/rapport. Typically supervises effectively with routine rapport/alliance questions and issues.
E	Has difficulty recognizing alliance issues of supervisees, or struggles in addressing such problematic situations.
R	Fails to recognize rapport/alliance issues of supervisees, or recommends actions which might worsen such situations.

2. ***Sensitive to the cultural and individual diversity of patients and supervisees. Committed to providing culturally sensitive services and supervision.***

P	Discusses individual differences with supervisees when appropriate. Acknowledges and respects differences that exist between self, supervisees, and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding supervisee or patient differences and seeks out information autonomously. Aware of own limits to expertise. Actively seeks consultation/supervision on diversity impacts in supervision.
H	In supervision with staff, recognizes and openly discusses limits to competence with diverse supervisees and clients. Frequently seeks supervision/consultation on diversity impacts on supervision. Generally able to provide useful assistance to supervisees on diversity issues.
I	Has limited knowledge regarding some diversity issues involving supervision, but resolves such issues effectively through supervision with staff. Open to feedback regarding limits of competence. Makes use of supervision/consultation from staff on diversity as it impacts work with supervisees. Developing effective skills in providing supervision on these issues.
E	Is beginning to learn to recognize beliefs which may limit effectiveness with supervisees and/or patients on diversity issues. Discussions of diversity issues with supervisees must usually be encouraged or initiated by staff supervisor.
R	Has been unable or unwilling to surmount own belief systems to deal effectively with diverse supervisees or diversity situations impacting patients.

3. ***Assists supervisees in formulating useful case conceptualizations that draws on theoretical and research knowledge. Collaborates with supervisees to form appropriate treatment goals with their patients.***

P	Independently assists supervisees in producing good case conceptualizations within the supervisee's theoretical orientation, can also assist in drawing insights into cases from other orientations. Consistently assists supervisees in setting realistic goals with patients. Strong knowledge of research literature regarding preferred orientation.
H	Generally assists supervisees in reaching case conceptualization on own. Good working knowledge of research literature regarding preferred orientation, can generally convey that knowledge to supervisees. Readily can assist in identifying overt emotional issues but sometimes needs staff supervision for clarification. Sets appropriate goals with occasional prompting from staff supervisor, generally distinguishes realistic and unrealistic goals with supervisees. Generally effective in assisting supervisees in framing goals within theoretical and research-driven parameters.
I	Needs significant staff assistance in supervising case conceptualization. Aware of emotional issues of patients when they are clearly stated by supervisees, needs staff supervision for assisting supervisees in identifying subtle, underlying issues. Requires ongoing supervision to assist supervisees in setting therapeutic goals aside from those presented by patient. Acceptable basic knowledge of literature regarding preferred orientation.
E	Responses to supervisees indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues impacting work of supervisees. Struggles or unable to assist supervisees in setting appropriate treatment goals with patients. Rudimentary knowledge of applicable theoretical and research literature.
R	Independently assists supervisees in producing good case conceptualizations within the supervisee's theoretical orientation, can also assist in drawing insights into cases from other orientations. Consistently assists supervisees in setting realistic goals with patients. Strong knowledge of research literature regarding preferred orientation.

4. Encourages supervisees in appropriate use of empirical literature to support therapeutic interventions and treatment plans

P	Fully dedicated to expanding supervisees' knowledge and skills, recommends available databases, professional literature, and other resources. Eager independent consumer of empirical research on clinical practice, effectively conveys this knowledge to supervisees.
H	Shows initiative, eager to learn, and beginning to take steps to enhance supervisees' learning. Identifies areas of knowledge needed by supervisees with specific clients. Asks for and responsive to staff supervisor's suggestions of additional informational resources, and pursues those suggestions with supervisees.
I	Solid understanding and/or application of empirical literature. Relies predominantly on knowledge of supervisor to enhance new learning of supervisees.
E	Demonstrates superficial understanding of empirical literature and/or struggles to apply it consistently in work with supervisees.
R	Unable or unwilling to acquire or incorporate new information into supervision practice. Resists staff suggestions to expand clinical supervision perspective. Procrastinates on readings assigned by staff supervisor.

5. Assists supervisees in planning and carrying out interventions which are well-timed, effective and consistent with empirically supported treatment protocols.

P	Little to no staff supervision needed to help supervisees formulate cases and plan/execute intervention. Demonstrates motivation to increase supervisees knowledge and expand their range of interventions through reading and consultation as needed.
H	Assists supervisees so that most interventions and interpretations facilitate patient acceptance and change. Staff supervisory assistance often needed for timing and delivery of more difficult supervisory interventions. Generally encourages supervisees to seek new readings, additional consultation to assist with such interventions.
I	Assists supervisees so that many interventions and interpretations are delivered and timed well. Staff supervisory assistance generally needed to assist supervisees in planning interventions and clarifying aim of intervention. Makes good use of readings and consultation recommended by staff supervisor.
E	Often has difficulty targeting supervisees' interventions to patient's level of understanding and motivation. Difficulty with supervisees in formulating cases and assisting in development/execution of interventions without significant staff supervisor input or direction. Needs strong staff encouragement to seek new readings or consultation.
R	Has frequent difficulty with supervision of targeting interventions to patients' level of understanding and motivation. May recommend that supervisee engage in negligent or contraindicated use of intervention techniques. Lacks ability to assist supervisees in formulating a case and developing/executing intervention. Resists or ignores recommended readings or consultations regarding intervention and supervision.
N/A	

c. Supervising Professional, Ethical, and Military Development

1. Demonstrates understanding of impact of military life on mental health issues, and effectiveness in supervising liaison with commands.

P	In supervision, conveys excellent understanding of impact of military life on patient mental health. Gives consistently useful recommendations to supervisees on effective psychology consultation to military commands.
H	In supervision, conveys generally good understanding of impact of military life on patient mental health. Utilized staff supervisory input well on supervision of militarily difficult cases. Gives generally useful recommendations to supervisees on effective psychology consultation to military commands.
I	In supervision, conveys working understanding of impact of military life on patient mental health. Usually needs staff assistance to provide useful recommendations to supervisees on effective psychology consultation to military commands.
E	Inconsistent understanding of impact of military life on patient mental health leads to struggles in supervision on such issues. Needs significant staff guidance on most cases in order to assist supervisees in effective psychology consultation to military commands.
R	Poor understanding of impact of military life impact on mental health makes supervision ineffective when military issues are involved. Poor recommendations regarding military command liaison, even with intensive staff oversight.
N/A	

2. Demonstrates good knowledge of the ethical principles and military laws and regulations. Consistently applies these appropriately in work with supervisees, seeking consultation as needed.

P	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively in work as supervisor. Judgment is reliable about times when staff consultation is needed.
H	Consistently recognizes ethical and legal issues in work as supervisor, appropriately asks for supervisory input to assist in supervision of militarily or ethically difficult cases.
I	Generally recognizes basic situations where ethical and legal issues impact work as supervisor. Needs significant staff assistance in supervising more ethically or militarily difficult cases.
E	Often unaware of important ethical and legal issues impacting supervision. May struggle in addressing such issues when they arise with supervisees.
R	Ignores or unable to address ethical or legal concerns impacting supervision. May disregard staff supervisory input regarding supervision of ethical or legal issues.
N/A	

Additional Comments:

This evaluation was reviewed in detail with the intern. All rated competencies were directly observed at least once during this rotation.
Method(s) of direct observation included: _____

_____ _____
Supervisor's Signature Intern's Signature
Rev 9/21

NMCSD PSYCHOLOGY INTERN EVALUATION/DISSEMINATION OF RESEARCH

Name: Date:

Type Presentation (Circle Number)

1. Case Conference
2. Grand Rounds Dissertation Presentation
3. Mock ABPP Exam

Based on direct observation of the intern's presentation, utilize the following 5 point scale for rating the critical review and application of research literature in the intern's presentation:

P (5) Professional Skill Level: Presents research review in manner clearly indicating sophisticated grasp of research principles in evaluating quality and limitations of research. Scientifically sophisticated review of research underpinnings of treatment planning, or critical literature review for dissertation.

H (4) Highly Developed/Advanced: Presents research review in manner clearly indicating strong grasp of research principles in evaluating quality, limitations of research. Strong review of research underpinnings of clinical treatment planning, own research if dissertation, etc.

I (3) Intermediate: Presents research review in manner clearly indicating acceptable grasp of research principles in evaluating quality and limitations of research. Sufficient description of research underpinnings to justify clinical treatment planning, own research if dissertation, etc.

E (2) Entry Level: Presents research review in manner clearly indicating weak grasp of research principles in evaluating quality and limitations of research. Superficial description of research underpinnings, may be insufficiently tied to clinical treatment planning, own research if dissertation, etc.

R (1) Remedial Work Required: Presents research review in manner indicating grasp of research principles in evaluating quality and limitations of research. Description of research underpinnings not adequately tied to clinical treatment planning, or weakly connected to own research if dissertation, etc.

Comments regarding above evaluation:

Training Director or Other Supervisor Signature _____

Intern Signature _____

CLINICAL PSYCHOLOGY INTERNSHIP
INTERN EVALUATION OF ROTATION

Intern: _____ Date: _____

Rotation: _____

This evaluation is designed for use by the faculty in assessing and, when indicated, modifying the internship rotations. We ask that you be thoughtful and straightforward in answering the questions. Then, please give your evaluation to your primary supervisor on the rotation, but NOT before receiving the final evaluation your supervisor has completed regarding your work on the rotation. Also, please give a copy to Dr. Mather.

Our sincere thanks for completing this!

1. Briefly describe your goals for learning during this rotation.

2. How well were these goals met over the course of the rotation? Briefly discuss.

3. What were the most useful aspects of this rotation? Briefly discuss.

4. What aspects of the rotation could be improved, and how?

5. Briefly discuss how supervision during the rotation was helpful to you.

6. How could supervision have been improved to be more helpful?

7. Any additional comments, suggestions, etc., for this rotation?

NMCSD PSYCHOLOGY INTERNSHIP
SUPPLEMENTAL ROTATION EVAL

Location: ☐ NAVSTA ☐MCRD ☐AOP ☐Health/CL ☐Inpatient ☐Transrotation

This was my: ☐1st rotation ☐ 2nd rotation ☐3rd rotation ☐4th rotation ☐5th rotation ☐Full year (transro only)

Structure/Overall experience	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. Orientation for this rotation was adequate and met my needs	◯	◯	◯	◯	◯
2. Supervision was regularly scheduled each week	◯	◯	◯	◯	◯
3. My supervisor was available for unscheduled consultation when needed	◯	◯	◯	◯	◯
4. Supervision was rescheduled or backup supervision was provided during supervisor absences	◯	◯	◯	◯	◯
5. My supervisor adjusted teaching model to skill level (e.g, less teaching/more intern autonomy over course of internship year and in keeping with skill level)	◯	◯	◯	◯	◯
6. Adequate templates and sample write-ups were provided for guidance with clinical notes, evaluations, ADSEP memos, and/or LIMDUs/MEB NARSUMs	◯	◯	◯	◯	◯
7. Notes and/or reports were reviewed and returned with feedback within 5 days of receipt	◯	◯	◯	◯	◯
8. Written feedback was consistent with verbal discussion and feedback	◯	◯	◯	◯	◯
9. My supervisor modelled and encouraged positive self-care.	◯	◯	◯	◯	◯
10. My supervisor helped me identify my training goals for this rotation	◯	◯	◯	◯	◯

Clinical Skills	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. This rotation helped me develop my case conceptualization skills	◯	◯	◯	◯	◯
2. My supervisor assisted me in developing concise case formulations including differential diagnoses	◯	◯	◯	◯	◯
3. This rotation allowed me to practice interventions from different theoretical models, including evidence based treatment protocols.	◯	◯	◯	◯	◯
4. My supervisor directed me to scholarly or theoretical readings to further my knowledge of case conceptualization and/or treatment interventions.	◯	◯	◯	◯	◯
5. My supervisor helped me with decision-making for managing ethical dilemmas	◯	◯	◯	◯	◯
6. Supervision included discussion of diversity factors, individual differences, and multicultural competence	◯	◯	◯	◯	◯
7. My supervisor helped me manage high risk patients to ensure patient safety	◯	◯	◯	◯	◯
8.	◯	◯	◯	◯	◯
9.	◯	◯	◯	◯	◯
10.	◯	◯	◯	◯	◯

Command Consultation/Military Context	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. My supervisor helped my development as an officer in the United States Navy	◯	◯	◯	◯	◯
2. This rotation exposed me to operational and/or mission focused demands of military psychology	◯	◯	◯	◯	◯
3. My supervisor modeled effective command consultation and provided guidance for consulting with commands	◯	◯	◯	◯	◯
4.	◯	◯	◯	◯	◯
5.	◯	◯	◯	◯	◯

Supervisory Relationship	*Strongly Disagree*	*Disagree*	*Neither Agree nor Disagree*	*Agree*	*Strongly Agree*
1. My supervisor demonstrated genuine interest in and commitment to quality training	◯	◯	◯	◯	◯
2. My supervisor was knowledgeable of the areas being supervised	◯	◯	◯	◯	◯
3. My supervisor demonstrated respect for interns, patients, and colleagues	◯	◯	◯	◯	◯
4. My supervisor was open to feedback	◯	◯	◯	◯	◯
5. Personal issues that impact my role as a psychologist/therapist were addressed in a respectful supportive manner	◯	◯	◯	◯	◯
6. I received feedback on both strengths and weaknesses in a way that enabled me to grow.	◯	◯	◯	◯	◯
7. My supervisor maintained appropriate professional boundaries	◯	◯	◯	◯	◯
8. My supervisor gave regular, clear feedback on my progress and skill development	◯	◯	◯	◯	◯

Overall Rating (circle one):

0-Poor training experience/supervision relationship
1-Fair.
2- Adequate
3- Good
4-Strong, informative, and supportive
5-Consistently excellent overall

Trainee requests for change: _____

_____

_____

_____

Other comments: _____

_____

_____

_____

Signature: _____ Review Date: _____

INTERN SEMINAR REVIEW

Title of Presentation: _____

Presenter: _____

Date: _____

Please rate the following items: 5 = Strongly Agree, 4 = Agree, 3 = Disagree, 2 = Strongly Disagree, 0 = Not Applicable

Instructor was knowledgeable about subject matter.	5	4	3	2	0
Presenter facilitated discussion.	5	4	3	2	0
Presentation was clear, concise, and logical.	5	4	3	2	0
Audiovisuals/handouts enhanced learning.	5	4	3	2	0
Time allocation was sufficient, allowed discussion.	5	4	3	2	0
Material presented appropriate to my level of knowledge.	5	4	3	2	0
Material was clinically relevant and/or research based.	5	4	3	2	0
I would like this presenter to present in the future.	5	4	3	2	0

Please add your comments or suggestions. Thanks!

CLINICAL PSYCHOLOGY INTERNSHIP END OF PROGRAM CRITIQUE

Name: _____

Inclusive Dates of Program: _____

This is your opportunity, at the completion of your internship, to provide your analysis of the internship - both positives and negatives - to assist the faculty in continuous assessment and strengthening of the program. We ask that you submit this prior to your final checkout from the internship.

Please submit a thorough assessment of the internship, considering the entire year, and submit to the Director of Training. It is especially helpful if you can specifically address the following areas:

1. Clinical training and rotations
2. Didactics – seminars, Grand Rounds, longer courses
3. Supervision
4. Operational Psychology orientation and familiarization
5. Anything else you'd like to address.

Again, we welcome and carefully consider both positive comments and constructive criticism. We greatly appreciate your thorough and frank assessment of our program!

APPENDIC C – FACULTY BRIEF BIOS

Program Leadership

David B. Mather, Ph.D., ABPP, is Director of Psychology Training and Chair of Psychology at NMCSD. In addition to overall leadership of the internship, he provides supervision of transrotation cases, as well as psychological testing supervision for the Inpatient Rotation. Dr. Mather holds a Ph.D. in clinical psychology from the University of Connecticut. He is Board Certified in Clinical Psychology by the American Board of Professional Psychology. After attending graduate school on a Navy HPSP scholarship, he completed internship at the National Naval Medical Center in Bethesda, Maryland. He is a retired Navy Captain, having served 27 years combined Active and Reserve service as a Navy Psychologist, Commanding Officer, and Navy Reserve Regional Medical Director. Dr. Mather has been the Director of Psychology Training at NMCSD since 1999, and Chair of Psychology since 2006. He is Vice President of the Board of Directors, American Board of Clinical Psychology, and will become president of that Board in January 2020. Dr. Mather served as a Commissioner on the American Psychological Association Commission on Accreditation from January 2013 through December 2016. He has held academic faculty appointments at Antioch New England Graduate School and at Harvard Medical School. His primary professional and research interests are in professional training in psychology, predictors of psychology intern success in training programs, leadership of mental health programs, and integration of Positive Psychology in clinical practice.

W. Michael Hunt, Ph.D., is Associate Director of Psychology Training, one of the primary rotation supervisors for the Adult Outpatient Rotation, and previously the primary rotation supervisor on the Fleet Mental Health Rotation. He provides training and consultative supervision in several evidence based therapies, with a particular focus on Cognitive Processing Therapy. He is one of the primary investigators on a current research project at NMCSD investigating combined CPT and Behavioral Activation Treatment for PTSD complicated by depression. Dr. Hunt holds a Ph.D. in clinical psychology from the University of South Florida, and completed his internship at the University of California San Diego/Veterans Affairs San Diego Healthcare System. Dr. Hunt also completed two postdoctoral fellowships related to substance use and co-occurring disorders, one a clinical fellowship at the Substance Abuse and Mental Illness Program at the VA San Diego Healthcare System, and the other a National Institute on Alcohol Abuse and Alcoholism research fellowship at the Behavioral Health Institute, San Diego State University Foundation.

Rotation Supervisors

Denise Boychuk, Psy.D., is the second primary rotation supervisor for the Adult Outpatient Rotation. Dr. Boychuk has extensive experience in military mental health practice, having worked as a staff psychologist at NMCSD since 2016 in generalist outpatient practice, and prior to that at the Navy Consolidated Brig from 2008 – 2016 providing assessment and treatment services to military personnel convicted of sexual offenses. She oversees NMCSD's Directorate for Mental Health clinical privileging programming, ensuring all mental health providers sustain appropriate peer review, documentation of continued licensure, and other requirements for being awarded and sustaining clinical practice privileges. She holds a Psy.D. in clinical psychology with a forensics emphasis from Alliant International University/California School of Professional Psychology San Diego. She completed forensically related internships in San Diego at Professional Community Services treating adult

domestic violence batterers, and at Sharper Future treating adult sex offenders with chronic substance use disorders. She brings a uniquely valuable perspective on military cultural competence to the Core Faculty, having served several years as an enlisted member of the U.S. Marine Corps prior to completing her education.

Adeline Ong, Psy.D, is one of the primary rotation supervisors for the Mental Health Operational Outreach rotation. Dr. Ong has extensive experience in military mental health, and is an active duty Navy psychologist holding the rank of Lieutenant Commander. She holds a Psy.D. in clinical psychology from Loma Linda University, and completed her internship at Natividad Medical Center in Salinas, CA. She subsequently completed postdoctoral training at Catholic Psychological Services in Pico Rivera, CA. Dr. Ong has served in numerous Navy psychology positions, including embedded psychologist positions with the 5th Marine Regiment and on board the aircraft carrier USS LINCOLN. She has been deployed with the Marines in Afghanistan, and served overseas in both Yokosuka and Okinawa, Japan.

Tahney Johnston, Psy.D, ABPP, is the second primary rotation supervisor for the Mental Health Operational Outreach rotation. An active duty Navy psychologist holding the rank of Lieutenant, she holds a Psy.D. in clinical psychology from Alliant International University San Diego, and completed her internship at the California State University San Marcos Student Counseling Center. She subsequently entered Navy service through the Clinical Psychology Postdoctoral Fellowship at the Naval Medical Center Portsmouth, VA. Prior to joining the Mental Health staff at NMCSD, Dr. Johnston served in Navy psychology positions on board the aircraft carrier USS HARRY S. TRUMAN and at the Mental Health Clinic of the Branch Medical Clinic, Marine Corps Air Station Yuma, AZ.

Kristina Franey, Psy.D., provides primary supervision for psychological assessment and testing, during the Adult Outpatient Clinic Rotation. She holds a Psy.D. in clinical psychology from the California School of Professional Psychology San Diego, and completed her internship at Forensic Psych Consultants and Springall Academy in San Diego. Her primary clinical and research interests are in assessment and treatment of developmental disabilities and autism spectrum disorders, and consultation with clinical programs to develop assessment protocols for specialized treatment patient populations.

Anne Murray, Ph.D., is the other primary supervisor for psychological assessment and testing, during the Adult Outpatient Clinic Rotation. An active duty Navy psychologist holding the rank of Lieutenant Commander, she earned her Ph.D. in clinical psychology from Alliant International University San Diego, and completed her internship at the Naval Medical Center San Diego. Dr. Murray is a fully trained and credentialed neuropsychologist, having completed her postdoctoral fellowship in neuropsychology at the University of California San Diego Medical Center. She is the Department Head for Traumatic Brain Injury at NMCSD. Prior to doctoral training in clinical psychology, Dr. Murray served for many years as a Navy helicopter pilot, including numerous deployments. Thus, she brings interns a quite unique perspective on the interface of mental health issues and Navy shipboard and aviation operations.

Scott Green, Ph.D., ABPP, is one of the primary rotation supervisors for the Marine Corps Mental Health rotation. He holds a Ph.D. in counseling psychology from Indiana State University, and completed his internship at the Naval Medical Center San Diego. Following internship he served three years as an Active Duty Navy psychologist at NMCSD, including two deployments in support of the

U.S. Marine Corps forces in Iraq, before joining NMCSD's civilian psychology staff. He is Board Certified in Clinical Psychology by the American Board of Professional Psychology. His primary clinical interests are in military psychology, with a special interest in military psychology applied within the Marine Corps, and in combat Post-Traumatic Stress Disorder.

Lindsay Phebus, Psy.D., is the second primary rotation supervisor for the Marine Corps Mental Health rotation. She earned her Psy.D. in clinical psychology at Nova Southeastern University, and completed both her doctoral internship and a postdoctoral fellowship in Women's Outpatient Mental Health and Trauma. Prior to coming to NMCSD, Dr. Phebus worked in the Pain Medicine Clinic at the Naval Hospital Pensacola, FL. She has particularly interests in Acceptance and Commitment Therapy, including the use of ACT for treatment of psychological trauma, and in health psychology/behavioral medicine.

Nicholas Grant, Ph.D. is the third rotation supervisor for the Marine Corps Mental Health rotation. Dr. Grant is the MCRD Mental Health Clinic Division Officer, and supervises interns on their evaluation of Marine Corps recruits and their consultation with the Recruit Command regarding recommendations for those recruits. He is an active duty Navy Lieutenant, holds a Ph.D. in clinical psychology from the Pacific Graduate School of Psychology, and completed his internship at Tulane University School of Medicine. He completed a postdoctoral fellowship at the VA San Diego Healthcare System, and was a William A. Bailey Health and Behavior Congressional Fellow from 2016-2017. Dr. Grant has special interests in LGBTQ equality, and in health disparities impacting underserved populations. An early career leader in numerous professional organizations, including within the American Psychological Association, Dr. Grant is President Elect of GLMA: Health Professionals Advancing LGBTQ Equality.

Pia Khandekar, Psy.D., is one of the primary rotation supervisors for the Inpatient rotation. Dr. Khandekar provides direct supervision of interns in providing inpatient group psychotherapy, and joins the attending psychiatrists in supervision/consultation regarding interns' work with individual inpatients and multidisciplinary team treatment planning and liaison. She holds a Psy.D. in clinical psychology from the University of Denver, and completed her internship at the Sharp Healthcare Mesa Vista Psychiatric Hospital in San Diego. She has worked in a variety of clinical settings, notably including overseas support of the Army in Stuttgart, Germany, before joining the staff at NMCSD. Dr. Khandekar has a special interest in application of Acceptance and Commitment Therapy with severe psychopathology.

Lyndse Anderson, Ph.D., is the second primary supervisor on the Inpatient rotation. She earned her Ph.D. in clinical psychology from Fielding Graduate University, and completed her doctoral internship at NMCSD. Remaining on the staff of NMCSD following her internship, she has led the development and opening of the Mental Health Department's Transitional Outpatient Programs, including both a partial hospital program focusing on intervention with suicidal patients, and an intensive outpatient program focusing on cognitive therapy and enhancing resilience in patients with significant crises undermining their ability to succeed in their military duties. Dr. Anderson has special interests in military mental health, cognitive behavioral treatment modalities, disaster mental health, and privilege and oppression dynamics.

Genelle Weits, Ph.D., is one of the primary rotation supervisors for the Health Psychology rotation. She holds a Ph.D. in clinical psychology from the California School of Professional Psychology San Diego,

with an emphasis in health psychology. She completed internship training in San Diego at Rady Children's Hospital, with an emphasis in oncology, hematology, and pain management, and at the Sharp Pain Rehabilitation Program. Dr. Weits completed postdoctoral training in chronic mental illness at Alvarado Parkway Institute in San Diego. Her primary clinical and research interests are in Mind Body Medicine, the role of Mindfulness and meditation in health psychology, and research on outcomes with Mindfulness-based Cognitive Therapy.

Angelyna Lowe, Ph.D., is the second primary rotation supervisor for the Health Psychology rotation. She holds a Ph.D. in Clinical Psychology (Health Psychology Concentration) from Loma Linda University, and completed a Postdoctoral Residency in Behavioral Medicine at the VA San Diego Healthcare System with a focus in Oncology, and her doctoral internship at Loma Linda VA Medical Center. Dr. Lowe is the Division Officer for NMCSD's Mind Body Medicine Program, overseeing behavioral medicine treatment and education services within that program. She has assisted with research at the VA San Diego Healthcare System related to behavioral medicine treatments for neuropathic pain, and on the impact of previous treatment for depression or PTSD on veterans' current health status.

Other Core Faculty

Tara Smith, Ph.D., is the senior Navy Active Duty Psychologist on the Core Faculty, holding the rank of Captain. She provides extensive mentoring and military career consultation for the internship, and frequently consults with interns on questions related to the responsibilities of Navy psychologists embedded with Navy Fleet and Marine Corps commands, and on mental health assessment and disposition of patients from various Navy specialty communities. She holds a Ph.D. in clinical psychology from The University of Iowa, and completed her doctoral internship at NMCSD. Dr. Smith has served on Navy active duty for 20 years in numerous positions as an Active Duty Navy psychologist, including clinical positions in stateside and overseas hospitals, as an aircraft carrier psychologist, as a deployed psychologist serving the U.S. Marine Corps during combat operations, and now in quite senior Navy Mental Health leadership positions. She currently leads embedded mental health programs and operations in the Force Surgeon's office for the Commander, Naval Surface Forces Pacific. In her previous position, Dr. Smith was the Program Manager for the Navy Suicide Prevention Program, within the Office of the Chief of Naval Operations.

Ann Hummel, Ph.D., ABPP, is the Mental Health Department Head at NMCSD, and provides extensive consultation to interns regarding military psychological practice and military career progression. She is an active duty Lieutenant Commander, and holds a Ph.D. in counseling psychology from the University of Maryland. She is Board Certified in Counseling Psychology. Dr. Hummel completed her internship at NMCSD, and subsequently served as a staff psychologist at first NMCSD and then the Naval Hospital Yokosuka, Japan. She returned to NMCSD in 2017, immediately joining the internship core faculty as well as becoming the Division Officer of the Consult Liaison Service. Dr. Hummel's special interest and research background is in psychotherapy alliance.