

TAMC CLINICAL PSYCHOLOGY Internship Training Program



QUICK LINKS

- [Introduction](#)
- [Overview of Tripler Army Medical Center](#)
- [Overview of Department of Psychology](#)
- [Philosophy and Goals of Training](#)
- [Training Objectives](#)
- [Structure of the Training Year](#)
- [Duty Hours](#)
- [Curriculum](#)
- [Application Process](#)
- [Requirements for Completion of Internship](#)
- [Disciplinary Matters and Insufficient Progress](#)
- [Program Faculty](#)
- [Accreditation Status](#)
- [Case Conceptualization Checklist](#)

INTRODUCTION

The Department of Psychology at Tripler Army Medical Center (TAMC) began our Clinical Psychology Internship Program (CPIP) in 1990. The program continues to exist for the purpose of producing fully qualified Army Psychologists and training civilians interested in becoming generalists in clinical psychology. This program represents one of five U.S. Army pre-doctoral internships. The internship is accredited by the *American Psychological Association (APA)* and maintains membership in *The Association of Psychology Postdoctoral and Internship Centers (APPIC)*. The internship is open to all students from APA accredited graduate programs in clinical or counseling psychology eligible to apply for their pre-doctoral internship. The military internship begins approximately the first week of October and ends 12 months later. The civilian internship begins approximately 1 September and ends 31 August of the following calendar year. Each year we accept (6) *full-time military interns* who enter active duty as commissioned officers at the rank of Captain and (2) *full-time civilian interns*. Civilian interns receive yearly compensation of \$35,875 plus benefits; military interns receive current Army Captain's pay \$3,771.30 per month plus extra pay for dependents/ prior time in service/ housing allowance. Current housing allowance for Captains in Honolulu without dependents (2012) is \$936.90 per month and cost of living allowance (COLA).

[Top of Page](#)

OVERVIEW OF TRIPLER ARMY MEDICAL CENTER

Tripler Army Medical Center is located on the beautiful island of O'ahu's Moanalua Ridge, just seven miles from Honolulu, overlooking Pearl Harbor and most of

the southern coast of the island. Originally constructed in 1948, the architecturally distinct coral pink hospital is a familiar island landmark. The medical complex occupies 375 acres with 229 beds and routinely provides outpatient and inpatient care to over 580,000 beneficiaries, including: active duty members of all military services, family members and retirees, Pacific Island nation beneficiaries, military personnel and their family members attached to the U.S. Pacific Command throughout the Pacific Basin. In addition, interns will have access to workout facilities including a gym, running track, tennis courts, and swimming facilities for physical training.

[Top of Page](#)

OVERVIEW OF DEPARTMENT OF PSYCHOLOGY

The Department of Psychology is an independent department within the hospital and is one of the largest departments of psychology within the Army. It maintains the largest number of graduate psychology training programs within the Army. Our mission includes service delivery, training, readiness, program development and research. In addition to the Clinical Psychology Internship Program for both military and civilians, the Department of Psychology offers postdoctoral APA approved fellowships for military and civilian fellows in Clinical Health Psychology and Clinical Child Psychology. Military fellowships are also available in Clinical Neuropsychology. We also have a robust graduate level practicum program which trains students from Hawaii clinical psychology graduate schools. Our Department is APA approved to provide continuing education for psychologists. Our programs represent several of the 17 specialty graduate training programs offered at TAMC.

The Department of Psychology provides high quality behavioral health care treatment for a wide range of medical and psychological issues and patient demographics. Clerical staff is available to assist with scheduling client appointments and facilitating intake paperwork when clients arrive to the department.

The Department is organized into Adult Psychology Services, Primary Care Psychology, Behavioral Medicine Service, Telebehavioral Health, Traumatic Brain Injury (TBI), Child/ Adolescent and Family Psychology Service, Clinical Neuropsychology Service, and Research Psychology Service. These services provide the venue through which faculty implement training curriculum to achieve training goals and foster the development of interns' core competencies. The Department of Psychology also has a strong focus on research highlighting implementation of protocols designed to broaden psychologists' scope of clinical practice, expand services through telehealth, explore the use of virtual reality in trauma treatment, and improve access to care for underserved populations. The Department has taken a leadership role in congressionally mandated programs to provide training and services to the rural underserved populations of Hawaii.

[Top of Page](#)

PHILOSOPHY AND GOALS OF TRAINING

The philosophy of the internship is based on the practitioner-scholar model and recognizes the developmental nature of training. The practitioner-scholar model emphasizes evaluation of research for the purpose of applying evidenced based psychology in the area of generalist clinical psychology practice. Interns come to the program with different levels of preparation and experience. Training must meet interns at their individual level of professional development and provide opportunities through which existing skills are developed and refined.

The goals of the training program are to ensure that all interns meet the appropriate developmental milestones for psychologists as outlined in the foundational and functional competencies of the *Assessment of Competency Benchmarks Work Group: A Developmental Model for Defining and Measuring Competence in Professional Psychology* found at <http://www.apa.org/ed/resources/index.aspx>.

Graduates of the training program are provided educational opportunities that meet these functional and foundational competencies. Graduates of the program will be well prepared to function as psychologists in their postdoctoral supervision period and should be very competitive for postdoctoral fellowships.

[Top of Page](#)

TRAINING OBJECTIVES

The primary training objectives of our program are focused on the development of a number of core competencies identified by all Army Clinical Psychology Internship Programs. These core competencies are defined as being essential to the practice of clinical psychology within an Army setting. In addition, core competencies may also generalize to professional performance in the civilian community for our civilian interns.

- a. **Assessment and Diagnosis.** Interns develop effective competence in psychological evaluation skills as they learn to comprehensively assess the nature of an individual's bio-psychosocial functioning. Evaluation methods include psychometric techniques, interview, observation, and analysis of collateral information. Interns primarily learn to evaluate adults, with a lesser emphasis on children, couples, and families. Patients present with a variety of issues and include referrals from throughout the hospital, outlying clinics, commanders, and self-referrals.
- b. **Intervention.** Interns develop effective psychotherapeutic skills through refinement of existing abilities and training in additional treatment modalities. Training largely focuses on evidence based cognitive-behavioral interventions, using both individual and group techniques. However, interns become familiar with a variety of intervention strategies designed to be used with a broad array of patients. Every rotation emphasizes techniques for various forms of intervention.

Although the program focuses on cognitive-behavioral interventions, supervisors also support interns in learning to conceptualize and treat patients using theories and techniques familiar to them from prior training and academic experiences. Interns are expected to formulate cases from a variety of theoretical perspectives.

- c. **Consultation.** Interns develop effective skills as a result of consulting with medical professionals, allied mental health professionals, military commanders, school personnel, and other consultants as appropriate. The faculty teaches interns skills in rapid evaluation of patients, appropriate case disposition, and effective communication in responding to the needs and questions of both hospital and community referral sources.
- d. **Research.** Interns are strongly encouraged to complete their dissertations or doctoral projects by the end of the internship year. Once completed, interns may work with faculty or fellows on their respective research projects. The faculty emphasizes a model of scientific research designed to inform clinical practice.
- e. **Supervision and Teaching.** Interns are responsible for developing and conducting professional presentations on psychological topics for the hospital staff and/or military personnel.
- f. **Ethical Awareness.** Ethical issues and appropriate solutions to ethical dilemmas are emphasized throughout the internship year. Case conferences and ongoing supervision provide discussion of ethical issues throughout the training year.
- g. **Professional Development.** Promoting each intern's professional development is an integral part of their training experiences. This development takes place throughout the year in the daily routine of the internship. The internship also emphasizes leadership development as military interns will assume the role of "Chief Psychology Intern." Professional development is further fostered as interns are encouraged to participate in program development within rotations.
- h. **Cultural Diversity.** Cultural diversity is a high priority in teaching clinical assessment and intervention skills. Through didactics and general awareness of issues of race, ethnicity, age, gender, and other unique characteristics (i.e. military culture), interns are expected to be sensitive and responsive to these issues. Hawaii offers an extremely rich opportunity to study and become immersed in cultural diversity. Tripler, the rural health clinics, and Schofield Barracks offer unique cultural diversity experiences for interns as they are given the opportunity to interact with clients from at least ten different international cultures.

[Top of Page](#)

STRUCTURE OF THE TRAINING YEAR

Core competencies will be reinforced in all aspects of training. All interns participate in providing primary care services one day per week. Civilians perform primary care in rural Community Health Centers on Oahu while military interns do so in TAMC primary care clinics. All interns complete a 4 month (3 months if it is the last rotation of the year) Adult Assessment and Intervention rotation through Adult Psychology Services. Faculty and interns collaborate to choose two of three rotations (Health, Child and Family, or Neuropsychology) with the goal of developing well rounded generalist clinicians. Each rotation is three days per week for four months (three months if it is the last rotation of the year). Friday is devoted to administrative meetings, didactics, two hours of patient care, and two hours of program development. During the year, approximately 6 to 8 guest speakers are invited to provide two day trainings.

Previous guest speakers have included: Dr. Roger Greene, Dr. Paul Greene, Dr. Andrasik, and Dr. Jon Kabat-Zinn.

[Top of Page](#)

DUTY HOURS

Normal clinic duty hours are 0600 hours to 1630 hours for military interns, and 0730 hours to 1630 for civilian interns for Tripler, Monday through Friday.

[Top of Page](#)

CURRICULUM

Interested applicants may e-mail the Clinical Psychology Internship Program Director of Training, LCDR Eduardo Cua at eduardo.cua@us.army.mil to request checklists for various rotational requirements.

[Top of Page](#)

APPLICATION PROCESS

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.

The application deadline is **November 8, 2012**. Applicants must be US citizens. Telephone interviews of select applicants will be conducted during the first two weeks of **January 2013**. As a result of the expense of traveling to Hawaii, telephone interviews are acceptable and inability to attend invitational interviews is not viewed negatively.

Applicants are encouraged to interview in person if possible so they can tour our facilities, meet faculty and current students to ensure that they feel TAMC will be a good fit for their goals. All applicants who live in Hawaii at the time of application are required to participate in face-to-face interviews.

Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in **January 2013** will not be considered. If an applicant completes the proposal after the **November 8, 2012** application deadline, the applicant must have their Director of Training from their doctoral institution send a letter certifying completion to the TAMC Clinical Psychology Internship Program at:

MCHK-PH
Department of Psychology
Tripler Army Medical Center
Clinical Psychology Internship Program Director of Training
1 Jarrett White Road
Honolulu, HI 96859-5000

There are no exceptions to this policy.

Application for Tripler Army CPIP

- a. All applicants for the Tripler Army CPIP must contact a local Army Medical Department Recruiter to begin the application process. Contacting the recruiter no later than August is highly recommended in order to allow the applicant and the recruiter time to ensure all Army application criteria (e.g. health physicals, medical waivers, etc.) are completed in a timely manner. To find the nearest recruiter, go to <http://www.goarmy.com/amedd/>. Once logged into the site, select the "Locate a Recruiter" link. Once inside the link, type your zip code, and the nearest recruiting station will appear. Your recruiter will assist you in completing the application process and take all of your application materials. If you have difficulty finding or contacting a local recruiter you may call 1-888-550-ARMY or go to: <http://www.goarmy.com/amedd.html>.
- b. All applicants for the Army TAMC CPIP must complete the APPIC Application for Psychology Internship and select the Tripler CPIP as a site of interest. Applicants must upload into the AAPI the following documents:
 - (1) Graduate transcripts
 - (2) Three letters of recommendation
 - (3) Curriculum Vitae
 - (4) Written sample of a psychological assessment sample including formal psychometrics, preferably reflecting actual clinic work
 - (5) Written case conceptualization and treatment plan, preferably reflecting actual clinic work. A blank case conceptualization work sheet is included as the last page in the document to assist with this write up.

- (6) Sign and upload the letter from the Army Psychology Consultant written to CPIP applicants. We highly recommend that you call the Director of Training to ensure all your application materials are visible to the Director of Training. Interns who do not submit all materials as per above will not be considered.

Civilian Candidates

- a. Civilian candidates will complete the APPIC application. In addition, the Internship must receive the following materials:
 - (1) Graduate transcripts
 - (2) Three letters of recommendation
 - (3) Curriculum Vitae
 - (4) Written sample of a psychological assessment sample including formal psychometrics, preferably reflecting actual clinic work
 - (5) Written case conceptualization and treatment plan, preferably reflecting actual clinic work. A blank case conceptualization work sheet is included as the last page in the document to assist with this write up.
- b. We highly recommend that you contact the Clinical Psychology Internship Program at eduardo.cua@us.army.mil, to ensure your application is visible to the Director of Training. Interns who do not submit all materials as per above will not be considered.

[Top of Page](#)

REQUIREMENTS FOR COMPLETION OF INTERNSHIP

The following procedures are used for formal evaluative sessions.

- a. **Basic Skills Evaluation:** An initial evaluation of each intern's skills is conducted prior to beginning the first rotation. This evaluation along with the intern's prior training history is used to make rotation recommendations and generally inform the staff of the intern's strengths and weaknesses.
- b. **Rotational Evaluation:** Rotational Evaluations ensure that interns and faculty have clear expectations about the experiences the rotations offer as well as requirements for successful rotation completion. The structure of these evaluations is aligned with the domains of competence emphasized throughout the training year. Interns and supervisors are required to discuss these requirements within the first supervision session. These evaluations also include a section titled "Resources." The purpose of the "Resources" section is to provide interns with information that maximizes their potential for success. Supervisors and interns should review the evaluation as an on-going process. If the supervisor feels that an intern is not meeting the requirements of the evaluation, the supervisor needs to immediately bring concerns to faculty with a suggested remediation plan. Interns are responsible for

identifying any concerns they have about meeting these requirements as soon as these concerns develop.

The rotation supervisors and DOT will meet to discuss intern progress at the end of each rotation. Interns meet with the DOT, rotation supervisor, and other faculty as appropriate (e.g. faculty or student concerns about feedback given).

- c. Transition to Practice Examination (TPE) examinations are conducted orally with 3 or more internship faculty evaluators. These examinations are completed twice a year, about the 6th and 9th month. During these examinations, the intern's ability to demonstrate case conceptualization, diagnostic, treatment planning, risk assessment, and ethics competencies is assessed. After a 30 minute individual review of a case vignette including related psychometrics, without the utilization of reference materials, the intern is required to provide a 20 minute presentation to the evaluating faculty covering these areas. The focus is on an integration of knowledge acquired primarily, though not exclusively, through the core skills training activities. The requirements and grading criteria for the Transition to Practice Examination are located in Appendix F of the intern handbook. Interns are highly encouraged to work with supervisors in presenting cases during supervision in accordance with the TPE format. This format maximizes skill development for case presentation.
- d. Faculty may, at their discretion, randomly evaluate work samples, i.e., chart reviews. Further, the Quality Improvement peer review provides faculty access to interns' charts. AHLTA (our computer system for note-taking/medical records) also serves as a source for evaluation. Supervisors are required to co-sign all AHLTA notes.
- e. In the event an intern's progress is considered inadequate, increased supervision and/or modification of training experience are discussed and instituted as necessary. Should performance and progress not improve to predetermined, objectively definable levels, processes to consider formal training status modification are instituted. IAW Section VII, Disciplinary Matters and Insufficient Progress (request from Eduardo.cua@us.army.mil).
- f. The military interns' end of course evaluations also include an Officer Evaluation Report (OER), which summarize the entire training year. The DOT is the rater and the Chief, Department of Psychology serves as the senior rater.
- g. In order for a military intern to attend the first post-internship assignment, each military intern must meet Army physical fitness and weight requirements. Each military intern will complete two record (2) Army Physical Fitness Tests (APFT) during the training year and meet Army body fat standards. The Company Commander is the proponent for the APFT.

All soldiers are required to take the APFT whenever the Company Commander requires. A physical fitness program is mandatory for military interns and will be conducted by the NCOIC or designated representative. Interns who do not pass a company level recorded APFT are required to participate in a mandatory physical training program until they pass.

[Top of Page](#)

PROGRAM FACULTY

The internship faculty consists of military and civilian licensed psychologists assigned to TAMC. Additional training and supervisory experiences may be provided by other psychologists within the Department of Psychology, by other licensed psychologists, and by other health care professionals on a contractual basis as appropriate. The Internship Faculty Committee meets weekly to discuss faculty and training concerns. The Committee provides guidance, planning, and ongoing evaluation of the program and assists in formulating policy and designing the curriculum. Committee meetings are attended by an intern representative.

Names of faculty and their professional interests will be provided by contacting the Clinical Psychology Internship Program Director of Training at eduardo.cua@us.army.mil.

[Top of Page](#)

ACCREDITATION STATUS

The TAMC Clinical Psychology Internship Program is accredited by the APA CoA until 2019. The APA can be contacted at:

The Office of Program Consultation and Accreditation

750 First Street NE

Washington, DC 20002-4242

Website: <http://www.apa.org/ed/accreditation/>

Telephone: (202)336-5979

TDD: (202) 336-6123

Fax: (202) 336-5978

APPIC Central Office

17225 El Camino Real, Suite #170

Houston, TX 77058-2748

Website: <http://www.appic.org/>

Telephone: (832) 284-4080

Fax: (832) 284-4079

CASE CONCEPTUALIZATION CHECKLIST

I. Referral question

a. List the referral source _____

b. List the reason for referral

c. List the reason(s) the referral was made when it was made – the “why now.”

II. Diagnostic formulation

a. Presenting symptoms:

b. FIDO-I: Please check “Yes” or “No” regarding your opinion about whether or not the presenter sufficiently answered the following so that differential DSM-IV diagnoses are possible:

- i. Frequency Yes No
- ii. Intensity Yes No
- iii. Duration Yes No
- iv. Onset Yes No
- v. Impairment Yes No

c. Previous history of these symptoms?

d. DSM-IV

i. Axis I _____

ii. Axis II _____

iii. Axis III _____

iv. Axis IV _____

v. GAF (Highest Past) _____ (Current) _____

e. Safety Issues. _____

f. Ethical Issues.

III. Clinical formulation (Explanatory mechanism for understanding the reason this particular patient is experiencing these particular issues at this particular time)

Consider the following

- a. Precipitating stressors
- b. Predisposing events and conditions
- c. Mechanism
- d. Orientations
 - (1) Biological
 - (2) Developmental
 - (3) Systemic
 - (4) Interpersonal
 - (5) Cognitive
 - (6) Health
 - (7) Experiential
 - (8) Cultural
 - (9) Behavioral

d. Strengths and vulnerabilities of the patient _____

e. Resources and needs of the patient _____

f. Summarize the explanatory mechanism(s) regarding this patient. Please label the theoretical approach or approaches taken and list rationale.

IV. Treatment

- a. Client's goals Yes No
- b. Organization goals Yes No
- c. Client's expectations Yes No
- d. Organization expectations Yes No
- e. Treatment goals Yes No
- f. Treatment plan Yes No
- g. Predict course of treatment Yes No
- h. Predict outcomes Yes No
- i. Barriers to treatment Yes No

Are the diagnostic and clinical formulation clearly tied to the treatment plan? Defend your answer.

[Top of Page](#)

