Tripler Army Medical Center
Clinical Psychology
Internship Program

CPIP Handbook Excerpt

(Full Handbook and Appendices available upon request for interested applicants)

- Tripler Army Medical Center is the largest medical treatment facility in the entire Pacific Basin.
  Close to 400,000 people are eligible to receive care at the
  Pacific Regional Medical Command’s premier teaching medical center.

Updated 13 September 2017

Tripler Army Medical Center
Department of Behavioral Health GHE
1 Jarrett White Road, Honolulu, Hawaii  96859-5000
<table>
<thead>
<tr>
<th>Section</th>
<th>Subject</th>
<th>Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APA CoA, SoA, IR, Section C-27-I, Internship Program Tables</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Foreword, Intro, and Accreditation</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Application Process</td>
<td>6</td>
</tr>
<tr>
<td>I.</td>
<td>TAMC CPIP Organizational Structure</td>
<td>7</td>
</tr>
<tr>
<td>II.</td>
<td>Program Philosophy, Goals, and Objectives</td>
<td>9</td>
</tr>
<tr>
<td>III.</td>
<td>Structure of the Training Year</td>
<td>10</td>
</tr>
<tr>
<td>IV.</td>
<td>Supervision</td>
<td>14</td>
</tr>
<tr>
<td>V.</td>
<td>Progress Evaluations</td>
<td>14</td>
</tr>
<tr>
<td>VI.</td>
<td>Self-Assessment and Program Evaluation</td>
<td>16</td>
</tr>
<tr>
<td>VII.</td>
<td>Program and Leadership Responsibilities</td>
<td>17</td>
</tr>
<tr>
<td>VIII.</td>
<td>Department of Behavioral Health Administrative Requirements</td>
<td>18</td>
</tr>
<tr>
<td>IX.</td>
<td>Grievance Procedures: Intern-Staff Relations</td>
<td>19</td>
</tr>
</tbody>
</table>
The following tables are provided in accordance with the 2016 APA Commission on Accreditation, Standards of Accreditation, Implementing Regulations, Section C-27 I Trainee Admissions, Support, and Outcome Data:

**INTERNERSHIP PROGRAM TABLES**

Date Program Tables are updated: **25 AUG 2017**

**Internship Program Admissions**

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

The Tripler Army Medical Center Clinical Psychology Internship Program prepares interns as fully trained professional psychologists capable of fulfilling the duties and responsibilities of an Army Psychologist. As such and in accordance with United States law, applicants must be United States citizens, meet age requirements, undergo a security background check, and meet medical qualification requirements for an active duty Army officer commission prior to being placed on the internship’s APPIC Match ranking list. Our internship program values cultural and individual diversity and strongly encourages qualified candidates from all backgrounds to apply. In keeping with our commitment to diversity, we seek an internship class that represents a wide range of backgrounds, interests, talents, and life experiences.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

| Total Direct Contact Intervention Hours | YES | 500 |
| Total Direct Contact Assessment Hours | YES | 150 |

Describe any other required minimum criteria used to screen applicants:

The TAMC Clinical Psychology Internship Program follows all APPIC policies and procedures for intern selection. Applicants must include the following documents in their APPI application: Graduate transcripts, three letters of recommendation, Curriculum Vitae, and a de-identified written sample of a psychological assessment case including formal psychometrics reflecting actual clinic work. Dissertation Status: Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in January will not be considered. If an applicant completes the proposal after the November program 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.

**Financial and Other Benefit Support for Upcoming Training Year**

| Annual Stipend/Salary for Full-time Interns: | $48560 plus housing and cost of living allowances |
| Annual Stipend/Salary for Half-time Interns: | N/A |

| Program provides access to medical insurance for interns? | YES |

If access to medical insurance is provided:

- **Trainee contribution to cost required?** No
- **Coverage of family member(s) available?** Yes
- **Coverage of legally married partner available?** Yes
- **Coverage of domestic partner available?** No

| Hours of Annual Paid Personal Time Off (PTO and/or Vacation): | 30 days (equivalent to 240 hours) |
| Hours of Annual Paid Sick Leave: | Not accrued but sick leave is allowed when medically indicated |
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?  

Yes in accordance with Army regulations

Other Benefits (please describe): Full medical and dental health insurance, housing allowance, cost of living allowance, access to commissary and post exchange shopping, and a variety of MWR services and equipment. Employer paid life insurance and low cost family life insurance. Employer contribution to retirement plan.

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

### Initial Post-Internship Positions
(Provide an Aggregated Tally for the Preceding 3 Cohorts)

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<tr>
<th>Position</th>
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<td>Community mental health center</td>
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<td>Federally qualified health center</td>
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<td>Independent primary care facility/clinic</td>
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<td>University counseling center</td>
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<td>Veterans Affairs medical center</td>
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<td>Military health center</td>
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<tr>
<td>Academic health center</td>
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<td>Other medical center or hospital</td>
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<td>Psychiatric hospital</td>
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<td>Academic university/department</td>
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<td>Community college or other teaching setting</td>
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<td>Independent research institution</td>
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<td>Correctional facility</td>
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<tr>
<td>School district/system</td>
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<tr>
<td>Independent practice setting</td>
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<td>Not currently employed</td>
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<td>Changed to another field</td>
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2013-2016

Total # of interns who were in the 3 cohorts: 17
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree: 0

FOREWORD

This handbook includes detailed information about the Tripler Army Medical Center (TAMC) Clinical Psychology Internship Program (CPIP). Faculty and staff work passionately and continuously to improve the program. As a result, the handbook is always a “work in progress.” Every effort is made to implement changes with equity and without compromising the accreditation, integrity, and fundamental program anchors.

INTRODUCTION

The Department of Behavioral Health (DBH) at Tripler Army Medical Center (TAMC) began our Clinical Psychology Internship Program (CPIP) in 1990. The program prepares interns as fully trained professional psychologists capable of fulfilling the duties and responsibilities of an Army Psychologist. 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 and eligible to commission as Army officers. The internship is an intensive, full-time, 12 month program which begins mid-October each year. Military interns will attend the Basic Officer Leader Course (BOLC) at Fort Sam Houston from June to late September prior to beginning the internship. Each year we accept 5-6 full-time military interns who enter active duty as commissioned officers at the rank of Captain. Military interns will incur a 3-year Active Duty Obligation (ADO) for the first year of participation, or portion thereof, in the program. Military interns will incur an additional ADO of one-half year for each half-year, or portion thereof, for participation in excess of 1 year. The ADO begins after graduation and upon licensure. Military interns receive basic pay of $4,046.70 per month for new Army Captains. In addition to basic pay, Captain’s receive Basic Allowance for Housing (BAH) and Overseas Cost of Living Allowance (COLA) based on number of dependents and time in service. For example, new Army Captains with no dependents receive approximately $2841 BAH and $636 COLA. Pay and allowance rates for those with prior military service and/or dependents can be found at these sites:
http://www.defensetravel.dod.mil/site/bah.cfm. All pay rates are current as of Jan 1, 2017. The Army also offers the Health Professions Scholarship to assist with the cost of graduate school. For more information on this program, please go to http://www.goarmy.com/amedd/education/hpsp.html

The Director of the Clinical Psychology Internship Program is MAJ Jim Butcher, Ph.D. Preferred method of contacting the program jimmie.j.butcher.mil@mail.mil or you may call MAJ Butcher at 808-433-2990.

ACCREDITATION

The TAMC Clinical Psychology Internship Program is accredited by the APA Commission on Accreditation, 750 First Street NE, Washington, DC 20002-4242, phone: 202.336.5979 and participates in the Association of Psychology Postdoctoral and Internship Centers (APPIC) selection process, 17225 El Camino Real, Suite #170, Houston, TX 77058-2748, phone: 832.284.4080.
APPLICATION PROCESS

The TAMC Clinical Psychology Internship Program follows all APPIC policies and procedures for intern selection. Applicants must register for the Match using the registration system on the Match website at: natmatch.com/psychint. APPIC Match dates can be found at: https://www.appic.org/Match/About-The-APPIC-Match/APPIC-Match-Dates. In accordance with APPIC Match policy, 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.

Application Deadline: November 19, 2017

Diversity - Our internship program values cultural and individual diversity and strongly encourages qualified candidates from all backgrounds to apply. In keeping with our commitment to diversity, we seek an internship class that represents a wide range of backgrounds, interests, talents, and life experiences. It is the policy of our internship and the Army to provide equal opportunity in employment for all qualified applicants, and prohibits discrimination based on race, color, religion, gender, gender identity, national origin, age, disability, sexual orientation, or status as a parent. In accordance with United States law, applicants must be United States citizens and meet age, security background, and medical qualification requirements for an Army officer commission prior to being placed on the internship’s APPIC Match ranking list.

Number of Anticipated Positions: 6
No civilian positions available, all interns will become commissioned Army officers.

All applicants will be military applicants going through the central Army selection process. Submit the online APPI including all supporting documents and confirmation of approved proposal for dissertation prior to the application deadline. Applicants will work with an AMEDD recruiter in meeting application requirements. Contacting a 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. Find the nearest recruiter at www.goarmy.com or 1-800-USA-ARMY.

Dissertation Status: Applicants who have not successfully defended their doctoral or clinical research project proposal prior to the CPIP board in January will not be considered. If an applicant completes the proposal after the November program 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 (There are no exceptions to this policy):

MCHK-BH, B-Wing, Room 4B-108
Department of Behavioral Health GHE
Clinical Psychology Internship Program Director
Tripler Army Medical Center
1 Jarrett White Road Honolulu, HI 96859-5000

Applicants must upload into the AAPI the following documents in addition to APPIC Match minimum requirements: Graduate transcripts, three letters of recommendation, curriculum vitae, and a de-identified written sample of a psychological assessment case including formal psychometrics reflecting actual clinic work. Interns who do not submit all materials as per above will not be considered.
I. TAMC CPIP ORGANIZATIONAL STRUCTURE

TAMC CPIP RELATIONSHIP WITH TRIPLER ARMY MEDICAL CENTER LEADERSHIP. The Hospital Commander is the ultimate authority for all TAMC activities, including the TAMC CPIP. All TAMC graduate training programs, including CPIP, are governed by the Graduate Medical Education Committee (GMEC) under the oversight of the Chief, Directorate of Health Education and Training.

A. TAMC CPIP ORGANIZATION

1. The Chief, Department of Behavioral Health (DBH) maintains overall responsibility for the quality and conduct of TAMC CPIP. The Chief, DBH obtains and allocates needed resources for accomplishing the training mission. The Chief, Psychology Graduate Training reports directly to the Chief, DBH and is responsible for all DBH Psychology graduate training programs. These include: Clinical Psychology Fellowships, Clinical Psychology Residency, Clinical Psychology Internship, and Clinical Psychology Practicum programs. The CPIP Director of Training (DOT) is responsible for all CPIP operations and reports to the Chief, Psychology Graduate Training. CPIP training supervisors are highly qualified doctoral level psychologists within the Department of Behavioral Health who provide direct supervision to interns within their respective service delivery areas. They are formally appointed as training supervisors by the CPIP DOT and work closely with the CPIP DOT for all internship matters. The CPIP faculty committee is comprised of the CPIP DOT and CPIP formally appointed training supervisors and acts as a formal body responsible for planning, implementation, and evaluation of the program (see Appendix A for a complete list of all CPIP training supervisors). Training supervisors report to their service Chief for all service and personnel specific matters. The Psychology Medical Educational Coordinator provides a broad range of administrative and logistical support integral to all functions of the internship program to include coordination with accreditation agencies, outside agents, and government agencies as well as document maintenance, training support, administrative support, among other activities.

2. The CPIP DOT is directly responsible for the quality and conduct of the program. The CPIP DOT advises the Chief, DBH on accreditation issues and serves as a liaison between TAMC CPIP and the APA Committee on Accreditation (CoA) to ensure the program remains in compliance with accreditation requirements. The DOT also serves as the liaison between TAMC CPIP and the interns’ various academic institutions. The DOT works with the TAMC CPIP faculty committee to develop, implement, and evaluate all training activities and serves as the chair for the CPIP faculty committee meetings. They direct intern recruitment and selection procedures and participates on selection boards. In collaboration with the faculty committee, the DOT devises the curriculum and publishes the training schedule consistent with the goals and objectives of the program. The DOT oversees recruitment and scheduling of guest speakers/consultants to provide the expertise needed to meet training goals. They coordinate with the directors of the individual rotations to ensure that interns are receiving appropriate clinical experiences and supervision. The DOT devises valid means and procedures for assessing intern progress and facilitates feedback to interns regarding their individual strengths and needed areas of improvement. They are responsible for CPIP program improvement and oversee the graduate education coordinator in keeping of documentation of interns’ academic preparation, clinical activities, evaluations, and other matters relevant to training. The DOT prepares correspondence to interns’ graduate schools and corresponds with individuals seeking information about the program or its graduates. The DOT prepares the annual and re-accreditation self-studies required to maintain APA accreditation, documents that accreditation requirements have been
met, prepares and monitors all materials related to APPIC and National Match Service (NMS), and prepares the training budget for the internship and monitors expenditures. The DOT serves as an advisor and mentor to the intern and is the program final approving official for intern absences and leave requests.

3. Rotation Directors are the lead training supervisor for each CPIP training rotation. Rotation directors serve as the primary point of contact between the DOT and rotation training supervisors and staff. Rotation directors develop rotation training experiences in accordance with the governing philosophy, goals, and structure of the overall program and in accordance with input from the DOT and faculty. They, in conjunction with the DOT, are responsible for ensuring that training supervisors working within their rotations are in compliance with the policies of this handbook including, but not limited to: ensuring rotation supervisors have clearly defined requirements for successful completion of the rotation at the beginning of the rotation; ensuring supervisors have provided adequate resource references and materials to maximize the possibility of intern success as well as quality patient care; and ensuring supervisors have and continue to provide structured, challenging, engaging, and professionally nurturing supervisory relationships tailored to the individual interns’ developmental needs.

4. Training supervisors are the “front line” of the CPIP training program. Training supervisors are highly qualified, licensed, credentialed, doctoral-level psychologists who have primary professional (clinical) responsibility for the cases on which they provide supervision. They are responsible for reviewing the scientific and empirical bases for the professional services delivered by the interns. Training supervisors serve as professional role models to the interns. They are responsible for daily oversight of their assigned interns’ clinical and administrative activities, oral and written evaluations, and establishment of supervisory relationships in accordance with relevant APA codes of ethics. Training supervisors are formally appointed by the DOT and serve on the CPIP Faculty Committee. Training supervisors are also referred to as CPIP “Faculty.”

5. Adjunct training supervisors are other appropriately licensed and credentialed behavioral health professionals who participate in the training program by providing didactics, specialized subject matter expertise, clinical supervision consistent with their expertise, etc. Adjunct training supervisors are required to adhere to all minimum standards of professional conduct, supervisory relationships, and competency standards required of all training supervisors. Adjunct training supervisors may be formally appointed by the DOT or work as ad hoc supervisors. They do not serve on the CPIP Faculty Committee but may sit on the Committee as needed for specific purposes such as temporarily covering for a faculty member or working on special projects. Adjunct training supervisors are also referred to as CPIP “Adjunct Faculty.”

6. The Chief Intern (assigned as a rotating duty among all the interns) works directly with the DOT to fulfill the role of class leader and as a key liaison between interns and the Faculty Committee. They are responsible to ensure that all program management tasks delegated to interns are completed in a timely manner.

7. The CPIP Faculty Committee meets a minimum of twice a month. Membership of the committee consists of the CPIP DOT and all formally appointed training supervisors. The Chief Intern, acting as the intern class representative, will attend the first portion of the meeting to present any intern concerns to the faculty. The Committee provides guidance, planning, and ongoing evaluation of the program and assists in formulating policy, program development, and designing the curriculum.
II. PROGRAM PHILOSOPHY, GOALS, AND OBJECTIVES

A. PHILOSOPHY

1. 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 meets interns at their individual level of professional development and provides opportunities through which existing skills are developed and refined.

2. The TAMC CPIP believes that meeting interns at the point of individual need is an essential component of our training. Discovering “the point of need” is a faculty and intern responsibility. Interns come to the program with a variety of different pre-internship training experiences, areas of expertise, strengths, and areas of improvement. To accurately assess individual needs, interns will participate in a comprehensive evaluation during orientation that will assess interns’ beginning knowledge, skills and competencies that will then be used as a guide as we challenge them in a graduated and structured manner throughout the training year.

3. Training supervisors seek to establish structured, challenging, engaging, and professionally nurturing supervisor-supervisee relationships for the purpose of helping interns feel comfortable with sharing individual strengths and weaknesses. As supervisors and interns continue to understand interns’ strengths and weaknesses as they progress, supervisors ensure they are setting appropriate successive challenges for professional development while guiding the intern toward resources that facilitates intern success.

4. The program is dedicated to attract and retain diverse interns and training supervisors from various backgrounds. Aspects of diversity include, but are not limited to: age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and social economic status.

B. GOALS

1. The primary goal of the training program is to ensure that interns achieve and are able to demonstrate competency at the “readiness for practice” level of the sixteen health service psychology competencies (Appendix B) developed by the Health Service Psychology Education Collaborative (HSPEC), APA (2013) by the end of their internship experience.

2. Interns are expected to challenge themselves and immerse themselves in the variety of training opportunities offered them to take full advantage of the robust training curriculum. Graduates of the training program will be well prepared to function as fully trained, professional psychologists as they seek employment, gain additional postdoctoral supervision, or compete for postdoctoral fellowships.

C. OBJECTIVES

1. The following objectives are utilized to achieve the program’s primary goal: Recruit and select a diverse range of qualified interns; provide adequate financial, logistical, and administrative support; maintain a supportive learning environment; maintain a climate of respect for cultural
diversity and individual differences; engage in ongoing program evaluation and quality improvement efforts; maintain adequate records; provide adequate, regularly scheduled supervision by a diverse body of highly competent, experienced, and motivated training supervisors; provide interns robust, graded in complexity, training experiences that are primarily service delivery based and are primarily learning-oriented in nature; and employ an evaluation process that accurately identifies interns’ progress in competency development, allows for intern feedback, and yields measurable outcome data.

III. STRUCTURE OF THE TRAINING YEAR

A. TRAINING HOURS

1. Interns receive a minimum of 2000 hours of supervised experience across a 12 calendar month training year. This meets training requirements for various state license boards and the National Register of Health Service Providers in Psychology.

2. Typical duty hours are 0700 hours to 1630 hours Monday through Friday and will fluctuate according to variations between rotation and clinic operating hours. Interns are responsible for knowing varying clinic hours to ensure they are present for duty for each rotation and training experience. In order for interns to obtain maximum training value, including assigned and self-identified reading, a minimum of 50 or more hours per week spent at the training site is often necessary.

3. Military interns may not "call in sick." To be excused from duty, a military intern must provide documentation from a military approved health care provider. In the event of extended illness or excessive leave, extension of the 12 month internship training period may be required following program review and DOT approval.

4. Holidays – The Hospital Commander designates official training holidays which include both Federal Holidays and local training holidays. Formally designated Federal Holidays do not count as internship duty days. Local designated training holidays count as duty days for the internship. Interns who have completed their dissertations, or are at a point with their dissertation in which they are awaiting return of a draft or dissertation defense, have not exceeded maximum days away from internship detailed in the following section, and meet hospital criteria for the day off are allowed that time off provided the DOT determines the absence will not interfere with the intern's progress in the program. Time off for local training holidays will be considered a “pass” and governed by the rules described in the following section. Interns who have not completed their dissertations are expected to utilize the time to work on their dissertations as a duty day. A list of the training holidays is available on the TAMC intranet located under the Hospital Commander’s page.

B. ABSENCE POLICY

1. The intern may be absent for no more than a total of 15 duty days of any combination of leave, pass, Temporary Duty (TDY), or Permissive TDY (PTDY) per training year. More days off than this will jeopardize the requirement for 2000 hours of supervised experience. Internship duty days are normally Monday through Friday and do not include weekends or holidays. There may be occasional exceptions for on-call duty or other special duties that fall outside the normal work week. Interns are not permitted to seek employment outside of TAMC.
2. Ordinary Leave/Pass – Within the limits of paragraph one, personal leave (and when appropriate passes) may be granted when, in the judgment of the DOT, the absence will not interfere with the intern's progress in the program. Although military interns accrue paid military annual leave at the rate of 2.5 days per month, they will not be allowed more than the 10 days during the training year. Exceptions due to extenuating or emergency circumstances will be considered but may require an extension of the training year. Prior service officers starting the internship with a quantity of leave that might result in a “use or lose” situation at the end of the fiscal year (excess of 60 days of leave) will still not be allowed to take more than the allowable 10 duty days of leave during the internship. In these cases, officers should ensure they take sufficient leave prior to the start of the program to avoid this problem. Interns will have the opportunity to earn incentive three or four days passes for exceptional APFT performance, blood drives, training achievements, etc., however, these passes will also be considered within the limitation of paragraph one and will only be granted when, in the judgment of the DOT, the absence will not interfere with the intern's progress in the program.

3. TDY and PTDY – Although uncommon, interns may have the opportunity to perform TDY. If the TDY is to attend training as part of the program, there is no effective absence from the program and limits of section one above do not apply. If the TDY is unrelated to the program, limits apply and will only be approved by the DOT for exceptional cases. However, interns may be granted up to 5 duty days of PTDY for the purpose of attending professional workshops, meetings, presentations or for other professional activities such as dissertation defense or graduation ceremonies that are determined to contribute to the training goals of the intern or program. PTDYs are at no expense to the government and are not charged against available accrued leave. Approval of PTDY will only be granted when, in the judgment of the DOT, the absence will not interfere with the intern's progress in the program.

4. All requests for leave, pass, TDY, or PTDY must comply with TAMC command leave/absence policies, be submitted 14 days prior to the start date, and be cleared through rotation supervisors and the DOT to confirm that there will be no conflict with the training schedule before being formally submitted to the DOT for final approval.

5. Active participation within each rotation remains a primary requirement. Therefore, in addition to the constraints in paragraph one, interns will not be allowed to miss more than 5 duty days of a single rotation due to any combination of personal leave, pass, TDY, and PTDY. Exceptions due to extenuating or emergency circumstances will be considered but may require an extension of the rotation and/or the training year. The DOT must approve any exceptions.

C. TRAINING ROTATIONS

1. Adult Outpatient Behavioral Health Rotation – Required (12 months, 2 days a week). The Adult Outpatient Behavioral Health Rotation trains the intern to be a well-rounded generalist practitioner informed by relevant research using empirically validated models of intervention. The rotation includes both outpatient and inpatient activities with a diverse adult patient population of varying age, duty status, and ethnic and cultural background. The majority of adult rotation training experiences occur through the treatment of adult active duty service members and their adult family members in an outpatient behavioral health setting. Additional training experiences are offered within a wide range of clinical settings to include inpatient psychiatric ward, emergency/urgent behavioral health service settings, and a variety of specialized clinics as
opportunities arise such as sleep clinic, TBI clinic, or chronic pain clinic among others. The adult rotation has a strong emphasis on assessment that includes experiential and didactic training experiences. The rotation is intellectually challenging and will help interns develop additional professional skills of time management, inter-departmental communication, critical thinking (especially evaluation, analysis, and synthesis), and concise verbal and written communication. Interns will receive a minimum of one hour a week of individual and one hour a week of group supervision (for a total of two hours). Interns will have the opportunity to collaborate with multidisciplinary treatment teams consisting of a wide range of behavioral health providers as well as physicians, nurses, medical students, occupational therapists, support staff, and others. Interns will have the opportunity to act as consultants by performing both routine and time sensitive psychological assessments and case consultations.

2. Child and Family Behavioral Health Rotation – Optional (5 months, 2 days a week). The Child and Family Behavioral Health rotation offers training and experiences with the provision of evidence based assessment and intervention services to children, adolescents, and families with a variety of diagnoses and family challenges. Services are conceptualized and delivered within biopsychosocial, ecosystemic, and behavior change models with mindful incorporation of cultural and developmental issues. Interns will receive a minimum of one hour a week of individual and a minimum of one hour a week of group supervision.

3. Behavioral Medicine Rotation – Optional (5 months, 2 days a week). The Behavioral Medicine rotation exposes interns to a general overview of a hospital-based Behavioral Medicine practice by providing a variety of training opportunities and experiences in this specialty area. The rotation utilizes a systems-oriented, biopsychosocial model to develop practice skills in prevention, assessment and treatment of a number of medical disorders. Direct patient care activities will include the acquisition of skills necessary to provide services to a wide range of medical patients. Specific training in biofeedback-assisted self-regulation and pain management will be emphasized. Interns will receive a minimum of one hour a week of individual and a minimum of one hour a week of group supervision.

4. Neuropsychology Rotation – Optional (5 months, 2 days a week). This rotation offers an introduction to clinical neuropsychology, with a basic foundation, that will provide the interns with the clinical skills to assess patients suspected of having neuropsychological problems and recognize the more common syndromes such as mild traumatic brain injury, postconcussion syndrome, early dementia, and attention-deficit/hyperactivity disorder. An expectation is that by the conclusion of this rotation, the intern will be able to determine when to make appropriate referrals for neuropsychological evaluation and to medical, allied health, and rehabilitation specialties. In addition, the intern will learn to provide neurobehavioral recommendations, treatment suggestions, and patient-family psychoeducation. Interns will typically arrive with varying degrees of preparation in neuropsychology, and every effort will be made to tailor the rotation to the individual's strengths. Interns in this rotation will master the basic tools of a screening battery as well as a comprehensive battery and its application to a wide variety of cases that are available in this major medical training center. There may be opportunities for attending neurology rounds and neuroradiology conferences. Opportunities to obtain training beyond this basic foundation are encouraged and dependent on the individual's rate of learning, initiative, and motivation. Interns will receive a minimum of one hour a week of individual and a minimum of one hour a week of group supervision.
5. **Walk-In Behavioral Health Clinic Rotation** – Required (5 months, 1 day a week). This rotation resides within the Department of Behavioral Health Walk-In Clinic at TAMC. The rotation is a time-intense training experience that will teach the intern professional skills of time-management, prioritizing of psychological interventions, collaborative treatment planning, and efficient case management over a broad range of psychological and medical/behavioral disorders. The interns will also gain competency conducting crisis intervention, brief psychological intervention, and military administrative evaluations through the use of efficient assessment strategies and empirically-based interventions. Interns will have the opportunity to supervise enlisted Behavioral Health Technicians and receive mentorship supervision by Clinical Psychology Residents in the Walk-in Clinic. Interns will be formally evaluated and receive clinical supervision through rotation training supervisors. Interns will receive a minimum of one hour a week of individual or group supervision.

D. OTHER TRAINING EXPERIENCES

1. **Distinguished Speaker Series** – 1-3 days each. The TAMC CPIP sponsors several distinguished guest speakers each year. Examples of past speakers have included: Dr. Ben Porath – MMPI-2-RF, Dr. Alex Llewyellen – ACT, Dr. Charles Hoge – mTBI and PTSD, Dr. Gerald Koocher – Ethics.

2. **CDP/AMEDD C&S Training** – 1-3 days each. Past courses have included CBT-D (Depression), CBT-I (Insomnia), Prolonged Exposure Therapy, Cognitive Processing Therapy, Cognitive Behavioral Conjoint Therapy for PTSD, etc.

3. **DSM-5 Presentations** – Each intern will be responsible for two presentations on DSM-5 diagnostic areas of their choosing (dates and topics to be coordinated at the beginning of the internship year). Presentations will include PowerPoint slides to be shared with the group and are to be 60-90 minutes in length.

4. **Journal Club** – Each intern will be responsible for leading Journal Club four times during the internship year (dates and topics to be coordinated at the beginning of the internship year). Goals for Journal Club include: keeping abreast of new knowledge, promoting awareness of familiarity with current clinical research findings, learning to critique and appraise research, and encouraging research utilization. Leading Journal Club involves selecting a timely, peer-reviewed journal article that addresses the science, training, or clinical practice of psychology; distributing the article to the internship group and adult rotation supervisors; summarizing the article for the group and leading/supporting scholarly group discussion of the article. Article selections must be approved by the intern’s Adult Rotation supervisor.

5. **Case Presentations** – Each intern will be responsible for presenting a clinical case two times during the internship year (dates and topics to be coordinated at the beginning of the internship year). Interns will consult with their Adult Rotation training supervisor to select cases. Cases should be an especially interesting and/or challenging case. Interns will use the Case Presentation and Conceptualization Checklist as a guide (see Appendix C). Interns will receive informal feedback about the presentation immediately following the presentation.

6. **Weekly Didactics** – Interns participate in weekly professional psychology presentations/trainings focused on a variety of topics important to the field (e.g., PTSD differential diagnosis, military medical disability system, sleep disorders, pain management, traumatic brain
injury, specific psychological assessment instruments, military sexual trauma, specialized military psychological assessments, individual and cultural diversity issues, etc.).

7. **Weekly DOT Meetings** – All interns meet with the DOT for one hour each week to discuss military topics, Army Psychology topics, administrative issues, special mentorship topics, etc. Interns may count this supervision experience for one hour of group supervision.

**IV. SUPERVISION**

A. Interns are exposed to a variety of supervisory experiences throughout the year. Across the internship, each intern will receive a minimum of 4 hours of supervision per week, 2 of which will be individual face to face supervision. See preceding Training Rotation section for specific hours. Interns are responsible to monitor and document their supervision hours.

B. CPIP training supervisors (faculty) are responsible to ensure clinical supervision of psychology interns by a designated training supervisor or appropriately approved and qualified alternate. Rotation directors and training supervisors assigned within those rotations function as the primary supervisors for interns assigned to their rotations. Rotation training supervisors are available to provide immediate supervision when interns perform clinical care. Interns must have their clinical supervisor (or in emergencies the most immediately available licensed and credentialed behavioral health provider) provide direct evaluation and oversight of all high risk patients (suicidal, homicidal, or other high risk) prior to these patients leaving the clinical setting. All supervision of interns will comply with current APA ethical standards.

C. Flexibility in supervision is allowed such that other training supervisors may participate when expertise or other factors become relevant. However, responsibility for supervision continues to rest with the rotation training supervisor responsible for the patient and the intern.

D. All intern written products will be formally reviewed, co-signed, or signed by the appropriate training supervisor clinically responsible for the patients seen in the respective rotation’s service area.

E. All faculty are also encouraged to serve as intern mentors. As mentors, faculty help interns develop professionally in a supportive, collaborative environment. These relationships may become long-term and can extend beyond the internship if the intern and mentor so desire. Interns are also encouraged to seek out other professional mentors during the training year in addition to their training supervisors however these mentorships may not circumvent clinical and military supervision.

F. The DOT serves as a mentor and the military advisor for all interns. As such, the DOT assists the intern in their adjustment to the internship and the military to optimize the training experience. In addition, the DOT monitors the overall progress of each intern within the program.

**V. PROGRESS EVALUATIONS**

A. **Basic Skills Evaluation** – A comprehensive initial evaluation of intern skills is conducted at the beginning of the training year. This evaluation serves to provide a baseline of intern strengths and weaknesses and help faculty develop rotation and training recommendations.

B. **Rotation Intern Competency Evaluation** – Rotation Intern Competency Evaluations (Appendix D) are conducted at approximately quarterly intervals and evaluate interns’ progress in achieving
competency at the “readiness for practice” level of the sixteen health service psychology competencies developed by the Health Service Psychology Education Collaborative (HSPEC), APA (2013). Scores are based on competency “developmental expectations,” in other words, where the supervisor expects the intern to be developmentally at the point of measurement which may be quarter-way, mid-way, or at the end of internship. While scores or “2” or “3‘ are acceptable through the internship year, a final score of “3” is required in all domains by the end of internship and indicates the intern has achieved a “readiness for entry to practice” skill level in the evaluated domain upon internship completion. A score of “4” indicates competency above normal developmental expectations. A score of “2” is defined as a minor deficiency and indicates performance slightly behind developmental expectations requiring only minor additional supervision or rotation level remediation. Some scores of “2” are expected in the early phases of internship. However, competency rating scores of “1” indicates performance well below developmental expectations and requires significant remedial work. See section X for further clarification.

C. Rotation Agreement – At the beginning of each rotation training experience, interns and supervisors will review and sign a rotation agreement for each training rotation. The agreement will provide: a rotation overview; describe rotation expectations, requirements, and learning objectives; clarify supervision hours; and explain evaluation procedures.

D. Transition to Practice Exercise (TPE) – TPEs are conducted orally with several internship faculty or appropriately experienced licensed clinical psychologists. These exercises are completed three times a year: baseline, 4 months, and 8 months, with an optional final TPE if warranted. During these exercises, the intern’s ability to demonstrate case conceptualization, diagnostic, treatment planning, risk assessment, and ethics competencies is assessed. After a 40 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 or less case presentation to the evaluating faculty. TPEs follow a developmental course across the training year. Interns will be provided structured guidance of what to include in the first TPE presentation but will receive no formal guidance regarding specific information to include in the final TPE. TPE instructions, format, and scoring sheet are provided in Appendix E. TPE scores inform supervisors and faculty of relative strengths and weaknesses that can assist faculty in modifying or developing alternate training plans. Serious TPE deficiencies may result in remedial TPEs as needed.

E. Periodic Review – Faculty may, at their discretion, randomly evaluate all work samples (e.g., chart reviews) to assist them in assessing interns’ competency development.

F. Army Officer Evaluation Report (OER) – All military interns will receive an OER as a function of military officer service. The Army OER functions as a performance evaluation of the intern’s professionalism, officer competencies, attributes, values, and the intern’s potential for continued military service. While the Army OER will refer to the intern’s performance during the internship, the focus is on Army officership rather than strictly clinical competency performance. The rater is typically a military supervisor and the senior rater a senior military supervisor, both within the Department of Behavioral Health. All military interns will prepare an Officer Evaluation Support Form within 30 days of assuming internship duties.

G. Physical Fitness, Height and Weight – All military interns are required to meet Army physical fitness and height/weight requirements. Physical fitness and height/weight requirements will be assessed formally at least two times a year and informally as needed. Failure to meet minimum Army physical fitness and/or height/weight standards is a serious matter and will be addressed by the
The intern’s military chain of command. The Student Company Commander is the proponent for the Army Physical Fitness Test (APFT). Interns who do not pass a company level recorded APFT are required to participate in a daily, mandatory physical training program until they pass the APFT.

VI. SELF-ASSESSMENT AND PROGRAM EVALUATION

A. Weekly DOT meeting – Continuous input from the psychology interns regarding the quality of the Internship Program is desired and encouraged throughout the program. The weekly DOT meeting provides an informal venue well suited for interns to bring internship concerns or ideas to the DOT.

B. Intern Evaluation of Rotation – Interns will complete formal End of Rotation evaluations (Appendix F) at the conclusion of each rotation. These evaluations provide the intern an opportunity to provide detailed feedback about their rotation experience. For rotations ending mid-year in which the intern will have continued interaction with the rotation supervisors, interns are allowed to delay completion of rotation evaluations until the end of the training year. These evaluations are not confidential however, interns are encouraged to provide frank, honest feedback regarding their experience in order to assist program improvement efforts. Interns are also encouraged to provide verbal feedback throughout the rotation period.

C. Intern Evaluation of Training Supervisor (Faculty) – Interns will complete training supervisor evaluations (Appendix G) for each training supervisor at the conclusion of the training year. These evaluations are not confidential however, interns are encouraged to provide frank, honest feedback regarding their experience in order to assist program improvement efforts.

D. Intern Evaluation of Internship – In addition to Rotation Evaluations, interns will complete formal Internship Evaluations (Appendix H). These evaluations provide the intern an opportunity to provide detailed feedback about their overall internship experience. These evaluations are not confidential however, interns are encouraged to provide frank, honest feedback regarding their experience in order to assist program improvement efforts. Interns are also encouraged to provide verbal feedback throughout their training year.

E. End of Training Year Formal Feedback Briefing – In addition to the aforementioned evaluations, interns will participate in an off-site feedback retreat at the end of the training year. During this retreat, interns prepare a feedback briefing that will be formally presented to the faculty at an arranged date. The briefing should include an assessment of the intern class’s overall training experience such as strengths and weaknesses as well as recommendations of areas to sustain and areas needing improvement or modification.

F. Workshop/Seminar Evaluations – As will all participants, interns will complete course evaluations at the completion of each special workshop. These evaluations will assist in assessing training effectiveness and assist faculty in developing future training events.

G. Former Intern Distal Survey – Graduates of the Tripler Army Medical Center Clinical Psychology Internship Program will be contacted at one and three year post-graduation intervals and asked to complete a post-graduation survey (Appendix I). This survey provides important feedback to the faculty such as progress of the graduate toward specified professional goals, and their adjustment to independent professional life.

VII. PROGRAM AND LEADERSHIP RESPONSIBILITIES
A. Interns will be provided an electronic version of this handbook upon start of internship. Interns are expected to read the handbook in its entirety and comply with the standards described within. Interns will acknowledge receipt by signing Appendix J and returning to the DOT.

B. Interns are expected to develop leadership skills throughout their tenure through a variety of activities and experiences. Interns should refer to their initial counseling, the Army Values, APA Ethical Standards, and Army leadership publications to inform and guide their experiences. Interns are expected to demonstrate leadership and professionalism as they interact with other health care professionals in all settings. Interns are expected to collaborate with departmental leadership to improve the quality of the department as well as the program.

C. Chief Intern – Each intern will serve as the Chief Intern for a specified period of time designated by the DOT. Duties of the Chief Intern include but are not limited to:

1. Attend the first portion of all routine Faculty Meetings to represent your class of interns.

2. Disseminate taskings from the DOT to the interns.

3. Act as an information liaison between the interns and the DOT and the Faculty.

4. Coordinate formal and informal training and social activities for interns.

5. Perform other duties as directed by the DOT.

D. Supervision – Interns will be provided opportunities to supervise behavioral health care technicians and to provide didactics, conduct command briefings, and share information with other health care professionals. Interns are expected to conduct themselves with the highest standards of professionalism and adhere to all military regulations and APA ethical standards in any supervisory, consultation, or training setting.

E. Ethical Standards – In addition to monitoring their own behavior, interns are expected to be promptly address and report as needed any violations of regulations, policies, professional conduct, or ethical standards they witness or become aware of in any setting.

F. Program Improvement Projects – Interns will develop a program improvement project to complete during their internship year. The project may be an independent project or a collaborative project with other staff or providers. The DOT must approve all program improvement projects.

G. Distinguished Visitor Host – Interns will also have the opportunity to develop leadership skills by acting as host to distinguished visitors. Many distinguished visitors are highly regarded, prominent experts in our field and hosting the distinguished visitor allows interns special access to the visitor that will greatly enhance their training experience. Further, the internship program takes great pride in a long history of striving to make the visitor feel welcomed and appreciated, and extend the “aloha spirit.” Interns are assigned on a rotating basis to take on this role. The following are generally part of hosting a visitor but may vary depending on visitor needs:

1. Arrange to pick the visitor up at the airport if desired. (By phone or e-mail prior to arrival)
2. Transport the visitor from the hotel to Tripler and back on the days of the workshop.

3. Make arrangements for a dinner with the visitor and staff/interns. (For Thursday/Friday workshops, dinner is usually on Thursday nights.) This would include deciding on a restaurant, getting a headcount and making reservations, as well as transporting the visitor to and from the restaurant as needed.

4. Prepare and present an introduction of the visitor and present a lei to the visitor on the first day of training.

5. Interns are encouraged to share various hosting duties among the other interns but it is the responsibility of the designated intern host to ensure each duty is coordinated.

6. Interns will not be concerned with nor discuss continuing education or contracting issues with the visitor. If these issues arise during hosting, the intern will refer the visitor to the NCOIC, DOT, or Psychology Medical Education Coordinator.

VIII. DEPARTMENT OF BEHAVIORAL HEALTH ADMINISTRATIVE REQUIREMENTS

A. DMHRSi – DMHRSi is a MEDCOM work hour production tool that all staff including interns will complete bi-weekly. Refer to local policies for specific procedures.

B. Patient Care Documentation – Interns will comply with existing clinic, local, and MEDCOM policies and procedures to schedule appointments, communicate with patients electronically or through email, document clinical care, place medical consults, etc.

C. Licensure Log – Interns are responsible to maintain statistics for end of rotation feedback, graduate program special requirements, and licensure regarding number of patients seen, supervision hours, didactic training time, case presentation, and whatever other requirements are necessary for licensure in respective state of interest.

D. Administrative Paperwork for Credentials Department – Interns will be expected to seek licensure at a point soon after graduation and pass of EPPP. Interns will be required to seek Hospital credentials as in independent provider upon licensure and will complete all necessary paperwork to achieve credentialing.

E. Treatment Room Reservations – Interns will comply with treatment room reservation policies specific to each clinic service they work within. Problems with treatment room access will be brought to the attention of the rotation training supervisor.

F. Psychological Testing Supplies – Interns will be responsible for the ethical usage, storage, and accounting of all psychological testing equipment and supplies. Interns will monitor usage and notify staff when shortages are observed or when discrepancies in accounting are discovered.

G. Hospital Safety – Interns will be expected to comply with all local and MEDCOM policies, procedures, and regulations governing hospital and patient safety. Interns are encouraged to actively participate in hospital trainings and ensure they understand emergency procedures.
IX. GRIEVANCE PROCEDURES: INTERN – STAFF RELATIONS

A. COMPLAINTS AND GRIEVANCES RELATED TO TRAINING. Tripler Army Medical Center Clinical Psychology Internship Program is committed to providing interns with a fair and effective learning environment. All policies, procedures, education, training, and socialization experiences are expected to uphold the values of mutual respect and courtesy between interns and training staff. If an intern believes that he/she is being treated unfairly, or that a faculty member is violating applicable APA ethical codes of conduct related to student-faculty relationships, he/she should seek resolution of the problem by following the listed procedures:

1. When an intern has a grievance with a faculty member or supervisor, the intern should initially attempt to resolve the issue with the faculty member or supervisor concerned.

2. If the intern cannot resolve the grievance with the faculty member or supervisor, the matter should be brought to the attention of the DOT. The DOT reviews the problem with the intern and appropriate faculty member to attempt to resolve the grievance informally. If the intern has a grievance against the DOT and is unable to satisfactorily resolve the issue with the DOT, the intern should speak to the Chief, Psychology Graduate Training. In cases where the CPIP DOT and Chief, Psychology Graduate Training are one and the same, the intern should speak to the Chief, DBH.

3. If the grievance cannot be resolved informally, the DOT (Chief, DBH Chief, Psychology Graduate Training for DOT issues) reviews the grievance with the faculty at the next faculty meeting or within 7 working days, whichever is sooner. The DOT, in consultation with the faculty, makes recommendations for resolving the grievance. These recommendations are discussed with the intern.

4. If the intern wishes to formally challenge a probationary action or training decision, the following grievance process and timeline will be initiated:

   a. Departmental Remediation or Other Intra-Departmental Decision

      1) The intern must, within five (5) workdays of receipt of the contested decision, inform the DOT, in writing, of such a challenge. When a challenge is made, the intern must provide the DOT information supporting the intern’s position or concern.

      2) Within three (3) workdays of receipt of this notification, the DOT will initiate a review panel. The panel will consist of three faculty members selected by the DOT.

      3) Within five (5) workdays, a hearing will be conducted in which the challenge is heard and relevant material presented. The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. Within three (3) workdays of the completion of the review, the review panel submits a written report to the DOT, including any recommendations for further action. Recommendations are based on faculty majority vote.

      4) Within three (3) workdays of receipt of the recommendation, the DOT will either accept or reject the review panel's recommendations. If the DOT rejects the panel's recommendations, due to an incomplete or inadequate evaluation of the dispute, the DOT
may refer the matter back to the review panel for further deliberation and revised recommendations or may make a final decision.

5) If referred back to the panel, they will report back to the DOT within five (5) workdays of the receipt of the DOT’s request of further deliberation. The DOT makes a final decision within three (3) workdays regarding the action that is to be taken. The DOT informs the intern and the faculty of the decisions made.

b. **Hospital Probation:** When the DOT submits a request to the Graduate Medical Education Committee (GMEC) that the intern be placed on hospital probation, that committee’s due process and grievance procedures are followed (see section X below).

5. When a training grievance or dispute has not been resolved to the intern's satisfaction, he or she has the option of appealing to the Chief, Directorate of Health Education and Training (DOHET).

B. **COMPLAINTS AND GRIEVANCES NOT RELATED TO TRAINING.** This includes pay and personnel issues, sexual harassment, discrimination, etc.

1. Interns are encouraged to first discuss any administrative issue with the DOT. Issues can best be resolved at this level and every effort will be made to come up with a mutually agreeable solution.

2. If the intern is unable, for whatever reason, to resolve the grievance through the chain of command, they are encouraged to seek assistance through one or more of the individuals listed below, depending on the nature of the complaint.

   • TAMC Chaplain, 433-5727
   • TAMC Equal Opportunity Advisor, 433-5813
   • TAMC Inspector General (IG), 433-6619
   • TAMC Staff Judge Advocate (SJA), 433-5311
   • TAMC Military Personnel Officer, 433-9163
   • TAMC Provost Marshall, 433-6671
   • TAMC Student Company Commander, 433-1243