

Clinical Psychology Internship



2012-2013 Internship Program Brochure

**Malcolm Grow Medical Clinic
Joint Base Andrews, MD**

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

Training experiences include:

**Outpatient Mental Health
Clinical Health Psychology
Primary Care Psychology
Basic Neuropsychology
Prevention and Outreach
Emergency Department Consultation
Aerospace and Deployment Psychology
Substance Abuse Prevention and Treatment**

**Accredited by the American Psychological Association since 1988
Member, Association of Psychology Postdoctoral and Internship Centers**

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

Our internship accepts eight applicants who, upon graduation, will enter a guaranteed clinical psychology positions in the United States Air Force.

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

We received our latest 7-year re-accreditation by the APA's Commission on Accreditation (COA) in July 2008 and have been accredited by APA since 1988. The APA COA is located at 750 1st Street NE, Washington DC, 20002 and can be reached at 202-336-5979.

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

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

Our program code for the National Matching Service match is 134311 and the name is Malcolm Grow USAF Medical Clinic.

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****In compliance of DoD Web Policy and for the safety of all staff members – names, affiliations, and locations are provided by request only. See Page 22 for details and contact information to obtain this list.***

Quick facts about Malcolm Grow Internship

- ❖ Accredited by the American Psychological Association (APA) since its first year of existence in 1988 and recently received full 7-year accreditation (July 2008- July 2015). See APA contact information on page 11.
- ❖ Scientist-practitioner and empirically based training/practice model.
- ❖ Collegial, full-time psychology faculty of 14 covering a wide range of specialties and interests.
- ❖ Experience with diverse patient populations presenting a wide variety of problems.
- ❖ “State of the science” training in Adult Psychological Assessment/Treatment, Clinical Health Psychology, Integrated Primary Care, Neuropsychological Screening/Testing, Substance Abuse, Community Outreach/Prevention plus unique elective rotations.
- ❖ Training and experience in clinical supervision to psychology practicum students from a local graduate program.
- ❖ Training in leadership, program development and management.
- ❖ Opportunities exist to develop research projects utilizing an array of archival data options and participate in ongoing faculty research.
- ❖ Supervision rated as outstanding in both quantity and quality by program alumni.
- ❖ Training and experience in operational and aviation psychology applications.
- ❖ Extensive didactic program including Distinguished Visiting Professors (DVPs) of national reputation.
- ❖ Immediate post-residency employment with high levels of professional autonomy, and the opportunity to develop leadership and management skills that greatly enhance competitiveness for future positions.
- ❖ Excellent preparation for either an Air Force or civilian career in psychology.
- ❖ Rank, pay and benefits of an Air Force Captain: large salary, including tax free housing and food allowances, medical and dental benefits for the member and full medical coverage for the family, discounted shopping privileges; inexpensive life insurance and family dental package, 30 days paid vacation plus ten federal holidays per year. For current pay and benefit information, see the military active duty basic pay chart (<http://www.defenselink.mil/militarypay/pay/index.html>). Salary based on officer pay grade O-3 with <2 years of service and includes base pay as well as tax free subsistence and housing allowances (use zip code for Joint Base Andrews, 20762). See page 6 for specific instructions for calculating compensation.
- ❖ Opportunities for paid post-doctoral fellowships available in Clinical Health Psychology, Child Psychology, Psychopharmacology, Neuropsychology, Forensic Psychology, and Operational/Aviation Psychology.

AIR FORCE INTERNSHIP PROGRAMS

The United States Air Force (AF) offers up to 28 fully-funded one-year internship positions in clinical psychology. Internships are available across three training sites, each located in Air Force medical treatment facilities: Malcolm Grow, Wilford Hall and Wright-Patterson. All three internship programs are APA-accredited.

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

ELIGIBILITY CRITERIA

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

- a. Be a U.S. citizen.
- b. Meet the requirements for commissioning in the United States Air Force, including an Air Force physical examination.
- c. Satisfactorily complete all academic and practica requirements for a Ph.D. or Psy.D. in clinical or counseling psychology from an **APA-accredited graduate program** (Air Force Instruction 44-119, 7.8.2.1). This includes, at a minimum, the completion of preliminary and comprehensive examinations.
- d. Must be certified as ready for residency by their program Director of Clinical Training.
- e. Committee approval of the dissertation proposal is **mandatory** before entering active duty and beginning the residency. Since dissertation progress is a factor in the selection process, we recommend that the proposal be approved by the time one submits his/her application and at minimum before internship match day. Completion of the dissertation prior to residency is **strongly** encouraged to allow for full participation in the wealth of experiential opportunities available during the residency. Those residents who have not completed their dissertation are expected to continue to consistently work toward completion and to utilize the dissertation elective rotation.
- f. Complete a minimum of 500 face-to-face hours of supervised practicum experience by the time the application is submitted.

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

NON-DISCRIMINATION AND EQUAL OPPORTUNITY

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

AFRS Procedural Guidance Message (PGM). In addition, recruiters will screen for medical issues and facilitate the applicant's physical exam with a physician.

POST INTERNSHIP PROFESSIONAL DUTIES

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

BENEFITS

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

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

Note basic pay will increase according to the pay schedule during the 3 years following residency. To calculate pay rate changes, go back to #1 above and look at the pay for 2 years of service (this will be your pay rate one year out of residency) and for 3 years of service (this will be your pay rate at 2 years out of residency). These rates are current as of now, however, these pay rates are typically increased by cost of living adjustment each year. Therefore, the basic pay figure may increase a couple of percentage points by the time residents enter the program and the future pay

rates will be higher as well. Housing allowances are also re-evaluated regularly so this figure may increase by the time of entry.

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

ADMINISTRATIVE SUPPORT

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

The MH Flight ensures that the internship has needed resources to support the training and clinical missions; including office space, computers, telephones, and office supplies. All residents and staff are provided with newly renovated individual offices designed to be welcoming and of sufficient size to comfortably interact with clients. Offices are located on the fourth floor of the hospital with windows with scenic views. Each office is fully furnished with modern modular desks, book shelves, adjustable high quality office desk chairs and two client chairs and is equipped with a networked computer and telephone with voicemail.

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

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

SCHEDULE, VACATIONS & HOLIDAYS

The internship year is preceded by a five-week course at Maxwell AFB in Alabama. This course serves as an introduction to the Air Force and the Air Force Medical Service and is called Commissioned Officer Training (COT). COT is designed to prepare medical, chapel and legal professionals to understand core aspects of officership. This course does NOT provide training specific to psychology. During this time (typically late June/early July to late July/early August), new residents obtain uniforms, establish pay records, learn officership basics and get to know the other incoming Air Force psychology and social work residents. Upon arrival to the residency at Joint Base Andrews (usually by early August), all residents participate in a three-week orientation to MGMC, Joint Base Andrews and the residency which includes one week of rotation specific orientation.

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

POST-INTERNSHIP ASSIGNMENTS

The AF offers assignments at more than 70 locations in the continental U.S. and overseas. Your preferences, along with special needs of some residents, are the primary factors used to determine assignments. Initial (post-graduate) placements are almost always in outpatient mental health services housed in medical treatment facilities within the United States. On average residents receive an assignment in their top 5 rankings of preferred assignments (out of 24-28 ranked options). Positions outside the continental United States (e.g., in Europe and the Pacific) are generally granted to individuals after their initial USAF assignment rather than directly out of the residency year.

Staff seeks to facilitate a smooth transition from resident to Air Force psychologist. Therefore, in addition to enhancing resident's clinical skills, the residency is also geared toward developing leadership and managerial skills. Resident knowledge of Air Force programs and policies is ensured so residents are well prepared to tackle the responsibilities they will have at their post-residency assignment. Once residents know the specific roles they will fill, they will work with their long-term supervisor to identify any potential knowledge gaps and develop a plan to obtain specific training and experience during the remainder of the residency program. Throughout the residency year residents will complete a number of tasks that will provide awareness and understanding of the wide array of programs they may have a direct role in as a psychologist in the AF. This may include observation of various components of a particular program, review of military policies and discussion with faculty about readings and observations. Furthermore, once residents have their post-residency assignment, they will complete a three phase process of gathering information about their upcoming roles as well as information about the location and mission of their unit with which they will serve. In summary, the residency faculty is very invested in preparing residents to be top-notch, autonomous clinicians and Air Force officers because every resident will become their Air Force colleague upon graduation.

WHAT IS UNIQUE ABOUT THE MALCOLM GROW INTERNSHIP

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

- **Wide Range of Elective Rotations**
 - Personnel Selection Assessment at National Security Agency (NSA)
 - Applied Research
 - Advanced Biofeedback
 - Advanced Neuropsychology
 - Advanced Primary Care Consultation
 - Dissertation
 - Individually Tailored Experience

- **Supervising Practicum Students**
 - Each resident typically participates extensively in supervision of a clinical psychology practicum or clerkship student from Uniformed Services University of Health Sciences PhD program in medical psychology.

- **Realistic Transitional Training Model**
 - Staff view residents as “junior colleagues” and our emphasis is on resident training and mentoring to transition residents from graduate student into professional psychologists who become our peers
 - Concurrent rotations simulate real-world work processes and enhance time management
 - Residents are given increasing autonomy across rotations
 - Tailored preparation of follow-on roles and responsibilities

- **Scientific Focus**
 - Program focuses on empirical and critical thinking and case conceptualization skills
 - Covers wide range of empirically-based practices (EBPs) including assessment, treatment, supervision, and community-based psychology
 - Encourages pursuit of research and use of outcome measures to evaluate treatment
 - Applied research opportunities capitalizing on a wide array of options utilizing archival data or clinical service opportunities
 - Dedicated time for dissertation work and elective research rotations

- **Support Resident Autonomy and Professional Development**
 - Residents choose their rotations and submit preferences for long term supervisors, and short term supervisors
 - All residents have the leadership opportunity of being Chief Resident for about 6 weeks
 - Supervision and other training focus on professional and officership skills development
 - As part of their professional development, resident typically receive personalized tours of the Pentagon, U.S. Capitol and American Psychological Association Headquarters.

- **Interdisciplinary Teamwork and Consultation**
 - Residents work closely with staff from other disciplines and social work residents and staff
 - Residents work closely with other medical specialties in the medical treatment facility, members of base agencies, and unit leaders.

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

- **Working in a Joint Service Environment**
 - The NCR has the only Joint Medical Command in the military, of which MGMC is a member. This is important because the military is moving towards joint operations (i.e., multi-service operations) and military healthcare providers need to know how to work with patients and leadership from other military services.
 - Residents work with patients from all services (Air Force, Army, Navy, Marines, as well as Public Health Service and Coast Guard members) and learn about each service's unique culture, missions, and regulations. Residents also work with providers and leaders from all services.
 - Residents attend trainings and interact with Army and Navy residents from Walter Reed National Medical Center as well as local residents from Washington and Baltimore Veteran's Administration Hospital.

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

MGMC Training Model

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

Faculty predominantly employ a developmental model of supervision in clinical supervision or residents (e.g., increasing level of autonomy as skills develop, challenging residents in a collegial manner to view clinical issues differently, and tailoring supervision interventions to the resident level of knowledge and skill). Supervisors also draw heavily on principles of competency based supervision models (e.g., assessing areas of strength and weakness early in the supervision process, promoting self-reflection on what happened in therapy sessions to plan for what needs to happen next session, evaluating skills using specific competency based criteria). Additionally, they also frequently draw on the concept of fostering the innate capacities for becoming a good therapist found within a person centered supervision model.

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

Our Medical Clinic and Community

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

The MGMC mission is highly conducive to psychology training, stressing the importance of top quality medical services, prevention services, education and training, personal and professional growth, and partnerships with other military medical agencies in the National Capital Region.

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

The Department of Psychology is well established within the MGMC structure. The APA has accredited the Clinical Psychology Residency Program at MGMC since 1988. The APA Commission on Accreditation is located at 750 1st Street NE, Washington DC, 20002 and can be reached by phone at 202-336-5979. The residency maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

We are located in suburban Maryland, 11 miles from downtown Washington, DC ("the mall"). "The mall" is the traditional place to see many of the historical locales and landmarks including the Washington Monument, the Vietnam, Lincoln and Jefferson Memorials, the Smithsonian complex

including the Air & Space Museum, Hirshhorn Museum and the National Gallery. Other points of interest include Congress, the Supreme Court, the Kennedy Center, the White House, the African History Museum, the Holocaust Museum, The International Spy Museum, National Portrait Gallery, and the National Zoo. All these sites, and many others, offer free or low cost activities for the entire family. Washington also has a safe and efficient Metro system, making the Capital and surrounding areas easily accessible. Nearby mountains and lakes offer a full range of outdoor activities. We are also within an hour of the Chesapeake Bay, Annapolis and Baltimore. Entertainment ranges from concerts, plays and ballets, to professional and college sports, some within minutes of the base.

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

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

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

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

Dynamic Training Environment

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

SUMMARY OF THE PSYCHOLOGY RESIDENCY YEAR

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

- Outpatient Mental Health major rotation
 - Intake evaluations and therapy cases
 - Individual, Groups (psychoeducational format), Couples
 - Crisis/Risk assessment and intervention (e.g., walk-in triages)
 - Psychological assessment/testing (e.g., security or medical board evaluations)
 - Commander directed and fitness for duty evaluations (i.e., personnel evaluations)
 - Community outreach and prevention
 - Consultation to leadership
 - Supervision of a practicum/clerkship students (typically last 4 months of rotation, dependent upon the number of students at MGMC for externships)
- Basic neuropsychology mini-rotation (approximately 96 hours across 2-6 months)
- Substance Use Disorders mini-rotation (approximately 96 hours across 2-6 months)
- Elective rotation, see below (average ½ day per week)

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

- Clinical Health Psychology major rotation
 - Behavioral/functional analysis of patients with chronic medical problems
 - Self-regulation strategies (biofeedback, relaxation techniques)
 - Biopsychosocial self-management strategies for chronic medical conditions
 - Consultations to medical providers
 - Health promotions (e.g., smoking cessation and weight management)
 - Supervision of a practicum students (typically last 4 months of rotation, dependent upon the number of students at MGMC for externships)
- Integrated primary care mini-rotation (1 day a week)
- Elective rotation, see below (average ½ day per week)

3. **Emergency Department After Hours On-call** (approximately 2-3 weekday nights and/or weekend days/nights per month across the residency year)

4. **Aerospace Psychology** 1- 1.5 hour monthly video-teleconference with opportunities to employ knowledge with flyers on all rotations.

5. **Deployment Psychology** Two-week course with opportunities to employ knowledge with deployment related issues on all rotations

ELECTIVE ROTATIONS (average 1/2 day per week while on each rotation)

- National Security Agency (security clearance required)
- Applied Research
- Advanced Biofeedback
- Advanced Primary Care
- Advanced Neuropsychology

- ❑ Dissertation (required if not completed)
- ❑ Individually tailored

ROTATIONS

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

MAJOR ROTATIONS

MENTAL HEALTH CLINIC

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

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

Additionally, each resident is typically responsible as the primary supervisor and coordinator of a practicum students experience while working in the MHC. Training on supervision is provided (supervision of practicum students) and a faculty supervisor is also available to provide supervision of your work with the practicum student. Note, three residents do supervision on the MHC rotation and one does it on the Behavioral Medicine Rotation.

BEHAVIORAL MEDICINE SERVICE

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

REQUIRED MINI-ROTATIONS

BEHAVIORAL HEALTH CONSULTATION IN PRIMARY CARE

This cutting-edge experience is included in the 6 month BMS rotation. Residents spend 1 day per week for six months in an integrated primary care clinic providing behavioral health consultation services using population health principles. The predominant focus is consultation with Primary Care staff to aid in patient management for individuals with significant emotional or behavioral factors impacting health outcomes. Each resident has the opportunity to provide behavioral health assessment and services to both children and adults. Residents also aid Primary Care providers in co-management of the patient through regular follow-up consultations and feedback on issues impacting patient care. By working in primary care clinics, residents provide early intervention for patients suffering from life-style and stress-related disorders as well as more chronic medical conditions.

BASIC NEUROPSYCHOLOGY

The neuropsychology portion of the residency is conducted during the 6-month MHC rotation. The goal is exposure to neuropsychology as a specialty as well as to the neuropsychology service (clinical processes and tools). The patient population consists of active duty, family members, and retired adults referred to the service for cognitive testing. During the MHC rotation, residents will be expected to attend a series of neuropsychology related didactics, neuropsychology case presentations, and be heavily involved in 2 comprehensive neuropsychological evaluations (interviewing, test interpretation, drafting a report, etc), presenting these cases for group case conference. Depending upon staffing, referrals, and resident interest, individual residents may have additional opportunity for involvement in other neuropsychological evaluations to sharpen their skills in conceptualizing clinical care within the context of neuropsychological complaints/deficits. Referrals address a wide variety of presenting problems, with the most common being: early dementia, vascular injuries, psychiatric cases, persistent cognitive complaints and traumatic brain injury. Part of the training goals on this rotation is exposure to the various neuropsychological tests, how to conduct a neuropsychological interview, and disease/injury course and presentation. A fellowship trained neuropsychologist supervises residents in the above activities.

ALCOHOL AND DRUG ABUSE AND PREVENTION AND TREATMENT (ADAPT)

The substance use disorder rotation is provided through the Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program as part of the 6-month MHC rotation. ADAPT is embedded in a

robust continuum of treatment interventions, ranging from early intervention and targeted prevention using evidence-based practice, through a Partial Hospital Program for addiction and dual diagnosis disorders. The ADAPT rotation involves the resident in a multidisciplinary team. Residents learn a biopsychosocial approach to addictions with input from physicians, addictions medicine specialists, nurses, social workers, counselors, and technicians. There is an equal emphasis on the clinical aspects of addictions evaluation/treatment and on the required administrative aspects of the Air Force ADAPT program. Treatment team planning decisions in the military involve commanders, first sergeants, and supervisors. Residents learn the advantages to this approach as well as the requirements for ethical practice.

AEROSPACE PSYCHOLOGY

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

DEPLOYMENT PSYCHOLOGY

The Deployment Psychology mini-rotation is an 8-day course conducted by the Center for Deployment Psychology for all military members. This course is normally completed during your first 1-2 months of the residency and is held on the campus of the Walter Reed National Military Medical Center (WRNMC) in Bethesda, MD. The course covers topics in areas identified by military mental health professionals as particularly key to the care of service members and their families. This course includes a 2-day workshop on Prolonged Exposure Therapy or Cognitive Processing Therapy for the treatment of PTSD. Opportunities to apply knowledge gained in this course occur throughout the clinical rotations when service members are preparing for deployment, returning from deployment or coping with the effects of deployment. This course also provides the opportunity to interact with residents and mental health providers from the Army and Navy, thus, enhancing residents understanding of mental health issues within other branches of the military.

ELECTIVE ROTATIONS

NATIONAL SECURITY AGENCY (NSA)

The NSA is located at Fort Meade, Maryland and is the nation’s cryptology organization with a mission of communications protection (preventing foreign adversaries from gaining access to classified information) and production (collecting, processing and disseminating intelligence information from foreign signals). On this rotation residents will assist psychologists who consult decision-makers in support of these two missions. Specifically, they will provide expert clinical decisions regarding applicant processing, military programs, suitability for overseas travel, and initial/continued security clearance eligibility.

APPLIED RESEARCH

This rotation is individually tailored to meet the research interests of the resident. Residents will have the option of contributing to existing faculty research or developing their own research project in collaboration with a faculty member. The focus of research at MGMC is on projects that are

applied in nature and capitalize on existing data or data that can be captured in the midst of on-going clinical practice or programs.

ADVANCED BIOFEEDBACK

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

Residents completing this rotation may also gain experience with neurofeedback and quantitative EEG (QEEG). Neurofeedback (or EEG biofeedback) is a method that uses feedback of the electrical activity of the brain (the EEG) in order to retrain normal brainwave patterns in conditions such as PTSD and mTBI. QEEG involves using sophisticated software and normative data bases to quantify the brain wave activity seen in the EEG. This data is used to construct two dimensional brain maps that facilitate diagnosis and treatment planning.

ADVANCED NEUROPSYCHOLOGY

The goal of the rotation is a broad exposure to clinical neuropsychological evaluation and hands-on experience with all aspects of the neuropsychological evaluation process. Most neuropsychological evaluations in this setting are clinical assessment of cognitive strengths and relative weaknesses via objective neuropsychological evaluation (testing, record reviews and interviews) for patients referred for evaluation by their physician. Common referral questions include: assessment of cognitive difficulties or persistent complaints related to medical conditions or history (e.g., post-traumatic brain injury, seizure disorders, cardiovascular accidents, and chronic diseases such as diabetes) as well as evaluations to assess patient functioning related to concerns of early dementia. Residents are heavily involved at all stages of the process including interviewing, records review, learning to administer and interpret a variety of neuropsychological tests, designing test batteries/evaluation processes, test administration and interpretation, report writing, face-to-face patient feedback and drafting clinical recommendations for the referring physician. Depending upon staffing and activities at our site and other NCR training sites (e.g., Walter Reed Army Medical Center and National Naval Medical Center) additional training opportunities are possible including: participation in weekly multi-site DOD/VA neuropsychology VTC case conference and readings, visit(s) to DVVIC (Defense and Veterans Brain Injury Center) or NICoE (National Intrepid Center of Excellence) and neuropsychology specific lectures/presentations.

DISSERTATION

This rotation is required for all residents who have not completed their dissertation (e.g., written but still need to defend). Through this rotation residents receive time in their training schedule and access to program resources to work toward dissertation completion. The goal is to help ensure all residents complete their dissertation by the end of the residency year. Two full days per month are provided to work on dissertation. If these days are not needed in a given month, up to 2 days can be carried forward to the next month. Long-term supervisors support and encourage progress on dissertation goals.

INDIVIDUALLY TAILORED

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

DIDACTIC PROGRAM

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

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

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

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

Professional Development –

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

Intervention–

- Psycho-pharmacology I
- Psycho-pharmacology II
- Basic Behavior Therapy for Primary Care
- Practical Applications of ACT
- Practical Applications of DBT
- Interventions for Suicidal Behaviors
- Building Resilience
- Ground Rounds – 2 residents present
- Ground Rounds – 2 residents present
- Ground Rounds – 2 residents present
- Grand Grounds – 2 residents present

Assessment

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

Diversity* and Psychology –

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

Other Core Psychology Skills-

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

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

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

1994 - 2012 SELECTED MGMC DISTINGUISHED VISITING PROFESSORS

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

EVALUATIONS

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

Internship Performance Evaluation

An initial evaluation is conducted by the major rotation supervisor to provide a baseline level of competency in the major clinical area. Quarterly evaluations are completed by all rotation clinical supervisors (major, mini and elective rotations). Long-term supervisors conduct semi-annual evaluations.

Evaluations assess both foundational and functional competencies. Each competency area is evaluated based on developmental performance levels which reflect performance criteria. The competency criteria for each developmental level are defined and operationalized using behavioral anchors. Criteria were developed with some military and program specific modifications from the APA Assessment of Competency Benchmarks Work Group (2006) Competency Benchmarks document which can be reviewed at <http://www.apa.org/ed/graduate/competency.html>.

Residency faculty strive to give prompt feedback to residents so that they know what they are doing well and what they need to improve on. Continuous feedback in this manner ensures residents are not surprised by any feedback given on the formal evaluations. Formal evaluations are conducted at the start, middle and end of each rotation.

The information from these evaluations will feed into a Training Report at the end of the residency year. The Training Report will essentially document completion of residency requirements and it becomes part of graduate's military personnel record. Notification of residency completion will also be sent to residents' graduate programs. Additionally, information on resident progress is shared with the resident's graduate school program director as needed or requested by the graduate program.

Internship Program Evaluation

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

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

Finally, graduated residents are also asked for feedback about six months after they have left the residency. These critiques provide valuable input into program design in terms of the effectiveness of the program in preparing residents for the responsibilities they encounter post-residency.

SUPERVISION

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

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

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

FACULTY AND INTERN LISTS

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

Malcolm Grow Medical Clinic
USAF Psychology Residency Program
779 MDOS/SGOW
1050 W. Perimeter Rd
Andrews AFB, MD 20762
(240) 857-8942, Fax: 240-857-8112

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

APA ACCREDITATION STATUS

The MGMC residency program has been accredited by the American Psychological Association (APA) since 1998. We were most recently re-accredited in July 2008, for a full seven year accreditation, the longest accreditation period APA grants. The APA Commission on Accreditation is located at 750 1st Street NE, Washington DC, 20002 and can be reached at 202-336-5979.

ADDITIONAL AIR FORCE REQUIREMENTS

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

APPLICATION PROCEDURE

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

Please note there are actually two application processes. One process is through the Air Force Recruiting Service and the second is through the APPIC on-line application to the individual AF residency site. Application packages are due to the USAF Recruiting Service Headquarters in early January 2012 for the 2012 - 2013 residency year (talk to the AFHPR for specific deadline). Since this can be a lengthy process it is important that interested applicants contact a recruiter as soon as they determine they are interested in pursuing an AF residency. The recruiter will require the same materials the individual sites require as well as the completion of additional forms and a physical exam. Engaging with a recruiter by early or mid-November is preferred. In addition to the APPIC application form, there is an Air Force specific forms (located at the end of this brochure) that should be uploaded to the APPIC on-line application. Your AFHPR will guide you through the completion of the other AF specific forms and procedures and submit to the Recruiting Service for you.

Your APPIC materials will be printed from the website by the AF Recruiting Headquarters staff and included in your package for review by the Air Force selection board. This selection board examines applicant's qualifications to serve as an officer in the USAF. Only applicants selected by this board are able to be ranked by AF residency programs. However, it is up to each program which applicants selected by the AF selection board are ranked and in what order. Training Directors are not able to release the results of the AF selection board prior to Match Day.

If you wish to attend one of our Open Houses, we prefer to have all application materials at least a week in advance of your attendance in order to get familiar with your background, training and experience. If you will not be able to complete your application prior to attendance at an open house, please coordinate this with the MGMC Training Director.

Please call an AFHPR or AF Residency Training Director if you have any questions or uncertainties about this somewhat complex process. Note, in general, the AFHPR is the best source of information on the AF application process, AF requirements and benefits. The AF Training Directors are the best source of information regarding specifics of the training program or AF psychology. However, if you run into any problems, you can always call an AF Training Director for assistance. Please do not hesitate to call. Contact information for the three AF Training Directors is below.

TRAINING SITES

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

Lt Col Anderson Rowan, Ph.D.

779 MDOS/SGOW

Malcolm Grow Medical Clinic

1050 West Perimeter Rd

Andrews AFB MD 20762-6600

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

Dr. Kirk Rowe, Ph.D.

88 MDOS/SGOH

Wright-Patterson Medical Center

4881 Sugar Maple Drive

Wright-Patterson AFB OH 45433-5529

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

Lt Col Ann Hryshko-Mullen, Ph.D.

59 MHS/SGOWV2

Wilford Hall Medical Center

2200 Bergquist Dr., Ste 1

Lackland Air Force Base, TX 78236-9908

Voice: 210-292-5972 FAX: 210-292-5944

APPLICATION INSTRUCTIONS

1. Complete the on-line **APPIC Standardized Residency Application Form**. For instructions on completing the application see the APPIC website at www.appic.org.
2. Complete the **Applicant Summary Form** (see below). Fill in the information and then upload it to the on-line APPIC application. For an electronic copy that can be filled in contact Ms Zelda Sharps at Zelda.Sharps@afncr.af.mil or call 240-857-8942.
3. Use the on-line process and request **official transcripts of all graduate level courses**. Note: The Air Force Recruiting Service will often require undergraduate transcripts. If a copy is obtained for the recruiter, also upload a copy to the application.
4. Arrange for a minimum of **three supporting letters** from your professors, program directors, supervisors or others with direct knowledge of your psychological knowledge, academic training, research experience and/or supervised clinical experiences. A minimum of one letter should be from the current or previous year's clinical supervisor. General "character references" may supplement, but do not substitute for letters addressing your specific skills and training. Such letters should be uploaded as supplement data to the application. The three supporting letters should be completed using the on-line process.
5. Submit **Curriculum Vitae**, listing honors, publications/presentations, clinical experiences, and other information relevant to your training and performance in psychology via the on-line application process. Additionally information such as community involvement/volunteer service, leadership roles and other non-psychology jobs that demonstrate relevant training or experiences to potential roles as a psychology professional and officer in the Air Force may also be included.
6. We will provide the Air Force Health Professions Recruiting Service access to the APPIC on-line applications to enable them to print applications for their applicant files or provide them copies directly. Additionally, there are other requirements not associated with the APPIC application that the AF will require you to complete. The deadline for your recruiter's submission of these and other materials (e.g., medical examination documents, interview and recommendation by a Recruiting Service Flight Commander, other AF application forms) to the USAF Accessions Selection Board is **typically in early January**. Be sure to check with your recruiter regarding specific due dates. A phone call to any Air Force recruiting station or 1-800-443-4690 will yield the exact location, phone number, etc. of the Health Professions recruiter you should contact. An on-line locator service is also available at <http://www.airforce.com/contact-us/recruiter-locator/>. **The health professions recruiter is critical to the application process, providing information and assistance to you throughout the application process.** Recruiter assistance is particularly important in completing requirements for qualification as an Air Force officer, including application forms and physical examinations which must be completed before you can be considered for the residency program.
7. The AF also requires a "Senior Consultant" interview with any of the three Training Directors as part of the Air Force's general application process. All applicants will be interviewed; therefore, no specific interview notification is provided. **Applicants should contact Training Directors to arrange an interview.** Although only one "Senior Consultant" interview is required, applicants are encouraged to at least conduct a telephone interview with Training Directors from each AF residency program for which they wish to be considered.
8. The entire application process usually takes a minimum of two months so it is best to start by early November at the latest. Additionally, during this process your recruiter should be in regular

contact with you to ensure that all procedures are progressing. Do not let more than about 2-3 weeks go by without contact from your recruiter. Finally, if you encounter problems with your recruiter, please contact one of the AF Residency Training Directors as soon as possible.

9. If you are interested in the AF, it is best to apply to all three sites to increase your chances of selection at an AF residency. Application to the individual sites is accomplished by selecting the Program's Code in the APPI on-line process. The AF training sites are Malcolm Grow, Wilford Hall and Wright-Patterson. **Malcolm Grow's Program Code is 134311.** The deadline for applications to our program is the same as the deadline for applications established by the recruiting service, usually the first few days of January.

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

11. On Match Day, you must list each AF site you are interested in (in order of preference) as a separate site.

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

13. Although the official AF deadline for application materials is in January (see item 6 above), MGMC requests that the APPIC application be submitted a minimum of one week before interviewing with the Training Director or attending an open house visit. The MGMC Residency **Open House dates are 15-16 Dec 2011 and 9-10 Jan 2012.** At that time, in addition to seeing our program first hand and meeting staff and current residents, applicants receive interviews with the Training Director and site faculty. At MGMC, such on-site interviews are not required, but are strongly encouraged. At times, recruiters may be able to arrange these visits at reduced cost to you. Applicants who are not able to visit and interview on the open house dates can arrange different dates for either an on-site or phone interview with the Training Director.



Applicant Summary Form
 U.S. Air Force Psychology Residency/Residency Program
 Revised June 2009



Name		Date	
SSAN		Date of Birth	
Gender		APPIC Match #	
Height		Weight	
Email		Phone	

Why did you choose psychology as a profession?	
Identify awards or public recognition that you have received for your academic accomplishments in your doctoral program.	
Describe significant professional and community service activities you have engaged in during the past 5 years.	
Describe notable leadership roles you have held and the impact you made (inside or outside of academia).	
What do you believe are your most significant accomplishments?	
Describe your short-term professional goals (1-5 years).	
What type of professional life do you imagine for yourself 5-10 years from now?	

<p>Have you served in the military? Do you have close family or friends who have served as active duty military? What do you know about their experience?</p>	
<p>What aspects of military service are attractive to you now?</p>	
<p>What aspects of military service might present some difficulty or detract from the positive benefits you see?</p>	
<p>Please discuss the benefits and limitations associated with military service in relation to your personal values.</p>	

Name		Date:	
<p><i>Please indicate your comfort /confidence for the client groups, settings, and modalities in which you may be assigned to work. Rate each work context with the adjacent 1-5 scale.</i></p>		<p>1 = Not Qualified 2 = Least Confident 3 = Somewhat Confident 4 = Moderately Confident 5 = Very Confident</p>	
Individual- Adults			
Groups-Adult			
Couples			
Families/Parents			
Outpatient Mental Health Clinic			
Medical Setting			
Primary Care			
ER Call/Crisis Evaluation & Management			
Cognitive Behavioral Therapy			
Prolonged Exposure Therapy			
Cognitive Processing Therapy			
Motivational Interviewing			
Other Empirically Validated Treatment: _____			
Other Therapeutic Modality: _____			
Mental Status Exam			
Diagnostic Interview and History with Comprehensive Report			
Standardized Testing-with integrative reports IQ,MMPI, PAI, NEO ,Millon, etc			
Other;			

List the Five Diagnostic Categories In Which You Have the Most Experience	Rate Your Comfort/Confidence in Working w/ Them (1-5)
1 _____	1 _____
2 _____	2 _____
3 _____	3 _____
4 _____	4 _____
5 _____	5 _____