

# **NAVY CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM TRAINING MANUAL**

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**MEDICAL CENTER DIRECTOR**  
**Colonel Michael S. Heimall**  
**Medical Service Corps, United States Army**

**PROGRAM DIRECTOR**  
**Richard D. Bergthold, Psy.D.**  
**CAPT, MSC, USN (ret)**  
**(301) 319-2997**

**Walter Reed National Military Medical Center**  
**Department of Behavioral Health Consultation and Education**  
**8901 Wisconsin Avenue**  
**Bethesda, MD 20889**



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## PREFACE

The following Manual provides a detailed description of the principles, aims, and competencies of the Navy Clinical Psychology Internship Program at the Walter Reed National Military Medical Center, one of three Navy Clinical Psychology Internships. The other Navy Internship sites are located at the Naval Medical Center, San Diego, CA, and the Naval Medical Center, Portsmouth, VA. Only the internship programs at Walter Reed National Military Medical Center and Naval Medical Center San Diego participate in the Association of Psychology Post-Doctoral and Internship Centers (APPIC) Match. Applicants have the option of applying to one or both sites. Applications are reviewed by a single Navy Selection Board. Matches are dependent on the rankings of applicants made by the Selection Board and by the rankings of the Navy sites made by the applicants. It is important for the applicant to acquire sufficient information about both sites so that informed rankings can be made. Any resulting APPIC Match with a Navy internship will be with one specific internship site.

Applications for the Navy Clinical Psychology Internship Programs have two parts: 1) the standard application and supporting documents submitted for the APPIC Match, and 2) the information needed to establish the applicant's qualifications to be commissioned as a naval officer. The second part of the application MUST be completed with the assistance of a Navy Medical Programs Officer Recruiter (see Appendix A for additional information).

The Navy internship sites do not function as a formal Consortium as defined by the American Psychological Association, although their programs are similar and they work in cooperation with one another.

The Navy internship sites will make a reasonable effort to share address lists of persons who write requesting information from any particular site. However, it remains the responsibility of the applicant to seek out the information he/she needs to make informed decisions.

### PROGRAM DIRECTORS

Richard Bergthold, PsyD  
Psychology Program Director  
Walter Reed National Military Medical Center  
Bethesda, MD  
[richard.d.bergthold.civ@mail.mil](mailto:richard.d.bergthold.civ@mail.mil)

CDR Michael Franks, USPHS  
Psychology Program Director  
Naval Medical Center  
Portsmouth, VA, 23708  
[michael.j.franks2.mil@mail.mil](mailto:michael.j.franks2.mil@mail.mil)

David Mather, PhD., ABPP  
Psychology Program Director  
Naval Medical Center  
San Diego, CA  
[david.b.mather2.civ@mail.mil](mailto:david.b.mather2.civ@mail.mil)

### NATIONAL TRAINING DIRECTOR

Eric Getka, PhD  
Navy Psychology National Training Director  
Walter Reed National Military Medical Center  
Bethesda, MD  
[eric.j.getka.civ@mail.mil](mailto:eric.j.getka.civ@mail.mil)

## OVERVIEW

The Clinical Psychology Internship Program is sponsored by the Department of Behavioral Health Consultation and Education at the Walter Reed National Military Medical Center (WRNMMC), Bethesda, Maryland. It is fully accredited by the American Psychological Association (APA). The program is an intensive twelve-month period of clinical and didactic experiences designed to meet three broad aims: 1) To provide the trainee with experiences and skills needed to function competently as a broadly-trained clinical psychologist, 2) to equip the intern with additional knowledge and skills needed to practice competently within the Navy (e.g., unique military populations, personnel evaluation skills, etc.), and 3) To meet the overall requirements for continued accreditation as established by the APA in its Commission on Accreditation publications.

The internship is organized around a **Practitioner-Scholar** model. Day-to-day training emphasizes a sequential increase of knowledge and skill based on the current and evolving body of general knowledge and methods in the science and practice of psychology. Although active participation in research is not required as part of the internship, we expect interns to learn about evidence-based practice and to become familiar with interventions that have been supported by research.

Before starting the internship, applicants who match with the internship are commissioned as Lieutenants in the United States Navy Medical Service Corps. During the internship (and subsequent service as active duty Navy psychologists), interns receive full pay and benefits as Navy officers. At the time of this writing, a new Navy Lieutenant assigned to Walter Reed National Military Medical Center receives an annual salary ranging from \$80,604 to \$83,004 (base pay + housing allowance for the Washington DC metro area). Annual pay raises occur as determined by the U.S. Congress and the military pay schedule.

The internship has been continuously accredited for over 50 years by the American Psychological Association's Commission on Accreditation. The program is scheduled for its next site visit in 2018.

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

Office of Program Consultation and Accreditation  
American Psychological Association  
750 First Street, N.E.  
Washington, D.C., 20002-4242  
(202) 336-5979 E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org) Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

**APPIC Special Notice:** This Internship Program has been a Member of the Association of Psychology Postdoctoral and Internships Centers (APPIC) since APPIC's founding in 1990, and conducts intern selection in accordance with the policies and procedures of APPIC. This internship site agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

## Navy Psychology Training and Practice:

Since few of our interns have had prior military experience, all attend the five week Officer Development School at Newport, Rhode Island prior to arrival at an internship site. This school includes didactic presentations on the history, traditions, and organization of the Navy. Instruction is designed to provide new officers with the knowledge and skills necessary for professional conduct in the United States Navy.

We have learned from former interns that graduates of Navy internships typically report to a professional assignment that demands a higher level of independent responsibility and professionalism than his/her peers in civilian practice. Our teaching faculty has identified, and continues to develop, learning experiences aimed at imparting the skills necessary for effective professional performance at the next Navy assignment. These experiences are organized into a dynamic curriculum which embodies the principles set forth in the current Standards of Accreditation of the American Psychological Association.

There are a number of ways in which the generic professional skills imparted through the internship can be operationally described. A useful model which we have attempted to follow is to define the skills as a set of profession-wide and program-specific competencies. The Navy Clinical Psychology Internship Program has adopted the profession-wide competencies outlined in APA's Standards of Accreditation (2015) to include competencies related to: research; ethical and legal standards; individual and cultural diversity, professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation.

The clinical experiences reflect the major areas in which military clinical psychologists may provide clinical services: Adult Outpatient Behavioral Health, Health Psychology (to include integrated behavioral health services in a primary care setting), Inpatient assessment and intervention, and Psycho-diagnostic Assessment. The program-specific competencies can be found in Appendix B. Operational training trips enable the intern to experience professional activities, patient populations and service environments consistent with the work of a Navy psychologist. The trans-rotation experience offers longer-term practice of psychotherapy across the entire 12 months of training.

Following the internship, graduates are assigned to Navy medical centers or medium sized hospitals where they continue to practice under supervision until they attain licensure in one of the fifty states or the District of Columbia. At that point, they are able to be credentialed as a Licensed Independent Provider by the commanding officer of the medical facility to which he or she is assigned. All internship graduates are expected to achieve state licensure within 18 months of internship graduation. Ultimately, we encourage our graduates to earn Board Certification from the American Boards of Professional Psychology. To reward this process of professional development, the Navy pays all Board Examination fees, and pays an annual

salary bonus to its Board Certified Psychologists.

## **PROGRAM DESCRIPTION (GENERAL)**

The internship at Walter Reed National Military Medical Center is comprised of an orientation period followed by two 16-week rotations (Adult Outpatient Behavioral Health and Psychodiagnostic Assessment), two 8-week rotations (Behavioral Health in Primary Care/Behavioral Sleep Medicine and Inpatient assessment and intervention), the overarching trans-rotation experience which is 12 months, operational training trips, and didactic presentations to include the Psychiatry Grand Rounds series and other military-specific didactic training.

Interns receive training from the Center for Deployment Psychology (CDP), associated with the Uniformed Services University of the Health Sciences in Bethesda, MD. CDP courses provide extensive training in aspects of the military deployment cycle, including situational and clinical factors impacting both deploying military members and their families. Additionally, CDP provides training in empirically supported treatment (either Prolonged Exposure or Cognitive Processing Therapy) for Post-Traumatic Stress Disorder, and Cognitive Behavioral Therapy for Insomnia.

Didactic training during the internship includes lectures, seminars, and Psychiatry Grand Rounds, sequenced in order to build on the training already received in graduate studies. Didactics include topics relevant to the general practice of clinical psychology (including professional ethics), topics more specific to the practice of clinical psychology in the military, and ongoing education related to professional development as a Navy psychologist and naval officer.

Training trips include, whenever possible, approximately one week providing psychological services aboard a major Navy combat vessel at sea, giving the interns a firsthand overview of life and clinical issues in the Navy Fleet. Additionally, interns will visit either Marine Corps Base Quantico, VA or Marine Corps Base Camp Lejeune, NC to observe training and health service delivery in a Marine Corps context.

The Walter Reed National Military Medical Center, a large tertiary care hospital, offers a full range of administrative assistance opportunities. Interns have identified office space and are provided with laptop computers. The Medical Center's medical library includes a range of journals, books, and electronic search capabilities related to the practice of psychology, as well as staff assistance with online literature searches.

## **PROGRAM DESCRIPTION (SPECIFIC)**

The program described below is planned for year 2016-17:

### **I. Orientation**

The orientation period includes the first two weeks of the internship and covers such topics as departmental structure, standard operating procedures, a tour of the hospital, rotational objectives, the importance of dissertation completion, seminar scheduling, office assignments, etc. As with every other newly reporting staff member, the intern will spend a full week during the first month attending hospital orientation and will attend training on the military electronic health record for clinical documentation.

## II. Clinical Rotations

**A. Adult Outpatient Rotation (16 Weeks):** The Outpatient Rotation offers interns the opportunity to develop the necessary skills and competencies that they will require to provide appropriate care in hospital and operational environments. These opportunities include experience with a variety of general mental health evaluations, military-specific evaluations, and experience in providing psychotherapy. Military evaluations include: Command Directed Mental Health Evaluations, Deployment Screenings, plus evaluations for: Drill Sergeant, Fitness for Duty, Sniper, Recruiter, Security, and Temporary Disability and Retirement. Additionally, the intern will co-facilitate a therapy group and participate in at least one couple's therapy case during the rotation. Interns will learn how to assess and manage risk for self-directed and other-directed aggression in an outpatient setting, as well as learn how and when to refer patients to more intensive or controlled treatment environments. Interns will gain experience communicating with military commands regarding Service member's performance and fitness for duty. Didactic experiences include reading and discussion related to military-specific issues as well as core clinical competencies. The residents will also gain experience in managing their appointment template and in the logistics of administrative management in an outpatient clinic.

**B. Psycho-Diagnostic Assessment Rotation (16 Weeks):** The Psycho Diagnostic Assessment Service at WRNMMC receives testing referrals from the Inpatient Psychiatry Service, the Psychiatry Continuity Service, the Trauma Recovery Program, the Adult Outpatient Behavioral Health Clinic at WRMMC as well as from other Military Treatment Facilities within the National Capital Area. The training goals of this rotation include; familiarizing the Navy interns with the most frequently used psychological assessment measures in Navy and other military settings, developing an understanding of the administration and interpretation of these measures, as well as gaining experience working in a consultation role within a medical system. Interns attend weekly individual and group supervision, as well as a didactic seminar. Group supervision is also, along with the didactic seminar, an opportunity to review the test construction, validity and reliability issues, as well as current literature on tests such as the MMPI-2, MCMI-III, TSI, SIRS and other commonly used measures. In addition, we do spend some time reviewing the new RPAS Rorschach system.

While on the Assessment Service, interns also participate in an 8 week mini rotation with the Psychiatric Consultation and Liaison Service where they assist in covering emergency room evaluations. Crisis management skills, along with risk assessment are the critical learning points of this experience. In addition, interns gain experience working on a multidisciplinary clinical team.

**C. Health Psychology/Behavioral Sleep Medicine Rotation (8 Weeks):** During this rotation interns work in the Primary Care clinic for eight weeks practicing a collaborative population health approach to behavioral health. Interns serve as consultants

to primary care providers who rapidly evaluate patients' symptoms and functioning. Interns address patients' needs with regard to chronic health conditions and behavioral health conditions. They also increase motivation for behavioral change, provide brief, targeted interventions and dispositional recommendations. Problems addressed include headaches, pain, anxiety, insomnia, weight reduction, treatment adherence, and lifestyle management. Integrated throughout the 8 week rotation is an opportunity to learn about Behavioral Sleep Medicine (BSM). Interns will be trained in Cognitive Behavioral Therapy for Insomnia and other topics in BSM. Interns will have the opportunity to consult with providers in the Sleep Disorders Center on the treatment of patients.

**D. Inpatient Rotation (8 Weeks):** Interns will have the opportunity to spend one month each on the Inpatient Psychiatry Unit and the Inpatient Neurobehavioral Unit.

While rotating on the Inpatient Psychiatry Unit, interns will become acquainted with the admission, diagnosis, acute stabilization, treatment and disposition of patients with severe mental health disorders of such severity as to require hospitalization. The intern is part of a multidisciplinary treatment team (comprised of staff psychiatrists and psychologists, psychiatric residents, nurses, social workers and hospital corps staff) and will be responsible for individual therapy, group therapy and consultation.

During the four weeks on the Inpatient Neurobehavioral Service, interns will have the opportunity to function within a unique multi-disciplinary setting (neuropsychiatry, psychiatry, psychology, neuropsychology, nursing, social work; physical, speech, occupation and recreational therapy) - providing consultation, individual and group therapy to inpatients with various neurobehavioral disturbances secondary to a brain injury. Interns will gain an understanding of the role of psychology in treating brain injury as well as how to understand and address the neuropsychiatric complications of brain injury.

Throughout the eight weeks, interns will spend one day a week focusing on gaining an understanding of basic elements in cognitive assessments, having an opportunity to evaluate inpatients with a variety of neurological complaints. By the end of the rotation, interns will be able to accurately diagnose traumatic brain injuries, perform basic cognitive screening evaluations, decide when a referral to a neurologist or neuropsychologist is indicated, and understand how to critically read neuropsychological reports.

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

- **Long-Term Individual Therapy Case:** Each intern is expected to carry one long-term, psychodynamic outpatient case during the year (long-term means at least 9 months). The Training Director will coordinate the assignment of long-term cases and ensure weekly supervision is provided.
- **Combat Trauma Cases:** Each intern is expected to carry cases of patients suffering from Post-Traumatic Stress Disorder (PTSD). Whenever possible, a case will be treated to completion before the next is begun. Interns are given the opportunity to learn a variety of evidence-based therapies for PTSD with a principle focus on Prolonged Exposure and Cognitive Processing Therapy. All of the cases may be supervised by the

same supervisor or different supervisors, depending on the model used and the expertise of the supervisor.

- **Operational Psychology Seminar:** This seminar is an informal facilitated discussion with senior Navy Psychologists from Department of the Navy communities (Marine Corps, Navy Air, Submarine, Surface, Navy Special Warfare). Interns receive information about the different assignments and duties Navy psychologists can perform outside of the traditional mental health setting. Topics address military-specific competencies to include discussions about military culture, military-specific psychological evaluations, and exposure to Navy and Marine Corps mental health policies and instructions.

### **III. Clinical Didactic Training Presentations:**

A program of scheduled and sequenced seminars and other workshop presentations accompanies the intensive direct supervision on the clinical rotations. These didactic presentations are designed to expose the intern to contemporary information and training relevant to the practice of behavioral health, both as a clinical psychologist and as a Navy psychologist. The faculty, the presenter, and the level of interest of the attendees determine the particular format for a topic and the amount of time devoted to it. The presenters of these didactic programs frequently are distinguished colleagues from the Navy and civilian clinical/academic communities. Interns are also required to attend weekly Psychiatry Grand Rounds and periodic special training opportunities lasting a full day or longer.

### **IV. Operational Experiences:**

**A.** The major operational experience is a deployment, lasting approximately one week, aboard a major Navy combat vessel during which the interns will experience shipboard living conditions and stresses, work in the ship's Medical Department, interact with sailors, and learn about the industrial and psychological demands of working and living aboard a large ship. This deployment is typically aboard a US Navy aircraft carrier, under the guidance and supervision of the Navy Psychologist assigned to the carrier. In rare circumstances where the ship has no psychologist on board, a uniformed and experienced member of our Internship faculty will accompany interns to supervise their professional work and guide their experiential education.

**B.** When possible, a second operational experience is scheduled with the Second Marine Division or the Marine Special Operations Command, both at Camp Le Jeune, NC, and/or with Marine Security Group (MSG) at Marine Corps Base Quantico, VA. Particular emphasis is placed on gaining familiarity with the operational plans and stresses unique to the Marine Corps, and on developing skills for effective consultation with Marine Corps Commands.

### **V. Additional Intern Functions and Roles:**

**A. Class Adjutant:** Each intern will function as the class adjutant on a rotating basis. As such, the intern serves as the senior member of the class and as a liaison for

information between leadership, faculty, and intern. Specific responsibilities include the following:

- For the seminar series, the adjutant is responsible for attendance forms, lecture evaluation forms, continuing education forms for staff, and equipment needed by the presenter. The adjutant conveys weekly seminar information to interns at military, civilian, and Veterans Administration internships in the local area.
- Organize all paperwork and travel for operational activities for internship class.
- Maintain an email and phone list for Air Force, Army, civilian and Veterans Administration Interns.

**B. Medical Service Corps:** All Navy psychology interns are officers in the Navy Medical Service Corps (MSC), and are strongly encouraged to interact professionally and socially with other MSC officers assigned to the hospital. Such interaction is not only important to the smooth and effective performance of the psychologist's job when it extends beyond the mental health clinic, but also serves to increase the intern's appreciation for other non-physician specialists in the Navy health care system, just as it increases others' awareness of the psychologist's role.

## **VI. Supervisors:**

**A.** Most of the ongoing case supervision will be provided by designated privileged staff psychologists on the rotation to which the intern is assigned. Privileged psychiatrists serve as adjunct supervisors and provide additional supervision, particularly on the Psychiatric Consultation Liaison Service (PCLS).

**B.** The intern may be assigned several staff members to supervise trans-rotational cases. Over the course of the year, the intern will receive some supervision from each of the psychology training faculty and some of the psychiatry staff. It is very important to note that in addition to scheduled supervision times, the faculty is available for and strongly encourages additional supervision and consultation as needed.

## **TRAINING AIMS**

**OVERALL TRAINING AIMS:** As mentioned previously, the program's training aims are to provide the trainee with experiences and skills needed to function competently as a broadly-trained clinical psychologist, and to equip the intern with additional knowledge and skills needed to practice competently within the Navy. We identify and evaluate a set of profession-wide and program-specific competencies to ensure we are meeting our broad training aims. By the end of the internship year, interns are expected to demonstrate competencies in the following clinical skills: individual and group psychotherapy (both brief and long term), psychological assessment by interview and by testing, emergent and urgent evaluation as a member of the Psychiatry Consult Liaison Service, interdisciplinary consultation with other healthcare providers, providing consultation to other healthcare

providers, providing clinical consultation to active duty military commanders, basic cognitive assessment and referral, inpatient assessment and intervention, integrated behavioral healthcare in a primary care setting, and behavioral sleep evaluation and treatment. Additionally, when possible, interns will demonstrate basic competence in providing clinical supervision to other students, and a basic understanding of program evaluation. Competence in each of these areas at a level considered appropriate for initial licensure as a psychologist is the expected minimum standard of achievement. Interns will demonstrate that their work with each of these competencies is informed by the theoretical and research literature in psychology, is sensitive to multicultural factors impacting all aspects of clinical practice, and by the ethics of our profession.

Please see sample competency evaluation forms in Appendix B for an example of defined behavioral anchors for each competency.

## **GENERAL BEHAVIORAL CHARACTERISTICS EXPECTED OF INTERNS**

- Willingness to learn
- Efficiency in work organization
- Assumption of responsibility
- Military bearing and appearance
- Creative problem-solving

## **EVALUATION**

The evaluation process has two components: Measures of Intern Performance, and Evaluation of the Internship Program.

### **I. Intern Performance Evaluation**

**A. Weekly supervision.** Throughout the internship year, the intern receives weekly scheduled and, when needed, unscheduled supervision. Each intern will receive at minimum four hours of scheduled supervision per week, at least two of which must be individual supervision. In addition to addressing clinical issues, case load, and professional growth, supervision is also a time for the primary supervisor to review intern progress toward program-specific and profession-wide competencies. At mid-rotation the intern and primary supervisor will have a formal session to review progress toward mastering clinical competencies and identify areas to be focused on during the second half of the rotation.

**B. End of Rotation Competency Evaluation.** The evaluation form (Appendix B) is submitted to the Program Director by the intern's primary supervisor at the mid-point and end of each 16-week rotation (formal evaluations for 8-week rotations occur only at the end of the rotation, with informal evaluation provided at the mid-point). At the time of the evaluation, there is a meeting between the rotation supervisor and the intern to review performance, and to discuss areas to be focused on in upcoming rotations. The Program Director can attend this meeting if desired by the intern or supervisor, but this is not required. Mid-point and end of rotation competency evaluations are the primary means of determining "passing" of rotations and successful internship completion. Each competency is rated on a 5 point scale: "R"(Remedial Work Required), "E" (Entry Level), "I"

(Intermediate Level), “P” (Proficient), and “A” (Advanced Level). In order to pass a rotation, an intern must achieve a rating of “P” or higher on all rotation-specific competencies. Profession-wide competencies are evaluated across the entire training year—the intern is expected to demonstrate progressive mastery over the 12 month period. As such, profession-wide competencies must be passed at a “P” or higher at the end of the training year. If an intern has any competency rated “R” (Remedial Work Required) or “E” (Entry Level) for an extended period of time, a remediation plan will be implemented to assist the intern in acquiring the identified competency. In some cases, this may involve repeating the rotation. All rotations must be passed to complete the internship. This could require extension of the internship past one year in order to achieve successful completion.

**C. Navy Fitness Report.** All Navy officers receive annual Fitness Reports, an evaluation of their performance both in their areas of specialization and, more generally, regarding their leadership abilities, team work, etc. These reports are prepared by the Program Director and forwarded to Senior Navy leadership for review and signature.

## **II. Internship Program Evaluation**

At the mid-point and end of the internship year, each intern will submit a written evaluation of the training program to the Program Director. This report discusses both specific aspects of each rotation, as well as an overall assessment of the training program’s success in preparing the intern for future work in psychology. Additionally, at the end of each rotation, interns are required to submit an evaluation highlighting strengths of the rotation and supervision, along with suggestions for improving the rotation.

## **FACULTY SUPERVISION OF INTERNS**

### **Rotation Supervision:**

During the Psychology Internship each intern rotates through the aforementioned clinical rotations. While assigned to a rotation, the intern’s clinical work is supervised by a licensed independent provider. All documentation written by an intern is reviewed and signed by the responsible supervisor. High-risk patients (those with significant suicidal or homicidal ideation/plans/threats, or unable to adequately care for themselves) are to be discussed with supervisors and documented PRIOR TO departure of the patient from the pertinent clinic or service.

## **IN-PROGRAM REMEDIATION OF PSYCHOLOGY INTERN PERFORMANCE: A PROCEDURAL OUTLINE FOR DUE PROCESS MANAGEMENT**

**Introduction:** It is the goal of the Navy Clinical Psychology Internship Program to educate and graduate interns. The faculty recognizes its duty to provide special assistance to interns who are having difficulty learning. When an intern is determined to be making insufficient progress, faculty supervisors and the intern involved will cooperatively attempt to find the reasons for the difficulties in order to develop a thoughtful and comprehensive

plan for remediation.

Additionally, it is the intent of this policy to separate failure to learn from disciplinary matters. The latter is handled through the WRNMMC chain of command, the Director, WRNMMC, and the Commanding Officer, Navy Element, WRNMMC and may result in formal counseling statements, letters of reprimand, or even non-judicial punishment under the Uniform Code of Military Justice. On the other hand, it is recognized that not all transgressions or ethical violations should be viewed simply as disciplinary matters. Some may be due to ignorance or misunderstanding and therefore legitimately require concurrent remedial training under this training manual, consistent with policy directives from the WRNMMC Professional Education Training Committee (PETC).

1. Acceptable levels of performance on each rotation are established. (See Competency Evaluation forms in Appendix B)
2. Performance criteria will be provided to each intern at the beginning of the internship year via a copy of this Training Manual.
3. The rotation's supervising psychologist will meet with the intern individually for at least two hours weekly. The supervisor will provide verbal feedback outlining the performance against the criteria.
4. Mid-rotation and end-of-rotation evaluations are forwarded by the rotation supervisor to the Program Director and are discussed with the intern.
5. In order to meet internship requirements, all rotations must be satisfactorily completed. Failure to meet criteria satisfactorily for one rotation does not necessarily exclude the intern from the next rotation, but may delay the scheduled graduation from the internship.
6. If unsatisfactory progress is determined by the Program Director, the intern will be placed on a written in-program remediation plan which the intern will be able to review and sign. (Remediation plan for one rotation may continue while the intern is on another rotation.) The Program Director will outline in writing the deficiencies and suggest methods and objectives to regain satisfactory status. A Review will be held 30 days, and then 60 days (if necessary) following the original notification of Remediation Plan (or more frequently if deemed appropriate). Once standards are met, remediation status will be removed, and the intern will be in good standing within the internship.
7. If the intern fails to meet the criteria necessary for removal from the remediation plan, the Program Director shall place the intern on probationary status and inform the appropriate Department Chief and the WRNMMC Professional Education Training Committee (PETC) of the intern's probationary status. The Program Director shall advise the intern in writing of this decision, detailing those areas of deficiency which could lead to termination of training, and establish a "cautionary period" of time (not more than 60 days, or the original ending date of the internship, whichever comes first) within which time the deficiencies must be brought up to acceptable levels.
  - A. The intern has the right to address the Program Director concerning his/her probationary status and performance.

8. After the designated cautionary period of probation has been completed:

A. IF PROGRESS IS SATISFACTORY, the intern's good standing is restored by a letter from the Program Director

B. IF INTERN PERFORMANCE DOES NOT IMPROVE TO A SATISFACTORY LEVEL, a request will be made to the WRNMMC PETC for action. It should be recognized that the Medical Center Director, upon the recommendation of the PETC, has the ultimate authority by regulation to make decisions regarding dismissal from the Training Program.

## **PROCEDURE FOR INTERN GRIEVANCES**

If an intern finds him/herself with a grievance toward the training program, Program Director, or a faculty member, the grievance procedures are as follows:

1. In accordance with conflict resolution research, the APA ethical code, and general principles of human resource management, the intern should first attempt to communicate the grievance as clearly and specifically as possible to the party perceived as the source of the problem, either verbally or in writing.

2. In the event that an intern has a grievance with a faculty member or another supervisor, the intern should initially attempt to resolve the issue with the faculty member or supervisor concerned. If the intern cannot resolve the grievance with the individual involved, the matter is brought to the attention of the Program Director. The Program Director reviews the matter with the intern in order to clarify the issues. The Program Director attempts to resolve the grievance informally by discussing the issue with the faculty member or supervisor involved. If the grievance cannot be resolved informally, the Program Director reviews the matter with the Chief, Behavioral Health Consultation and Education (or the Professional Education Training Committee (PETC) if the issue is with the department chain of command), and subsequently makes appropriate recommendations for resolving the issue. If grievances continue, and are found to be legitimate, the matter will continue to be addressed by the Program Director and Chief, Behavioral Health Consultation and Education, in consultation with the PETC, until resolution is achieved. If the grievance is with the Program Director, the intern should initially attempt to resolve the issue with the Program Director. If the intern cannot resolve the issue informally with the Program Director, the issue will be brought to the attention of the Chief, Behavioral Health Consultation and Education, who makes appropriate recommendations for resolving the issue.

3. If these informal channels fail to bring a resolution that is satisfactory to the intern, the next step in the process would be for the intern to make a formal complaint to the PETC. This body will review the complaint and the documentation of attempts to deal with the problem on the local level. The PETC will make a formal determination and inform all parties of the results and recommendations.

4. Information for equal opportunity complaints (SECNAV INSTRUCTION 5354.2), Navy Equal Opportunity policy (OPNAV INSTRUCTION 5354.1F) or sexual harassment

complaints (SECNAV INSTRUCTION 5300.26D) are available online at the Navy Bureau of Personnel website (<http://www.public.navy.mil/bupers-npc>). A hard copy can also be obtained from the Officer in Charge, Navy Element, WRNMMC. Interns electing to make a formal complaint of sexual harassment or assault may contact the chain of command, or the DoD Sexual Assault Support Hotline at 877-995-5247 or [safehelpline.org](http://safehelpline.org).

## **POLICY ON INTERN MILITARY LEAVE (VACATION)**

I. The following guidelines have been developed to help faculty evaluate requests by psychology interns for time away from the internship. Interns are required to plan their absences, if any, well in advance and to submit their requests in a manner that will allow adequate review by the Rotation Director and the Program Director.

- A. With rare exceptions under special circumstances, no more than five working days personal leave will be permitted during the internship year.
  - 1. In addition to the above (and per MILPERSMAN 1320-210), no more than five consecutive days of no-cost temporary additional duty (TAD) for the purpose of obtaining housing at a new station will be allowed.
- B. Two leave periods should not normally be requested during the same rotation. This implies that if a request for house hunting is going to be made during the last rotation, other requests should be planned in earlier training periods, if possible.
- C. All requests for absences are contingent upon the projected requirements of the intern's training assignments and upon the intern's progress in the internship. Above all, patient care responsibilities are primary.
- D. Consideration of additional time away, such as time for meeting with dissertation committees or defending dissertations will be on a case-by-case basis.

## **PSYCHOLOGY INTERNSHIP DIDACTIC PRESENTATION SERIES**

I. The purpose of the series is to provide the psychology interns with didactic training in areas relevant to the practice of clinical psychology generally, and Navy psychology specifically. Didactic training includes a Psychiatry Grand Rounds series, scheduled on Wednesdays from 1600-1700. Additional didactic trainings will be scheduled on Friday afternoons from 1300-1530. Friday afternoon didactics occur once or twice a month. Navy Psychology interns meet weekly with the Training Director, during which administrative issues are covered, journal articles are discussed (focusing on Leadership, Ethics and Multicultural Competence), and prepared case presentations made and discussed.

The following principles have been established for the various didactic training series:

- A. Each presentation is practice oriented.
- B. The interns will be exempted from scheduled clinical responsibilities during the planned didactic seminars. Any exception must be cleared with the Rotation Director and Program Director.
- C. For interns, attendance is mandatory, unless time away has been approved by the Program Director in advance. Clinical responsibilities should be scheduled so as not to be a reason for absence.

Following each presentation, those attending will complete an evaluation form.

### **Examples of Recent Seminars, Grand Rounds, and Extended Training Topics**

Cognitive Processing Therapy (two day course)  
 Prolonged Exposure Therapy (two day course)  
 Case Formulation and Presentation  
 Program Evaluation  
 Military Specific Psychological Evaluations  
 Cognitive Behavioral Therapy for Insomnia  
 Ethics and Professional Practice in Psychology  
 Ethics and Professional Practice in a Deployed Setting  
 Licensure, Board Certification, and Other Credentials in Psychology  
 Traumatic Brain Injury  
 Psychological Practice with Lesbian, Gay, and Bisexual Clients  
 Diversity: Experiencing "Otherness"  
 Military Sexual Trauma  
 Military Transgender Issues and Policy  
 Navy Psychology Practice on Aircraft Carriers  
 Ethical and Effective Practice of Supervision  
 Supervision Training: Defining and Assessing Competencies  
 Special Operations in Navy Psychology  
 Psychopharmacology  
 Substance Use Disorder Assessment  
 Collaborative Assessment and Management of Suicidality  
 MMPI2-RF  
 Personality Assessment Inventory  
 Rorschach Performance Assessment System

## **ADJUNCT FACULTY**

Adjunct training faculty members are considered critical in the delivery of the internship program as presently outlined.

Adjunct Psychology Faculty: Licensed psychologists not part of the Core Faculty but readily available to interns for adjunctive supervision and consultation.

Psychiatry Staff: Attending Psychiatrists on Inpatient Service, Attending Psychiatrists on Psychiatric Consultation Liaison Service, Attending Psychiatrists on Adult Outpatient

Service

Outside Consultants: Provide didactic material in areas supplementing Navy CPIP faculty expertise.

## **QUALITY ASSURANCE**

In order to assure the maintenance of the standards of quality patient care, the following steps will be taken by the faculty. The Program Director is responsible for assuring that each step is accomplished.

I. Supervisors will submit written rotation competency evaluations to the intern and the Program Director indicating that the evaluation of the intern has taken place as scheduled (mid-point and end of rotation).

II. At the mid-point and end of the internship year, each intern will submit to the Program Director a formal evaluation of the training received.

III. At the end of each 8 week or 16 week rotation, each intern will submit to the Program Director a formal evaluation of the rotation-specific training, and of the supervision received.

# APPENDIX A

## INTERN RECRUITMENT AND SELECTION

Application to the Navy Clinical Psychology Internship Program at Walter Reed National Military Medical Center is processed through the Navy Recruiting Command (for Navy Officer commissioning clearance) and through the APPIC Match. The officer commissioning part of the application process is NOT made directly to the internship program. As applicants to the internship are also applying to become active duty naval officers if matched to our program through the APPIC match, they must meet all age, security background check, and medical requirements for commissioning as naval officers prior to being placed on the internship's APPIC match list. Applicants do not need to be in the military to apply, and despite the extensive officer commissioning background process during the application, there is no subsequent military service obligation unless an applicant matches with the internship through the APPIC match.

The Navy internship sites at Walter Reed National Military Medical Center and Naval Medical Center San Diego are not a consortium. They are separately accredited by the American Psychological Association (APA) and are listed separately on the APPIC website. Applicants may apply to one or both of the internships. In order to be placed on the APPIC match list for the Navy internships at Walter Reed National Military Medical Center Bethesda and Naval Medical Center San Diego, applicants must apply to each internship program separately.

Application packages will include the standard APPIC application (including graduate training director verification of readiness for internship), transcripts of all graduate school education, a curriculum vitae, and letters of reference from graduate school professors and practicum supervisors. Letters from professors and supervisors directly familiar with applicants' clinical work are most helpful in the application review process. Additionally, Navy Recruiting will include required naval officer recruiting paperwork, the physical examination, and the criminal background check in the application package.

Our internship and the Navy welcome and encourage applications from men and women of diverse backgrounds. We select psychology interns on a competitive basis without regard to race, color, religion, creed, sex or national origin (Article 1164, Navy Regulations). In accordance with United States law regarding military officers, applicants must be United States citizens and cannot hold dual citizenship. (Applicants who hold dual citizenship must be willing to relinquish non-U.S. citizenship prior to commissioning as a military officer). As noted above, applicants must meet age, security background check, and medical qualification requirements for Navy officer commissioning prior to being placed on the internship's APPIC Match ranking list.

It is important to note that the Navy accepts internship applications only from APA-accredited doctoral programs in clinical or counseling psychology.

All doctoral degree requirements other than the internship and doctoral dissertation must be completed prior to the start of the internship year. This includes all required coursework and pre-internship practicum experiences. In addition, all written and/or oral comprehensive examinations and approval of the dissertation proposal by the applicant's full dissertation

committee must be completed prior to the APPIC Match list submission deadline. Whenever possible, the dissertation should be completed prior to internship, but this is not a requirement.

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

Graduate students interested in applying to the Navy Clinical Psychology Internship Programs at Walter Reed National Military Medical Center Bethesda and/or Naval Medical Center San Diego are advised to contact the Navy Recruiting Office in their local areas. This office can typically be found online and in the Government Pages of the local telephone directory. Applicants should specifically ask for a Medical Programs Officer Recruiter. Often, small recruiting offices will not have Medical Programs Officer Recruiters, but can easily direct the applicant to the closest one.

Applicants are strongly encouraged to visit the internship sites in which they are interested, and to which they have been invited for interviews during the APPIC application process. An in-person interview at one of the Navy sites is required. An interview at both sites is preferred. However, we understand the investment of time and finances for the APPIC Match process, and are happy to conduct phone interviews when travel to both Navy internship sites is prohibitive for the applicant. Additionally, applicants are strongly encouraged to contact the Program Director with any questions or concerns.

**APPENDIX B**  
**SAMPLE COMPETENCY EVALUATIONS**

**Walter Reed National Military Medical Center**  
**Clinical Psychology Internship Program**

**PSYCHOLOGY INTERN COMPETENCY ASSESSMENT FORM**  
**PROFESSION-WIDE COMPETENCIES**

**Trainee Name:** [Click here to enter text.](#)

**Supervisor Name:** [Click here to enter text.](#)

**Rotation:** [Choose an item.](#)    [Choose an item.](#)

**Evaluation Period:** [Choose an item.](#)

**ASSESSMENT METHOD(S) FOR COMPETENCIES**

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation                               | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Videotape  | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audiotape  | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation                                | <input type="checkbox"/> Comments from Other Staff          |
| <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a> |   |

**COMPETENCY RATINGS DESCRIPTIONS**

**A    Advanced/Skills comparable to autonomous practice at the licensure level.**

Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however supervision is required while in training status.

**P    Proficient/Occasional supervision needed.**

Anticipated rating at the completion of a rotation or the internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

**I    Intermediate/Should remain a focus of supervision**

Common rating during the course of a rotation for many technical skill domains or for advanced skills taught along the duration of the internship. Routine supervision of activities required. Progressing as expected at this point in the training program.

**E    Entry level/Continued intensive supervision is needed**

Required intensive supervision efforts are documented on the Individual Development Plan.

**R    Needs remedial work**

Requires remedial work.

**GOAL: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS**

**OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR**

**Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Smooth working relationships, handles differences openly, tactfully and effectively.
P	<input type="checkbox"/>	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
I	<input type="checkbox"/>	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with rare interpersonal concerns with colleagues.
E	<input type="checkbox"/>	Ability to participate in team model is limited, relates well to peers and supervisors. Requires intensive supervision (for a trainee at this level) to identify and or address interpersonal concerns with colleagues.
R	<input type="checkbox"/>	May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

**OBJECTIVE: SEEKS CONSULTATION/SUPERVISION**

**Seeks consultation or supervision as needed and uses it productively.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. Maintains excellent insight into personal strengths and limitations. Actively seeks assistance to improve areas of weakness and is effective in doing so.
P	<input type="checkbox"/>	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, rarely over or under-estimates need for supervision. Maintains appropriate insight into personal strengths and limitations. Almost always seeks assistance to improve areas of weakness and is almost always effective in doing so.
I	<input type="checkbox"/>	Generally accepts supervision well. Needs supervisory input for determination of readiness to try new skills. Generally aware of strengths and limitations and open to accepting feedback in these areas. Demonstrates ongoing efforts to improve areas of weakness
E	<input type="checkbox"/>	Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
R	<input type="checkbox"/>	Frequently defensive and inflexible, resists important and necessary feedback and/or lacks insight into personal limitations.

**OBJECTIVE: USES POSITIVE COPING STRATEGIES**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Good awareness of personal and professional problems. Stressors have minimal impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues. Routinely engages/employs effective positive coping strategies.
P	<input type="checkbox"/>	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Routinely engages/employs effective positive coping strategies.
I	<input type="checkbox"/>	Occasionally uses supervision time to minimize the effect of stressors on professional functioning. Able to successfully employ positive coping strategies to minimize effect of stressors on professional practice, with occasional prompting from supervisor. Accepts reassurance from supervisor well.
E	<input type="checkbox"/>	Personal problems can significantly disrupt professional functioning.
R	<input type="checkbox"/>	Denies problems or otherwise does not allow them to be addressed effectively.

**OBJECTIVE: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**

**Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
P	<input type="checkbox"/>	Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
I	<input type="checkbox"/>	Uses supervisory feedback well to improve documentation. May require some feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
E	<input type="checkbox"/>	Needs considerable direction from supervisor. May leave out crucial information.
R	<input type="checkbox"/>	May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

**OBJECTIVE: EFFICIENCY AND TIME MANAGEMENT**

**Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
P	<input type="checkbox"/>	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner.
I	<input type="checkbox"/>	Completes work effectively and promptly by using supervision time for guidance. Rarely needs reminders to meet deadlines.
E	<input type="checkbox"/>	Dependent on reminders or additional deadlines to complete tasks.
R	<input type="checkbox"/>	Frequently has difficulty with timeliness or tardiness or unaccounted absences are a problem.

**OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW**

**Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed
P	<input type="checkbox"/>	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
I	<input type="checkbox"/>	Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
E	<input type="checkbox"/>	Often unaware of important ethical and legal issues.
R	<input type="checkbox"/>	Disregards important supervisory input regarding ethics or law.

**OBJECTIVE: ADMINISTRATIVE COMPETENCY**

**Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
P	<input type="checkbox"/>	Identifies components of the larger task and works independently on them. Successfully accomplishes large tasks within the timeframe allotted. Identifies priorities but may need input to structure some aspects of task.
I	<input type="checkbox"/>	Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.

E	<input type="checkbox"/>	Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.
R	<input type="checkbox"/>	Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY**

**OBJECTIVE: PATIENT RAPPORT**

**Consistently achieves a good rapport with patients.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
P	<input type="checkbox"/>	Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
I	<input type="checkbox"/>	Actively developing skills with new populations and able to develop rapport with minimal supervision efforts. Relates well when has prior experience with the population.
E	<input type="checkbox"/>	Has difficulty establishing rapport.
R	<input type="checkbox"/>	Alienates patients or shows little ability to recognize problems.

**OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
P	<input type="checkbox"/>	Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
I	<input type="checkbox"/>	Resolves lack of knowledge with some patient groups effectively through supervision. Open to feedback regarding limits of competence.
E	<input type="checkbox"/>	Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
R	<input type="checkbox"/>	Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

**OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**

**Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
P	<input type="checkbox"/>	Aware of own cultural background. Readily acknowledges own culturally-based assumptions.
I	<input type="checkbox"/>	Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
E	<input type="checkbox"/>	Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
R	<input type="checkbox"/>	Has little insight into own cultural beliefs even after supervision.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT**

**OBJECTIVE: DIAGNOSTIC SKILL**

**Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclatur and DSM. Utilizes historical, interview and psychometric data to diagnose accurately.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Demonstrates a thorough knowledge of psychiatric classification, including relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
P	<input type="checkbox"/>	Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good.
I	<input type="checkbox"/>	Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May occasionally miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
E/R	<input type="checkbox"/>	Has significant deficits in understanding of the psychiatric classification system and/or ability to Nuse DSM-V criteria to develop a diagnostic conceptualization.

**OBJECTIVE: INTAKE REPORT WRITING SKILLS**

**Writes a well-organized intake report. Addresses relevant history, diagnosis, mental status, treatment plan and recommendations in a clear and concise fashion.**

N/O	<input type="checkbox"/>	Not Observed.
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A	<input type="checkbox"/>	Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Thorough history supports clear diagnostic conclusions. Recommended treatment plan is consistent with history and diagnosis.
P	<input type="checkbox"/>	Report covers essential points without error. Readily completes intake reports and makes useful and relevant recommendations.
I	<input type="checkbox"/>	Uses supervision effectively for assistance in determining important points to highlight. Report may need polish in cohesiveness and organization.
E/R	<input type="checkbox"/>	Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites

**OBJECTIVE: GENERAL INTERVIEWING SKILLS**

**Can gather necessary history and diagnostic information; displays an organized approach; interview sets the patient at ease and helps to build rapport.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Gathers all necessary history and diagnostic information in most cases. Always does so in an organized, attentive, thoughtful way, even in the most complex cases. Quickly establishes patient rapport, and uses style tailored to the individual patient.
P	<input type="checkbox"/>	Gathers necessary history and diagnostic information in an organized manner, in most cases. Ensures that thoughtful inquiry is balanced with timely and organized completion of the interview.
I	<input type="checkbox"/>	Shows improvement with practice and supervision, and evidences adequate reflective and empathic skills most of the time.
E	<input type="checkbox"/>	Demonstrates the basics of interviewing technique but frequently misses critical historical data. May require significant supervision to arrive at diagnostic conclusions. Difficulty developing treatment plans supported by history and diagnosis.
R	<input type="checkbox"/>	Is disorganized and superficial in interview, even in the most basic cases, and despite repeated feedback and assistance from supervisor. Routinely misses important history. Does not engage the patient effectively; cannot establish basic rapport. Struggles to adequately empathize with the patient.

**OBJECTIVE: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY IN OUTPATIENT SETTING**

**Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consults (as needed). Establishes appropriate short-term crisis plans with patients. Solid working knowledge of the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide.

P	<input type="checkbox"/>	Recognizes and effectively manages safety issues. Appropriately documents risk. Initiates appropriate actions to manage patient risk. Promptly discusses confidentiality issues. Working knowledge of the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide. Seeks supervision, as needed, with complex cases.
I	<input type="checkbox"/>	Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. May occasionally need input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient. Needs prompting to utilize DoD/VA Clinical Practice Guidelines.
E	<input type="checkbox"/>	Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
R	<input type="checkbox"/>	Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor. Cannot apply DoD/VA Clinical Practice Guidelines in risk assessment.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

**OBJECTIVE: CASE CONCEPTUALIZATION AND TREATMENT GOALS**

**Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Independently produces good case conceptualizations within own preferred theoretical orientation, can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
P	<input type="checkbox"/>	Independently reaches a good case conceptualization within own preferred theoretical orientation. Readily identifies emotional issues. Sets appropriate goals and distinguishes realistic and unrealistic goals.
I	<input type="checkbox"/>	Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
E/R	<input type="checkbox"/>	Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

**OBJECTIVE: THERAPEUTIC INTERVENTIONS**

**Interventions are well-timed, effective and consistent with empirically supported treatments.**

N/O	<input type="checkbox"/>	Not Observed.
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A	<input type="checkbox"/>	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
P	<input type="checkbox"/>	Most interventions and interpretations facilitate patient acceptance and change. Solidly developing timing and delivery of more difficult interventions.
I	<input type="checkbox"/>	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
E/R	<input type="checkbox"/>	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

**OBJECTIVE: EMPIRICALLY SUPPORTED INTERVENTIONS FOR PTSD**

**Interventions for Post-Traumatic Stress Disorder are well timed, patient centered, effective and consistent with empirically supported treatments (e.g., Prolonged Exposure Therapy or Cognitive Processing Therapy).**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed. Able to independently identify knowledge and practice gaps and spontaneously seek out additional assistance or supervision when
P	<input type="checkbox"/>	Most interventions and interpretations facilitate patient acceptance and change. Solidly developing timing and delivery of more difficult interventions. Seeks ongoing supervision to advance skills.
I	<input type="checkbox"/>	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
E/R	<input type="checkbox"/>	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting empirically supported interventions to patients' level of understanding and motivation. Struggles with asking for assistance or additional supervision. Requires close observation and supervision when using empirically supported treatments.

**OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)**

**Understands and uses own emotional reactions to the patient productively in the treatment.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
P	<input type="checkbox"/>	Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.

I	<input type="checkbox"/>	Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is sometimes needed to process the information gained.
E	<input type="checkbox"/>	When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
R	<input type="checkbox"/>	Unable to see or denies countertransference issues, even with supervisory input.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN SCHOLARLY INQUIRY AND APPLICATION OF CURRENT SCIENTIFIC KNOWLEDGE TO PRACTICE**

**OBJECTIVE: SEEKS CURRENT SCIENTIFIC KNOWLEDGE**

**Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
I	<input type="checkbox"/>	Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
E	<input type="checkbox"/>	Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
R	<input type="checkbox"/>	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN PROFESSIONAL CONSULTATION**

**OBJECTIVE: CONSULTATIVE GUIDANCE**

**Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Relates well to those seeking input, is able to provide appropriate feedback.
I	<input type="checkbox"/>	Requires occasional input regarding the manner of delivery or type of feedback given, with additional guidance required on more complex cases.
E	<input type="checkbox"/>	Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
R	<input type="checkbox"/>	Unable to establish rapport.

**COMMENTS:** [Click here to enter text.](#)

## **GOAL: COMPETENCE IN MILITARY MATTERS**

### **OBJECTIVE: MILITARY BEARING**

**Demonstrates proper military etiquette and follows protocol, consistently and effectively comports self as a professional military officer with a presence that instills confidence and solid interpersonal skills, demonstrates proper uniform wear, utilizes proper social skills in a formal military setting.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Viewed by officers as the standard to which others should meet. Exudes a confident presence without being arrogant or aggressive. Places mission needs above own.
P	<input type="checkbox"/>	Consistently follows military protocols and demonstrates appropriate officer comportment without prompting. Wears the uniform correctly. Able to adapt interpersonal style to formal and informal demands of different military settings. Respectful of all ranks and
I	<input type="checkbox"/>	Generally follows military protocols and demonstrates appropriate comportment, with occasional on the spot correction and prompts by supervisors. Wear of the uniform is sufficient. Usually is able to distinguish between and adapt to formal vs. informal military setting demands. Officer is respectful of senior officers/civilians and progressing in learning how to supervise/be a role model to junior Service members.
E	<input type="checkbox"/>	Inadequate comportment as a military officer usually demonstrated or egregious breeches in protocol/etiquette observed. Does not consistently wear the uniform properly. Does not consistently adapt interpersonal interactions to formal vs. informal military setting demands. Instances of disrespect have been reported.
R	<input type="checkbox"/>	Does not observe military customs and courtesies, follow protocols, properly wear the uniform, or violates other aspects of appropriate officership. Instances of disrespect have been reported.

### **OBJECTIVE: MILITARY FUND OF KNOWLEDGE AND APPLICATION TO PRACTICE**

**Demonstrates appropriate breadth and depth of applicable military knowledge and is able to apply information to clinical practice. Functional military knowledge effectively informs clinical decision making, treatment plans, recommendations, referrals, consultation methods, etc.**

N/O	<input type="checkbox"/>	Not Observed.
-----	--------------------------	---------------

A	<input type="checkbox"/>	Demonstrates expansive functional knowledge of the military , expertly applies knowledge to clinical practice, and is called upon as a consultant on a variety of different topics and in multiple settings in military psychology.
P	<input type="checkbox"/>	Able to consistently apply knowledge of the military and military culture to clinical practice without supervisor's assistance. Military knowledge is effectively combined with clinical practice to produce solid case conceptualization, treatment recommendations, clinical decision making, referrals, and consultation practices.
I	<input type="checkbox"/>	Possesses basic understanding/knowledge of the military and military culture but requires routine supervision to supplement and expand fund of knowledge. Requires supervisor's assistance to apply military specific information to clinical practice.
E	<input type="checkbox"/>	Insufficient knowledge of the military and does not consistently apply information to clinical practice.
R	<input type="checkbox"/>	Unaware of or disregards military culture or protocol. Does not apply military knowledge to clinical practice.

**COMMENTS:** [Click here to enter text.](#)

## **SUPERVISOR COMMENTS**

### **PERFORMANCE SUMMARY:**

Click here to enter text.

### **AREAS OF CONTINUED PROFESSIONAL DEVELOPMENT, INCLUDING RECOMMENDATIONS:**

Click here to enter text.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Walter Reed National Military Medical Center Clinical Psychology Internship Program

## PSYCHOLOGY INTERN COMPETENCY ASSESSMENT FORM PSYCHOLOGICAL ASSESSMENT ROTATION

**Trainee Name:** Click here to enter text.

**Supervisor Name:** Click here to enter text.

**Rotation:** Choose an item. Choose an item.

**Evaluation Period:** Click here to enter a date.

**Training Experience:** Click here to enter text.

### ASSESSMENT METHOD(S) FOR COMPETENCIES

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation               | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Videotape                        | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audiotape                        | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation                | <input type="checkbox"/> Comments from Other Staff          |
| <input type="checkbox"/> Other: Click here to enter text. |   |

### COMPETENCY RATINGS DESCRIPTIONS

**A Advanced/Skills comparable to autonomous practice at the licensure level.**

Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however supervision is required while in training status.

**P Proficient/Occasional supervision needed.**

Anticipated rating at the completion of a rotation or the internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

**I Intermediate/Should remain a focus of supervision**

Common rating during the course of a rotation for many technical skill domains or for advanced skills taught along the duration of the internship. Routine supervision of activities required. Progressing as expected at this point in the training program.

**E Entry level/Continued intensive supervision is needed**

Required intensive supervision efforts are documented on the Individual Development Plan.

**R Needs remedial work**

Requires remedial work.

**GOAL: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS**

**OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR**

**Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Smooth working relationships, handles differences openly, tactfully and effectively.
P	<input type="checkbox"/>	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
I	<input type="checkbox"/>	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with rare interpersonal concerns with colleagues.
E	<input type="checkbox"/>	Ability to participate in team model is limited, relates well to peers and supervisors. Requires intensive supervision (for a trainee at this level) to identify and or address interpersonal concerns with colleagues.
R	<input type="checkbox"/>	May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

**OBJECTIVE: SEEKS CONSULTATION/SUPERVISION**

**Seeks consultation or supervision as needed and uses it productively.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. Maintains excellent insight into personal strengths and limitations. Actively seeks assistance to improve areas of weakness and is effective in doing so.
P	<input type="checkbox"/>	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, rarely over or under-estimates need for supervision. Maintains appropriate insight into personal strengths and limitations. Almost always seeks assistance to improve areas of weakness and is almost always effective in doing so.
I	<input type="checkbox"/>	Generally accepts supervision well. Needs supervisory input for determination of readiness to try new skills. Generally aware of strengths and limitations and open to accepting feedback in these areas. Demonstrates ongoing efforts to improve areas of weakness.
E	<input type="checkbox"/>	Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
R	<input type="checkbox"/>	Frequently defensive and inflexible, resists important and necessary feedback and/or lacks insight into personal limitations.

**OBJECTIVE: USES POSITIVE COPING STRATEGIES**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Good awareness of personal and professional problems. Stressors have minimal impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues. Routinely engages/employs effective positive coping strategies.
P	<input type="checkbox"/>	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Routinely engages employs effective positive coping strategies.
I	<input type="checkbox"/>	Occasionally uses supervision time to minimize the effect of stressors on professional functioning. Able to successfully employ positive coping strategies to minimize effect of stressors on professional practice, with occasional prompting from supervisor. Accepts reassurance from supervisor well.
E	<input type="checkbox"/>	Personal problems can significantly disrupt professional functioning.
R	<input type="checkbox"/>	Denies problems or otherwise does not allow them to be addressed effectively.

**OBJECTIVE: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**

**Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
P	<input type="checkbox"/>	Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
I	<input type="checkbox"/>	Uses supervisory feedback well to improve documentation. May require some feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
E	<input type="checkbox"/>	Needs considerable direction from supervisor. May leave out crucial information.
R	<input type="checkbox"/>	May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

**OBJECTIVE: EFFICIENCY AND TIME MANAGEMENT**

**Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
P	<input type="checkbox"/>	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner.
I	<input type="checkbox"/>	Completes work effectively and promptly by using supervision time for guidance. Rarely needs reminders to meet deadlines.
E	<input type="checkbox"/>	Dependent on reminders or additional deadlines to complete tasks.
R	<input type="checkbox"/>	Frequently has difficulty with timeliness or tardiness or unaccounted absences are a problem.

**OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW**

**Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed
P	<input type="checkbox"/>	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
I	<input type="checkbox"/>	Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
E	<input type="checkbox"/>	Often unaware of important ethical and legal issues.
R	<input type="checkbox"/>	Disregards important supervisory input regarding ethics or law.

**OBJECTIVE: ADMINISTRATIVE COMPETENCY**

**Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
P	<input type="checkbox"/>	Identifies components of the larger task and works independently on them. Successfully accomplishes large tasks within the timeframe allotted. Identifies priorities but may need input to structure some aspects of task.
I	<input type="checkbox"/>	Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.
E	<input type="checkbox"/>	Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.
R	<input type="checkbox"/>	Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.

**COMMENTS:** Click here to enter text.

**GOAL: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY**

**OBJECTIVE: PATIENT RAPPORT**

**Consistently achieves a good rapport with patients.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
P	<input type="checkbox"/>	Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
I	<input type="checkbox"/>	Actively developing skills with new populations and able to develop rapport with minimal supervision efforts. Relates well when has prior experience with the population.
E	<input type="checkbox"/>	Has difficulty establishing rapport.
R	<input type="checkbox"/>	Alienates patients or shows little ability to recognize problems.

**OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
P	<input type="checkbox"/>	Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
I	<input type="checkbox"/>	Resolves lack of knowledge with some patient groups effectively through supervision. Open to feedback regarding limits of competence.
E	<input type="checkbox"/>	Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
R	<input type="checkbox"/>	Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

**OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**

**Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
P	<input type="checkbox"/>	Aware of own cultural background. Readily acknowledges own culturally-based assumptions.
I	<input type="checkbox"/>	Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
E	<input type="checkbox"/>	Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
R	<input type="checkbox"/>	Has little insight into own cultural beliefs even after supervision.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT**

**OBJECTIVE: DIAGNOSTIC SKILL**

**Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM. Utilizes historical, interview and psychometric data to diagnose accurately.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Demonstrates a thorough knowledge of psychiatric classification, including relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
P	<input type="checkbox"/>	Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good.
I	<input type="checkbox"/>	Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May occasionally miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
E/R	<input type="checkbox"/>	Has significant deficits in understanding of the psychiatric classification system and/or ability to Nuse DSM-V criteria to develop a diagnostic conceptualization.

**TOTAL NUMBER OF ASSESSMENTS COMPLETED THIS EVALUATION PERIOD** Select a number.

**OBJECTIVE: PSYCHOLOGICAL TEST SELECTION AND ADMINISTRATION**

**Promptly and proficiently administers commonly used tests in his/her area of practice. Appropriately chooses the tests to be administered. Demonstrates competence in administering intelligence tests and personality inventories (e.g., MMPI-2, PAI).**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Proficiently administers all tests. Completes all testing efficiently. Autonomously chooses appropriate tests to answer referral question.
I	<input type="checkbox"/>	Occasional input needed regarding fine points of test administration. Occasionally needs reassurance that selected tests are appropriate.
E	<input type="checkbox"/>	Needs continued supervision on frequently administered tests. Needs occasional consultation regarding appropriate tests to administer.
R	<input type="checkbox"/>	Test administration is irregular, slow. Or often needs to recall patient to further testing sessions due to poor choice of tests administered.

**OBJECTIVE: PSYCHOLOGICAL TEST INTERPRETATION**

**Interprets the results of psychological tests used in his/her area of practice. Demonstrates competence interpreting intelligence tests and personality inventories.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Skillfully and efficiently interprets tests autonomously. Makes accurate independent diagnostic formulations on a variety of syndromes. Accurately interprets and integrates results.
P	<input type="checkbox"/>	Demonstrates knowledge of scoring methods and reaches appropriate conclusions.
I	<input type="checkbox"/>	Completes assessments on typical patients with some supervisory input, occasionally uncertain how to handle difficult patients or unusual findings. Understands basic use of tests, may occasionally reach inaccurate conclusions or over-rely on test manuals for interpretation.
E/R	<input type="checkbox"/>	Significant deficits in understanding of psychological testing, over-reliance on test manuals for interpretation. Repeatedly omits significant issues from assessments, reaches inaccurate or insupportable conclusions.

**Total Number of Tests Administered on Rotation:**

<b>MMPI-2</b>	Select a number.
<b>MCMII-III</b>	Select a number.
<b>PAI</b>	Select a number.
<b>RORSCHACH</b>	Select a number.

**Other:** [Click here to enter text.](#)

**OBJECTIVE: ASSESSMENT WRITING SKILLS**

**Writes a well-organized psychological report. Answers the referral question clearly and provides the referral source with specific recommendations.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Relevant test results are integrated into the report as primary evidence. Recommendations directly address referral questions.

P	<input type="checkbox"/>	Report accurately covers essential points. Readily completes assessments and makes useful and relevant recommendations.
I	<input type="checkbox"/>	Uses supervision effectively for assistance in determining important points to highlight. Report may need polish in cohesiveness and organization.
E/R	<input type="checkbox"/>	Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

**OBJECTIVE: FEEDBACK REGARDING ASSESSMENT**

**Plans and carries out a feedback interview. Explains the test results in terms the patient and/or caregiver can understand, provides suitable recommendations and responds to issues raised by patient or caregiver.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Plans and implements the feedback session appropriately. Foresees areas of difficulty in the session and responds empathically to patient or caregiver concerns. Adjusts personal style and complexity of language and feedback details to accommodate patient or caregiver needs.
P	<input type="checkbox"/>	Develops and implements a plan for the feedback session. Identifies issues which may become problematic in the feedback session. Accommodates specific needs of patient or family.
I	<input type="checkbox"/>	Develops plan for feedback session with the supervisor. Presents basic assessment results and supervisor addresses more complex issues. Continues to benefit from feedback on strengths and areas for improvement.
E	<input type="checkbox"/>	Supervisor frequently needs to assume leadership in feedback sessions to ensure correct feedback is given or to address emotional issues of patient or caregiver.
R	<input type="checkbox"/>	Does not modify interpersonal style in response to feedback.

**NA OBJECTIVE: GENERAL INTERVIEWING SKILLS**

**Can gather necessary history and diagnostic information; displays an organized approach; interview sets the patient at ease and helps to build rapport.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Gathers all necessary history and diagnostic information in most cases. Always does so in an organized, attentive, thoughtful way, even in the most complex cases. Quickly establishes patient rapport, and uses style tailored to the individual patient.
P	<input type="checkbox"/>	Gathers necessary history and diagnostic information in an organized manner, in most cases. Ensures that thoughtful inquiry is balanced with timely and organized completion of the interview.
I	<input type="checkbox"/>	Shows improvement with practice and supervision, and evidences adequate reflective and empathic skills most of the time.
E	<input type="checkbox"/>	Demonstrates the basics of interviewing technique but frequently misses critical historical data. May require significant supervision to arrive at diagnostic conclusions. Difficulty developing treatment plans supported by history and diagnosis.
R	<input type="checkbox"/>	Is disorganized and superficial in interview, even in the most basic cases, and despite repeated feedback and assistance from supervisor. Routinely misses important history. Does not engage the patient effectively; cannot establish basic rapport. Struggles to adequately empathize with the patient.

**OBJECTIVE: ASSESSING AND MANAGING SUICIDE RISK AND CONFIDENTIALITY ON THE PSYCHIATRIC CONSULTATION AND LIAISON SERVICE**

**Effectively evaluates, manages and documents patient risk in an Emergency Department setting, and in other inpatient settings, to include suicidality, homicidality, and other safety issues.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Independently able to develop an emergency plan that assures safety. Documentation is always complete and the rationale for follow up care is clearly defined in treatment plan. Is fully aware of the processes and procedures needed to support this plan. Fully understands procedures related to hospital admission and is able to coordinate these services collaboratively with other providers.
P	<input type="checkbox"/>	Able to integrate a risk assessment for suicidality early in a clinical interview and collects assessment information on an ongoing basis. Able to make a sound clinical judgment of the risk that a patient will attempt suicide in the short term. Is able to clearly document items related to suicidality and is able to develop a plan that addresses the client's acute suicide ideation and safety plan.
I	<input type="checkbox"/>	Independently able to perform a thorough risk assessment and demonstrates a clear understanding of risk and protective factors. Is able to use this knowledge to illicit and document the warning signs of imminent risk of suicide. Is able to make sound clinical decisions about patient management and procedures for ongoing care. Has basic information about laws related to suicide and procedures for involuntary hospital admission. Is aware of the need to obtain records and information with collateral sources as appropriate.
E	<input type="checkbox"/>	Demonstrates basic knowledge of risk suicide risk factors. Is able to include a risk assessment in the clinical interview although it is not well integrated. Is still developing familiarity with clinical resources and collaborative safety plans. Has an awareness of working with other treatment and service provider, such as inpatient and is gaining knowledge on procedures and policies for hospital admission or other continuing care.
R	<input type="checkbox"/>	Unable to identify risk factors, including suicide related statistics for suicide or make clinical judgments based on these factors. Does not elicit risk or protective factors and has difficulty clearly documenting severity and safety plan.

**OBJECTIVE: SEEKS CURRENT SCIENTIFIC KNOWLEDGE**

**Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
I	<input type="checkbox"/>	Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
E	<input type="checkbox"/>	Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
R	<input type="checkbox"/>	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

**COMMENTS:** Click here to enter text.

**GOAL: COMPETENCE IN PROFESSIONAL CONSULTATION**

**OBJECTIVE: CONSULTATION ASSESSMENT**

**Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations.
P	<input type="checkbox"/>	Chooses appropriate means of assessment to respond effectively to the referral question(s). Reports and progress notes are well organized and provide useful and relevant recommendations.
I	<input type="checkbox"/>	Occasional input from supervisor is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question, with additional guidance required on complex cases.
E	<input type="checkbox"/>	Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.
R	<input type="checkbox"/>	Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

**OBJECTIVE: CONSULTATIVE GUIDANCE**

**Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Relates well to those seeking input, is able to provide appropriate feedback.
I	<input type="checkbox"/>	Requires occasional input regarding the manner of delivery or type of feedback given, with additional guidance required on more complex cases.
E	<input type="checkbox"/>	Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
R	<input type="checkbox"/>	Unable to establish rapport.

**COMMENTS:** Click here to enter text.

**GOAL: COMPETENCE IN MILITARY MATTERS**

**NA OBJECTIVE: MILITARY BEARING**

**Demonstrates proper military etiquette and follows protocol, consistently and effectively comports self as a professional military officer with a presence that instills confidence and solid interpersonal skills, demonstrates proper uniform wear, utilizes proper social skills in a formal military setting.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Viewed by officers as the standard to which others should meet. Exudes a confident presence without being arrogant or aggressive. Places mission needs above own.
P	<input type="checkbox"/>	Consistently follows military protocols and demonstrates appropriate officer comportment without prompting. Wears the uniform correctly. Able to adapt interpersonal style to formal and informal demands of different military settings. Respectful of all ranks and civilians.
I	<input type="checkbox"/>	Generally follows military protocols and demonstrates appropriate comportment, with occasional on the spot correction and prompts by supervisors. Wear of the uniform is sufficient. Usually is able to distinguish between and adapt to formal vs. informal military setting demands. Officer is respectful of senior officers/civilians and progressing in learning how to supervise/be a role model to junior Service members.
E	<input type="checkbox"/>	Inadequate comportment as a military officer usually demonstrated or egregious breeches in protocol/etiquette observed. Does not consistently wear the uniform properly. Does not consistently adapt interpersonal interactions to formal vs. informal military setting demands. Instances of disrespect have been reported.
R	<input type="checkbox"/>	Does not observe military customs and courtesies, follow protocols, properly wear the uniform, or violates other aspects of appropriate officership. Instances of disrespect have been reported.

**NA OBJECTIVE: MILITARY FUND OF KNOWLEDGE AND APPLICATION TO PRACTICE**

**Demonstrates appropriate breadth and depth of applicable military knowledge and is able to apply information to clinical practice. Functional military knowledge effectively informs clinical decision making, treatment plans, recommendations, referrals, consultation methods, etc.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Demonstrates expansive functional knowledge of the military , expertly applies knowledge to clinical practice, and is called upon as a consultant on a variety of different topics and in multiple settings in military psychology.
P	<input type="checkbox"/>	Able to consistently apply knowledge of the military and military culture to clinical practice without supervisor’s assistance. Military knowledge is effectively combined with clinical practice to produce solid case conceptualization, treatment recommendations, clinical decision making, referrals, and consultation practices.
I	<input type="checkbox"/>	Possesses basic understanding/knowledge of the military and military culture but requires routine supervision to supplement and expand fund of knowledge. Requires supervisor’s assistance to apply military specific information to clinical practice.
E	<input type="checkbox"/>	Insufficient knowledge of the military and does not consistently apply information to clinical practice.
R	<input type="checkbox"/>	Unaware of or disregards military culture or protocol. Does not apply military knowledge to clinical practice.

**COMMENTS:** [Click here to enter text.](#)

**SUPERVISOR COMMENTS**

**PERFORMANCE SUMMARY:**

Click here to enter text.

**AREAS OF CONTINUED PROFESSIONAL DEVELOPMENT, INCLUDING RECOMMENDATIONS:**

Click here to enter text.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Walter Reed National Military Medical Center** **Clinical Psychology Internship Program**

## **PSYCHOLOGY INTERN COMPETENCY ASSESSMENT FORM** **OUTPATIENT ROTATION**

**Trainee Name:** [Click here to enter text.](#)

**Supervisor Name:** [Click here to enter text.](#)

**Rotation:** [Choose an item.](#) [Choose an item.](#)

**Evaluation Period:** [Click here to enter a date.](#)

**Training Experience:** [Click here to enter text.](#)

### **ASSESSMENT METHOD(S) FOR COMPETENCIES**

- |  |   |
|--|---|
| <input type="checkbox"/> Direct Observation                                  | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Videotape   | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audiotape   | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation                                   | <input type="checkbox"/> Comments from Other Staff          |
| <input type="checkbox"/> Other: <a href="#">Click here</a><br>to enter text. |   |

### **COMPETENCY RATINGS DESCRIPTIONS**

**A Advanced/Skills comparable to autonomous practice at the licensure level.**

Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however supervision is required while in training status.

**P Proficient/Occasional supervision needed.**

Anticipated rating at the completion of a rotation or the internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.

**I Intermediate/Should remain a focus of supervision**

Common rating during the course of a rotation for many technical skill domains or for advanced skills taught along the duration of the internship. Routine supervision of activities required. Progressing as expected at this point in the training program.

**E Entry level/Continued intensive supervision is needed**

Required intensive supervision efforts are documented on the Individual Development Plan.

**R Needs remedial work**

Requires remedial work.

**GOAL: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS**

**OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR**

**Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Smooth working relationships, handles differences openly, tactfully and effectively.
P	<input type="checkbox"/>	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
I	<input type="checkbox"/>	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with rare interpersonal concerns with colleagues.
E	<input type="checkbox"/>	Ability to participate in team model is limited, relates well to peers and supervisors. Requires intensive supervision (for a trainee at this level) to identify and or address interpersonal concerns with colleagues.
R	<input type="checkbox"/>	May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

**OBJECTIVE: SEEKS CONSULTATION/SUPERVISION**

**Seeks consultation or supervision as needed and uses it productively.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. Maintains excellent insight into personal strengths and limitations. Actively seeks assistance to improve areas of weakness and is effective in doing so.
P	<input type="checkbox"/>	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, rarely over or under-estimates need for supervision. Maintains appropriate insight into personal strengths and limitations. Almost always seeks assistance to improve areas of weakness and is almost always effective in doing so.
I	<input type="checkbox"/>	Generally accepts supervision well. Needs supervisory input for determination of readiness to try new skills. Generally aware of strengths and limitations and open to accepting feedback in these areas. Demonstrates ongoing efforts to improve areas of weakness.
E	<input type="checkbox"/>	Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
R	<input type="checkbox"/>	Frequently defensive and inflexible, resists important and necessary feedback and/or lacks insight into personal limitations.

**OBJECTIVE: USES POSITIVE COPING STRATEGIES**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Good awareness of personal and professional problems. Stressors have minimal impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues. Routinely engages/employs effective positive coping strategies.
P	<input type="checkbox"/>	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Routinely engages employs effective positive coping strategies.
I	<input type="checkbox"/>	Occasionally uses supervision time to minimize the effect of stressors on professional functioning. Able to successfully employ positive coping strategies to minimize effect of stressors on professional practice, with occasional prompting from supervisor. Accepts reassurance from supervisor well.
E	<input type="checkbox"/>	Personal problems can significantly disrupt professional functioning.
R	<input type="checkbox"/>	Denies problems or otherwise does not allow them to be addressed effectively.

**OBJECTIVE: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**

**Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
P	<input type="checkbox"/>	Maintains timely and appropriate records; may forget some minor details or brief contacts (e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
I	<input type="checkbox"/>	Uses supervisory feedback well to improve documentation. May require some feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
E	<input type="checkbox"/>	Needs considerable direction from supervisor. May leave out crucial information.
R	<input type="checkbox"/>	May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

**OBJECTIVE: EFFICIENCY AND TIME MANAGEMENT**

**Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
P	<input type="checkbox"/>	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner.
I	<input type="checkbox"/>	Completes work effectively and promptly by using supervision time for guidance. Rarely needs reminders to meet deadlines.
E	<input type="checkbox"/>	Dependent on reminders or additional deadlines to complete tasks.
R	<input type="checkbox"/>	Frequently has difficulty with timeliness or tardiness or unaccounted absences are a problem.

**OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW**

**Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed.
P	<input type="checkbox"/>	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
I	<input type="checkbox"/>	Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
E	<input type="checkbox"/>	Often unaware of important ethical and legal issues.
R	<input type="checkbox"/>	Disregards important supervisory input regarding ethics or law.

**OBJECTIVE: ADMINISTRATIVE COMPETENCY**

**Demonstrates a growing ability to accomplish administrative tasks. Prioritizes appropriately. Shows a growing autonomy in management of larger administrative, research or clinical projects.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Independently assesses the larger task to be accomplished, breaks the task into smaller ones and develops a timetable. Prioritizes various tasks and deadlines efficiently and without need for supervisory input. Makes adjustments to priorities as demands evolve.
P	<input type="checkbox"/>	Identifies components of the larger task and works independently on them. Successfully accomplishes large tasks within the timeframe allotted. Identifies priorities but may need input to
I	<input type="checkbox"/>	Completes work effectively, using supervision time to identify priorities and develop plans to accomplish tasks. Receptive to supervisory input to develop own skills in administration.
E	<input type="checkbox"/>	Trainee takes on responsibility, then has difficulty asking for guidance or accomplishing goals within timeframe.

R	<input type="checkbox"/>	Deadline passes without task being done. Not receptive to supervisory input about own difficulties in this process.
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**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY**

**OBJECTIVE: PATIENT RAPPORT**

**Consistently achieves a good rapport with patients.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
P	<input type="checkbox"/>	Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
I	<input type="checkbox"/>	Actively developing skills with new populations and able to develop rapport with minimal supervision efforts. Relates well when has prior experience with the population.
E	<input type="checkbox"/>	Has difficulty establishing rapport.
R	<input type="checkbox"/>	Alienates patients or shows little ability to recognize problems.

**OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
P	<input type="checkbox"/>	Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
I	<input type="checkbox"/>	Resolves lack of knowledge with some patient groups effectively through supervision. Open to feedback regarding limits of competence.
E	<input type="checkbox"/>	Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
R	<input type="checkbox"/>	Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

**OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**

**Aware of own background and its impact on clients. Committed to continuing to explore own**

**cultural identity issues and relationship to clinical work.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
P	<input type="checkbox"/>	Aware of own cultural background. Readily acknowledges own culturally-based assumptions.
I	<input type="checkbox"/>	Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
E	<input type="checkbox"/>	Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
R	<input type="checkbox"/>	Has little insight into own cultural beliefs even after supervision.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN THEORIES AND METHODS OF PSYCHOLOGICAL DIAGNOSIS AND ASSESSMENT**

**OBJECTIVE: DIAGNOSTIC SKILL**

**Demonstrates a thorough working knowledge of psychiatric diagnostic nomenclature and DSM. Utilizes historical, interview and psychometric data to diagnose accurately.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Demonstrates a thorough knowledge of psychiatric classification, including relevant diagnostic criteria to develop an accurate diagnostic formulation autonomously.
P	<input type="checkbox"/>	Has a good working knowledge of psychiatric diagnoses. Is thorough in consideration of relevant patient data, and diagnostic accuracy is typically good.
I	<input type="checkbox"/>	Understands basic diagnostic nomenclature and is able to accurately diagnosis many psychiatric problems. May occasionally miss relevant patient data when making a diagnosis. Requires supervisory input on most complex diagnostic decision-making.
E/R	<input type="checkbox"/>	Has significant deficits in understanding of the psychiatric classification system and/or ability to use DSM-V criteria to develop a diagnostic conceptualization.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN THEORIES AND METHODS OF EFFECTIVE PSYCHOTHERAPEUTIC INTERVENTION**

### **OBJECTIVE: INTAKE REPORT WRITING SKILLS**

**Writes a well-organized intake report. Addresses relevant history, diagnosis, mental status, treatment plan and recommendations in a clear and concise fashion.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Report is clear and thorough, follows a coherent outline, is an effective summary of major relevant issues. Thorough history supports clear diagnostic conclusions. Recommended treatment plan is consistent with history and diagnosis.
P	<input type="checkbox"/>	Report covers essential points without error. Readily completes intake reports and makes useful and relevant recommendations.
I	<input type="checkbox"/>	Uses supervision effectively for assistance in determining important points to highlight. Report may need polish in cohesiveness and organization.
E/R	<input type="checkbox"/>	Inaccurate conclusions or grammar interfere with communication. Or reports are poorly organized and require major rewrites.

### **NA OBJECTIVE: GENERAL INTERVIEWING SKILLS**

**Can gather necessary history and diagnostic information; displays an organized approach; interview sets the patient at ease and helps to build rapport.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Gathers all necessary history and diagnostic information in most cases. Always does so in an organized, attentive, thoughtful way, even in the most complex cases. Quickly establishes patient rapport, and uses style tailored to the individual patient.
P	<input type="checkbox"/>	Gathers necessary history and diagnostic information in an organized manner, in most cases. Ensures that thoughtful inquiry is balanced with timely and organized completion of the interview.
I	<input type="checkbox"/>	Shows improvement with practice and supervision, and evidences adequate reflective and empathic skills most of the time.
E	<input type="checkbox"/>	Demonstrates the basics of interviewing technique but frequently misses critical Historical data. May require significant supervision to arrive at diagnostic conclusions. Difficulty developing treatment plans supported by history and diagnosis.
R	<input type="checkbox"/>	Is disorganized and superficial in interview, even in the most basic cases, and despite repeated feedback and assistance from supervisor. Routinely misses important history. Does not engage the patient effectively; cannot establish basic rapport. Struggles to adequately empathize with the patient.

### **OBJECTIVE: PATIENT RISK MANAGEMENT AND CONFIDENTIALITY IN OUTPATIENT SETTING**

**Effectively evaluates, manages and documents patient risk by assessing immediate concerns such as suicidality, homicidality, and any other safety issues. Collaborates with patients in crisis to make appropriate short-term safety plans, and intensify treatment as needed. Discusses all applicable confidentiality issues openly with patients.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Assesses and documents all risk situations fully prior to leaving the worksite for the day. Appropriate actions taken to manage patient risk situations (e.g. escorting patient to ER) are initiated immediately, then consults (as needed). Establishes appropriate short-term crisis plans with patients. Solid working knowledge of the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide.
P	<input type="checkbox"/>	Recognizes and effectively manages safety issues. Appropriately documents risk. Initiates appropriate actions to manage patient risk. Promptly discusses confidentiality issues. Working knowledge of the DoD/VA Clinical Practice Guidelines on Assessment and Management of Patients at Risk for Suicide. Seeks supervision, as needed, with complex cases.
I	<input type="checkbox"/>	Recognizes potentially problematic cases, but needs guidance regarding evaluation of patient risk. Supervision is needed to cope with safety issues; afterwards trainee handles them well. Can be trusted to seek consultation immediately if needed, while patient is still on site. Needs to refine crisis plans in collaboration with supervisor. May occasionally need input regarding documentation of risk. Occasionally needs prompting to discuss confidentiality issues with patient. Needs prompting to utilize DoD/VA Clinical Practice Guidelines.
E	<input type="checkbox"/>	Delays or forgets to ask about important safety issues. Does not document risk appropriately. But does not let patient leave site without seeking "spot" supervision for the crisis. Does not remember to address confidentiality issues, needs frequent prompting. Fear may overwhelm abilities in patient crises.
R	<input type="checkbox"/>	Makes inadequate assessment or plan, then lets patient leave site before consulting supervisor. Cannot apply DoD/VA Clinical Practice Guidelines in risk assessment.

**OBJECTIVE: CASE CONCEPTUALIZATION AND TREATMENT GOALS**

**Formulates a useful case conceptualization that draws on theoretical and research knowledge. Collaborates with patient to form appropriate treatment goals.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Independently produces good case conceptualizations within own preferred theoretical orientation; can also draw some insights into case from other orientations. Consistently sets realistic goals with patients.
P	<input type="checkbox"/>	Independently reaches a good case conceptualization within own preferred theoretical orientation. Readily identifies emotional issues. Sets appropriate goals and distinguishes realistic and unrealistic goals.
I	<input type="checkbox"/>	Reaches case conceptualization with supervisory assistance. Aware of emotional issues when they are clearly stated by the patient, needs supervision for development of awareness of underlying issues. Requires ongoing supervision to set therapeutic goals aside from those presented by patient.
E/R	<input type="checkbox"/>	Responses to patients indicate significant inadequacies in theoretical understanding and case formulation. Misses or misperceives important emotional issues. Unable to set appropriate treatment goals with patient.

**OBJECTIVE: THERAPEUTIC INTERVENTIONS**

**Interventions are well-timed, effective and consistent with empirically supported treatments.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed.
P	<input type="checkbox"/>	Most interventions and interpretations facilitate patient acceptance and change. Solidly developing timing and delivery of more difficult interventions.
I	<input type="checkbox"/>	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
E/R	<input type="checkbox"/>	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting interventions to patients' level of understanding and motivation.

**OBJECTIVE: EMPIRICALLY SUPPORTED INTERVENTIONS FOR PTSD**

**Interventions for Post-Traumatic Stress Disorder are well timed, patient centered, effective and consistent with empirically supported treatments (e.g., Prolonged Exposure Therapy or Cognitive Processing Therapy).**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Interventions and interpretations facilitate patient acceptance and change. Demonstrates motivation to increase knowledge and expand range of interventions through reading and consultation as needed. Able to independently identify knowledge and practice gaps and spontaneously seek out additional assistance or supervision when needed.
P	<input type="checkbox"/>	Most interventions and interpretations facilitate patient acceptance and change. Solidly developing timing and delivery of more difficult interventions. Seeks ongoing supervision to advance skills.
I	<input type="checkbox"/>	Many interventions and interpretations are delivered and timed well. Needs supervision to plan interventions and clarify interpretations.
E/R	<input type="checkbox"/>	Most interventions and interpretations are rejected by patient. Has frequent difficulty targeting empirically supported interventions to patients' level of understanding and motivation. Struggles with asking for assistance or additional supervision. Requires close observation and supervision when using empirically supported treatments.

**OBJECTIVE: EFFECTIVE USE OF EMOTIONAL REACTIONS IN THERAPY (COUNTERTRANSFERENCE)**

**Understands and uses own emotional reactions to the patient productively in the treatment.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	During session, uses countertransference to formulate hypotheses about patient's current and historical social interactions, presents appropriate interpretations and interventions. Able to identify own issues that impact the therapeutic process and has ideas for coping with them. Seeks consultation as needed for complex cases.
P	<input type="checkbox"/>	Uses countertransference to formulate hypotheses about the patient during supervision sessions. Can identify own issues that impact therapeutic process. Interventions generally presented in the following session.

I	<input type="checkbox"/>	Understands basic concepts of countertransference. Can identify own emotional reactions to patient as countertransference. Supervisory input is sometimes needed to process the information gained.
E	<input type="checkbox"/>	When feeling anger, frustration or other intense emotional response to the patient, blames patient at times. Welcomes supervisory input and can reframe own emotional response to the session.
R	<input type="checkbox"/>	Unable to see or denies countertransference issues, even with supervisory input.

**OBJECTIVE: GROUP THERAPY SKILLS AND PREPARATION**

**Intervenes in group skillfully, attends to member participation, completion of therapeutic assignments, group communication, safety and confidentiality. If the group is psycho-educational, readies materials for group, and understands each session's goals and tasks.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Elicits participation and cooperation from all members, confronts group problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage group alone in absence of co-therapist.
P	<input type="checkbox"/>	Elicits participation and cooperation from all members. Independently prepares for each session without prompting. Able to independently conduct routine groups for common psychiatric conditions. Able to appropriately confront problems, seeking additional supervision as needed. Effectively collaborates with a co-therapist.
I	<input type="checkbox"/>	Welcomes ongoing supervision to identify key issues and initiate group interaction. Actively working on identifying own strengths and weaknesses as a group leader. Identifies problematic issues in group process but requires assistance to handle them. May require assistance organizing group materials.
E	<input type="checkbox"/>	Has significant inadequacies in understanding and implementation of group process. Unable to maintain control in group sufficient to cover content areas. Preparation is sometimes disorganized.
R	<input type="checkbox"/>	Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

**OBJECTIVE: COUPLES THERAPY SKILLS AND PREPARATION**

**Intervenes with couples skillfully, able to elicit relationship difficulties to be addressed, able to manage the “give and take” between all parties, can formulate mutual initial and ongoing therapy goals, able to provide couple with foundational relationship information including the ability to normalize common sticking points, able to teach effective communication patterns of interaction and can model and coach these skills.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Elicits participation and cooperation from the couple, confronts problems appropriately and independently, and independently prepares for each session with little or no prompting. Can manage the session alone in absence of co-therapist.
P	<input type="checkbox"/>	Elicits participation and cooperation from the couple. Independently prepares for each session without prompting. Able to appropriately confront problems, seeking additional supervision as needed. Effectively collaborates with a co-therapist.

I	<input type="checkbox"/>	Welcomes ongoing supervision to identify key issues and initiate couple interaction. Actively working on identifying own strengths and weaknesses as a therapist. Identifies problematic issues in process but requires assistance to handle them. May require assistance organizing informational materials.
E	<input type="checkbox"/>	Has significant inadequacies in understanding and implementation of couples therapy. Unable to maintain control in session to cover content areas. Preparation is sometimes disorganized.
R	<input type="checkbox"/>	Defensive or lacks insight when discussing strengths and weaknesses. Frequently unprepared for content or with materials.

**OBJECTIVE: SEEKS CURRENT SCIENTIFIC KNOWLEDGE**

**Displays necessary self-direction in gathering clinical and research information practice independently and competently. Seeks out current scientific knowledge as needed to enhance knowledge about clinical practice and other relevant areas.**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Fully dedicated to expanding knowledge and skills, independently seeks out information to enhance clinical practice utilizing available databases, professional literature, seminars and training sessions, and other resources.
I	<input type="checkbox"/>	Shows initiative, eager to learn, beginning to take steps to enhance own learning. Identifies areas of needed knowledge with specific clients. Asks for and responsive to supervisor's suggestions of additional informational resources, and pursues those suggestions.
E	<input type="checkbox"/>	Open to learning, but waits for supervisor to provide guidance. When provided with appropriate resources, willingly uses the information provided and uses supervisor's knowledge to enhance own understanding.
R	<input type="checkbox"/>	Unwilling to acquire or incorporate new information into practice. Resists suggestions to expand clinical perspective. Procrastinates on readings assigned by supervisor.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN PROFESSIONAL CONSULTATION**

**OBJECTIVE: CONSULTATION ASSESSMENT**

**Performs an assessment of the patient referred for consultation, incorporating mental status exam, structured interview techniques or psychological assessment, as needed, to answer the referral question.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Chooses appropriate means of assessment to respond effectively to the referral question; reports and progress notes are well-organized and provide useful and relevant recommendations.

P	<input type="checkbox"/>	Chooses appropriate means of assessment to respond effectively to the referral question(s). Reports and progress notes are well organized and provide useful and relevant recommendations.
I	<input type="checkbox"/>	Occasional input from supervisor is needed regarding appropriate measures of assessment and effective write-up of report or progress notes to best answer the referral question, with additional guidance required on complex cases.
E	<input type="checkbox"/>	Needs continued supervision regarding appropriate assessment techniques to complete consultations as well as input regarding integration of findings and recommendations.
R	<input type="checkbox"/>	Consultation reports and progress notes are poorly written and/or organized. Fails to incorporate relevant information and/or use appropriate measures of assessment necessary to answer the referral question.

**OBJECTIVE: CONSULTATION GUIDANCE**

**Gives the appropriate level of guidance when providing consultation to other health care professionals, taking into account their level of knowledge about psychological theories, methods and principles.**

N/O	<input type="checkbox"/>	Not Observed.
A/P	<input type="checkbox"/>	Relates well to those seeking input, is able to provide appropriate feedback.
I	<input type="checkbox"/>	Requires occasional input regarding the manner of delivery or type of feedback given, with additional guidance required on more complex cases.
E	<input type="checkbox"/>	Needs continued guidance. May need continued input regarding appropriate feedback and knowledge level of other professionals.
R	<input type="checkbox"/>	Unable to establish rapport.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN MILITARY MATTERS**

**NA OBJECTIVE: MILITARY BEARING**

**Demonstrates proper military etiquette and follows protocol, consistently and effectively comports self as a professional military officer with a presence that instills confidence and solid interpersonal skills, demonstrates proper uniform wear, utilizes proper social skills in a formal military setting.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Viewed by officers as the standard to which others should meet. Exudes a confident presence without being arrogant or aggressive. Places mission needs above own.
P	<input type="checkbox"/>	Consistently follows military protocols and demonstrates appropriate officer comportment without prompting. Wears the uniform correctly. Able to adapt interpersonal style to formal and informal demands of different military settings. Respectful of all ranks and civilians.

I	<input type="checkbox"/>	Generally follows military protocols and demonstrates appropriate comportment, with occasional on the spot correction and prompts by supervisors. Wear of the uniform is sufficient. Usually is able to distinguish between and adapt to formal vs. informal military setting demands. Officer is respectful of senior officers/civilians and progressing in learning how to supervise/be a role model to junior Service members.
E	<input type="checkbox"/>	Inadequate comportment as a military officer usually demonstrated or egregious breeches in protocol/etiquette observed. Does not consistently wear the uniform properly. Does not consistently adapt interpersonal interactions to formal vs. informal military setting demands. Instances of disrespect have been reported.
R	<input type="checkbox"/>	Does not observe military customs and courtesies, follow protocols, properly wear the uniform, or violates other aspects of appropriate officership. Instances of disrespect have been reported.

**NA OBJECTIVE: MILITARY FUND OF KNOWLEDGE AND APPLICATION TO PRACTICE**

**Demonstrates appropriate breadth and depth of applicable military knowledge and is able to apply information to clinical practice. Functional military knowledge effectively informs clinical decision making, treatment plans, recommendations, referrals, consultation methods, etc.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Demonstrates expansive functional knowledge of the military, expertly applies knowledge to clinical practice, and is called upon as a consultant on a variety of different topics and in multiple settings in military psychology.
P	<input type="checkbox"/>	Able to consistently apply knowledge of the military and military culture to clinical practice without supervisor's assistance. Military knowledge is effectively combined with clinical practice to produce solid case conceptualization, treatment recommendations, clinical decision making, referrals, and consultation practices.
I	<input type="checkbox"/>	Possesses basic understanding/knowledge of the military and military culture but requires routine supervision to supplement and expand fund of knowledge. Requires supervisor's assistance to apply military specific information to clinical practice.
E	<input type="checkbox"/>	Insufficient knowledge of the military and does not consistently apply information to clinical practice.
R	<input type="checkbox"/>	Unaware of or disregards military culture or protocol. Does not apply military knowledge to clinical practice.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN ARMY SPECIFIC EVALUATIONS**

**OBJECTIVE: ARMY SPECIFIC MENTAL HEALTH EVALUATIONS**

**Demonstrates ability to appropriately evaluate and identify major issues relating to military specific evaluations, prepare appropriate paperwork, effectively communicate the purpose of the**

**evaluation to the Service Member and results to the command.**

1. Command Directed Mental Health Evaluations IAW OTSG Policy Memo 10-040, AR 635-200, and DoD 1332.14

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

2. Mental Status Evaluations and Chapter Separations IAW AR 635-200 and AR 40-501

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commander.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

3. Sniper Evaluations IAW FM 3-05.022

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUATIONS COMPLETED TO DATE** Select a number.

4. Drill Sergeant Evaluations IAW AR 614-200

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUATIONS COMPLETED TO DATE** Select a number.

5. Recruiter Evaluations IAW AR 601-1

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

6. Fitness for Duty Evaluations and Deployability IAW AR 40-501and others, as relevant

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

7. Security Evaluations IAW AR 380-67

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUATIONS COMPLETED TO DATE** Select a number.

8. TDRL Evaluations IAW DoDD 6130.3 and DODD 1332.18

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUATIONS COMPLETED TO DATE** Select a number.

**COMMENTS:** Click here to enter text.

**GOAL: COMPETENCE IN SPECIFIC EVALUATIONS**

**OBJECTIVE: NAVY SPECIFIC MENTAL HEALTH EVALUATIONS**

**Demonstrates ability to appropriately evaluate and identify major issues relating to military specific evaluations, prepare appropriate paperwork, effectively communicate the purpose of the evaluation to the Service Member and results to the command.**

9. Command Directed Mental Health Evaluations IAW DoDI 6490.04

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

10. Administrative Separations IAW DoDI 1332.14 and MILPERSMAN 1910-120, 122, 140, 146, 152, 158, 170

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.

I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

11. Fitness for Duty Evaluations and Deployability IAW MANMED Chapter 15 and MILPERSMAN 6120-101

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE** Select a number.

12. Special Activity Duty Evaluations IAW MANMED Chapter 14 and MILPERSMAN 6120-101

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.

P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUATIONS COMPLETED TO DATE** Select a number.

13. Navy Personnel Security Program Evaluations IAW SECNAV M-5510.30 and SECNAVINST 5510.30B

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUATIONS COMPLETED TO DATE** Select a number.

14. TDRL Evaluations IAW DoDD 6130.3 and DODD 1332.18

N/O	<input type="checkbox"/>	Not Observed.
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A	<input type="checkbox"/>	Well versed in applicable regulations and able to apply guidelines to make well informed clinical decisions and recommendations, even with the most complex cases. Effectively provides consultation and references appropriately regulations without assistance. Prepares reports on time. Effectively interfaces with commanders. Gathers necessary collateral data and information from AHLTA prior to evaluation.
P	<input type="checkbox"/>	Able to conduct routine evaluations without the assistance of a supervisor. Able to identify associated regulations. May require some consultation/assistance with especially complex cases. Reports are complete and accurate. Effective consultation provided to commanders.
I	<input type="checkbox"/>	Requires ongoing supervision to conduct routine and complex evaluations to identify associated regulations. Occasionally needs assistance identifying sources of collateral data and collecting collateral information. Reports are timely but may require some assistance from the supervisor to improve organization or recommendations. May need occasional assistance with developing recommendations to command.
E/R	<input type="checkbox"/>	Cannot identify or does not apply associated regulations, collect collateral data, or formulate sufficient recommendations. Does not adequately prepare for evaluations. Reports require significant editing by supervisors and may occasionally be late.

**NUMBER OF EVALUTIONS COMPLETED TO DATE**  Select a number.

**COMMENTS:**  Click here to enter text.

**SUPERVISOR COMMENTS**

**SUMMARY OF STRENGTHS:**

Click here to enter text.

**AREAS OF CONTINUED DEVELOPMENT, INCLUDING RECOMMENDATIONS:**

Click here to enter text.

**AREAS OF REMEDIATION, INCLUDING RECOMMENDATIONS:**

Click here to enter text.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Walter Reed National Military Medical Center

## Clinical Psychology Internship Program

### PSYCHOLOGY INTERN COMPETENCY ASSESSMENT FORM

### HEALTH PSYCHOLOGY ROTATION

**Trainee Name:** [Click here to enter text.](#)

**Supervisor Name:** [Click here to enter text.](#)

**Rotation:** [Choose an item.](#) [Choose an item.](#)

**Evaluation Period:** [Click here to enter a date.](#)

#### ASSESSMENT METHOD(S) FOR COMPETENCIES

- |   |   |
|---|---|
| <input type="checkbox"/> Direct Observation | <input type="checkbox"/> Review of Written Work             |
| <input type="checkbox"/> Videotape          | <input type="checkbox"/> Review of Raw Test Data            |
| <input type="checkbox"/> Audiotape          | <input type="checkbox"/> Discussion of Clinical Interaction |
| <input type="checkbox"/> Case Presentation  | <input type="checkbox"/> Comments from Other Staff          |
| <input type="checkbox"/> Other: _____       |   |

#### COMPETENCY RATINGS DESCRIPTIONS

- A Advanced/Skills comparable to autonomous practice at the licensure level.**  
Rating expected at completion of postdoctoral training. Competency attained at full psychology staff privilege level, however supervision is required while in training status.
- P Proficient/Occasional supervision needed.**  
Anticipated rating at the completion of a rotation or the internship. Competency attained in all but non-routine cases; supervisor provides overall management of trainee's activities; depth of supervision varies as clinical needs warrant.
- I Intermediate/Should remain a focus of supervision**  
Common rating during the course of a rotation for many technical skill domains or for advanced skills taught along the duration of the internship. Routine supervision of activities required. Progressing as expected at this point in the training program.
- E Entry level/Continued intensive supervision is needed**  
Required intensive supervision efforts are documented on the Individual Development Plan.

**R Needs remedial work**

**GOAL: COMPETENCE IN PROFESSIONAL CONDUCT, ETHICS AND LEGAL MATTERS**

**OBJECTIVE: PROFESSIONAL INTERPERSONAL BEHAVIOR**

**Professional and appropriate interactions with treatment teams, peers and supervisors, seeks peer support as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Smooth working relationships, handles differences openly, tactfully and effectively.
P	<input type="checkbox"/>	Actively participates in team meetings. Appropriately seeks input from supervisors to cope with rare interpersonal concerns.
I	<input type="checkbox"/>	Progressing well on providing input in a team setting. Effectively seeks assistance to cope with rare interpersonal concerns with colleagues.
E	<input type="checkbox"/>	Ability to participate in team model is limited, relates well to peers and supervisors. Requires intensive supervision (for a trainee at this level) to identify and or address interpersonal concerns with colleagues.
R	<input type="checkbox"/>	May be withdrawn, overly confrontational, insensitive or may have had hostile interactions with colleagues.

**OBJECTIVE: SEEKS CONSULTATION/SUPERVISION**

**Seeks consultation or supervision as needed and uses it productively.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Actively seeks consultation when treating complex cases and working with unfamiliar symptoms. Maintains excellent insight into personal strengths and limitations. Actively seeks assistance to improve areas of weakness and is effective in doing so.
P	<input type="checkbox"/>	Open to feedback, shows awareness of strengths and weaknesses, uses supervision well when uncertain, rarely over or under-estimates need for supervision. Maintains appropriate insight into personal strengths and limitations. Almost always seeks assistance to improve areas of weakness and is almost always effective in doing so.
I	<input type="checkbox"/>	Generally accepts supervision well. Needs supervisory input for determination of readiness to try new skills. Generally aware of strengths and limitations and open to accepting feedback in these areas. Demonstrates ongoing efforts to improve areas of weakness
E	<input type="checkbox"/>	Needs intensive supervision and guidance, difficulty assessing own strengths and limitations.
R	<input type="checkbox"/>	Frequently defensive and inflexible, resists important and necessary feedback and/or lacks insight into personal limitations.

**OBJECTIVE: USES POSITIVE COPING STRATEGIES**

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

N/O	<input type="checkbox"/>	Not Observed.
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A	<input type="checkbox"/>	Good awareness of personal and professional problems. Stressors have minimal impact on professional practice. Actively seeks supervision and/or personal therapy to resolve issues. Routinely engages/employs effective positive coping strategies.
P	<input type="checkbox"/>	Good insight into impact of stressors on professional functioning, seeks supervisory input and/or personal therapy to minimize this impact. Routinely engages/employs effective positive coping strategies.
I	<input type="checkbox"/>	Occasionally uses supervision time to minimize the effect of stressors on professional functioning. Able to successfully employ positive coping strategies to minimize effect of stressors on professional practice, with occasional prompting from supervisor. Accepts reassurance from supervisor well.
E	<input type="checkbox"/>	Personal problems can significantly disrupt professional functioning.
R	<input type="checkbox"/>	Denies problems or otherwise does not allow them to be addressed effectively.

**OBJECTIVE: PROFESSIONAL RESPONSIBILITY AND DOCUMENTATION**

**Responsible for key patient care tasks (e.g. phone calls, letters, case management), completes tasks promptly. All patient contacts, including scheduled and unscheduled appointments, and phone contacts are well documented. Records include crucial information.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Maintains complete records of all patient contacts and pertinent information. Notes are clear, concise and timely. Takes initiative in ensuring that key tasks are accomplished. Records always include crucial information.
P	<input type="checkbox"/>	Maintains timely and appropriate records; may forget some minor details or brief contact(e.g. phone calls from patient), but recognizes these oversights and retroactively documents appropriately. Records always include crucial information.
I	<input type="checkbox"/>	Uses supervisory feedback well to improve documentation. May require some feedback about what to document. Rarely, may leave out necessary information, and occasionally may include excessive information. Most documentation is timely.
E	<input type="checkbox"/>	Needs considerable direction from supervisor. May leave out crucial information.
R	<input type="checkbox"/>	May seem unconcerned about documentation. May neglect to document patient contacts. Documentation may be disorganized, unclear or excessively late.

**OBJECTIVE: EFFICIENCY AND TIME MANAGEMENT**

**Efficient and effective time management. Keeps scheduled appointments and meetings on time. Keeps supervisors aware of whereabouts as needed. Minimizes unplanned leave, whenever possible.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Efficient in accomplishing tasks without prompting, deadlines or reminders. Excellent time management skills regarding appointments, meetings and leave.
P	<input type="checkbox"/>	Typically completes clinical work/patient care within scheduled hours. Generally on time. Accomplishes tasks in a timely manner.

I	<input type="checkbox"/>	Completes work effectively and promptly by using supervision time for guidance. Rarely needs reminders to meet deadlines.
E	<input type="checkbox"/>	Dependent on reminders or additional deadlines to complete tasks.
R	<input type="checkbox"/>	Frequently has difficulty with timeliness or tardiness or unaccounted absences are a problem.

**OBJECTIVE: KNOWLEDGE OF ETHICS AND LAW**

**Demonstrates good knowledge of ethical principles and state law. Consistently applies these appropriately, seeking consultation as needed.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Spontaneously and consistently identifies ethical and legal issues and addresses them proactively. Judgment is reliable about when consultation is needed
P	<input type="checkbox"/>	Consistently recognizes ethical and legal issues, appropriately asks for supervisory input.
I	<input type="checkbox"/>	Generally recognizes situation where ethical and legal issues might be pertinent, is responsive to supervisory input.
E	<input type="checkbox"/>	Often unaware of important ethical and legal issues.
R	<input type="checkbox"/>	Disregards important supervisory input regarding ethics or law.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY**

**OBJECTIVE: PATIENT RAPPORT**

**Consistently achieves a good rapport with patients.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Establishes quality relationships with almost all patients, reliably identifies potentially challenging patients and seeks supervision.
P	<input type="checkbox"/>	Generally comfortable and relaxed with patients, handles anxiety-provoking or awkward situations adequately so that they do not undermine therapeutic success.
I	<input type="checkbox"/>	Actively developing skills with new populations and able to develop rapport with minimal supervision efforts. Relates well when has prior experience with the population.
E	<input type="checkbox"/>	Has difficulty establishing rapport.
R	<input type="checkbox"/>	Alienates patients or shows little ability to recognize problems.

**OBJECTIVE: SENSITIVITY TO PATIENT DIVERSITY**

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

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Discusses individual differences with patients when appropriate. Acknowledges and respects differences that exist between self and clients in terms of race, ethnicity, culture and other individual difference variables. Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
P	<input type="checkbox"/>	Recognizes when more information is needed regarding patient differences and seeks out information autonomously. Aware of own limits to expertise.
I	<input type="checkbox"/>	Resolves lack of knowledge with some patient groups effectively through supervision. Open to feedback regarding limits of competence.
E	<input type="checkbox"/>	Is beginning to learn to recognize beliefs which limit effectiveness with patient populations.
R	<input type="checkbox"/>	Has been unable or unwilling to surmount own belief system to deal effectively with diverse patients.

**OBJECTIVE: AWARENESS OF OWN CULTURAL AND ETHNIC BACKGROUND**

**Aware of own background and its impact on clients. Committed to continuing to explore own cultural identity issues and relationship to clinical work.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Accurately self-monitors own responses to differences, and differentiates these from patient responses. Aware of personal impact on clients different from self. Thoughtful about own cultural identity. Reliably seeks supervision when uncertain.
P	<input type="checkbox"/>	Aware of own cultural background. Readily acknowledges own culturally-based assumptions.
I	<input type="checkbox"/>	Uses supervision well to recognize own cultural background and how this impacts psychological work. Comfortable with some differences that exist between self and clients and working well on others. May occasionally deny discomfort with patients to avoid discussing relevant personal and patient identity issues.
E	<input type="checkbox"/>	Growing awareness of own cultural background and how this affects psychological work. Can make interpretations and conceptualizations from culturally-based assumptions. Responds well to supervision.
R	<input type="checkbox"/>	Has little insight into own cultural beliefs even after supervision.

**COMMENTS:** [Click here to enter text.](#)

**GOAL: COMPETENCE IN MILITARY MATTERS**

**NA    OBJECTIVE: MILITARY BEARING**

**Demonstrates proper military etiquette and follows protocol, consistently and effectively comports self as a professional military officer with a presence that instills confidence and solid interpersonal skills, demonstrates proper uniform wear, utilizes proper social skills in a formal military setting.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Viewed by officers as the standard to which others should meet. Exudes a confident presence without being arrogant or aggressive. Places mission needs above own.
P	<input type="checkbox"/>	Consistently follows military protocols and demonstrates appropriate officer comportment without prompting. Wears the uniform correctly. Able to adapt interpersonal style to formal and informal demands of different military settings. Respectful of all ranks and civilians.
I	<input type="checkbox"/>	Generally follows military protocols and demonstrates appropriate comportment, with occasional on the spot correction and prompts by supervisors. Wear of the uniform is sufficient. Usually is able to distinguish between and adapt to formal vs. informal military setting demands. Officer is respectful of senior officers/civilians and progressing in learning how to supervise/be a role model to junior Service members.
E	<input type="checkbox"/>	Inadequate comportment as a military officer usually demonstrated or egregious breeches in protocol/etiquette observed. Does not consistently wear the uniform properly. Does not consistently adapt interpersonal interactions to formal vs. informal military setting demands. Instances of disrespect have been reported.
R	<input type="checkbox"/>	Does not observe military customs and courtesies, follow protocols, properly wear the uniform, or violates other aspects of appropriate officership. Instances of disrespect have been reported.

**NA    OBJECTIVE: MILITARY FUND OF KNOWLEDGE AND APPLICATION TO PRACTICE**

**Demonstrates appropriate breadth and depth of applicable military knowledge and is able to apply information to clinical practice. Functional military knowledge effectively informs clinical decision making, treatment plans, recommendations, referrals, consultation methods, etc.**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Demonstrates expansive functional knowledge of the military, expertly applies knowledge to clinical practice, and is called upon as a consultant on a variety of different topics and in multiple settings in military psychology.
P	<input type="checkbox"/>	Able to consistently apply knowledge of the military and military culture to clinical practice without supervisor's assistance. Military knowledge is effectively combined with clinical practice to produce solid case conceptualization, treatment recommendations clinical decision making, referrals, and consultation practices.
I	<input type="checkbox"/>	Possesses basic understanding/knowledge of the military and military culture but requires routine supervision to supplement and expand fund of knowledge. Requires supervisor's assistance to apply military specific information to clinical practice.
E	<input type="checkbox"/>	Insufficient knowledge of the military and does not consistently apply information to clinical practice.
R	<input type="checkbox"/>	Unaware of or disregards military culture or protocol. Does not apply military knowledge to clinical practice.

**COMMENTS:** Click here to enter text.

**GOAL: COMPETENCE IN COGNITIVE BEHAVIORAL TREATMENT OF INSOMNIA (CBT-I)**

**OBJECTIVE: Demonstrate Understanding of Spielman’s “3 P” Model of Insomnia and integrate this into case conceptualization of patients’ presenting sleep problem**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Proficiently understands and explains the “3 P” Model; can compare and contrast with other models of insomnia.
P	<input type="checkbox"/>	Demonstrates understanding of model and appropriately frames patients’ presenting sleep problem.
I	<input type="checkbox"/>	Able to articulate a basic understanding of the model, though requires ongoing supervision with conceptualizing patients’ sleep problem within the model.
E	<input type="checkbox"/>	Emerging familiarity with the model, but unable to conceptualize patients’ sleep problem within the model.
R	<input type="checkbox"/>	Lack of understanding of the model and/or its relationship to the patients’ presenting sleep problem.

**OBJECTIVE: Demonstrate Understanding of the 5 main components of CBT-I and appropriately provide overview of CBT-I to the patient during initial sleep assessment**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Thorough understanding of the multi-component model, with clear and concise description provided to the patient.
P	<input type="checkbox"/>	Understands the multiple components of the treatment and is able to describe each component clearly to the patient.
I	<input type="checkbox"/>	With ongoing supervision, is gaining understanding of the CBT-I components, and is able to describe with occasional inaccuracies noted, the 5 components to the patient.
E	<input type="checkbox"/>	Failure to identify CBT-I as a multi-component treatment model and/or difficulty in describing one or more of the components to the patient.
R	<input type="checkbox"/>	Lack of understanding that CBT-I is a multi-component treatment model and inability to describe any/all of the components to the patient.

**OBJECTIVE: Demonstrates understanding of the sleep diary as a self-monitoring tool and is able to assist patient with initiation of the diary**

N/O	<input type="checkbox"/>	Not Observed.
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A	<input type="checkbox"/>	Displays clear and concise description of the sleep diary, and is able to thoroughly explain the details of the diary to the patient.
P	<input type="checkbox"/>	Demonstrates understanding of the clinical utility of the sleep diary and can clearly relate this to the patient.
I	<input type="checkbox"/>	Demonstrates partial understanding of the use of the sleep diary and may have difficulty explaining to the patient.
E	<input type="checkbox"/>	Limited understanding of the use of the sleep diary and/or inability to assist patient in initiation of a sleep diary.
R	<input type="checkbox"/>	Lack of understanding of use of the sleep diary in CBT-I and/or inability to assist patient with initiation of a sleep diary.

**OBJECTIVE: Demonstrates understanding of Sleep Restriction and is able to develop and make adjustments to an SRT protocol within CBT-I treatment**

N/O	<input type="checkbox"/>	Not Observed.
A	<input type="checkbox"/>	Sets appropriate initial sleep prescription and demonstrates ability to make appropriate adjustments based upon patient's sleep diary data leading to patient improvement in limited time (ex. 4-6 weeks)
P	<input type="checkbox"/>	Demonstrates ability to set appropriate initial sleep prescription, as well as appropriate shifts in prescription based upon patient's sleep diary data
I	<input type="checkbox"/>	Partial understanding of SRT protocol and/or inability to make appropriate adjustments (ie. Sets changes too high or too low, leading to lack of patient improvement or prolonged time in SRT protocol)
E	<input type="checkbox"/>	Demonstrates some familiarity with the SRT protocol, but is unable to apply this to patient care.
R	<input type="checkbox"/>	Demonstrates lack of understanding of SRT protocol and is therefore unable to apply this to patient care.

**COMMENTS:** [Click here to enter text.](#)

## **SUPERVISOR COMMENTS**

### **SUMMARY OF STRENGTHS:**

Click here to enter text.

### **AREAS OF CONTINUED DEVELOPMENT, INCLUDING RECOMMENDATIONS:**

Click here to enter text.

### **AREAS OF REMEDIATION, INCLUDING RECOMMENDATIONS:**

Click here to enter text.

Trainee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Training Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Navy BHIP-MHP IBHC Core Competency Tool

Name:

Date:

Rater:

Training Phase: II or III or Other

Use a rating scale of 1 = low skills to 5 =high skills to assess current level of skill development for all attributes within each dimension. Check in the column corresponding to the rating that best describes the trainee’s current skill level. *Competency Tool:* IBHC mentor rates the IBHC trainee based on their observations for each dimension (verbal feedback is also strongly recommended). A rating of 3 or higher is considered satisfactory for training. *For Phase II Training, only unshaded items will be rated. For Phase III Training, all items (shaded and unshaded) will be rated.*

Dimension	Element	Attribute	Skill Rating (1 = low; 5 = high)					Comments
			1	2	3	4	5	
<b>I. Clinical Practice Knowledge and Skills</b>	1. Role definition	Says introductory script smoothly, conveys the IBHC role to all new patients, and answers patient’s questions						
	2. Problem identification	Identifies and defines the presenting problem with the patient within the first half of the initial 30-minute appointment						
	3. Assessment	Focuses on current problem, functional impact, and environmental factors contributing to/maintaining the problem; uses tools appropriate for primary care						
	4. Problem focus	Explores whether additional problems exist, without excessive probing						
	5. Population-based care	5.a. Understands the difference between population-based and case-focused approach						
		5.b. Provides care along a continuum from primary prevention to tertiary care; develops/uses pathways to routinely involve IBHC in care of chronic conditions						
	6. Biopsychosocial approach	Understands relationship of medical and psychological aspects of health						
	7. Use of evidence-based interventions	Utilizes evidence-based recommendations/interventions suitable for primary care for patients and PCMs						

Dimension	Element	Attribute	Skill Rating (1 = low; 5 = high)					Comments
			1	2	3	4	5	
<b>I. Clinical Practice Knowledge and Skills (cont'd)</b>	8. Intervention design	8.a. Bases interventions on measurable, functional outcomes and symptom reduction						
		8.b. Uses self-management, home-based practice						
		8.c. Uses simple, concrete, practical strategies, based on empirically supported treatments for primary care						
	9. Multi-patient intervention skills	Works with PCMs to provide classes and/or groups in format appropriate for primary care (e.g., drop-in stress management class, group medical visit for a chronic condition)						
	10. Pharmacotherapy	Can name basic psychotropic medications; can discuss common side-effects and common myths; abides by recommendation limits for non-prescribers. Consults with External Behavioral Health Consultant (EBHC) when needed						
<b>II. Practice Management Skills</b>	1. Visit efficiency	30-minute visits demonstrate adequate introduction, rapid problem identification and assessment, and development of intervention recommendations and a plan						
	2. Time management	Stays on time when conducting consecutive appointments						

Dimension	Element	Attribute	Skill Rating					Comments
			(1 = low; 5 = high)					
			1	2	3	4	5	
<b>II. Practice Management Skills (cont'd)</b>	3. Follow-up planning	Plans follow-up for two weeks or one month, instead of every week (as appropriate); alternates follow-ups with PCMs for high-utilizer patients						
	4. Intervention efficiency	Completes treatment episode in four or fewer visits for 85% or more of patients; structures behavioral change plans consistent with time-limited treatment						
	5. Visit flexibility	Appropriately uses flexible strategies for visits: 15 minutes, 30 minutes, phone contacts, secure messaging						
	6. Triage	Attempts to manage most problems in primary care, but does triage to mental health, chemical dependency, or other clinics or services when necessary						
	7. Case management	7.a. Utilizes patient registries (if they exist); takes load off of PCM (e.g., returns patient calls about behavioral issues); advocates for patients.						
		7.b. Refers and coordinates with PCMH Behavioral Health Case Manager (BHCM) and External Behavioral Health Consultant (EBHC)						
	8. Community resource referrals	Is knowledgeable about and makes use of community resources (e.g., refers to community self-help groups, etc).						

Dimension	Element	Attribute	Skill Rating					Comments
			(1 = low; 5 = high)					
			1	2	3	4	5	
<b>III. Consultation Skills</b>	1. Referral clarity	Is clear on the referral questions; focuses on and responds directly to referral questions in PCM feedback						
	2. Curbside consultations	Successfully consults with PCMs on-demand about a general issue or specific patient; uses clear, direct language in a concise manner						
	3. Assertive follow-up	Ensures PCMs receive verbal and/or written feedback on patients referred; interrupts PCM, if indicated, for urgent patient needs						
	4. PCM education	Delivers brief presentations in primary-care staff meetings (PCM audience; focus on what you can do for them, what they can refer, what to expect, how to use IBHC optimally, etc.)						
	5. Recommendation usefulness	Recommendations are tailored to the pace of primary care (e.g., interventions suggested for PCMs can be done in one to three minutes)						
	6. Value-added orientation	Recommendations are intended to reduce physician visits and workload (e.g., follow-up with IBHC instead of PCM)						
	7. Clinical pathways	Participates in team efforts to develop, implement, evaluate, and revise pathway programs needed in the clinic						

Dimension	Element	Attribute	Skill Rating (1 = low; 5 = high)					Comments
			1	2	3	4	5	
<b>IV. Documentation Skills</b>	1. Concise, clear charting	Clear, concise notes detail: <ul style="list-style-type: none"> <li>Referral problem specifics</li> <li>Functional analysis</li> <li>Pertinent history</li> <li>Impression</li> <li>Specific recommendations and follow-up plan</li> </ul>						
	2. Prompt PCM feedback	Written and/or verbal feedback provided to PCM on the day the patient was seen						
	3. Appropriate format	Chart notes use SOAP format						
<b>V. Administrative Knowledge and Skills</b>	1. IBHC policies and procedures	Understands scheduling, templates, MEPRS codes for PCMH work, criticality of accurate ADS coding						
	2. Risk-management protocols	Understands limits of existing IBHC practices; can describe and discuss how and why informed consent procedures differ, etc.						
	3. KG ADS (coding) documentation	Routinely and accurately completes coding documentation						

Dimension	Element	Attribute	Skill Rating					Comments
			(1 = low; 5 = high)					
			1	2	3	4	5	
<b>VI. Team Performance Skills</b>	1. Fit with primary care culture	Understands and operates comfortably in fast-paced, action-oriented, team-based culture						
	2. Knows team members	Knows the roles of the various primary care team members; both assists and utilizes them						
	3. Responsiveness	Readily provides unscheduled services when needed (e.g., sees patient during lunch time or at the end of the day, if needed)						
	4. Availability	Provides on-demand consultations by beeper or cell phone when not in the clinic; keeps staff aware of whereabouts						

Phase II Training

Successful completion requires *all unshaded items* rated at “3” or higher

Date of successful completion: \_\_\_\_\_ Trainer signature: \_\_\_\_\_

Phase III Training

Successful completion requires *all items (shaded and unshaded)* rated at “3” or higher

Date of successful completion: \_\_\_\_\_

Trainer signature: \_\_\_\_\_