



1 August 2002

Thank you for your inquiry regarding our APA-accredited Clinical Psychology Internship Program at Andrews Air Force Base, MD.

Each year, we accept six applicants who, upon graduation, go onto guaranteed clinical psychology positions in the Air Force.

We emphasize broad-based clinical training within a major military medical center alongside ten other medical, internship programs. This makes Andrews AFB a fertile learning environment for psychology interns, and one of the Air Force's primary teaching hospitals. And as such, we have the resources to offer a rich variety of training experiences.

Rotations include Outpatient Mental Health, Behavioral Medicine Service, Primary Care Clinic, Substance Abuse/Rehabilitation, Family Advocacy Services and Pediatric Psychology. Training opportunities are available in Biofeedback and Relaxation Training, Marital/Family Therapy, Stress and Weight Management, Tobacco Cessation, to name a few, and exist as sub-components of the overall training program. An optional rotation in either Neuropsychology, the Air Force Office of Special Investigations or the National Security Agency can also be attended by interns.

Twenty-five Air Force psychologists are currently assigned to the Washington, DC area. They offer a broad range of specialties and experience. Seven comprise the internship's core faculty. All teach some portion of our didactic program interacting with our interns in various roles. Other disciplines closely involved with our program include psychiatry, social work, psychiatric nursing, and family practice physicians, just to mention the most obvious.

Our 60-bed hospital is located on Andrews Air Force Base, home of Air Force One, the President's plane, and the arrival point for many visiting foreign heads of state. Other high profile customers, such as, released hostages or prisoners of war are often initially evaluated at Malcolm Grow Medical Center.

We serve a diverse, multicultural patient population offering all interns the opportunity to work with a broad range of clientele and to treat a wide variety of presenting problems and concerns.

We were recently inspected by the American Psychological Association's Committee on Accreditation and received a full 7-year accreditation.

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

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**QUICK FACTS ABOUT THE
PSYCHOLOGY INTERNSHIP PROGRAM
MALCOLM GROW MEDICAL CENTER**

- ❖ Member APPIC.
- ❖ Accredited by the American Psychological Association (APA) since its first year of existence in 1988 and recently received full 7-year accreditation (2001-2008).
- ❖ Scientist-practitioner and empirically-based training/practice model.
- ❖ “State of the science” programs in health psychology (e.g., psychological practice in primary care and pediatric medical settings).
- ❖ A collegial faculty of 14 covering a wide range of specialties and interests, seven core faculty plus seven adjunct faculty.
- ❖ Experience with diverse patient populations presenting a wide variety of problems.
- ❖ Training in Adult Assessment/Treatment, Behavioral Health Psychology, Substance Abuse, Family Advocacy, Prevention/Consultation, Primary Care/Pediatric psychology plus unique, optional rotations.
- ❖ Rank, pay and benefits of an Air Force Captain: minimum salary in the Washington D.C. area of \$47,755 with medical benefits for the entire family, Base Exchange and Commissary shopping privileges; family dental package, 30 paid vacation days plus holidays and low-cost world-wide travel through the USAF Space-Available travel program. (N.B. Compensation varies based on location).
- ❖ A comprehensive medical and teaching center which is the main referral hospital for all Air Force medical treatment facilities on the East Coast and U.S. Air Forces in Europe.
- ❖ Over 10 internships, residencies and fellowships located here. We graduate alongside Psychiatry residents, Social Work Interns, Family Practice Residents and Psychiatry/Family Practice residents.
- ❖ Supervision rated as outstanding in both quantity and quality by program alumni.
- ❖ Extensive Didactic Program including Distinguished Visiting Professors (DVPs) of national reputation.
- ❖ Immediate post-internship employment with high levels of professional autonomy, and the opportunity to develop leadership and management skills that greatly enhance competitiveness for future positions.
- ❖ The opportunity to live and work in locations spanning the entire globe.
- ❖ Excellent preparation for either an Air Force or civilian career.
- ❖ Paid post-doctoral fellowships available in Child Psychology, Neuropsychology, Health Psychology, Forensic Psychology, and Aviation Psychology.

AIR FORCE INTERNSHIP PROGRAMS

The United States Air Force offers up to 28 fully funded one-year intern positions in clinical psychology. Internships are available at three training sites, each located in large Air Force medical centers: Malcolm Grow Medical Center, Wilford Hall Medical Center and Wright-Patterson Medical Center. All three internship programs are APA-accredited.

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

ELIGIBILITY CRITERIA

To be eligible for commission and consideration for intern selection, the applicant must:

- a. Be a U.S. citizen; and
- b. Meet the requirements for commissioning in the USAF, including an Air Force physical examination; and
- c. Satisfactorily complete all academic and practica requirements for a Ph.D. or Psy.D. in clinical, professional or counseling psychology from an APA-accredited program. This includes, at a minimum, the completion of preliminary and comprehensive examinations. Committee approval of the dissertation proposal is **mandatory** before entering active duty and beginning the internship. Dissertation progress is a factor in the selection process. Completion of the dissertation prior to internship is **strongly** encouraged to allow for full participation in the wealth of experiential opportunities available during the internship.

Note: Outstanding applicants from non-accredited clinical, counseling or professional psychology programs within academic departments of psychology will normally be considered only if available positions are not filled from fully accredited programs. Candidates whose degree programs were in some area other than clinical, counseling or professional psychology will be treated as cases of “respecialization.” USAF internship programs follow guidelines for respecialization published by the Association of Psychology Postdoctoral and Internship Centers. In general, applicants who are in the process of respecialization must document that they have completed an integrated program of pre-internship academic courses and practica which is the equivalent of an APA-accredited program in a sub-area of Professional Psychology. Such documentation usually consists of a letter from the Director of an APA-accredited program attesting to such equivalence, supported by transcripts and letters of recommendation. Respecialization candidates should consult publications from the APA for current guidelines.

Selection preference is given to applicants from APA-accredited university based programs. The university from which the Ph.D. or Psy.D. is being granted must be fully accredited by regional, state, and national educational associations and listed by the Association of American Colleges and Universities.

Please also note: Selection for one of our intern positions is contingent upon the selectee accepting a commission in the United States Air Force and serving on active duty throughout the internship year and the following 36 months.

PROFESSIONAL DUTIES

The position of clinical psychologist in the Air Force is comparable to that of many civilian psychologists. Duties depend primarily upon the needs of the individual clinic or the Air Force community in which one works. Depending upon one’s interests or skills, even in initial duty assignments, Air Force psychologists are typically given levels of responsibility and autonomy rarely seen in other contexts. Interns at Malcolm Grow Medical Center are prepared to move directly into positions as Chief Psychologist at a small mental health center or Chief Psychologist of a specialty service at a larger facility. They immediately assume responsibilities for planning as well as participating in a service delivery system. Their initial assignment invariably provides a superb foundation for a future military or civilian, clinical psychology career.

MATERIAL BENEFITS FOR PROFESSIONAL DUTIES

ANNUAL SALARY SCHEDULE (for MGMC Interns July 2002 – verify with your recruiter)

CAPTAIN	WITH FAMILY	WITHOUT FAMILY
UP TO 2 YEARS	\$52,447	\$47,755
OVER 2 YEARS	\$56,681	\$51,989
OVER 3 YEARS	\$59,525	\$54,833
OVER 4 YEARS	\$62,657	\$57,968

Of the total amount, a portion is considered a housing or subsistence allowance, and is not taxed under current IRS regulations. At the rank of captain, this untaxed portion at Andrews AFB, MD is currently about \$16,000 without dependents (immediate family members) and \$21,000 with dependents. **Housing allowance varies with base location.** Taxable income includes basic pay, which, for a Captain with fewer than two years of military service, amounts to \$2638 per month, or approximately \$31,500 annually. Many states will exempt a portion or all of this military income from state income taxes (e.g., Texas). Many student loans can be deferred during internship and/or military service. In addition, total medical and dental care is provided for interns. Family members also have direct access to most medical services. A family dental plan and term life insurance for the military member are available at a minimal additional cost. Commissary (supermarket) and Base Exchange (department store) privileges are available where you will find most items at comparable or lower prices than on the civilian economy. On-base housing is also available at most installations; waiting times vary by base.

The Air Force will pay the full cost of moving a new intern, family, and household goods to the training site. Upon separation or retirement from the Air Force, moving expenses will again be paid for the

return home. Those who elect an Air Force career can retire at a very young age (after 20 years of service) with one of the most attractive retirement packages available anywhere. This provides ample time to continue a rewarding civilian career built upon the excellent training and broad experiences of a military career.

SCHEDULE, VACATIONS & HOLIDAYS

The internship year is preceded by a four-week course at Maxwell AFB in Alabama. It acts as an introduction to the Air Force Medical Service and is called Commissioned Officers Training. During this time (i.e., late July to late August), new interns obtain uniforms, establish pay records, learn about officer ship in general and get to know the other Air Force psychology and social work interns. Upon arrival at Andrews AFB (usually by 1 Sept), all interns attend a two-week orientation to MGMC followed by rotational assignments and more specific orientations.

The American Psychological Association requires that internship training directors certify that each graduate has received at least 2000 hours of clinical experience during the 12-month internship year. In order to ensure that you will complete this requirement, you may miss a total of 30 days (not including Saturday and Sunday) during your time in training. However, this does include 11 Federal holidays, any leave or “down days” granted by the Medical Group Commander, as well as any time off during the Christmas holidays or time for Permissive TDY’s (temporary duty such as for conferences, special trainings, house hunting, etc.). If you exceed the allowable maximum, a day will be added for each day you are absent over the allotted 30 days.

ASSIGNMENTS

The U.S. Air Force offers assignments at more than 100 locations in the continental U.S. and overseas. Your preferences are weighed along with other factors in determining assignments. All initial (post-graduate) placements are in medical treatment facilities within the United States. There are limited positions available in Europe and the Pacific, but these job openings are generally granted to individuals after their initial USAF base assignment.

POST-DOCTORAL OPPORTUNITIES

The Air Force offers fully funded post-graduate fellowships in child psychology, neuropsychology, aviation psychology, health psychology and forensic psychology on a competitive basis. Post-doctoral fellowships and career broadening jobs outside the traditional clinic role are generally available also after your initial assignment. Post-doctoral fellowships provide selected psychologists the opportunity to fully devote themselves to their studies completely at government expense. They continue to receive full pay/benefits while in training.

APPLICATION PROCEDURE

Contact your nearest **Air Force Health Professions Recruiter** for additional information and application processing. Call Air Force Recruiting Service at 1-800-443-4690 or use web site <http://hp.airforce.com/info/locator.html> or <http://www.airforce.com> for the exact location and phone number of the nearest **Air Force Health Professions Recruiter**. Feel free to call the internship director personally to clarify any questions as well. **Applications should be received prior to 1 January 2003 for the 2003 - 2004 internship year. In addition to the APPIC application form, there are Air Force specific forms at the end of this brochure.**

TRAINING SITES

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

Lt Col Ronald Jeffcott, Ph.D.
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Robert K. Klepac, Ph.D., GM-15
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Department of Psychology
2200 Bergquist Drive
Wilford Hall Medical Center (59th Medical Wing)
Lackland AFB TX 78236-5300
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Lt Col Laura Poole, Psy.D.
74 MDG/SGOHE
Department of Mental Health
Wright-Patterson Medical Center (74th Medical Group)
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Wright-Patterson AFB OH 45433-5529
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**THE MALCOLM GROW MEDICAL CENTER (89TH MEDICAL GROUP)
CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM**

PROGRAM INTRODUCTION: Model of professional training and overall objective:

Malcolm Grow Medical Center (MGMC) is one of three APA accredited residency program sites for the United States Air Force (USAF). The residency is designed to train psychology graduates to be competent providers of empirically based psychological services in support of individuals, families, and organizations. Training is based on the argument that specific training goals and objectives should be directly related to career outcomes. We prepare our trainees for careers as USAF officer psychologists.

Our generalist model emphasizes understanding behavior from a bio-psychosocial perspective. Our goal is to teach a scientific approach to solving problems of daily living through “disciplined inquiry” and mastering core clinical skills (e.g., assessment, intervention and treatment, and consultation). Training occurs across a variety of patient populations, most notably, through outpatient mental health and behavioral medicine. Our overall objective is for interns to gain competency in using “a recursive, circular model of examination and intervention” linking the science of psychology to positive practical outcomes. (R.L. Peterson. Peterson, Abrams & Stricker, 1997).

More specifically, all trainees are educated to provide clinical and consultation services that support a broad range of clients, to include, individuals and families, health professionals, military units and base/community organizations. Because of the nature of our business, we must emphasize competencies in the efficient delivery of clinical services to a large and diverse population. Our aim is to develop highly qualified and autonomous professional psychologists.

Although our interns are trained in an array of therapeutic intervention methods, we emphasize empirically supported treatment approaches. Interns are expected to increase their overall treatment skills over the course of the internship year, to develop measurable treatment goals with their clients, and to assess treatment outcomes in accordance with both USAF and Joint Commission on Accreditation of Hospital Organizations (JCAHO) standards.

Currently, although program faculty members are unable to conduct extensive psychological research, we remain committed to using practice as a potent source of ideas for our research efforts. We believe that research both informs and enhances direct clinical practice. As a staff, we utilize current research findings as an active part of supervision, encourage each “practitioner in training” to develop a “construct” system of psychological intervention that works, and actively model ideas, strategies and theoretical concepts that act as the foundation for theory, research, empirical science and advanced clinical practice.

Our investment in interns extends well beyond the training year. The ultimate goal of the program is to graduate psychologists who will incorporate the values of excellence, integrity and high ethical standards into their clinical practices as they assume increasing levels of responsibility and develop into future USAF psychologists, officers and leaders.

OUR PHILOSOPHY

The overall training philosophy of the internship program is planted firmly in the scientific, scholarly and theoretical foundations of psychology. The program seeks to enhance skills and knowledge in the areas of individual, group, and community assessment and intervention. We train psychologists to contribute to community welfare using ethically and empirically sound interventions, both directly and indirectly, in helping individuals, families and agencies on base.

The program stresses professional development as a psychologist and Air Force Officer by emphasizing the following: 1) fostering of a sense of personal/professional ethics, values and pride; 2) creating a facilitative and collaborative attitude towards work, clients, and colleagues 3) developing an openness and desire to learn about the diversity inherent in the greater military community, and 4) constructing a firm identity as an autonomous USAF psychologist in the scientific-practitioner tradition.

The internship program provides a variety of supervised clinical experiences in which the careful balance between the practical, problem-solving tasks of clinical work, and the intellectual, theoretical, and empirical bases of practice is maintained. Supervisor philosophy reflects the difference between a “coping” style and a pure mastery model (Bandura, 1977).

Supervisors are encouraged to struggle with their trainees, to literally “go along (with the resident) for the ride.” During the training year, for example, some educational experiences have included: advising the base commander on how to handle a psychotic resident of the community, visiting a school for the deaf where parents have requested advocacy for therapy, serving as an expert witness for a military discharge board and training with the Security Forces Squadron’s Hostage Negotiation Team. Experiences like these demand continuous hypothesis generation and testing, and the ruling out of likely alternatives. Interventions follow assessment and analysis with constant review of outcomes until what we do “makes sense.”

Preparing professional psychologists for the kind of versatile, dynamically changing challenges typical of most AF bases today demands a broad approach to clinical health and the exposure of our interns to such demands early in their training. If we succeed, then we believe that we will increase both their military and their professional “readiness” to:

- a) think critically,
- b) act compassionately, and
- c) “move to where the problem is”

... and where the USAF might best utilize their unique brand of professional psychological expertise (Peterson, Reid, and Allen, 1999).

Residents are encouraged to engage in literature reviews of relevant clinical issues outside of programmed didactics. Residents are supported in research activities, particularly in completing the dissertation. Our overall training model is consistent with a scientist-practitioner approach to psychological assessment and treatment (Spengler, Strohmer, Dixon, and Shivy, 1995).

OUR MEDICAL CENTER AND COMMUNITY

Malcolm Grow Medical Center (MGMC) is a 60-bed medical center and teaching hospital, with a wartime contingency capacity of 127 beds. It is an integral part of a global network of AF medical facilities currently comprised of 5 medical centers and 108 clinics. We are the AF's largest healthcare facility on the East Coast, and home to a 37-bed Aeromedical Staging Facility servicing over 20,000 transient medical patients annually from around the world.

The MGMC mission stresses three major areas of healthcare: 1) patient care with an emphasis on prevention, 2) health education and training, and 3) personal growth and teamwork. MGMC provides direct health care services to over 140,000 eligible Department of Defense (DoD) service members and their families, to include retirees and their families, high-level government officials and foreign dignitaries who reside in the National Capital Area.

The Department of Psychology is well established within the MGMC structure. The American Psychological Association (APA) has accredited the Clinical Psychology Residency Program at MGMC since 1988. The residency maintains membership in the Association of Psychology Postdoctoral and Internship Centers (APPIC).

Residents spend half of their clinical time working within the Life Skills Support Center (i.e., outpatient mental health clinic), a multidisciplinary, primarily adult service provided by the departments of Psychology, Social Work, Nursing, and Psychiatry. Residents receive the other half of their primary training through the Behavioral Medicine Service assisting patients manage the interface of lifestyle and medical disease, and working directly in a Primary Care Clinic. Rotation time spent on the Pediatric Psychology Service, Addictions Services, Family Advocacy, National Security Agency, or Office of Special Investigations combines to provide a breadth of experience with a very diverse patient population.

We are located in suburban Maryland, 11 miles from downtown Washington, DC. The traditional places to see in Washington include the Washington Monument, the Vietnam, Lincoln and Jefferson Memorials, the Smithsonian complex, to include Air & Space Museum, Hirshhorn Museum and the National Gallery. Other points of interest include Congress, the Supreme Court, the Kennedy Center, the White House, the African History Museum, the Holocaust Museum and the National Zoo. All these sites and many others offer free or low cost activities for the entire family. Washington also has a safe and efficient Metro system, making the Capital and surrounding areas easily accessible. Nearby mountains and lakes offer a full range of outdoor activities. We are also within an hour of the Chesapeake Bay, the Atlantic coast, Annapolis and Baltimore. Entertainment ranging from concerts, plays and ballet to professional and college sports are all within minutes of the base. Washingtonians enjoy all four seasons in a moderate climate. The coldest month is normally January, with an average temperature of 35 degrees Fahrenheit. July is the hottest month, with an average temperature of 86 degrees. Washington DC is green almost year round with spectacular fall and spring seasons. It is

surrounded by beautiful countryside and the ocean and mountains can both be reached within a two-hour drive.

The educational, medical and scientific communities are large and active. Washington is home to Walter Reed Army Medical Center, the National Naval Medical Center, the Uniformed Services University for the Health Sciences (USUHS), as well as N.I.H., N.I.M.H. and APA Headquarters. The DC area offers a wealth of educational resources, including the Library of Congress. There are also a plethora of opportunities for graduate coursework or continuing education credit, most of which are accessible via the Metro subway system. Through an affiliation agreement, Air Force interns are also able to take advantage of presentations and seminars offered by local Army and Navy psychology training programs. With faculty permission, interns may tap into some of the multitude of educational and research institutions in the DC area

Shopping varies from Macy's, Nordstrom, and Neiman Marcus to many malls with and specialty shops. All variety of restaurants, pubs and shops are available in and around the greater DC area.

As home for the President's airplane, Air Force One, and the entry point into the United States for numerous foreign dignitaries including kings, queens, presidents and prime ministers, Andrews Air Force Base and the 89th Medical Group are regular subjects for the news media covering national and international events. Our extensive and important flying mission often provides opportunities to take flights at low cost to locations overseas.

IN CONCLUSION

The clinical psychology internship is a yearlong, full-time program. In addition to the acquisition and refinement of conceptual and practical skills needed for the investigation, understanding, assessment, and modification of human behavior; the program is dedicated to developing a strong sense of identity with the profession of psychology.

Interns are encouraged to learn the skills needed to meet the current, high demand for helping human services. Interns are taught to pursue innovative avenues by which their skills and knowledge can benefit the people whom they serve, in this case a military base community. In addition to obtaining supervision in general assessment, treatment and consultation of mental health outpatient services, interns establish and maintain collaborative, working relationships with physicians, nurses, other health professionals and commanders, and are provided with a solid clinical theoretical framework that they can utilize long after their short or long term AF career.

Time is available for research endeavors if the intern so desires. Possibilities exist both for interns' original research and for collaboration in ongoing faculty projects. Interns also have the possibility of attending workshops, symposia, and conventions in the DC area featuring renowned speakers. Our goal throughout the internship is to foster creative thinking and research by integrating the intellectual and the practical. We hope to provide clinical experiences that foster the sense of psychologist as expert hypothesis tester, innovator and clinician.

The training “package” is one internship year followed by three years of extraordinarily varied, and responsible work experience. It typically provides skills and confidence far beyond those typical for new psychologists who follow more traditional entry-level career options. Upon completion of this “package” deal, our graduates are well prepared to pursue the challenging life of an Air Force psychologist or to compete effectively for civilian career opportunities.

PSYCHOLOGY INTERNSHIP YEAR

1. LIFE SKILLS SUPPORT CENTER (a.k.a. Mental Health Clinic) (6 months)

- a. Outpatient Initial Intake Evaluations and Therapy Cases
 - Individual
 - Group
 - Marital/Family
 - ❑ Crisis Assessment and Intervention (e.g., ER consultations)
 - ❑ Psychological Testing/Assessment (e.g., security or medical board evaluations)
 - ❑ Commander Directed Evaluations (i.e., personnel evaluations)
 - ❑ Family Advocacy After Hours On-call (for spouse and child abuse issues)
 - ❑ Substance Abuse Treatment/Rehabilitation (1 day a week for 8 weeks)

2. BEHAVIORAL MEDICINE SERVICE (6 months)

- a. **Clinical Health Psychology**
 - ❑ Behavioral/Functional Analysis
 - ❑ Psychological Assessment and Treatment Outcome Evaluation
 - ❑ Self-Regulation Strategies (Biofeedback, Relaxation, Stress Management)
 - ❑ Bio-psychosocial Self-management of Chronic Medical Conditions
 - ❑ Medical Team Consultations
 - ❑ Health Promotions (e.g., smoking cessation and weight management)
 - ❑ Psychology in Primary Care (1 day a week for six months)
 - ❑ Pediatric Behavioral Medicine (1 day a week for six months)

3. MINI-ROTATIONS

- a. **Optional Mini-Rotations:** (1 day a week/16 weeks)
 - ❑ National Security Agency (security clearance required)
 - ❑ Air Force Office of Special Investigations
 - ❑ Any of the major rotations for an additional month
 - ❑ Research
 - ❑ Family Advocacy
 - ❑ Neuropsychology
 - ❑ Individualized

CLINICAL ROTATIONS

As stated above, the internship year is currently divided into two broad areas of training, each with a variety of experiences plus “mini”-rotations. The Life Skills Support Center rotation focuses on adult outpatient therapy and assessment, prevention and community consultation. The Behavioral Medicine Service rotation provides training in clinical health psychology and general medical consultation. Interspersed throughout the training year are required “mini-rotations” in Primary Care, Substance Abuse Assessment/Treatment, Family Advocacy, and Pediatric Behavioral Medicine. Optional mini-rotations include Neuro-psychology, the Office of Special Investigations (i.e., AF’s version of their own FBI) and the National Security Agency.

LIFE SKILLS SUPPORT CENTER (LSSC) ROTATION

This LSSC, mental health clinic, experience provides training across a range of activities and a diverse spectrum of clientele with presenting problems from situational stress to acute psychosis. Initial triage, evaluation and determination of patient disposition are conducted for all active duty, retirees, and their family members who walk in on an emergency basis or are seen for scheduled intake appointments. Interns are supervised in providing individual, marital/family, and group therapy for both long and short-term care. Interns conduct manualized, cognitive-behavioral educational/treatment groups. Active evaluation of patient resources in comparison to patient needs are taught in an environment of short-term, limited, and managed healthcare. Case supervision focuses on empirically supported treatment, primarily from a cognitive-behavioral theoretical orientation.

Interns often conduct supervised psychological assessment of outpatients for referral questions, such as, medical discharges, security clearances, and “commander-directed” concerns about occupational issues. In conducting such evaluations, the intern not only learns various job requirements within the Air Force and how personnel are managed, but also how to conduct oneself ethically and professionally when analyzing, interpreting and deciding personnel issues. These training experiences provide excellent preparation for general duties within an Air Force setting or in a similar civilian, clinical/community setting.

All interns who successfully complete the LSSC rotation will:

- 1) Be familiar with, or effectively conduct
 - a) Commander Directed evaluations
 - b) Special Duty Assignment/Security Clearances evaluations
 - c) Medical Discharge Board evaluations
 - d) Emergency room psychological evaluations
 - 1) Domestic violence
 - 2) Allegations of child neglect/abuse
 - 3) Substance abuse
 - 4) Need for psychiatric hospitalization

- 5) Child/adolescent emergency referral
- 2) Write at least 25 collaborative treatment plans
 - a) At least 20 short term case
 - b) At least 5 long term cases
- 3) Administer, score and interpret psychological testing batteries (see #1)
- 4) Teach Manualized Treatment Program series
 - a) Depression Management
 - b) Anxiety Management
 - c) Stress management (SMART program)
 - d) Optional: Anger management, assertiveness, PREP, Boy's Town
- 5) Maintain all medical progress notation, treatment review, and case/medical consultation
- 6) Present twice at weekly LSSC Case Conference
- 7) Submit audio/video recordings
 - a) Intake interviews
 - b) Treatment sessions

OUTPATIENT SUBSTANCE ABUSE ROTATION

At MGMC, the Air Force's Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program is embedded in a robust continuum of addictions treatment ranging from a Partial Hospital Program through an Intensive Outpatient Program, regular outpatient treatment, and outreach/prevention. This rotation involves the intern in a multidisciplinary team. Interns learn a bio-psychosocial approach to addictions with input from physicians, addictions medicine specialists, nurses, social workers, counselors, and technicians. Family members are frequently invited to be involved in our Family Recovery Program.

The Outpatient Substance Abuse rotation includes didactics on various topics such as alcoholism and brain damage, medical aspects of alcoholism, nutrition, and stress management. There is an equal emphasis on the clinical aspects of addictions evaluation/treatment and on the required administrative aspects of the Air Force ADAPT program. Treatment team planning decisions in the military involve commanders, first sergeants, and supervisors. Interns learn the advantages to this approach as well as the requirements for ethical practice. The ADAPT rotation is intended to benefit interns by developing the following skill areas:

1. Interview skills especially relevant to addictions cases
2. Psychometric approaches to assessment and outcome measurement
3. Treatment planning (i.e., strategies and interventions appropriate for addictions patients)
4. Treatment team planning and review
5. Consultation with commanders regarding both management and administrative matters
6. Administrative management of ADAPT records
7. Dispositions appropriate to ADAPT cases
8. Familiarity with requirements for APA's certification in substance abuse

BEHAVIORAL MEDICINE SERVICE ROTATION

The 6-month Behavioral Medicine Services (BMS) rotation includes a variety of outpatient clinical experiences, including working on interdisciplinary programs (e.g., chronic pain management, diabetes management, weight management, smoking cessation, fibromyalgia management). The rotation provides the intern the opportunity to evaluate and recommend treatment for medical and psychophysiological conditions in which the patient's behaviors, emotions, cognitions, spirituality, culture or environment may be a significant determinant in the severity or extent of dysfunction. Cognitive-behavioral interventions are implemented to assist patients in modifying health compromising behaviors. BMS receives consultation requests from providers throughout the medical center to include family practice, rheumatology, dietary medicine, internal medicine, primary care, and physical therapy and consult liaison psychiatry. Interns are supervised by fellowship trained Clinical Health Psychologists.

PRIMARY CARE ROTATION

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

PEDIATRIC PSYCHOLOGY

The Pediatric Psychology portion of the internship is included as part of the 6 month Behavioral Medicine Services rotation. The Pediatric Psychology rotation offers experience with children from infancy through high school age. The Pediatric Psychology experience has two components: ½ day per week working in a Pediatric Primary Care Clinic and ½ day per week providing care at BMS. Children are referred to BMS for a wide variety of medical and psycho-physiological conditions; interns assess and treat children with problems ranging from separation anxiety to spinal muscular atrophy. Utilizing skills being developed concurrently in the Primary Care Rotation, interns also work in the Pediatric Clinic seeing children with a wide-range of presenting problems. With the pediatric psychologist, the intern serves to provide consultation to the pediatric clinic staff and aids in cooperatively managing the patient through short-term care or referral. Interns successfully completing this portion of the internship will be familiar with a variety of primarily behavioral and cognitive strategies to assist children presenting in either clinic setting. Interns are supervised by a fellowship trained Pediatric Psychologist.

The training objectives for the Behavioral Medicine, Primary Care and Pediatric Psychology rotations combined are as follows:

1. To develop skills necessary to perform a functional analysis of a patient's presenting problem

2. To develop attainable patient treatment goals and identify strategies and tactics for meeting these goals
3. To develop skills necessary to track treatment gains and document progress in treatment.
4. To recognize treatment options and limitations
5. To learn the skills required to treat patients with common psychophysiological problems using empirically validated treatments, including: headaches, temporomandibular disorder, primary insomnia and other stress/tension problems related to life problems
6. To gain experience with multidisciplinary treatment teams and to develop competency in group treatment (each resident one will be the primary person responsible for one of these programs to include: Weight Management, Diabetes Management, Fibromyalgia Management, Chronic Pain Management)
7. To develop competency in using biofeedback technology to assist in the treatment of psychophysiological disorders, and to meet Air Force requirements to become credentialed to practice biofeedback treatment (i.e., 20 hours of didactics, 20 hours of supervised biofeedback treatment)
8. To develop skills in conducting public health/primary prevention interventions
9. To develop competency in behavioral health consultation in primary care, including, clinical practice, practice management, consultation, documentation, team performance, and administration.
10. To learn the skills required to treat pediatric patients with common psycho-physiological problems using empirically validated treatments, including: habit disorders, anxiety disorders, sleep and feeding disorders, pain management, and enuresis and encopresis
11. To gain experience in parent training each resident will observe/participate in one 6 session course of the Boystown "Common Sense Parenting" program
12. To develop skills in conducting stress management primary prevention interventions
13. To accurately administer, interpret, and integrate adult and pediatric health psychology assessment tools
14. To demonstrate expertise in DSM-IV differential diagnoses relevant for adult and pediatric behavioral medicine
15. To demonstrate appropriate case management skills (e.g., appropriately identifies/refers patients to other agencies or resources)

16. To use current research literature to conceptualize cases and make treatment decisions
17. To develop skills in establishing rapport and managing the therapeutic relationship, including cultural/age sensitivity
18. To appropriately consult with other healthcare professionals.

DIDACTIC PROGRAM

The internship emphasizes the intellectual life of the psychologist through an extensive Didactic Programs. There are three broad categories of didactic experiences. First, rotation supervisors incorporate research discussions on relevant topics relevant to particular cases. Inclusion of didactic material here provides the best possibility for integration of theory, science, and practice by discussing issues germane to patients that interns are actively seeing.

A second level of didactic activities occurs at the departmental level. In an organized series of weekly classes, issues or topics that transcend rotational emphases are discussed. Topics may include a mixture of the empirical, theoretical, and/or practical. Minimizing redundancy with university course work, didactic sequences tend to stress advanced intervention and assessment strategies, current research in specific areas, or the integration of general psychological principles and practices. Interns have the opportunity to attend conventions, symposia, and workshops held in the Washington, DC area. Interns may attend didactics and/or presentations at the other military residencies in the area. The internship also sponsors or co-sponsors Distinguished Visiting Professors (DVP's) to present on their areas of expertise and spend time with the interns.

1994 - 2002 DISTINGUISHED VISITING PROFESSORS

Presenter	Affiliation	Topic
Alex Caldwell, Ph.D.	UCLA	MMPI-II
Phillip Erdberg, Ph.D.	Private Practice & Consultation	Rorschach Interpretation
John P. Foreyt, Ph.D.	Baylor College of Medicine	Obesity
George Clum, Ph.D.	Virginia Tech	Panic Disorder
Art Nezu, Ph.D.	Hahnemann University	Clinical Decision Making
John Reid, Ph.D.	Oregon Social Learning Center	Conduct Disorder
Bruce Ebert, Ph.D., J.D.	Calif. Board of Psychology	Forensic Psychology
Patricia Resick, Ph.D.	University of Missouri, St Louis	PTSD
George Albee, Ph.D.	University of Vermont	Primary Prevention
Charles M. Morin, Ph.D.	Laval University - Quebec	Treatment of Insomnia
Paul Retzlaff, Ph.D.	University of Northern Colorado	MCMI - Clinical Applications
Ray DeGiuseppe, Ph.D.	St John's University	Anger Management
William Kelleher, Ph.D.	Nova University	Optimizing Mental Health
Michelle Craske, Ph.D.	University of California-LA	CBT with Anxiety & Panic

Christine Nezu, Ph.D.	Allegheny U of Health Sciences	Problem-Solving Therapy
Dr Donald Meichenbaum	University of Waterloo	CBT: Issues of Comorbidity
Terence M. Keane, Ph.D.	VA Boston Healthcare System	PTSD
Joseph Matarazzo, Ph.D.	Oregon Health Sciences Univ.	History and Future of Psychology
Yossef Ben-Porath, Ph.D.	Kent State University	MMPI-2:
Albert Ellis, Ph.D.	Ellis REBT Institute	Advanced REBT
Arthur Freeman, Ph.D.	University of Pennsylvania	CBT: Depression Management
David Jobes, Ph.D.	Catholic University	Assessment/Treatment of Suicide
Theodore Millon, Ph.D.	University of Miami	MCMII Assessment
Kirk Strosahl, Ph.D.	Mt View Consulting Group	Mental Health & Primary Care

**PAST CLINICAL PSYCHOLOGY INTERNSHIP
SEMINARS AND WORKSHOPS**

Psychotherapy Modalities

Behavioral Health Psychology (series)

Critical Incident Stress Management (series)

Ethical and Professional Issues

Child/Family Therapy (series)

Hostage Negotiation

Child/Spouse Abuse

National Security Factors/Security Evaluations

Psychopharmacology (series)

Chronic Pain Management

Cognitive Behavioral Treatment of Insomnia

Cognitive Behavioral Treatment of Headache

Combat Stress Reaction

Post-Traumatic Stress Disorder

Consultation and Prevention

MMPI-2 (Bethesda Naval Medical Center: Roger Green, Ph.D.)

Treatment Of Obesity

Treatment of Child Conduct Problems

Treatment Outcome Measurement (Walter Reed, Michael Lambert, Ph.D.)

Integrating Mental Health into Primary Care

**PSYCHOLOGY INTERN AIR FORCE ORIENTATION
POSSIBLE FIELD TRIPS**

Aerospace Physiological Orientation and Hypobaric Chamber

Headquarters Air Force Office of Special Investigations (HQ OSI)

Executive Office Building

Georgetown University and Walter Reed Army Medical Center aviator assessment

Flight Line Orientation: Base Command Post

National Security Agency

Family Support Center/Family Advocacy Office

American Psychological Association Headquarters

Days in the lives of U.S. Air Force personnel. Includes going with active duty members and observing their working environment (i.e., Security Police, Civil Engineering, Fire Department)

Air Force Surgeon General's Office

Aeromedical Evacuation Flight

Special Operations

EVALUATION

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

INTERN PERFORMANCE EVALUATION

A rotation-specific professional performance report is submitted to the Director of Training by all staff having supervised the intern during each rotation. Performance standards are presented in writing and discussed at the beginning of each rotation. At the time of the evaluation there is a meeting between the supervisory staff member and the individual intern. Every quarter, the faculty discuss, as a group, each intern and the faculty member assigned as the intern's mentor provides written feedback to the intern. The mentor and training director provide an official evaluation at the end of six months and also at the completion of the program. Information is also provided to each individual's graduate program at this time.

Internship Program Evaluation

At the middle and end of the internship year, interns will submit a written critique of the training program. Interns complete evaluations at the end of each block of instruction. Interns are also asked for feedback six months after they have left the internship. These critiques provide valuable input into program design. Interns also meet with the program director periodically during the year to discuss the program, the direction of psychology nationally, and in the Air Force, or any other issue they desire.

SUPERVISION

In addition to rotation specific supervision, each intern is assigned a faculty mentor for the entire year. The mentor is responsible for the intern's overall training to include supervision of long-term therapy cases and guidance and assistance on issues relevant to his or her growth as a clinical psychologist. As noted above, each intern will have several general rotation supervisors during the year. Rotation supervisors provide assistance with short-term therapy cases, patient evaluation, administrative issues and group therapy facilitation. Supervisor expertise, caring and accessibility are consistently lauded in intern critiques.

**PSYCHOLOGY INTERNSHIP PROGRAM
CORE FACULTY**

Capt Aditya A. Bhagwat, Ph.D.

The Ohio State University

Staff Psychologist

- Critical Incident Stress Management
- Multicultural Research

Capt Anne C. Dobmeyer, Ph.D.

Utah State University

Primary Care Coordinator

- Primary Care Clinical Services
- Eating Disorders/Weight Management
- Anxiety and Stress Management

Capt Joseph R. Etherage, Psy.D.

Pepperdine University

Fellowship in Child Psychology, Harvard University

Chief, Pediatric Psychology

- Pediatric/Child Psychology
- Marital and Family Therapy
- Psychological Assessment

Lt Col Ronald E. Jeffcott, Ph.D.

Vanderbilt University

Training Director

- Community, Organizational and School Consultation
- Disaster Response and Recovery
- Adult Outpatient Psychotherapy

Maj Paul R. Rivest, Ph.D.

Nova University

Deputy Training Director

- Cognitive Behavioral Therapy
- Critical Incident Stress Management
- Treatment of Trauma/Abuse

Maj Anderson B. Rowan, Ph.D., ABPP

Fuller Theological Seminary

Fellowship in Behavioral Health Psychology, Wilford Hall Medical Center

Chief, Behavioral Health Psychology

- Chronic Pain/Stress/Insomnia Management

- Stress Management
- Weight Management/Obesity
- Prevention/Health Promoting

Lt Col Robert J. Wilson, Psy.D.

Florida Institute of Technology

Fellowship in Behavioral Health Psychology, Wilford Hall Medical Center

- Critical Incident Stress Management
- Aircraft Mishap Investigation
- Biofeedback/Hypnosis

ADJUNCT FACULTY

Lt Col Henry L. Cashen, Ph.D.

Michigan State University

Chief, Department of Social Work

- Substance Abuse Rehabilitation
- Marriage and Family Counseling
- Critical Incident Stress Debriefing

Lt Col James Cockerill, M.D.

University of N. Carolina at Chapel Hill

Chief, Life Skills Support Center

- Psychodynamic Psychotherapy
- Medical Discharge Boards

Capt Ajay Makhija, M.D.

University of Alabama at Mobile

- Forensic psychiatry

Col Karl O. Moe, Ph.D., ABPP (CL)

Arizona State University

Fellowship in Pediatric Health Psychology, Harvard Medical School

Professor, Uniformed Services University of the Health Sciences

- Behavioral Health Psychology
- Community Consultation
- Ethical Issues in Clinical Psychology

Lt Col Kevin P. Mulligan, Psy.D., ABPP (CN)

University of Denver

Fellowship in Neuropsychology, University of Florida

Military Consultant to the Air Force Surgeon General for Clinical Psychology

Associate Chief of Biomedical Sciences Corps for Clinical Psychology

- Neuropsychology

- Disaster Response/Psychological Trauma

Mrs. Sue Scheddel, LCSW, CADAC

University of Maryland at Baltimore

Social Worker

- Substance Abuse Treatment

Col John H. Wagner, Ph.D., M.D.

Wright State University Medical School

Mental Health Flight Commander

- Leadership Issues
- Process Groups
- Interface between Psychiatry and Psychology

OTHER WASHINGTON DC AREA AIR FORCE PSYCHOLOGISTS

Lt Col Joyce Adkins

DoD Health Clinical Center

Tom Menefee, Ph.D.

National Security Agency

Lt Col Rick Campise

Military Consultant to AF SG

Lt Col Nancy Slicner, Ph.D.

HQ, Office of Special Investigations

Capt Samuel Dutton

National Security Agency

Maj Kent Furman, Ph.D.

Bolling AFB

Maj Nicole Frazier

USUHS

Capt Tim Gameros

National Security Agency

Lt Col Bill Gradwell

USUHS

Maj Tammy Savoie

Bolling AFB

Maj Linda Estes

HQ AFOSI

Maj Timothy Gameros

NSA

Major Gary Page

NSA

Maj Longofono

NSA

Capt Calvin Graham

NSA

Lt Col William Gradwell

USUHS

CLASS OF 1987-1988 (First Graduating Class)

Captain William D. Charmak
California School of Professional Psychology - Fresno
Assignment: National Security Agency

Captain Stephen B. Cook
Utah State University
Assignment: Keesler AFB, MS

Captain James V. Favret
Southern Illinois University
Assignment: RAF Bentwaters, England

Captain Daniel R. Lerom
Florida Institute of Technology
Assignment: Keesler AFB, MS

Captain Howard A. Reid
Indiana State University
Assignment: Hill AFB, UT

CLASS OF 1988-1989

Captain Terry W. Jefferson
University of Florida
Assignment: Vandenberg AFB, CA

Captain Kevin M. McGuinness
California School of Professional Psychology - Fresno
Assignment: March AFB, CA

Captain John A. Paglini
Illinois School of Professional Psychology
Assignment: Nellis AFB, NV

Captain Mark R. Tims
Florida Institute of Technology
Assignment: Luke AFB, AZ

Captain Julie Wilson
Florida Institute of Technology
Assignment: Hellenikon AB, Greece

Captain Shelly K. Woodward
Fuller Theological Seminary
Assignment: Incirlik AB, Turke

CLASS OF 1989-1990

Captain Regina G. Chace
California School of Professional Psychology - Los Angeles
Assignment: Edwards AFB, CA

Captain Hany M. Girgis
Fuller Theological Seminary
Assignment: Aviano AB, Italy

Captain Maureen P. Haugh
California School of Professional Psychology - San Diego
Assignment: Offutt AFB, NE

Captain James R. Hurst
University of Florida
Assignment: Moody AFB, GA

Captain Kirk A. Kennedy
Fuller Theological Seminary
Assignment: National Security Agency, Ft Meade, MD

Captain Sharon T. McGilvery
California School of Professional Psychology – San Diego
Assignment: Grand Forks AFB, ND

CLASS OF 1990-1991

Captain John M. Beery
Ohio State University
Assignment: Patrick AFB, FL

Captain Stephen W. Bensen
Fuller Theological Seminary
Assignment: Lowry AFB, CO

Captain Steven J. Byrnes
Illinois School of Professional Psychology
Assignment: Grissom AFB, IN

Captain Joseph D. Callister
California School of Professional Psychology – San Diego
Assignment: Sheppard AFB, TX

Captain Philip A. Clemmey
California School of Professional Psychology - San Diego
Assignment: Eglin AFB, FL

Captain Robert A. Rella
Nova University, Florida
Assignment: Loring AFB, ME

Captain Paul R. Rivest
Nova University, Florida
Assignment: Griffiss AFB, NY

CLASS OF 1991-1992

Captain Kenneth A. Furman
University of South Florida
Assignment: MacDill AFB, FL

Captain Frank J. Godshall
Virginia Commonwealth University
Assignment: Beale AFB, CA

Captain T. Scott Halstead
Fuller Theological Seminary
Assignment: Aviano AB, Italy

Captain David G. Ray
Fuller Theological Seminary
Assignment: Travis AFB, CA

Captain Joy E. Vroonland
University of North Texas
Assignment: Yokota AB, Japan

CLASS OF 1993-1994

Captain Kellie M. Condon
Brigham Young University
Assignment: Vandenberg AFB, CA

Captain Christine I. Ely
Bowling Green University
Assignment: Peterson AFB, CO

Captain David N. Lombard
Virginia Polytechnic University
Assignment: Brooks AFB, TX

Captain Tamara N. Lombard
Virginia Polytechnic University
Assignment: Brooks AFB, TX

Captain Kevin W. Miller
Loyola University of Chicago
Assignment: Hanscom AFB, MA

Captain Hans V. Ritchard
Fuller Theological Seminary
Assignment: Rhein Main AB, Germany

CLASS OF 1992-1993

Captain Sharam Ardalan
Howard University
Assignment: McGuire AFB, NJ

Captain Thomas X. Joseph
Farleigh Dickinson University
Assignment: Langley AFB, VA

Captain Michael T. Kindt
Bowling Green State University
Assignment: Moody AFB, GA

Captain Karen L. Liebenau
California School of Professional Psychology - Fresno
Assignment: Maxwell AFB, AL

Captain Dawn M. Sousa
California School of Professional Psychology - Fresno
Assignment: Shaw AFB, SC

CLASS OF 1994-1995

Captain Janet S. Foliano
Indiana University of Pennsylvania
Assignment: Kirtland AFB, NM

Captain Daniel S. Philpot
Florida Institute of Technology
Assignment: Keesler AFB, MS

Captain Jeffrey T. Reiter
University of Vermont
Assignment: McClellan AFB, CA

Lt Col (sel) Charles L. Ruby
Florida State University
Assignment: Headquarters, OSI; Bolling AFB, DC

Captain James A. Stephenson
Illinois School of Professional Psychology
Assignment: Goodfellow AFB, TX

Captain Allen A. Winebarger
University of Oregon
Assignment: F.E. Warren AFB, WY

CLASS OF 1995-1996

Captain Stephanie J. Eppinger
University of Georgia
Assignment: Nellis AFB, NV

Captain Kenneth L. Hoffman
Indiana State University
Assignment: Travis AFB, CA

Captain Frank J. Leonardi
Illinois School of Professional Psychology
Assignment: Langley AFB, VA

Captain Hulon B. Newsome
Indiana University of Pennsylvania
Assignment: McGuire AFB, NJ

Captain Robert E. Young
Chicago School of Professional Psychology
Assignment: Lackland AFB, TX

CLASS OF 1997 - 1998

Captain Tram P. Dao
University of Denver
Assignment: Travis AFB CA

Captain John F. Drozd
The State University of New York at Stony Brook
Assignment: Peterson AFB CO

Captain Randall C. Nedegaard
Uniformed Services University of the Health Sciences
Assignment: Disciplinary Barracks, Fort Leavenworth KS

Captain Christine R. Russ
Virginia Polytechnic Institute
Assignment: Lackland AFB TX

Captain Kennen T. Wynn
University of Kentucky
Assignment: Little Rock AFB AR

CLASS OF 1996 - 1997

Captain Leslie R. Dana-Kirby
University of Oregon
Assignment: Luke AFB, AZ

Captain Glen S. Fisher
University of Denver
Assignment: Wright-Patterson AFB, OH

Captain Robert W. Gallagher
Kent State University
Assignment: National Security Agency, Ft Meade, MD

Captain Daniel Thor Gustafson
University of Wisconsin - Madison
Assignment: Scott AFB, IL

Captain Kathleen A. Lindstrom
Virginia Commonwealth University
Assignment: Hanscom AFB, MA

CLASS OF 1998 - 1999

Captain Darin R. Lerew
Uniformed Services University of the Health Sciences
Assignment: United States Air Force Academy CO

Captain Farangis Goshtasbpour-Parsi
Saint John's University
Assignment: Los Angeles Air Force Station CA

Captain Allison C. Jeffrey
Virginia Polytechnic Institute
Assignment: Goodfellow AFB TX

Captain Mario Tommasi
University of Missouri - Columbia
Assignment: McGuire AFB NJ

Captain James D. Sharpnack
Utah State University
Assignment: Cannon AFB NM

Captain Revonda Grayson
Virginia Commonwealth University
Assignment: Nellis AFB NV

CLASS OF 1999 - 2000

Captain Colette M. Candy
Utah State University
Assignment: Fairchild AFB, WA

Captain Anne C. Dobmeyer
Utah State University
Assignment: Andrews AFB, MD

Captain Samuel S. Dutton
University of Maryland
Assignment: Ft Meade, MD

Captain Celine A. Fyffe
State University of New York at Stony Brook
Assignment: Kirtland AFB, NM

Captain David J. Reynolds
University of Cincinnati
Assignment: Grand Forks AFB, ND

Captain Jay Stone
Uniformed Services University of the Health Sciences
Assignment: Randolph AFB, TX

CLASS OF 2000 - 2001

Captain David Cordry
Michigan State University
Assignment: Disciplinary Barracks, Ft Leavenworth KS

Captain Jose Gomez
University of Illinois
Assignment: Edwards AFB, CA

Captain Jeffrey Lucas
George Fox University
Assignment: Minot AFB, ND

Captain Vicki Lumley
West Virginia University
Assignment: Barksdale AFB, LA

Captain Pamela Planthara
Nova Southeastern University
Assignment: Andrews AFB, MD

Captain Julie Storey
Uniformed Services University of the Health Sciences
Assignment: Randolph AFB, TX

CLASS OF 2001 – 2002

Monty T. Baker
Nova University
Assignment:

Mark J. Bates
Uniformed Services University of the Health Sciences
Assignment:

Arlin L. Hatch
Brigham Young University
Assignment:

Gabriel Holguin
University of Nebraska
Assignment:

Colanda R. Howard
University of Maryland
Assignment:

Todd W. Neu
Texas A&M University
Assignment:

APPIC POLICY REGARDING INTERNSHIP OFFERS AND ACCEPTANCE

Adherence to these policies is a condition of membership in APPIC

The Air Force Clinical Psychology Internship programs are members of APPIC and follow APPIC policy on internship offers and acceptances. We participate in the APPIC Matching Program. Details of the APPIC program and policies can be viewed on APPIC's web site (<http://www.appic.org>).

APPIC's mailing address is: APPIC Central Office, 10 G Street NE, Washington, DC 20002. Their phone number is: 1-202-589-0600.

ADDITIONAL AIR FORCE REQUIREMENTS

1. Members of the internship program, like all Air Force psychologists, are normally afforded a "secret" security clearance. A background investigation is required as part of the customary security clearance evaluation.
2. Internship candidates are required to complete and pass a physical examination in order to be considered for a commission in the Air Force.
3. Finally, commissioned officers, to include members of the internship program, are subject to random drug testing through urinalysis.

APPLICATION INSTRUCTIONS USAF PSYCHOLOGY INTERNSHIP PROGRAM

NOTE: All materials must be submitted in duplicate, as outlined in items 7 & 8 below.

1. Submit a completed **Applicant Summary Form** (enclosed).
2. Submit a completed copy of the **APPIC Standardized Internship Application Form**.
4. Submit **official transcripts of all college and graduate level courses**.
4. Arrange for a minimum of **three supporting letters** from your professors, program directors, supervisors or others familiar with your psychological skills, academic training, or supervised clinical experiences. General “character references” may supplement, but do not replace letters addressing your specific skills and training. If a letter is used to supplement the Certification by Program Director (Item 5), this may count as one of the three required letters.
5. **Certification By Program Director** (form enclosed). Your major professor or program director must complete the enclosed form attesting to the status of your dissertation project. We encourage application from those whose dissertations will be completed prior to the start of our program. At the very least, the dissertation committee must approve the proposal before entering active duty. Data collection and analysis should be complete before beginning internship.
6. Submit a **Curriculum Vitae**, listing honors, publications, clinical experiences, and other information relevant to your training and performance in psychology.
7. Original and official copies of these materials should be taken to your nearest **Air Force Health Professions Recruiter**. A phone call to any Air Force recruiting station or 800-443-4690 will yield the exact location, phone number, etc. of the Health Professions recruiter you should contact. On-line locator service is also available at <http://hp.airforce.com/info/locator.html>. **The medical service recruiter is critical to the application process, providing information and assistance to you throughout the application process.** The medical service recruiter is particularly important in completing requirements for qualification as an Air Force officer, including application forms and physical examinations which must be completed before you can be considered for the internship program.
8. Unofficial transcripts and photocopies of all materials mentioned above should be simultaneously submitted to the Director of Internship Training at the preferred site. The training sites are Malcolm Grow, Wilford Hall and Wright-Patterson Medical Centers. Your recruiter should be able to assist you with this requirement.
9. **You will automatically be considered for programs at all three training sites.** In the past, we have been able to honor first preferences in all but a very few cases. In the event that your preference

cannot be honored, you may be extended an offer at a less-preferred site. You still have the opportunity to decline. Offers are made to specific sites.

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

11. An interview with the Training Director at one of the training sites is required. On-site interviews are not required but are strongly encouraged, and will be arranged for any interested applicant at any of our training sites. The recruiter may be able to arrange this with reduced cost to you. Phone interviews with the training directors can be arranged if on-site interviews are not possible.

11. Representatives of the training programs are often in attendance at major psychological conventions. Applicants are encouraged to meet with these faculty members to discuss the program and application procedures.

12. USAF internship programs subscribe rigorously to APA standards for program content and APPIC Policy for notifying and accepting applicants. Applicants are expected to support this Policy as well. As indicated above, a copy of the APPIC Policy should be available at their web site (<http://www.appic.org>).

Ronald E. Jeffcott, Ph.D.
Training Director
Malcolm Grow Medical Center
89 MDOS/SGOHH
USAF Psychology Internship Program
Andrews AFB, MD 20762
(240) 857-7186
Fax: 240-857-6078
E-mail: ronald.jeffcott@mgmc.af.mil

Briefly describe dissertation topic:

Describe any prior military experience:

Describe awards, honors, publications, or anything else you would like the selection board to consider:

CERTIFICATION BY ACADEMIC PROGRAM DIRECTOR USAF PSYCHOLOGY INTERNSHIP PROGRAMS

Director of the applicant's program, Major Professor, or Dissertation Supervisor must complete this form. Comments may be offered in a letter attached to this form.

Applicant's Name:		Date:	
Program: Clinical <input type="checkbox"/>		Counseling Psychology <input type="checkbox"/>	
Other (specify):		Professional <input type="checkbox"/>	
		APA Approved?	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will this student have met all program requirements other than the dissertation and internship prior to August 1, 2003?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this student have your approval to begin a internship program in August 2003?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is a dissertation required in this student's program?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NOTE: If no dissertation is required, please attach a short description of any requirements that serve in lieu of the dissertation. Note the student's progress to date, and likely progress as of the start of internship.			
Dissertation Status:			
Please use the checklists below to indicate the student's actual progress to date (check all that apply):			
<input type="checkbox"/> Completely finished, passed oral defense			
<input type="checkbox"/> Writing done, only oral defense remaining			
<input type="checkbox"/> Data analysis completed, writing underway			
<input type="checkbox"/> Data collection done, analysis underway			
<input type="checkbox"/> Data collection underway			
<input type="checkbox"/> Proposal approved by committee			
<input type="checkbox"/> Topic approved by major professor, proposal writing underway			
<input type="checkbox"/> Topic not yet approved			
Given the scope and nature of the student's dissertation project, which of these steps might we realistically expect the student to have completed before the start of the internship (check all that apply)?			
<input type="checkbox"/> Completely finished, passed oral defense			
<input type="checkbox"/> Writing done, only oral defense remaining			
<input type="checkbox"/> Data analysis completed, writing underway			
<input type="checkbox"/> Data collection done, analysis underway			
<input type="checkbox"/> Data collection underway			
<input type="checkbox"/> Proposal approved by committee			
<input type="checkbox"/> Topic approved by major professor, proposal writing underway			
<input type="checkbox"/> Topic not yet approved			
Program Director's Name:		Signature:	
Title:		Department:	
Office Phone:		University/School:	
Mailing Address:			