



OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Jack Reed
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JUL 10 2024

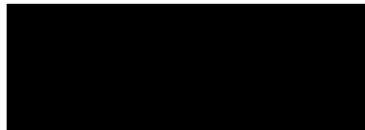
Dear Mr. Chairman:

The Department's response to section 742 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (Public Law 117-263), "Feasibility Study on Establishment of Department of Defense Internship Programs Relating to Civilian Behavioral Health Providers," is enclosed.

This report reinforces the critical functions that clinical psychologists support within the Department of Defense (DoD) and the enterprise-wide challenge of recruitment and retention of qualified behavioral health (BH) providers. DoD continues to employ varied means to support recruitment and retention of both civilian and active duty BH providers. Based on the study team's evaluation, there is currently low overall feasibility of establishing paid clinical psychology internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within DoD to support BH treatment services at Defense Health Agency military medical treatment facilities. The study reinforces opportunities to partner with the Department of Veterans Affairs in its work in clinical psychology training, reinforce and build on existing DoD training programs, and the need for innovation to best utilize the limited national supply of BH providers.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the Committee on Armed Services of the House of Representatives.

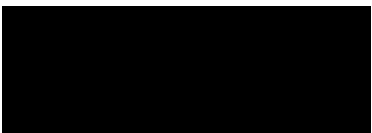
Sincerely,



Ashish S. Vazirani
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Roger F. Wicker
Ranking Member





OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable Mike D. Rogers
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JUL 10 2024

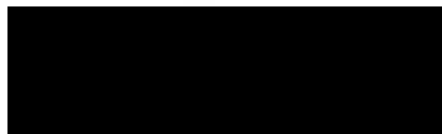
Dear Mr. Chairman:

The Department's response to section 742 of the James M. Inhofe National Defense Authorization Act for Fiscal Year 2023 (Public Law 117-263), "Feasibility Study on Establishment of Department of Defense Internship Programs Relating to Civilian Behavioral Health Providers," is enclosed.

This report reinforces the critical functions that clinical psychologists support within the Department of Defense (DoD) and the enterprise-wide challenge of recruitment and retention of qualified behavioral health (BH) providers. DoD continues to employ varied means to support recruitment and retention of both civilian and active duty BH providers. Based on the study team's evaluation, there is currently low overall feasibility of establishing paid clinical psychology internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within DoD to support BH treatment services at Defense Health Agency military medical treatment facilities. The study reinforces opportunities to partner with the Department of Veterans Affairs in its work in clinical psychology training, reinforce and build on existing DoD training programs, and the need for innovation to best utilize the limited national supply of BH providers.

Thank you for your continued strong support for the health and well-being of our Service members, veterans, and their families. I am sending a similar letter to the Committee on Armed Services of the Senate.

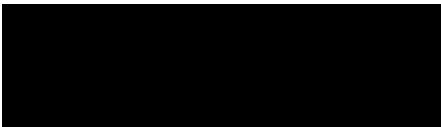
Sincerely,



Ashish S. Vazirani
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



Report to the Committees on Armed Services of the Senate and the House of Representatives



Feasibility Study on Establishment of Department of Defense Internship Programs Relating to Civilian Behavioral Health Providers

July 2024

The estimated cost of this report or study for the DoD is approximately \$17,000 in Fiscal Years 2023 - 2024. This includes \$14,000 in expenses and \$3,430 in DoD labor.

Generated on 2023Oct13 RefID: E-E4B3178

TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
INTRODUCTION	2
BACKGROUND	3
DoD Behavioral Healthcare	3
DoD Clinical Psychology Clinical Training Programs	3
DHA Clinical Psychology Independent Practice Requirements	4
Report Aim	4
METHODS	4
Stakeholder Interviews	4
Literature and Policy Review	5
Defining Feasibility	5
FEASIBILITY ASSESSMENT – KEY FINDINGS	6
Overall Assessment of Feasibility	6
Factors that Most Limit Feasibility	7
Factors that Moderately Limit Feasibility	8
Factors that are Unlikely to Limit Feasibility	8
Assessment of Model Where Participant Enters into an Agreement with DoD for Continued Work as a Civilian DoD Employee	9
Assessment of Scenarios in which Individual Does Not Complete the Employment Obligation	10
Assessment of Potential MTF Workload and Staffing Adjustments	10
DISCUSSION	11
CONCLUSION	11
REFERENCES	12
APPENDIX: Stakeholder and Subject Matter Expert Interviews	13

EXECUTIVE SUMMARY

This report is in response to section 742 of the James M. Inhofe National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2023 (Public Law 117–263), “Feasibility Study on Establishment of Department of Defense Internship Programs Relating to Civilian Behavioral Health Providers.” Section 742 requires the Secretary of Defense to conduct a study on the feasibility of establishing paid pre-doctoral and post-doctoral internship programs to train clinical psychologists to work as behavioral health (BH) providers at a military medical treatment facility (MTF) and to submit a report to Congress containing the findings of the study. The Department of Defense (DoD) study team conducted the required study with the support of stakeholders and subject matter experts with varied areas of expertise. Specific consulted areas of expertise included Military Department clinical psychology leadership, graduate training program leadership, Defense Health Agency (DHA) MTF operations, personnel management, and Department of Veterans Affairs (VA) clinical psychology training.

This report reinforces the critical functions that clinical psychologists support within DoD and the enterprise-wide challenge of recruitment and retention of qualified providers – both civilian clinical psychologists and those serving on active duty. DoD continues to employ varied means to support recruitment and retention of both civilian and active duty BH providers, such as use of scholarship programs, direct commissioning incentives, and active duty clinical psychology pre-doctoral and post-doctoral training programs.

The study team determined there is currently low overall feasibility of establishing paid clinical psychology internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within DoD to support BH treatment services at DHA MTFs. This is primarily due to insufficient staff to reliably support expanded MTF training and clinical supervision and excessive risk on current Military Departments’ active duty clinical psychology training programs. The study reinforces opportunities to partner with the VA in its work in clinical psychology internship and post-doctoral training, as well as opportunity to continue to build on DoD training programs for civilians.

INTRODUCTION

This study assesses the feasibility of establishing paid pre-doctoral and post-doctoral internship programs for the purpose of training civilian clinical psychology trainees to become DoD BH employees in support of provision of BH services at an MTF. The feasibility study includes, along with an overall assessment of feasibility, the following specified elements: (1) assessment of a model under which, as a condition of participating in such a pre-doctoral internship and post-doctoral training program, the participant would enter into an agreement under which the participant agrees to work on a full-time basis as a civilian DoD employee in support of provision of BH services at a MTF for a duration that is at least equivalent to the period of participation in the pre-doctoral internship component of training; (2) assessment of methods by which the Secretary of Defense may address scenarios in which an individual who participates in such a pre-doctoral internship and post-doctoral program does not complete the employment obligation required under the agreement referred to above; and (3) assessment of the methods by which the Secretary of Defense may adjust the workload and staffing of BH providers in MTFs

to ensure sufficient capacity to provide clinical education, training, and supervision to participants in such pre-doctoral internship and post-doctoral programs.

BACKGROUND

DoD Behavioral Healthcare

DoD supports behavioral healthcare for DoD beneficiaries through multiple integrated DHA programs that rely on collaborative efforts between primary care and BH providers. BH providers work in multiple settings within DHA MTFs, including both primary care clinics and specialty BH clinics. BH providers include both active duty and civilian providers, representing multiple provider specialty types. These specialty types include psychiatrists, clinical psychologists, psychiatric nurse practitioners, clinical social workers, licensed professional counselors, and licensed family and marriage therapists.

Clinical psychologists are a critical BH provider type in the DoD given their ability to support programs as diverse as primary care BH to neuropsychological specialty evaluations within specialized MTF programs. Clinical psychologists perform a full range of clinical functions, including clinical evaluations, psychological testing (such as tests of ability, aptitude, achievement, interests, personality, and cognitive functioning), evidence-based psychotherapies, administratively focused evaluations, and military-specific evaluations. While clinical psychologists support critical functions within DHA MTFs, many of these MTFs have difficulty hiring the required and authorized number of clinical psychologists due to insufficient qualified applicants, which is particularly noteworthy for more rural locations. This pattern of BH provider shortages is consistent with identified shortages within the civilian sector and other Government agencies.

DoD Clinical Psychology Clinical Training Programs

There are currently 10 American Psychological Association (APA)-accredited pre-doctoral clinical psychology internship locations within DoD (shown in Table 1). These locations currently focus on active duty clinical psychology internship training. These locations also support post-doctoral training for clinical psychologists to meet the requirements for full licensure as an independent provider. The military post-doctoral training experience is one or 2 years in duration and is designed for trainees to receive additional expertise in clinical psychology or a related sub-specialty while working to obtain State licensure for independent practice in clinical psychology. Historically, DoD has allowed individual MTF locations to accept civilians into post-doctoral training programs on a case-by-case basis. In these cases, civilians were able to enter post-doctoral clinical psychology training programs either on a research-focused track or for clinical psychology specialty training in areas such as neuropsychology, child/pediatric psychology, trauma-focused care, or health psychology.

Table 1. Current APA-accredited pre-doctoral clinical psychology internship locations in DoD.

Military Department Training Program Affiliation	Military Medical Treatment Facility
Navy	<ul style="list-style-type: none"> • Navy Medical Center San Diego, California • Walter Reed National Military Medical Center, Bethesda, Maryland • Naval Medical Center Portsmouth, VA
Army	<ul style="list-style-type: none"> • Brooke Army Medical Center, Ft. Sam Houston, Texas • Madigan Army Medical Center, Joint Base Lewis-McCord, Washington • Tripler Army Medical Center, Honolulu, Hawaii • Womack Army Medical Center, Ft. Liberty, North Carolina
Air Force	<ul style="list-style-type: none"> • Malcolm Grow Medical Clinics and Surgery Center, Joint Base Andrews, Maryland • Wright Patterson Medical Center, Wright Patterson Air Force Base, Ohio • Wilford Hall Ambulatory Surgical Center, Joint Base San Antonio, Texas

DHA Clinical Psychology Independent Practice Requirements

DHA requires independently practicing clinical psychologists to complete the following requirements: (1) doctoral degree in clinical or counseling psychology (Ph.D. or Psy.D.) from an APA-accredited university or professional school; (2) APA-accredited pre-doctoral internship in professional psychology; and (3) current State license to independently practice clinical psychology from a U.S. State, territory, or District of Columbia.

Report Aim

The primary aim of this report is to describe the feasibility of establishing paid pre-doctoral and post-doctoral internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within the DoD to support BH treatment services at DHA MTFs. This report will describe, with respect to the potential internship programs, the study team’s assessment of: (1) a model under which, as a condition of participating in such an internship program, the participant would enter into an agreement under which the participant agrees to work on a full-time basis as a civilian DoD employee in support of provision of BH services at a MTF for a duration that is at least equivalent to the period of participation in such an internship program; (2) methods by which the DoD may address scenarios in which an individual who participates in such a program does not complete the employment obligation required under the agreement referred to above; and (3) the methods by which the DoD may adjust the workload and staffing of MTF BH providers to ensure sufficient capacity to supervise participants in such programs.

METHODS

Stakeholder Interviews

The study team identified primary stakeholders and subject matter experts to complete the study aims. Stakeholders, described in detail in the Appendix, included DHA and Military Department behavioral health, personnel, healthcare operations, training, and budgeting leaders. The study

team completed interviews with all identified stakeholders and subject matter experts to support analysis of the identified study aims. Specific topic areas of discussion are included in Table 3.

Literature and Policy Review

The study team selectively reviewed pertinent literature and Government policies and law, which were based on recommended documentation or content by stakeholders and subject matter experts. The most relevant of these documents are referenced in this report.

Defining Feasibility

The study team defined feasibility in the context of this report as the ability to implement and the practicality of initiating a program enterprise-wide that allows for a paid pre-doctoral internship and post-doctoral clinical psychology training program, which trains prospective civilian clinical psychologists with the intent to employ them within the DoD to support BH treatment services at DHA MTFs. The study team determined there were seven core component areas that were necessary minimal considerations to support implementation of such a program. Table 2 outlines these seven core component factors that support feasibility. The study team also specifically assessed the specified elements as described in the section 742 of the NDAA for FY 2023.

Table 2. Seven core component factors that support program feasibility.

Feasibility of Supporting Civilian Clinical Psychology Predoctoral/Postdoctoral Internship Program in the Department of Defense						
1 - MTF Infrastructure and Administrative Support	2 - MTF Training and Clinical Supervision	3 - Funding Considerations	4 - Clinical Psychology Applicants / Demand / Matching mechanism	5 - Personnel Accounting / Legal	6 - Leadership / Program Management	7 - Impact on other DoD Programs

The study team developed specific questions for stakeholders and subject matter experts to support evaluation of each of these seven component factors. These questions, aligned to the relevant component factor, are shown in Table 3.

Table 3. Specific question areas to support evaluating feasibility.

Core component of program feasibility	Specific questions
1 - MTF Infrastructure and Administrative Support	<p>Would current DHA MTF facilities space support civilian clinical psychology trainees at the predoctoral and post-doctoral levels?</p> <p>Do MTFs have sufficient information technology, administrative staff support, and other logistical resources to support additional trainees?</p>
2 - MTF Training and Clinical Supervision	<p>Would current DHA clinical supervisory staff at MTFs support civilian clinical psychology predoctoral and post-doctoral trainees?</p> <p>Would the DoD be able to develop methods to adjust the workload and staffing of MTF BH providers to ensure sufficient capacity to supervise civilian participants in such programs?</p>
3 - Funding Considerations	<p>Would there be sufficient funding to support additional MTF trainee positions with civilian clinical psychology predoctoral and post-doctoral trainees?</p> <p>Would the DoD be able to provide sufficient financial incentives to attract competitive civilian clinical psychology students into DoD predoctoral internships and/or postdoctoral training programs that included a period of obligated employment with the DoD?</p>
4 - Clinical Psychology Applicant Demand / Matching Mechanism	<p>Would the DoD be able to attract competitive civilian clinical psychology students into DoD predoctoral internships and/or postdoctoral training programs?</p> <p>Would civilian clinical psychology students be able to “match” into DoD clinical psychology internship programs?</p>
5 - Personnel Accounting / Legal	<p>Would the DoD be able to legally support an arrangement whereby there was a period of obligated employment for civilians with the DoD following licensure?</p> <p>Would the DoD be able to address scenarios in which an individual who participates in such a program does not complete the employment obligation required under the agreement referred to above?</p>
6 - Leadership / Program Management	<p>Is there currently a leadership structure in place to provide headquarters level support and program management for such training programs where the focus is on civilian training?</p>
7 - Impact on other DoD Programs	<p>Would developing paid civilian predoctoral internship and postdoctoral clinical psychology training programs harm existing APA-accredited DoD programs that train Service member predoctoral interns and post-doctoral trainees?</p>

FEASIBILITY ASSESSMENT – KEY FINDINGS

Overall Assessment of Feasibility

The study team determined there is currently low overall feasibility of establishing paid predoctoral and post-doctoral internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within the DoD to support BH treatment services at DHA MTFs. There are two factors that most limit feasibility: (1) insufficient staff to reliably support expanded MTF training and clinical supervision; and (2) excessive risk to current Military Department, active duty clinical psychology training programs. Additionally, there are two factors, described below, that moderately limit feasibility, but the study team did not regard these factors as absolute feasibility constraints at the time of this report. Finally, there were three factors that the study team found vital areas of consideration that were unlikely to limit feasibility.

Factors that Most Limit Feasibility

a. Insufficient staff to reliably support expanded MTF training and clinical supervision.

All DHA MTFs are currently impacted by challenges accommodating demand for BH services although the scale of this challenge varies across individual MTFs. Current DoD clinical psychology training program sites have both difficulties accommodating necessary access to care for active duty beneficiaries and ensuring consistent, effective clinical supervision and education of active duty clinical psychology candidates. While current clinical psychology training programs and Military Department training leadership report being successful in their training mission, they indicate having difficulty with sustaining consistent staff presence for education and clinical oversight secondary to challenges with recruitment and retention of qualified licensed independent provider clinical psychologists. During interviews, training leadership reported an inability to expand their programs to accommodate additional pre-doctoral civilian students.

Clinical supervision by a licensed clinical psychologist is a required component of training for clinical psychology pre-doctoral and post-doctoral trainees. For internship training program accreditation, the APA requires regularly scheduled individual supervision by one or more doctoral level licensed psychologists, at a ratio of no less than 1 hour of supervision for every 20 internship hours (American Psychological Association, 2018) or at least 2 hours of individual supervision per week for a full-time intern. Moreover, the workload for internship staff includes them providing or scheduling at least 2 hours in didactic activities each week, which may include case conferences, seminars, in-service training, or grand rounds. Licensed clinical psychologists operating as staff at training facilities must have protected time to support this individual supervision and didactic training for training programs to meet this requirement.

Training directors also shared concerns with reduced efficiencies in training curricula development if required to support both civilian and active duty trainees. For example, current Military Department aligned training for active duty interns includes content that is required for active duty officer professional development and content that would support clinical psychology practice in an operational setting. This content would not be appropriate for civilian trainees.

b. Excessive risk on current Military Department active duty clinical psychology training programs.

Military Department clinical psychology leadership unanimously agreed on a high risk of jeopardizing the ability to fill critical pre-doctoral clinical psychology internship positions for active duty service member candidates if the DoD were to offer a civilian training program alternative. Current leadership reports having difficulty recruiting sufficient active duty candidates to fill all required and authorized active duty clinical psychology internship positions and believe there would be a high risk of diversion of these potential active duty candidates into these prospective, competing civilian training positions. These active duty training programs have been deemed critical by Military Department leadership due to their instrumental role in developing early career active duty clinical psychologists who, subsequent to training, incur a

3-year active duty service obligation. These active duty clinical psychologists are critical assets to support the DoD operational military mission across the Army, Navy, and Air Force.

Factors that Moderately Limit Feasibility

The study team found two of the seven factors as moderately limiting feasibility of establishing paid pre-doctoral and post-doctoral internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within the DoD to support BH treatment services at DHA MTFs. The study team determined these factors could but were not likely to prevent program execution. These factors include MTF infrastructure and administrative support deficiencies and leadership and program management considerations.

Current clinical psychology training program operations require sufficient clinical space and administrative support to ensure adequate training experiences, which are vital for both MTF clinical operations and training program accreditation. Depending on the current MTF occupancy, availability of clinical spaces at the time of program execution, availability of administrative staffing support, infrastructure and administrative considerations could impact ability to execute such training programs. Due to the ability to use telehealth resources and procedures, borrow and leverage partnering MTF spaces, use staggered schedules and varied other viable courses of action, the study team did not believe this factor would prevent feasibility.

Leadership and program management considerations are also a moderately limiting factor regarding program feasibility. There is currently MTF and Military Department-level leadership for clinical psychology training programs due to the current focus being on provision of adequate training for active duty clinical psychologists to support Military Department operational requirements. This Military Department leadership structure is currently limited in scope to active duty clinical psychology training and would require modification and/or expansion in order to account for additional civilian clinical psychology trainees.

Factors that are Unlikely to Limit Feasibility

The study team identified three of the seven factors as low likelihood for limiting feasibility of establishing paid pre-doctoral and post-doctoral internship programs for the purpose of training prospective civilian clinical psychologists with intent to employ them within the DoD to support BH treatment services at DHA MTFs. The study team determined these factors were not likely to prevent program execution, despite being important considerations for planning purposes and would likely also inform on the relative value of pursuing such a training program. These factors include funding considerations; clinical psychology applicant demand and having a viable mechanism to match trainees to DoD training programs; and personnel accounting and human resources considerations.

Funding considerations would inform on the relative value of such a training program but would not prevent feasibility. Funding requirements would mostly be associated with personnel costs for program management, training support, and clinical supervision requirements. One significant funding variable that would further inform on the program's relative value would be

the amount of recruitment and retention incentives offered to candidates to support a subsequent service agreement, which is more fully discussed below.

Clinical psychology internship demand and matching mechanisms are additional vital considerations that are not thought to limit program feasibility. While subject matter experts believed there are more training program positions than candidates, it is reasonable to expect there to be sufficient interest in DoD clinical psychology training opportunities. The study team believes DoD would be able to attract competitive civilian clinical psychology trainees because of the depth and breadth of training provided at DoD internship sites, along with the ability to offer competitive trainee pay. Reinforcing this assessment, the current DoD clinical psychology Ph.D. program has consistently experienced a high degree of applicant interest that far exceeds the available Ph.D. training positions. Civilian trainees may also be attracted to DoD training programs because of the unique cultural competency that would be offered by such training and their being more prepared for a career as a military psychologist. Furthermore, regarding matching mechanisms, there are already established mechanisms to match clinical psychology candidates to DoD MTF training programs. These mechanisms are currently used for active duty clinical psychology candidates.

Finally, personnel accounting and human resources considerations are additional vital considerations that are not thought to limit program feasibility. There are currently viable means to assign clinical psychology interns and post-doctoral clinical psychology trainees into General Schedule (GS) positions, which are more fully discussed below, along with the methods that could be used to support candidate retention as MTF licensed independent providers. One additional personnel consideration that would require further attention is ensuring the time to hire clinical psychology candidates into the pre-doctoral internship was efficient enough to not delay starting internship training. This, while requiring intentional effort due to current extended timelines to complete DHA hiring actions, would not prevent program feasibility.

Assessment of Model Where Participant Enters into an Agreement with DoD for Continued Work as a Civilian DoD Employee

As specified in section 742 of the NDAA for FY 2023, the study team, as part of the feasibility assessment, included an assessment of how DoD could create conditions whereby a participant in a DoD training program could enter into an agreement with DoD under which the participant agrees to work on a full-time basis as a civilian DoD employee in support of provision of BH services at a MTF for a duration that is at least equivalent to the period of participation in the pre-doctoral internship component of training.

While the overall feasibility of such a program at the present time is low for the primary reasons earlier noted, it would be viable for a participant, as a condition of participating in a DoD clinical psychology internship and post-doctoral program, to enter into an agreement with the DoD under which the participant agrees to work on a full-time basis as a MTF BH provider in support of BH treatment services for a period that is at least equivalent to the period of participation in the training program. Under such a model, prospective clinical psychology interns would be compensated through the GS pay system with a developmental position description, along with additional financial recruitment incentives. Prior to beginning training, candidates would be

required to agree to a service agreement to be eligible for recruitment incentives, along with a required mobility agreement. The candidate would be required to endorse both service and mobility agreements. The mobility agreement would specify the areas and MTFs with the greatest clinical psychology staffing unmet need and would be a condition of continued employment. The service agreement would be the primary vehicle that would allow for the participant agreeing to work, in exchange for identified recruitment and/or retention incentives, on a full-time basis as a MTF BH provider in support of BH treatment services for a period that is at least equivalent to the period of participation in the training program.

Assessment of Scenarios in which Individual Does Not Complete the Employment Obligation

As specified in section 742 of the NDAA for FY 2023, the study team included an assessment of how DoD could address scenarios where an individual who participates in such an internship program does not complete the employment obligation.

In situations where the civilian clinical psychology candidate did not complete the requirements as specified in their conditions of employment, service obligation, and/or mobility agreement, the candidate's service agreement recoupment stipulations would apply. This would be legally enforceable based on the signed service agreement and conditions of employment. Note that candidates, if not completing service obligation requirements, would only be able to repay up to the amount that they had been provided as a financial recruitment and/or retention incentive on a prorated basis. Example situations that could foreseeably lead to candidates not completing their service obligation include inadequate performance during the pre-doctoral internship, the candidate not passing the required Examination for Professional Practice in Psychology to support State licensure, or the candidate not completing any other State licensure requirements that were required by the DHA for licensed independent provider status. For some candidates who have difficulty completing requirements, program leadership could elect to withhold a promotion or begin a performance improvement plan to support successfully completing agreed upon program requirements.

Assessment of Potential MTF Workload and Staffing Adjustments

As specified in section 742 of the NDAA for FY 2023, the study team included assessment of potential MTF workload and staffing adjustments as part of the overall feasibility study.

To support adequate clinical supervision that would not jeopardize training program accreditation status, MTFs could adjust BH provider workload and increase overall BH provider staffing. There is precedent within the DoD for workload adjustments that deduct the amount of time that clinicians are expected to be involved in direct clinical care, based on their role supporting clinical psychology training. Local program directors, associate directors, and supporting staff members would have varying amounts of deductions on the amount of time that they are expected to be engaged in direct clinical care (i.e., rather than serving one full-time equivalent as a BH care clinician, a provider that is supporting a clinical psychologist intern or post-doctorate training may be expected to support a 0.8 full time equivalent). These adjusted full-time equivalents would then be used to support calculation of the total number of staff

members that are needed to support a given MTF requirement for full time equivalent clinical staff. Based on the number of clinical psychology interns and post-doctorate candidates, an MTF could then be determined to require a certain number of additional BH provider clinical psychology staff.

DISCUSSION

The primary aim of this study was to evaluate the feasibility of establishing paid pre-doctoral and post-doctoral internship programs for the purpose of training civilian clinical psychology trainees to become DoD BH employees in support of provision of MTF BH services. The study team determined there is currently low overall feasibility for implementing such a program within the DoD based on the DoD's current state. The most significant constraint on feasibility based on the current state relates to the unacceptable risk, based on Military Department clinical psychology leadership input, of harm to the pipeline for active duty clinical psychologists. This pipeline of new active duty clinical psychologists is heavily reliant on current active duty clinical psychology pre-doctoral internship programs, which leads to at least 3 years of active duty service obligation. Many of these officers later choose to remain on active duty and support the full breadth of Military Department BH requirements both in the operational, deployed setting and in the garrison environment. The related and next most significant feasibility constraint relates to insufficient BH provider staffing to support expansion of the current training mission at our DoD clinical psychology training locations. This clinical supervision staffing constraint further heightens the risk to current programs due to the additional risk of losing accreditation for current DoD active duty training programs – i.e., adding additional trainees could reduce the MTF clinical supervisor to student ratio to below the APA accreditation requirement. The cumulative impact of these two factors greatly lowers and limits feasibility and advisability of developing such a program.

CONCLUSION

This study reinforces the need for the DoD to develop innovative means to improve the adequacy of MTF BH provider staffing, although it does not support current expansion of pre-doctoral clinical psychology training to civilian candidates. The study reinforces the potential value of better partnering with the VA in their work in clinical psychology internship and post-doctoral training, as well as potential opportunity for the DoD to invest in post-doctoral clinical psychology training programs for civilians. While there are varied means that are available to the DoD to improve clinical psychologist staffing, DoD must focus on the most viable and efficient pathways to improve recruitment and retention of well-qualified MTF BH providers to support the BH needs of its beneficiaries, along with leveraging strategies that best utilize the limited nationwide supply of specialty BH providers.

REFERENCES

- American Psychological Association. (2018). Standards of accreditation for health service psychology and accreditation operating procedures. <https://irp.cdn-website.com/a14f9462/files/uploaded/standards-of-accreditation-062023.pdf>
- Defense Health Agency Procedures Manual 6025.13 Volume 4 “Clinical Quality Management in the Military Health System, Volume 4: Credentialing and Privileging,” August 29, 2014
<https://www.health.mil/Reference-Center/DHA-Publications/2019/09/01/DHA-PM-6025-13-Volume-4>
- Dittmann, M. (2004). What you need to know to get licensed. *gradPSYCH Magazine*, 1.
<https://www.apa.org/gradpsych/2004/01/get-licensed>

APPENDIX: Stakeholder and Subject Matter Expert Interviews

Subject matter experts included individuals with experience and expertise in: (1) Service clinical psychology requirements; (2) accredited pre-doctoral clinical psychology programs; (3) post-doctoral training programs for clinical psychology trainees that helps transition trainees into independent practice; and (4) active duty clinical psychology training and related service obligations.

Table 4. Stakeholder and subject matter expert interviews.

Category	Stakeholder or Subject Matter Expert
Military Department Clinical Psychology Leader	<ul style="list-style-type: none"> • Military Department Clinical Psychology Consultants to the Surgeon General (Army, Navy, Air Force) • Military Department Clinical Psychology Program Leadership (Army, Navy, Air Force)
Clinical Psychology Training Program Leadership	<ul style="list-style-type: none"> • Military Medical Treatment Facility Clinical Psychology Training Directors • Uniformed Services University Clinical Psychology Program Leadership • Department of Veterans Affairs Health Education Training Leadership
Defense Health Agency Staff Proponents and Subject Matter Experts	<ul style="list-style-type: none"> • Defense Health Agency, Healthcare Operations • Deputy Assistant Directors- Medical Affairs (DAD- MA) Clinical Management Team • Defense Health Agency- Medical Affairs (DHA- MA) Behavioral Health Clinical Community • Defense Health Agency, Manpower & Personnel Directorate • Defense Health Agency, Education and Training Directorate • Defense Health Agency, Research and Engineering Directorate, Psychological Health Center of Excellence • Defense Health Agency, Office of General Counsel