

Doctoral Clinical Psychology Internship

TRAINING MANUAL



Table of Contents

Chapter 1: <u>Family Strengthening Center & Doctoral Internship Program-Overview</u>	
Doctoral Internship Program Overview	3
Family Programs Hawaii Mission Statement	3
FSC and Doctoral Internship Program Background and Philosophy.....	4
Doctoral Internship Program's Requirements and Responsibilities	4
Doctoral Internship Program Ethical & Professional Obligations	5
Doctoral Internship Program Structure	6
Chapter 2: <u>Doctoral Psychology Doctoral Internship Training Program</u>	
Internship Program Activities and Purpose	7
Doctoral Internship Program's Goals, Objectives, & Methods	8
Training Resources	12
Overview of Training	13
Program Administration and Faculty	13
Supervision and Didactic Training	14
Selection of Doctoral Interns	15
Research Activities	15
Doctoral Intern Stipends/Training Salary	15
Chapter 3: <u>Doctoral Interns Rights and Responsibilities</u>	
Overview	16
Intern Rights	16
Intern Responsibilities	16
Source of Evaluation	17
Outside Work	18
Nondiscrimination Policy	18
Chapter 4: <u>Identification of Problem Behavior</u>	
Definition of Problem Behavior	19
Chapter 5: <u>Due Process Procedures</u>	
Due Process Procedures	22
Due Process Notice	22
Due Process Hearing	22
Due Process Appeal	23
Chapter 6: <u>Grievance Process Procedure</u>	
Grievance Procedures	24
Grievance Appeal Procedures	25
 <u>APPENDICES</u>	
Appendix A Interns Memorandum of Understanding	26
Appendix B Doctoral Internship Application Guidelines	30
Appendix C Doctoral Internship Training Report	31
Appendix D Verification of Doctoral Internship Completion	40
Appendix E Verification of the Receipt for the Doctoral Internship Manual	41
Appendix F Required Documents for the Completion of Doctoral Internship	42
Appendix G Doctoral Intern's Program and Supervisor Evaluation	43

CHAPTER 1: 2020 to 2021 Family Strengthening Center at Family Programs Hawaii-Overview

Mission Statement

The Doctoral Internship program at the Family Strengthening Center at Family Programs Hawaii (FSC) endorses the Family Strengthening Center's mission statement. Our mission to facilitate healthy development in children by strengthening families. The FSC is a training center that develops professional competence, provide opportunity for clinical, scientific and personal growth, and foster interpersonal effectiveness.

Our affiliation with the Hawaii School of Professional Psychology at Chaminade University of Honolulu also gives us the opportunity to work with the University to instill the knowledge, skills, and ethical values of professional practice, and to foster values of social responsibility in a supportive learner-centered environment of mutual respect and professional excellence.

Family Strengthening Center & Internship Program Background and Philosophy Overview

The services that FSC provides are part of the long history of psychological services provided through the Kapi'olani Child Protection Center at the Kapi'olani Medical Center for Women and Children. The Kapi'olani Child Protection Center, an APPIC Post-Doctoral Psychology Residency member, was founded in 1987 by its Director, Steven J. Choy, Ph.D. The Center continued to provide psychological services as part of a Multidisciplinary Team that provided services to victims of child maltreatment and their families. The psychological services at the Kapi'olani Child Protection Center were eventually transferred to the Hawaii School of Professional Psychology at Argosy University in 2012 as part of its APPIC Doctoral Internship FSC. In 2014, the Family Strengthening Center at Family Programs Hawaii was founded and continued to be a site under the HSPP Doctoral Internship Consortium. The FSC continued to be a site in the HSPP Doctoral Internship Consortium until March of 2019, when Argosy University closed. Since that time, the FSC functions as an Individual Doctoral Internship site and is an Affiliated Member of the Association of Psychology Post-Doctoral and Internship Centers (APPIC).

The FSC Doctoral Internship program offers a comprehensive Doctoral Internship-training program in professional psychology and is designed to fulfill the clinical Doctoral Internship requirements for the doctoral degree in clinical psychology. Because the FSC Director was the Training Director of the APPIC member HSPP Doctoral Internship Consortium, the FSC continued to follow all of the requirements of an Individual Doctoral Internship, site and is applying ~~foref~~ membership as a separate independent site. The FSC as part of the HSPP Doctoral Internship Consortium matched with, accepted three Doctoral Intern students for the 2018 to 2019 Doctoral Internship year, and continued to provide APPIC Affiliated supervised clinical psychology Doctoral Internship Training after the closure of Argosy University to complete the current Doctoral Interns' training. During the 2019-2020 Doctoral Internship match, the Center accepted 2 Matched Interns as an APPIC member. For the 2020-2021 Doctoral Internship, the Center accepted one matched Intern during the APPIC Match Phase I.

The Family Strengthening Center at Family Programs Hawaii specializes in working with vulnerable and culturally and individually diverse populations and grounded in Trauma Informed Care and a variety of Evidenced Based Treatment. Under Family Programs Hawaii, a non-profit social agency, the FSC is fully accredited by the Counsel on Accreditation (website: www.coanet.org). The FSC serves as the training site for Parent-Child Interaction Therapy for the State of Hawaii, and have trained therapists in the evidenced based Child Parent Psychotherapy. The FSC, as a Community Mental Health Center, also serves as the State of Hawaii Psychological Consultant on Child Maltreatment issues and provides Statewide Comprehensive Psychological evaluations for the Child Welfare Services Section (Child Protective Services) of the Department of Human Services. Furthermore, the FSC is the Mental Health Consultants for the State of Hawaii Specialty Courts and our Doctoral Interns and Post-Doctoral Residents participate in the courts as a member of the

court team. The FSC has over 40 years of psychological experience in the assessment, treatment and prevention of child maltreatment. The psychological staff has also provided expert court testimony on child maltreatment. Due to the expertise in Child Maltreatment, the FSC has attracted many student interested in psychological training in Trauma Informed Care.

The Family Strengthening Center is supported by several long-term and renewable large State of Hawaii Purchase of Services grants. Most of the grants provide statewide services. The FSC also receives grants and donations from several private community foundations and is a credentialed service provider for most of the private and government fee-for-service insurance plans. Private payments are also accepted based on an income-based fee-for-services sliding scale. The FSC is also supported by training fees for professional training workshops. This allows us to provide an annual Training Salary (Stipends) of \$27,000 with full benefits to include Medical/Dental/Drug/Vision plan, two weeks of Paid Time Off and 13 observed and paid holidays.

Doctoral Internship Program's Requirements and Responsibilities

Doctoral Internship Program's Requirements and Responsibilities:

1. The FSC is an APPIC member and participates in all phases of the APPIC Internship Match. The FSC abides by all of the APPIC membership requirement and responsibilities.
2. The FSC Doctoral Internship program is managed by the Doctoral Internship Training Director, Dr. Steven J. Choy, who is a Licensed Clinical Psychologist and also the FSC's Executive and Clinical Director. He is full-time at the Center, which includes his teaching responsibilities as an Associate Professor at the Hawaii School of Professional Psychology at Chaminade University of Honolulu. He is onsite at the FSC and has an office at the HSPP at Chaminade University of Honolulu. The Doctoral Internship Training Director also is responsible for the coordination of training and networking with each of the Doctoral Interns' academic program and Graduate Training Director.
3. In addition to the Doctoral Internship Program, the FSC is a doctoral practicum site for graduate psychology Universities/Schools as well as a training site for Post-Doctoral Psychology Residents/Fellows. This allows the Doctoral Interns to have experiences with trainees from different Graduate schools and allow them to receive training and experience in supervision of the Doctoral Psychology Practicum trainee. They have joint training experience with the FSC's Post-Doctoral Psychology Residents/Fellows.
4. The FSC has four additional Licensed Clinical Psychologists on staff and work onsite as primary and secondary supervisors of the Doctoral Psychology Doctoral Interns. There are three 1.0 FTE equivalent Clinical Psychologists, one 0.50 FTE Clinical Psychologist, in addition to the Full-Time Executive and Doctoral Internship Director. (.50 FTE is devoted to supervision of the psychology trainees). The Doctoral Interns have daily access to a Licensed Clinical Psychologist and have experience with at least two different clinical supervisors during their Doctoral Internship training.
5. The Intern Training Director and all of the Licensed Clinical Psychologist Faculty/Staff comprise the training faculty/committee and are responsible for the integrity and quality of training. This Training Committee a) directs and organizes the training program and its resources at that site, b) is involved in the selection of Doctoral Interns, c) monitors and evaluates the training program's goals and activities at that site, d) is responsible for documenting and maintaining the Doctoral Interns' training records, and e) participates in weekly group supervisors and training faculty meetings.
6. The FSC provides at least two hours per week of face-to-face individual supervision, and two hours per week of group supervision for each full time Doctoral Intern by a Licensed Clinical Psychologist. The Training Faculty is responsible for the development and presentation of the training activities and uses guest faculty/trainers in the community to provide training in special areas of their expertise. An average of 2 to 4 hours of didactic training is provide through the FSC's weekly Training Seminars.

7. The Doctoral Intern will be assigned a specialty court to manage their mental health services. The Doctoral Intern will be responsible for provide psychological consultation, receive Psychological Evaluation request and provide Intervention consultation to the Specialty Court as part of the Court Team.
8. Each intern is guaranteed an annual Training Salary (Stipends) of \$27,000 with full Medical/Dental/Drug/Vision plan and two weeks of Paid Time Off with 13 observed and paid holidays. The average annual Doctoral Internship training stipends in Hawaii is \$27,000.

Doctoral Intern Requirements and Responsibilities:

1. The Doctoral Internship is a yearlong (365 days), full-time, 2000-hour training experience. Doctoral Interns and sites may adjust their schedules to meet the needs and training experience of both, but it is expected that Doctoral Interns will accumulate their hours based on a 40-hour week for a minimum of 50 weeks. Overtime and/or compensation time will not be grounds for leaving a Doctoral Internship in less than 52 weeks. Doctoral Interns who do not document 2000 hours during the training year may petition the FSC in coordination and approval from their academic training program to continue training with the FSC until those hours are completed.
2. Doctoral Interns must provide a minimum of 500 hours of direct client contact or approximately one-quarter of their time. This ranges from 10-15 and no more than 20 hours per week of direct client contact. The rest of the time should be spent with training experiences, supervision, report writing, case conferences, meetings, research, etc.
3. Doctoral Interns must attend weekly group supervision and training seminars at the Family Strengthening Center at Family Programs Hawaii.
4. Doctoral Interns must complete one research project that will be submitted for peer review and possible acceptance for a paper/poster presentation at the Annual Hawaii Trauma Conference and/or any approved conference/convention.
5. Doctoral Interns must participate in a group community-service-activity related to the field of clinical psychology with all of the Doctoral Interns and the Post-Doctoral Residents/Fellows at the FSC.
6. The Doctoral Internship year begins on September 1 and ends on August 31. Provisions can be made for Doctoral Interns who need to extend their training beyond August 31 for unforeseen reasons in order to secure at least 2,000 hours of Doctoral Internship training. Doctoral Interns are covered by liability/malpractice insurance through the Family Strengthening Center at Family Programs Hawaii and their academic program for one year beginning September 1 and ends at the end of the intern's Doctoral Internship.

Doctoral Internship Program Ethical & Professional Obligations

As an Doctoral Internship Training Program for Doctoral Interns in the field of professional psychology, it is the ethical and professional responsibility of the FSC faculty, supervisors and administrating staff to ensure, to the best of their ability, that the Doctoral Interns who complete their training programs are competent enough to carry out their professional responsibilities in an effective and appropriate manner. It is the training staff's obligation, not only to evaluate their intern's competence in relevant program requirements, but also to evaluate other competence areas related to fitness for practice. This includes, but is not limited to, professional characteristics such as: (a) interpersonal skills; (b) self-awareness, self-reflection and self-evaluation; (c) emotional maturity, stability and well-being; and (d) ability to resolve issues that interfere with professional and skill development. Supervisors of Doctoral Interns should not strive to advance, recommend or graduate

Doctoral Interns who have cognitive, emotional, psychological, interpersonal, technical or ethical difficulties that may have a negative impact on the profession, future sites or the general public. Rather it is the responsibility of the training staff to address any deficiencies through training activities, supervision, and appropriate remediation efforts. Documentation of each intern's progress and challenges is expected.

Doctoral Internship Program Structure

The Doctoral Internship Program is administratively coordinated by the Executive and Clinical Director of the Family Strengthening Center, Steven J. Choy, Ph.D., who is a National Register Credentialed Health Service Psychologist and Hawaii Licensed Clinical Psychologist. He is also an Associate Professor at Hawaii School of Professional Psychology at Chaminade University. Dr. Choy has been licensed in the state of Hawai'i since 1977.

The Doctoral Internship Program Director (IPD) is administratively responsible for the overall functioning, selection, supervision and training of Doctoral Interns. The IPD's responsibilities include development of the training program, coordinating selection of Doctoral Interns, communications with APPIC (if approved for APPIC membership), communications with each Intern's academic program, facilitating the flow of information to all of the intern supervisors, ongoing review of the training goals and objectives, and overseeing the documentation and maintenance of Doctoral Interns' training records. The IPD provides leadership thereby assuring scheduled supervision and arranging for intern participation in the training seminars and weekly group supervision.

Specifically, the IPD's responsibilities include:

1. *Organizing the weekly didactic and supervision training seminars:* The IPD arranges for weekly didactic and supervision training seminars for all of the Doctoral Interns. The IPD oversees the training seminars and is responsible for appointing a licensed clinical psychologist(s) and guest faculty/trainers to implement them. The IPD and the Doctoral Internship Training Committee identifies training components and didactic content that is included in formal presentations throughout the course of the Doctoral Internship year. These training seminars may involve presentations by members of the training staff and/or presenters invited from the community that are experts in their field. The IPD and designated seminar leader(s) attend to scheduling, invitations, and evaluations of the presentations. Budgetary issues and honoraria for outside speakers is the responsibility of the IPD, and the Executive Director of the FSC.
2. *Communications with APPIC if approved for APPIC membership:* Annual information updates, registration with the Association of Psychology Postdoctoral and Doctoral Internship Centers (APPIC), three-year reviews, and other necessary communications with APPIC are the responsibility of the IPD.
3. *Communication with the Interns' Graduate Training Director:* Formal communication with the Interns' Graduate Training Director occurs when the interns are match to and accepted by the FSC Internship Program, at the time of the Interns' Performance Evaluation and if there any concerns about the Interns' performance and their ability to complete all of the required competency aims. The Intern's Graduate Training Director can contact the FSC Internship Director at any time to discuss the program and the Intern's progress.
4. *Supervision and Training:* The IPD is responsible for the administrative component of supervision (i.e. assuring that Doctoral Interns are receiving adequate supervision by their supervising Clinical Psychologist and for coordinating the Performance Evaluation of the Doctoral Interns).
5. *Program Evaluation:* Evaluations are conducted on a regular basis. Evaluations undertaken by the Doctoral Internship Training Committee to assure that students, supervisory staff, and participating

community agencies and State of Hawaii Departments receive input in identifying concerns, providing positive feedback for participating staff and students, and assuring the quality of training. The IPD oversees evaluation and helps communicate feedback to individuals and participating agencies/department. The IPD also identifies areas for the improvement of the FSC Doctoral Internship Training Program.

6. *Doctoral Interns Selections:* Coordination of the APPIC Doctoral Internship matching period.

CHAPTER 2: DOCTORAL PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING PROGRAM

Internship Program Activities and Purpose

The FSC offers a comprehensive Doctoral Internship training program in professional psychology. The training program is designed to fulfill the clinical Doctoral Internship requirements for the doctoral degree in clinical psychology. The objective of the program is to provide a challenging and supportive training environment to prepare Doctoral Interns to function as skilled, ethical, culturally sensitive, knowledgeable and competent professional psychologists. A number of experienced role models assist the intern to augment his/her current level of knowledge and practice skills. The intern is encouraged to explore diverse theoretical orientations and to experience a wide variety of intervention approaches. Doctoral Interns are treated as respected psychologists-in-training and are supported in functioning as independent and responsible clinicians.

There are four main area of training for the Doctoral Interns. The FSC has a forensic psychological evaluation program for victims of child maltreatment and their family. Each Doctoral Intern will participate in the forensic evaluations in this program. They will also provide infant development assessment, Developmental Disabilities assessments and individual assessment to determine the psychological needs of toddlers, children, adolescent and adults.

The FSC is also a Training and Service Center for Parent-Child Interaction Therapy and our Doctoral Interns will participate in the comprehensive PCIT training and will have PCIT family cases assigned to them. The Doctoral Interns also participate in our intervention program, which provide individual psychotherapy services to toddlers, children, adolescents and adults; Family and Marital Therapy; Trauma Focused therapy and dynamic play therapy including Child Parent Psychotherapy and sand play therapy.

The FSC is the Mental Health Consultant for the Family Court Specialty Courts. There are four specialty courts in Hawaii; the Zero-To-Three Court, the Family Drug Court, the Juvenile Drug Court and the Girls Court. The Doctoral Intern participates in all of the specialty courts as managers of the FSC's mental health services to the Family Specialty Courts.

The Family Programs Hawaii also have a receiving home that receive up to ten children at a time that have been removed from the family's care due to child maltreatment. The FSC provides the mental health services for the Receiving Home. The Doctoral Intern assists with Mental Health Screening of all of the children placed in the home and works with their DHS-CWS worker to address the mental health needs of these children. The Doctoral Intern also develops and assists in running weekly children's groups to develop coping skills and resilience for these very high-risk children. The children are also provide with supportive counseling services.

Doctoral Internships Program's Goals/Aims and Methods

Overall, the goals and objectives of the FSC's Doctoral Internship Program are consistent and in line with the competencies for psychologists as developed by the APA, and meets the Doctoral Internship requirements for a Psy.D. or Ph.D. degree. The following competencies are addressed by the following training goals, objectives and methods of the FSC Doctoral Internship Program.

APA Aims and Competencies for Psychologists:

1. The Doctoral Intern will demonstrate competencies in using research in the service provision
2. Doctoral Interns will demonstrate knowledge of ethical and legal standards relevant to the practice of clinical psychology, including professional ethics that guide professional behavior.

3. The Doctoral Intern will demonstrate competency in individual and cultural diversity, including knowledge of theoretical models and diversity research that serve to guide the application of diversity competence and must demonstrate competencies in understanding the impact of individual and cultural diversity and make appropriate adjustment with their service provision.
4. Doctoral Interns will demonstrate knowledge of professional values and attitudes as well as self-reflective practice and openness to supervision and feedback.
5. Doctoral Interns will develop both communication and interpersonal skills, to include utilization of clear, informative, well-integrated communication, critical thinking, and effective interpersonal skills in professional interactions.
6. Doctoral Interns will demonstrate competency in psychological assessment, including the ability to administer, interpret, and integrate psychological test results and apply knowledge of strengths and psychopathology to the assessment process.
7. Doctoral Interns will demonstrate competency in clinical intervention, including case formulation, theoretical conceptualization, developing and applying evidence based treatment plans, and evaluating treatment effectiveness in work with clients.
8. Doctoral Interns will evidence knowledge of supervision models and practices as well as demonstrate appropriate supervision of their supervisees.
9. Doctoral Interns will evidence knowledge of consultation models and practices, and demonstrate inter-professional and interdisciplinary skills in consultative services.

These competencies are address through the following aims and objectives of the Family Strengthening Center's Psychology Doctoral Internship Program:

Aim 1: The preparation of practitioners of psychology capable of ethically delivering diagnostic and therapeutic services effectively to diverse clients in need of such treatment (APA Competencies 2, 3, 6, 7 and 9).

Method 1a: Provide specialized training in use of psychological tests and diagnoses in complex psychological cases and demonstrate ability to obtain patient/client data, assess risk, demonstrate sound diagnosis and clinical judgment and sound integrative report writing.

Method 1b: Provide training in evidence based treatment modalities and demonstrate knowledge and application of intervention/treatment modalities and demonstrate sound clinical notes writing.

Method 1c: Use case reviews and discussions to address ethical issues in diagnosis and treatment and demonstrate good professional judgment and ethical awareness

Method 1d: Provide the intern with didactic training and experiential processes related to their continual evolvment as a professional clinician.

Method 1e: Enhance the intern's awareness, sensitivity, and knowledge base in providing ethical and professional services to diverse populations

Method 1f: Encourage the intern to embed the on-going process of self-reflexivity and develop good reflective supervision skills through participatory involvement in the individual and group supervisory process.

Method 1g: Develop professional and constructive relationships with others in becoming psychologist.

- Method 1h: Provide experience in using Psychological Evaluations and Therapy Progress Notes in court proceeding through attending the Family Specialty Courts, and participating in a live mock child protective services court proceedings in coordination with the University of Hawaii William A. Richardson Law School.
- Method 1i: Provide Trauma Informed Care training and experiences in assessment and treatment of adults and children that have experienced complex interpersonal trauma.

Aim 2: The preparation of practitioners of psychology who understand the scientific foundations of psychology. (APA Competencies 1, 4, 6, 7, 8 and 9)

- Method 2a: Provide training in clinical research and publication in peer reviewed professional journals through the weekly seminar trainings
- Method 2b: Completion of Trauma related literature review, program development or quantitative/qualitative research for poster presentation at the Annual Hawaii International Trauma Summit on Assessing, Treating and Preventing Trauma Across the Lifespan
- Method 2c: Utilization of research to assist with weekly case presentations and reviews
- Method 2d: Utilization of research to complete comprehensive forensic clinical psychological evaluations
- Method 2e: Utilization of research to assist in treatment planning for intervention cases
- Method 2f: Utilization of research to provide expert psychological consultation.

Aim 3: The preparation of practitioners of psychology capable of operating in the expanding roles of psychology, including the areas of multidisciplinary consultation, management, supervision, and teaching. (APA Competencies 1, 2, 3, 4, 5, and 9)

- Method 3a: Doctoral Interns provide mental health consultation and supervision to the psychology practicum trainees at the Center.
- Method 3b: Doctoral Interns will assist in managing the Mental Health Treatment services including individual crisis support and group therapy for the children at the Family Programs Hawaii Receiving Home. They will also manage the Mental Health services at one or more of the Hawaii Family Specialty Courts
- Method 3c: Provide experience in psychological expert testimony and consultation to assist Doctoral Interns in utilizing psychological data in the courts by participating in one or more of the Hawaii Family Specialty Courts
- Method 3d: Provide opportunity to give psychological feedback to patients/clients regarding results of their psychological evaluation and treatment progress as well as psychoeducational services to patients/clients and other professionals
- Method 3e: Provide the opportunity to work with multidisciplinary professionals and demonstrate the ability to interact professionally with staff and other professionals during the planning meeting at the Hawaii Family Specialty Courts and at the FPH Receiving Home.
- Method 3f: Experience in providing multidisciplinary consultations in Multidisciplinary Child Protection Teams, Ohana (Family) conferences, and Specialty Court Teams
- Method 3g: Participation in training for multidisciplinary professional, Resource Caregivers (Foster Parents), Court Professionals, and Victims of Child Maltreatment

Aim 4: Doctoral Interns will demonstrate their knowledge of and competence in addressing the needs, values and experiences of people from diverse, or underserved or marginalized subpopulations during relevant courses, practicum and Doctoral Internship by recognizing

and distinguishing people from such subpopulations, differentiating their experiences and prioritizing their needs. (APA Competencies 1, 3, 4, 5, 6, 7, and 9)

Method 4a: Provide supervised experience in delivering clinical psychology services to culturally and individually diverse clients. The FSC completes evaluation of clients from all of the diverse ethnic cultures in Hawaii and various individually diverse clients.

Method 4b: Provide training in understanding and addressing the needs of culturally and individual diverse clients through the clinical seminars and case presentations

Method 4c: Provide training and supervision in working with diverse, underserved and marginalized population in Hawaii

Method 4d: Provide training and supervision of clients with physical and developmental disabilities (Visually Impaired, Physical Impaired, Hearing Impaired, Intellectual Disability, Autism Spectrum Disorder)

Aim 5: The preparation of practitioners of psychology who are able to evaluate and use the existing and evolving body of knowledge and methods in the practice and science of psychology to enhance applications of psychology. (APA Competencies 1, 4, 6, 7, 8 and 9)

Method 5a: Provide training in trauma informed care as it related to interpersonal trauma with an emphasis in child maltreatment

Method 5b: Utilize trauma informed care in the assessing and treating individual that experienced interpersonal trauma

Method 5c: Provide experience in the utilization of the knowledge and methods in the practice and science of psychology through court consultation and testimony

Method 5d: Utilize case presentations to ensure that the Doctoral Interns are able to evaluate and use the existing and evolving body of knowledge and methods in the practice and science of psychology to enhance applications of psychology

There are two site specific aims and competencies for the Doctoral Internship Program:

Aim 1: Develop expertise in Trauma Informed Care as related to the assessment and treatment of child maltreatment.

Method 1a: Provide specialized dialectic multidisciplinary in Child Maltreatment. This consists of a 3 day workshop in Child Maltreatment. The Interns must obtain a certificate of completion of the workshop.

Method 1b: Participate in weekly case review of Child Maltreatment cases.

Method 1c: Complete at least 50 supervised forensic comprehensive psychological evaluations of child maltreatment cases.

Method 1d: Provide consultation to family Court, Department of Human Services, Child Welfare Services Units and other services providers in the psychological needs in child maltreatment cases.

Method 1e: Participate in child maltreatment family court cases

Method 1f: Successfully pass an oral examination on Child Maltreatment and Trauma Informed Care

Aim 2: Develop knowledge and skills in Parent-Child Interactive Therapy.

Method 1a: Provide specialized training following the training model of the University of California, Davis Parent-Child Intervention Center.

Method 1b: Complete the 10 hour on-line PCIT training developed by University of California, Davis Parent-Child Intervention Center.

Method 1c: Pass all of the PCIT competency skills to complete the PCIT training.

Method 1d: Complete at least 2 supervised PCIT cases.

Training Resources

The Doctoral Psychology Internship training program is administratively directed by the Internship Training Director for the Family Strengthening Center at Family Programs Hawaii. The Family Strengthening Center is directed by the Center's Executive and Clinical Director. The FSC is a program under the Family Programs Hawaii, a non-profit accredited social services agency, who is headed by its President and CEO and governed by a Board of Directors. Internship Training Program is funded by multiple State and Federal Grants and Service Contracts, private community foundations and trusts grants, private donations, and commercial and government health insurance payments.

Location and Offices Support: The FSC main office is location in the central metropolitan area of Honolulu on the island of Oahu. It is easily accessible from all parts of Oahu, and is on the mass transit system, The Bus, line. The building is a secure building and entry is controlled by an audio-video entry security system. Each Intern has a secure fob that allows entry into the building. The main Honolulu Police Department is located a block away from the Center. The FSC West Oahu Receiving Shelter Home, Hoo'malu, includes the residential area, staff offices and treatment rooms. The shelter home has gated security whose address is not publish due to the placement of children in our home. The Interns will be providing direct services to the children at our Receiving Shelter Home. The Shelter home is a temporary placement program contracted by the State of Hawaii. During the placement of the children, decisions are made about immediate reunification with family or placement in long-term foster families. Psychological services provided at the facility including Mental Health Screening, Mental Health Assessment, Comprehensive Psychological Evaluation, and group, individual and family psychotherapy. Neighbor Island services are provide at the Hawaii State Department of Human Services Offices. These offices are all secure with security officers present at each office. Direct supervision by Staff Licensed Clinical Psychologists is present at all of the FSC locations.

Administrative Support: Administrative support is provided by the Executive and Clinical Director of the Family Strengthening Center with assistance from the Center's Executive Assistant. The following are the administrative support available for the Interns:

- a. Office management assistance
- b. Scheduling of assessment and treatment appointments
- c. Timesheets and Paid Time Off (Vacation and Sick leave) monitoring
- d. Arranging travel for job related activities
- e. Reimbursements for work related expenses
- f. Use of office equipment and ordering of office supplies

Equipment Technical Support: The Interns are provide with equipment and technology assistance to assist with their training and professional services.

- a. Each Intern is provide with a separate office cubicle that they can used during their internship year. Each cubicle has a locked file cabinet.
- b. The Intern also has access to any of the private closed offices for assessments and intervention. For larger meetings and group therapy, the Intern has access to a 15-person conference room.
- c. The Interns have access to all of the FSC office supplies and equipment. This includes the Center's main computer, copy and scanning machines, plotter, fax machine, printers, video-cams, audio-video cameras, and all of the play therapy and assessment therapeutic toys and equipment.
- d. Each Intern is provide with an IBM Intel Core i7 solid-state computer/tablet for their use during their internship. The computer is connect to the FSC's network while in the office, and can be accessed with their computer remotely out of the office. The intern can take the computer home and with them when they travel to the other Hawaiian Islands.
- e. Each computer is equipped with all of the necessary software for their professional work including, but not limited to, the most current Microsoft Office Suite.
- f. Each Intern has access to the FSC HIPAA compliant telecommunication system (ZOOM)
- g. The Interns have 24/7 computer technical support

- h. Each Intern is provided access to an ultra-high-speed secure internet network access
- i. Each Intern is provided with an individualized FSC secured email address
- j. Each Intern is provided with secured remote access to the Center's database, and assessment and treatment drives to access their client's information and necessary forms. The FSC is a paperless organization with all of its records and files stored in a secured online storage system that can be remotely accessed by the interns. The Interns can access the FSC drives at any secured internet location, which include all of the Center's local and off island locations. The paperless system allows multiple simultaneous access to the assessment and treatment data during the face-to-face clinical interview and review of case records.
- k. Each Intern has access to the FSC's psychology test scoring and interpretation online programs, with all tests being computer scored. Hand scoring is unnecessary.
- l. Each Intern has access to well over 100 different psychological tests and test manuals through our secured and locked testing file cabinets.
- m. Each intern has access to the FSC library of professional books and journals

Clinical Support:

- a. The Interns have access to daily supervision and clinical support through the on-site licensed Clinical Psychologists at all locations
- b. The Interns have scoring and other supportive assistance through their assigned Doctoral Psychology Practicum Student(s)
- c. The Intern can obtain supportive services in contacting collaborative professional and family members as well as collecting clinical and social information through the Doctoral Psychology Practicum Student(s).

Overview of Training

The Family Strengthening Center at Family Programs Hawaii (FSC) is a non-profit community mental health Center whose mission is to protect children and facilitate healthy development by strengthening families. Through its parent organization, the FSC is accredited by the Council on Accreditation, a nonprofit accreditor of human services since 1977. The Center provides services statewide with psychological evaluations offered on all of the Hawaiian Islands. The FSC is also a training center and provides Clinical Psychology Practicum, Mental Health Practicum, Doctoral Psychology Doctoral Internship and Post-Doctoral Psychology Fellowship training. The Doctoral Internship training provides 2,000 hours of supervised Doctoral Psychology Doctoral Internship training with at least 500 hours of direct services. The Doctoral Internship program is designed to meet the Doctoral Internship training for the Psy.D. and Ph.D. degree in clinical psychology, and for State licensure. The Training Salary is \$27,000 a year with Medical/Dental/Vision Insurance coverage and two weeks of Paid Time Off with 13 paid holidays. The Center hours are from 8:00 am to 5:00 pm with no on-call or weekend services, and there are five Staff on-site Licensed Clinical Psychologists for supervision. Upon completion of training, the Doctoral Interns can earn a Certificate of Completion for Parent-Child Interaction Therapy and Comprehensive Child Maltreatment Training. The Doctoral Internship training includes opportunities in the following areas:

- Forensic Comprehensive Psychological Evaluations for Adults (Parents/Caretakers) and Children (Victims of Child Maltreatment)
- Opportunity to develop psychological evaluations skills to assess the needs of Hawaii's diverse population including completing evaluations on Kauai, Maui, Molokai, Lanai and Hawaii Island in addition to Oahu (Doctoral Interns are on staff at our Oahu Center and have some opportunity to take periodic day trips to the other islands)
- Evidence-based child and family treatment to include Parent-Child Interaction Therapy and Child Parent Psychotherapy
- Evidence-based individual trauma focused psychological treatment and trauma informed care
- Children's Group Therapy and Child Crisis Therapy and Mental Health Crisis Management

- Comprehensive training in the diagnosis and treatment of Child Maltreatment
- Training in clinical consultation and clinical supervision and opportunity to participate in the clinical supervision of Doctoral Psychology Practicum Students
- Opportunity to participate in the Annual Hawaii International Trauma Conference
- Opportunity to participate in Hawaii's Specialty Courts: Zero-To-Three; Family Drug Court, Juvenile Drug Court and Girls Court
- Opportunity to participate in the psychosocial support services programs at the Family Programs Hawaii that focuses on strengthening children in foster care, resource caregivers, and youths that have aged-out of foster care.
- Opportunity to develop program management and grant writing skills through the specialty programs at Family Programs Hawaii

Program Administration and Faculty

The Doctoral Internship Program is directed the Family Strengthening Center's (FSC) Clinical and Training Director. The supervising clinical faculty for 2019-2020 Internship year includes:

1. Dr. Steven J. Choy, Executive and Clinical Director and Doctoral Internship Program Training Director, Family Strengthening Center; Associate Professor, Hawaii School of Professional Psychology at Chaminade University of Honolulu
2. Dr. Cheryl Andaya, Assistant Clinical and Training Director & Licensed Clinical Psychologist, Family Strengthening Center, Post-Doctoral Psychology Training Director, Adjunct Professor, Hawaii School of Professional Psychology at Chaminade University of Honolulu
3. Dr. Brenda Wong, Licensed Clinical Psychologist, Family Strengthening Center
4. Dr. Kimberley Kunichika, Licensed Clinical Psychologist, Family Strengthening Center
5. Dr. Dennis Itoga, Licensed Clinical Psychologist, Family Strengthening Center
6. Erin Nobriga, M.S.W., Executive Assistant, Family Strengthening Center

Supervision and Didactic Training

Each intern is assigned to a primary and secondary clinical psychology supervisor, who is licensed in the State of Hawaii, and represent a wide range of theoretical orientations and clinical specialties, Each intern receives at least two hours per week of formal face to face individual supervision from his/her primary Supervisor. Each Intern will also have contact with at least two difference licensed clinical psychologists each week.

The Family Strengthening Center also provides weekly group supervision to Doctoral Interns, which is provided by various staff licensed clinical psychologists and community providers. A structured program of weekly group supervision and Didactic training with the Center's Doctoral Psychology Doctoral Interns and Post-Doctoral Psychological Fellows is coordinated by the Center's Training Director. The Doctoral Psychology Doctoral Interns are required to attend all group supervision and training seminars.

The Training Director and the Doctoral Interns' supervisors obtain information regarding desired training topics from Doctoral Interns and may arrange for guest speakers from the community. Each Doctoral Internship Cohort will receive extensive training in trauma informed training in Child Maltreatment in a multidisciplinary two-day clinical seminar training during the first month of their training. The Doctoral Interns will also attend the Annual Hawaii International Summit on Assessing, Treating and Preventing Trauma Across the Lifespan. The Family Strengthening Center is a co-sponsor of the Annual International Hawaii Trauma Summit and the Family Strengthening Center Director, Dr. Steven J. Choy is the Co-Founder and Co-Chair of the Summit. Each Doctoral Intern will submit a poster for the Summit's poster session.

All Doctoral Interns will receive comprehensive training in the assessment, treatment and prevention of Child Maltreatment and will receive a certificate of completion for this training that is required by some State Psychologist Licensing Boards. The Doctoral Interns will also all complete the fully supervised training in Parent Child Interaction Therapy during their Doctoral Internship year, and will receive a Certificate of Completion and be certified by the FSC as a Trained PCIT Therapist. The Psychologists at the Family Strengthening Center are all PCIT trained trainers (Trained by the PCIT Center at the University of California Davis) and are able to certify the PCIT training obtained at the Family Strengthening Center.

Selection of Doctoral Interns

The FSC uses the APPIC Match guidelines in the selection of Doctoral Interns and in meeting other requirements for APPIC affiliated Doctoral Internship. The intern applicants apply through the APPI process. The selection committee consists of the Training Director and all of the Licensed Clinical Psychologist Supervisors. The Training Director is responsible for ensuring that the Selection Committee acts in accordance with APPIC Match guidelines.

Research Opportunities

Doctoral Interns are encouraged to initiate or participate in any research projects at the member sites. Doctoral Interns may become involved in any or all aspects of the research process that may be of interest, from the conceptualization and design stage to publication and presentation. The intern, as part of the group Doctoral

Internship seminar, is required to complete a trauma related research poster for submission to the Annual Hawaii Trauma Conference.

Doctoral Internship Stipend

The FSC pays an annual \$27,000 Training Salary with full medical, drugs, dental and vision coverage, 13 paid holidays and 2 weeks of PTO/PTS for the year.

CHAPTER 3: INTERN RIGHTS AND RESPONSIBILITIES

Overview

The FSC at Family Program Hawaii has a strong commitment to developing clinical practitioners who demonstrate high levels of professionalism and clinical skills. It is a fundamental requirement of the FSC that all Doctoral Interns meet the standards of the profession of psychology. As an expression of these standards, the FSC requires adherence to the principles of the American Psychological Association (APA) Code of Ethics. Not only are Doctoral Interns required to complete academic and clinical requirements, they are expected to demonstrate professional attitudes and behavior during their Doctoral Internship training. An intern's development of these competencies, skills, behaviors, and attitudes are monitored and evaluated regularly throughout their Doctoral Internship training and will be discussed further in following sections.

Intern Rights

The FSC recognizes the rights of Doctoral Interns, which include:

1. The intern has a right to a clear statement of general rights and responsibilities upon entry into the Doctoral Internship training program.
2. The intern has a right to be trained by professionals who behave in accordance with the APA Code of Ethics.
3. The intern has a right to be treated with professional respect.
4. The intern has a right to ongoing evaluation that is specific, respectful, and pertinent.
5. The intern has a right to engage in ongoing evaluation of the Doctoral Internship training experiences.
6. The intern has a right to initiate an informal resolution of problems that might arise in the Doctoral Internship training program.
7. The intern has a right to due process.

Intern Responsibilities

All Doctoral Interns at the FSC assume an obligation to conduct themselves at all times as responsible members of the training community, to respect the personal and property rights of others, and to support the educational and training mission of the Center's Doctoral Internship program. The FSC also requires that its Doctoral Interns demonstrate personal and professional integrity in addition to clinical excellence. The following is a list of responsibilities and expectations of FSC's Doctoral Interns:

1. The intern has the responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities.
2. The intern has the responsibility to maintain behavior within the scope of the APA Code of Ethics.
3. The intern has the responsibility to behave within the principles set forth by the statutes and regulations of the American Psychological Association.
4. The intern has the responsibility to be open to professionally appropriate feedback from supervisors, faculty, peers, and staff.
5. The intern has the responsibility to give constructive feedback that evaluates the Doctoral Internship training experiences.
6. The Doctoral Interns have a responsibility to conduct themselves in a professionally appropriate manner with administration, clinical field supervisors, faculty, staff, and fellow Doctoral Interns.
7. The intern has the responsibility to meet training expectations by refining and applying theoretical and empirical knowledge, as well as clinical skills, in psychological assessment, intervention, consultation/education, management/supervision and cultural and individual diversity.

Sources of Evaluation

Doctoral Interns' application of theoretical and empirical knowledge, clinical skills, professional attitudes and behavior, and ethics and values is monitored and evaluated regularly throughout their Doctoral Internship training both informally and formally. Feedback regarding an intern's performance is attained from a variety of sources, such as administration, clinical field supervisors, faculty, staff, and fellow Doctoral Interns. The following sections provide further information about these expectations and the formal evaluations that take place.

A. Information about Expectations

1. Theoretical and Empirical Knowledge – Doctoral Interns are expected to refine and apply knowledge and competence in the areas of psychological assessment, intervention, consultation/education, management/supervision and cultural and individual diversity. It is also expected that Doctoral Interns will exhibit competencies in critical thinking and writing.
2. Clinical Skills – Doctoral Interns are expected to refine and apply skills and abilities in rapport-building with clients and other professionals, assessment, intervention, professional judgment and ethical awareness, cultural sensitivity, case management, report writing, supervision, education, consultation, self-reflection, self-reflexivity, and self-evaluation.
3. Professional Attitudes and Behavior – it is the expectation of the FSC that Doctoral Interns conduct themselves in a manner consistent with the profession at all times. Professional conduct includes maturity, integrity, and respectful interpersonal relationships with all individuals. Demanding, threatening, or rude behavior is inconsistent with the identity of a professional psychologist.
4. Ethics and Values – it is a fundamental requirement of the FSC that all students adhere to the principles of the APA Code of Ethics.

B. Formal Evaluations

Student's performance while on Doctoral Internship is evaluated two times per year by the intern's Primary Supervisor and the FSC Training Director. The performance evaluation is coordinated with the interns' academic program through the Interns' Graduate Training Director, and can be supplemented with their academic program's own evaluation form if necessary. Written performance evaluations are provided to the interns' academic program at least twice a year, mid-way through their internship, and at the end of the internship year. More frequent performance evaluations may occur if required by the interns' academic program. Please refer to Chapter 4 for an overview of problematic behavior and information about the referral and remediation process followed when problem behaviors are identified.

1. A written performance evaluation report (Appendix C) is provided to the Doctoral Intern at least twice a year.
2. A face-to-face meeting is held with the Doctoral Intern, the Intern's primary supervisor and the Internship Training Director or designee to review the written performance evaluation report.
3. The Intern's achievements are reviewed by identifying their strengths, challenges, and future plans to facilitate further growth in areas that would benefit from additional training and experiences. If there is a need to develop a formal Remediation Plan at the time of the Doctoral Intern's performance evaluation conference, the Intern will be provided with the FSC.FPH's written due process policies and procedures that are present in the Doctoral Internship Program Manual.
4. The results of any remediation plan that was previously developed are discussed with the Doctoral Intern at the time of the formal performance evaluation plan.
5. The written Performance Evaluation form is provided to the Doctoral Interns in order for them to provide any written comment on the evaluation form.
6. The Doctoral Intern, their Primary Supervisor, the FSC Training Director, and the FSC Executive and Clinical Director sign the completed evaluation form.
7. The Doctoral Interns' Graduate Training Director is provided with the completed Intern's Performance Evaluation Form and contacted by the FSC's Training Director to provide any additional verbal feedback.

Outside Work

The participation of Doctoral Interns in outside work activities should be secondary to training and should also uphold and be consistent with the ethical and legal standards of the profession. Doctoral Interns are specifically prohibited from being involved in private practice unless the following standards developed by the FSC are met (failure to comply with these policies may result in dismissal from the program):

1. Any intern who has appropriate state registration, certification, credentialing, or licensure relevant to the practice and delivery of mental health services is entitled to practice independently in that particular area of registration or certification.
2. It is the responsibility of any intern engaged in private practice to notify the FSC Director of this private practice and to provide evidence of appropriate current registration, certification or licensure by the state in which the practice occurs.
3. Any outside work cannot interfere with the intern's clinical and training responsibilities of the FSC Doctoral Internship program.
4. The Intern's outside work cannot be a conflict of interest with the FSC mission and client's health and well-being. The intern must report to the IPD if they may be servicing a client that may conflict with a client that is being seen at the FSC. The FSC hold the priority on resolving the possible conflict of interest.

Nondiscriminatory Policy

The FSC at Family Programs Hawaii has a policy of nondiscrimination against Doctoral Interns with regard to race, age, gender, ethnic background, and sexual identity. In addition, the FSC is committed to fostering the training of groups that are currently under-represented in the profession of psychology.

The Selection Committee and all of the Supervising Psychologists are expected to conduct their selection and training in a nondiscriminatory manner. The committee members are expected to select applicants without regard to race, gender, age, ethnic background, religion, disability, sexual identity.

CHAPTER 4: IDENTIFICATION OF PROBLEM BEHAVIOR AND INTERN'S DEFICIENCIES

The Family Strengthening Center at Family Programs Hawaii expects their staff to demonstrate professional attitudes and behaviors in their interactions between each other, with all of their clients and with the agencies we work with. The Doctoral Psychology Intern is considered red a staff member of Family Programs Hawaii. Any disputes or conflicts are handled in accordance with due process policies in the Family Programs Hawaii employee's handbook are provided to each employee, paid or in-kind, at the beginning of their employment, which needs to be acknowledged and signed.

Each employee is required to follow the employee expectations of Family Programs Hawaii. FPH expects their employees to act in a professional and responsible way at all times. To avoid any possible confusion, some of the more unacceptable activities are noted below. Some of these are more fully described in other places in these policies. Occurrences of any of the following activities, as well as violations of any other FPH rule or policy, may result in disciplinary action. This list is not all-inclusive. Conduct not listed may also result in discipline or discharge in certain cases, and the Agency may modify or add rules as appropriate.

- Unsatisfactory job performance;
- Insubordination;
- Falsification or dishonesty in any form;
- Failure to abide by standards of common decency and personal conduct while on duty;
- Unauthorized absences or unsatisfactory attendance;
- Unauthorized overtime;
- Rudeness or discourtesy toward fellow staff, Supervisor, volunteer, client, supporter or member of the general public;
- Breach of confidentiality;
- Theft – including, but not limited to, the removal of FPH property or the property of another staff member from FPH premises without prior authorization;
- Working for another employer while employed for the FPH without the prior expressed consent of FPH;
- Disregarding established safety procedures or knowingly creating an unsafe work situation for yourself or others;
- Unauthorized use or dissemination of proprietary information;
- Unlawful, immoral and/or improper conduct, on or off the job, at any time or place which adversely affects your relationship with your job, fellow staff and/or Supervisors, or conduct which is detrimental to the Agency's reputation and goodwill in the community as determined by the Agency;
- Unauthorized use of FPH's property; or
- Violation of any of these policies including but not limited to Violence in the Work Place, Equal Opportunity, Work Place Harassment, Conflicts of Interest, Confidentiality, Electronic Communications, Business Ethics, Drug Free Work Place, etc.

Specific Definition of Intern Problem Behaviors

The Doctoral Internship Program at FSC routinely uses the Doctoral Intern's academic program, the community and state agencies that the FSC works with, and the FSC staff to enable Doctoral Interns to more readily identify academic and clinical difficulties. Problem behavior related to an intern's potential to become a competent and ethical professional may be recognized by the student, clinical supervisors, community and state agency staff and/or fellow Doctoral Interns and FSC Psychology Trainees.

For the purposes of procedural policy, problem behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire

and integrate professional standards into one's repertoire of professional behavior, 2) an inability to acquire core knowledge/competencies and professional skills in order to reach an acceptable level of competency, and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

While it is a professional judgment as to when an intern's behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of procedural policy, a concern refers to an intern's behaviors, attitudes, or characteristics which, may require remediation but are perceived to be not unexpected or excessive for professional training. Problems typically become identified as problems when they include one or more of the following characteristics:

1. The intern does not acknowledge, understand, or address the problem when it is identified.
2. The problem is not merely a reflection of a skill deficit, which can be rectified by academic or didactic training.
3. The quality of services delivered by the intern is sufficiently negatively affected.
4. The problem is not restricted to one area of professional functioning.
5. A disproportionate amount of attention by faculty and/or supervisors is required.
6. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
7. The problematic behavior has potential for ethical or legal ramifications if not addressed.
8. The intern's behavior negatively impacts the public view of the institution.
9. The problematic behavior negatively impacts the other Doctoral Interns.

Some examples of such difficulties may include but are not limited to: offering to provide services that are beyond the scope of the intern's training, experience or functioning; conviction of a crime that has a direct bearing on the practitioner's ability to practice competently; continued practice by an intern who has become unfit to practice under supervision due to failure to keep current with theory or practice, inappropriate behavior in clinical or academic settings or addictions to, abuse of, or severe dependency on alcohol or other drugs; rude, demanding, or threatening behavior by a student in connection with delivery of services to patients or toward a member of the FSC.

The FSC has a written dispute/conflict resolution procedure to address disagreements with staff, psychology trainees, and contracted personnel in their employee handbook that is given to each employee and trainee upon hiring or accepting into the FSC training program. The following is the general procedures for dispute/conflict resolution between staff members.

Referral Process When Problem Behavior or Disputes/Conflicts Arises

Most concerns are satisfactorily dealt with before they reach the point of formal grievance procedures. A climate of open exchange between administration, clinical supervisors, and employee is encouraged. This includes conflicts or disputes that occur between staff. All parties are seen to obtain information about the dispute or conflict and a discussion is instituted following the conflict resolution method as developed by *Erin Schreiner*. These procedures are as follows:

Discussion: Often, conflict arises simply due to a lack of communication. If you feel that your employees are having conflict because they are not talking with each other, set up time for a discussion. Encourage the employees to talk through the problem, particularly if you suspect that it simply stems from the fact that they have failed to communicate effectively up to this point.

Written Communication: If an issue has escalated or one of the employees has a hot temper, written communication may be a more effective way of breaking down the wall and resolving conflict. Ask each employee to write a letter to the other, outlining the problem. By writing letters instead of talking face to face, they benefit from the opportunity

to more carefully select their words. They can also make sure that the exchange does not erupt into a yelling match. Additionally, letter writing provides a means to document this communication easily.

Mediation: Sometimes, two individuals in a conflict simply cannot work it out together without the aid of third party. If your staff conflict has escalated to the point where outside intervention is necessary, set up a mediation session. Train a staff member in the art of mediation. Allow this staffer to sit down with the feuding individuals and assist them in working through their problems in a productive manner.

Compromise: Ask each person to give a little and take a little by arranging a compromise between the two. Ask both of the members to come to your offer and talk the problem through with them, presenting potential compromises and allowing them to mull over these options. By arranging a compromise instead of just selecting one member's interests over the other, you can reduce the likelihood that one staff member feels slighted by the way in which the conflict was resolved.

Voting: If you simply must end the conflict, voting can be an effective method. If, for example, two employees are arguing over a diagnosis or recommendation, set up a vote and allow other staff to weigh in. The numbers will solve the conflict and serve as a once-and-for-all answer.

CHAPTER 5 DUE PROCESS PROCEDURES

Whenever possible, it is encouraged that a written remediation plan is developed between the primary supervising clinical psychologists and the Doctoral Intern when initially dealing with a problem behavior or concerns about a deficiency related to the Doctoral Intern's attaining any of the FSC's defined competencies. The remediation plan includes the following:

1. The problem behaviors and/or the FSC's defined competencies that are deficient are listed with an agreed remediation plan to improve the behavior and/or deficiencies.
2. The Doctoral Intern's Graduate Training Program is notified about the remediation plan.
3. The remediation plan will include the improvements necessary to successfully complete the remediation.
4. The remediation plan will be review at the weekly supervision between the Doctoral Intern and the Supervision Clinical Psychologist.
5. The plan will include a specific timetable to determine if there has been satisfactory progress and the date the successful completion of the remediation plan needs to be made for the Doctoral Intern to exit the remediation plan.
6. If there is no adequate improvement in the Doctoral Intern's behaviors and/or performance at the end of the date for successful completion of the remediation plan, a Due Process Procedure must be followed. Due process ensures that decisions made by the FSC program about Doctoral Interns are not arbitrary or personally based, and requires that programs identify evaluative procedures, which are applied to all Doctoral Interns, and have appropriate appeal procedures available to the intern so that they may challenge the program's action.

Due Process Notification:

1. If problem behavior or a significant deficit related to attaining any of the competencies identified in the Doctoral Psychology Internship Manual persist and do not show sufficient progress at the end date of the remediation plan, the intern is notified in writing that a hearing regarding the concerns will be held. Failure to meet the remediation plans expected timetable for improvement and attaining any of the competencies is defined as persistently obtaining a rating of 1 or 2 on any of the defined competencies on the Doctoral Intern's remediation plan. A date of the hearing will be provided to the Intern, which will be no more than 10 days after the notification date.
2. The Doctoral Psychology Intern's Graduate Training Director will be notified of the hearing date. The Doctoral Intern's Graduate School program can request that they hold a meeting prior to the hearing date. The hearing date can be extended through the agreement with the Doctoral Intern, their Graduate School Program, and the FSC hearing committee. The hearing committee will receive any written information provided by the Intern's Graduate School Program.

Due Process Hearing:

1. Hearing Committee: The hearing committee will consist of three member, the FSC IPD, and 2 additional FSC Staff Clinical Psychologists appointed by the FSC-IPD. The Roles and responsibilities of the individuals involved in the Due Process Hearing procedures are as follows:
 - a. Doctoral Intern: The Doctoral Interns is responsible to meeting their clinical supervisor to address the concerns and participate in the development of the remediation plan. At the hearing, they will need to present their situation, provide any additional information, and actively participate in the hearing process.
 - b. Clinical Supervisor: The Doctoral Intern's primary clinical supervisor is responsible for providing and developing the remediation plan for the Doctoral Interns with verbal and written feedback when a concern is present. The remediation plan needs to include a timetable and expectations. The Clinical Supervisor will need to present the written remediation plan with progress on each area of the remediation to the hearing committee prior to the hearing.
 - c. FSC Internship Training Director: The IPD is administratively responsible for the overall hearing. The IPD's responsibilities include reviewing the remediation plan, the progress of the remediation plan and any additional written information provided by the Doctoral Intern's Clinical Supervisor. The IPD will be

responsible for the communicating and distributing the results of the hearing to APPIC and the Doctoral Intern's Graduate Training Director.

- d. Clinical Psychologist Committee Members: Two additional FSC staff clinical psychologist will be appointed to the committee as a voting member. This member will reviewing the remediation plan, the progress of the remediation plan and any additional written information provided by the Doctoral Intern's Clinical Supervisor.

2. Hearing Procedures

- a. The hearing committee, consisting of three members, the FSC Internship Program Director, and two additional FSC staff Clinical Psychologist appointed by the FSC IPD, will convene on the set date at the FSC's main office.
- b. The Doctoral Intern will be present to participate in the hearing.
- c. The Supervising Clinical Psychologist will present the concerns, the remediation plan and the Doctoral Intern's progress on the remediation plan.
- d. The Doctoral Intern will be provide any response to the concerns and the remediation plan.
- e. The hearing committee will then ask questions to the Doctoral Intern and the Supervision Clinical Psychologist. After the question and answer period, the hearing committee will allow the Doctoral Intern to provide any additional information and/or comments.
- f. The Supervising Clinical Psychologist and the Doctoral Intern will be thanked and asked to leave the committee hearing room.
- g. The hearing committee will deliberate in private and will vote for the following decisions:
 - 1) Dismissal from the FSC's Doctoral Internship Program
 - 2) Extend and/or modify the remediation plan
 - 3) Terminate the remediation plan and determine successful completion of the remediation plan
 - 4) Defer decision and consult with APPIC and the Doctoral Intern's Graduate Training Program. If the decision is deferred a decision will need to be made within 30 days of the hearing.
- i. The result of the hearing committee will be provided in writing to the Doctoral Intern within 5 working days.
- j. If the decision is for termination, the following procedures will be followed:
 - 1) The reason for the termination will be provide in written form.
 - 2) APPIC and the Doctoral Interns' Training Program are notified of the termination decision.
 - 3) A decision will be made by the hearing committee regarding the need to complete all clients' paperwork and will determine if the Doctoral Intern will obtain any credit for the training hours completed.
 - 4) The FPH HR department will be notified of the termination.

3. Appeal Procedures:

- a. An intern may, within fifteen days of the decision made by the FSC Hearing Committee regarding the identification and remediation of problem behavior, probation, or dismissal from the Doctoral Internship site, by submit a letter requesting an appeal of this decision to the Family Strengthening Center's Executive and Clinical Director within 5 working days of the hearing committee's decision.
- b. An appeal may be requested on the following grounds:
 - 1) Denial of the described due process granted to the intern in any part of the problem resolution protocol.
 - 2) Denial of the opportunity to fairly present data to refute conclusions drawn in the problem resolution protocol.
 - 3) Extenuating circumstances. Extenuating circumstances that will be considered for an appeal include, but are not limited to, extreme circumstances such as catastrophic or life-threatening illness or injury of the intern; catastrophic or life- threatening illness, injury, or death of a member of the intern's immediate family; or other extreme temporary hardship. Doctoral Interns may be required to provide documentation of extenuating circumstances.
- c. The FSC Executive and Clinical Director will review the problem and give the intern a prompt written answer, normally within ten (10) working days.
- d. If the Doctoral Intern is not satisfied with the FSC Executive and Clinical Director's decision, they may appeal the decision to the Family Programs Hawaii's President and CEO within five (5) working days after receiving the final reply. The FPH President and CEO give a prompt written decision, within ten (10) working days. The decision of the FPH President and CEO will be final.

CHAPTER 6 GRIEVANCE PROCESS PROCEDURES

The Family Strengthening Center at Family Programs Hawaii is fully committed to conducting all activities in strict conformance with the American Psychological Association's Ethical Principles of Psychologists. The Family Strengthening Center (FSC) complies with all legal and ethical responsibilities to be non-discriminatory in all of our Human Resources actions, our program services and in the assessment and treatment of all of our clients.

While the FSC goal is to assure fair treatment for all the FSC staff, the psychology trainees, and the clients that we serve, there will be occasional issues when problems may come to the attention of the staff, trainees, and clients that require intervention and/or action on the part of the Executive and Clinical Director of the FSC and the President and CEO of the Family Programs Hawaii. The following procedural description serves as a guideline for handling such grievances.

In general, all grievances will be handled in the following manner:

1. After any informal attempts to handle grievance concerns, the Doctoral Intern should file a written grievance
2. The FSC Executive and Clinical Director will meet with the Doctoral Interns to ensure the matter is understood completely. If the grievance involves the FSC Executive and Clinical Director, the FPH President and CEO will that the place of the FSC Executive and Clinical Director in all matters involving the grievance.
3. The FSC Executive and Clinical Director will meet with the FSC staff and or trainee who faces the allegations with a copy of the grievance
4. The mediation procedures will be follow and a formal meeting will be arranged
5. There will be an investigate the matter
6. Treat all staff and trainees file grievances equally
7. All pertinent staff and trainees will be informed throughout the process
8. Formal decisions will be communicate all or the involved FSC Staff
9. Ensure the formal decision is adhered to
10. Preserve confidentiality whenever possible
11. Respect the Family Program Hawaii's no-retaliation policy when a staff or trainee files grievances with the Center or external agencies
12. If a grievance is not resolved to the satisfaction of the Doctoral Intern, they can appeal the decision

Specific Grievances:

1. At any time, the Doctoral Intern can file a grievance regarding their supervision and any aspect of their internship training program.
2. When a Doctoral Intern, either orally or in written format, files a grievance or expects an action to their grievance, they will be provide with a response within 10 working day.
3. If the grievance is with the Internship Program, the FSC Internship Training Director will meet with the Doctoral Intern to address their concerns, and if necessary, will develop a program improvement plan to address the issues that may negatively impact the Intern's training.
 - a. The IPD will assist in clarifying the Doctoral Intern's understanding of the Internship Program goals, methods, procedures and policies that are related to the Intern's concerns.
 - b. The IPD will determine if any of the intern's concerns violates APA and/or APPIC guidelines and requirements for an Internship program. The IPD will also determine if any of the interns concerns may interfere with the Intern's ability to successfully complete their internship requirements for their School's Doctoral Psychology program.
 - c. Any changes that may need to be made in the FSC Doctoral Internship program with be taken to the Clinical Training Committee for discussion in order to make appropriate changes and improvements to the Internship Program.

- d. Within 30 days of the filing of the grievance, these changes will be presented to the Doctoral Intern for review. If the Doctoral Intern is still concerns about the FSC Internship program, they may present these concerns to APPIC and/or their Graduate Training Program within 10 working days of the decision.
 - e. If the Doctoral Intern is still not satisfied with the Internship Program, they can request an approval from APPIC and their graduate training program to terminate their internship with the FSC.
4. When the Doctoral Intern has concerns about their supervisor, they should first try to discuss the matter and resolve it between them. In that case, they're advised to request an informal meeting. The Doctoral Intern should communicate informally with their direct supervisor. The Supervisor should try to resolve any concerns and grievance as quickly as possible. When they're unable to do so, the Doctoral Interns can file a written grievance with the FSC Executive and Clinical Director and follow the grievance procedures.
 - a. The FSC Executive and Clinical Director will meet privately with the Doctoral Intern regarding their Supervising Clinical Psychologist to discuss the concerns.
 - b. The FSC Executive and Clinical Director will meet privately with the Supervising Clinical Psychologist to discuss the concerns.
 - c. If the FSC Executive and Clinical Director determines that the Supervising Clinical Psychologist committed violations of FSC.FPH rule or policy that may result in disciplinary action, they will be placed on a remediation plan or immediately terminated depending on the violation. The Doctoral Intern will be assigned to another Supervising Clinical Psychologist.
 - d. If the Doctoral Intern's concerns are not serious enough to warrant any action against the Supervising Clinical Psychologist, the FSC Executive and Clinical Director will meet with the Doctoral Intern and their Supervision Clinical Psychologist to assist in resolving any problems that may interfere with the Intern's successfully completion of their internship program. If there is no adequate resolution of the Doctoral Intern's concerns, the FSC Executive and Clinical Director will assign the Doctoral Intern to another Supervising Clinical Psychologist.
 5. If the grievance is regarding another FSC staff or psychology trainees, the Doctoral Intern should first communicate informally with the staff or trainee to resolve any concerns. If they are unable to do so, the Doctoral Intern should file a written grievance with the FSC Executive and Clinical Director and follow the grievance procedures.
 6. If the grievance relates to a supervisor, other FSC or FPH staff or other trainees' behaviors that may bring immediate disciplinary action (e.g. sexual harassment or violence), Doctoral Intern should immediate refer their grievance directly to the Family Programs Hawaii's HR Department.

Appeal of Grievance

1. If the Doctoral Intern is not satisfied with the decision about their files grievances, they can appeal the decision.
2. The Doctoral Intern will need to file an appeal with the Family Programs Hawaii's President and CEO within five (5) working days after receiving the grievance decision. The FPH President and CEO give a prompt written decision, within ten (10) working days. The decision of the FPH President and CEO will be final.

APPENDIX A

MEMORANDUM OF UNDERSTANDING FAMILY STRENGTHENING CENTER AND DOCTORAL INTERN Doctoral Internship Year 2020-2021

This memorandum of affiliation is effective September 1, 2020, by and between HAWAII SCHOOL OF PROFESSIONAL PSYCHOLOGY-FAMILY STRENGTHENING CENTER referred to as the "Doctoral Internship Site" and _____ referred to as the Doctoral Intern, whom is a matriculating graduate student at _____.

Mission Statement

The Doctoral Internship program at the Family Strengthening Center at Family Programs Hawaii (FSC) endorses the Family Strengthening Center's mission statement. Our mission to facilitate healthy development in children by strengthening families. The FSC is a training center that develops professional competence, provide opportunity for clinical, scientific and personal growth, and foster interpersonal effectiveness.

Background and Philosophy

The services that FSC provides are part of the long history of psychological services provided through the Kapi'olani Child Protection Center at the Kapi'olani Medical Center for Women and Children. The Kapi'olani Child Protection Center, an APPIC Post-Doctoral Psychology Residency member, was founded in 1987 by its Director, Steven J. Choy, Ph.D. The Center continued to provide psychological services as part of a Multidisciplinary Team that provided services to victims of child maltreatment and their families. The psychological services at the Kapi'olani Child Protection Center were eventually transferred to the Hawaii School of Professional Psychology at Argosy University in 2012 as part of its APPIC Doctoral Internship FSC. In 2014, the Family Strengthening Center at Family Programs Hawaii was founded and continued to be a site under the HSPP Doctoral Internship FSC. The FSC continued to be a site in the HSPP Doctoral Internship FSC until March of 2019, when Argosy University closed. Since that time, the FSC continued as a sole Doctoral Internship site meeting all of the requirements of an APPIC member Doctoral Internship and participated in the Doctoral Internship Match as a non-member while applying for membership.

The FSC Doctoral Internship program offers a comprehensive Doctoral Internship-training program in professional psychology and is designed to fulfill the clinical Doctoral Internship requirements for the doctoral degree in clinical psychology. Because the FSC Director was the Training Director of the APPIC member Doctoral Internship FSC, the FSC continued to meet all of the requirements of an individual Doctoral Internship site and is applying of membership as a separate independent site. The FSC as part of the HSPP Doctoral Internship FSC matched with and accepted four Doctoral Intern students for the 2018 to 2019 Doctoral Internship year and continued to provide APPIC Affiliated supervised clinical psychology Doctoral Internship Training after the closure of Argosy University to complete the current Doctoral Interns' training. The FSC entered the 2019-2020 Doctoral Internship match as a non-APPIC member while completing its application for APPIC membership.

The Family Strengthening Center at Family Programs Hawaii specializes in working with vulnerable and culturally and individually diverse populations and grounded in Trauma Informed Care and a variety of Evidenced Based Treatment. Under Family Programs Hawaii, a non-profit social agency, the FSC is fully accredited by the Counsel on Accreditation (website: www.coanet.org). The FSC serves as the training site for Parent-Child Interaction Therapy for the State of Hawaii, and have trained therapists in the evidenced based Child Parent Psychotherapy. The FSC also serves as the State of Hawaii Psychological Consultant on Child Maltreatment issues and provides Statewide Comprehensive Psychological evaluations for the Child Welfare Services Section (Child Protective Services) of the Department of Human Services. Furthermore, the FSC is the Mental Health

Consultants for the State of Hawaii Specialty Courts and our Doctoral Interns and Post-Doctoral Residents participate in the courts as a member of the court team. The FSC has over 40 years of psychological experience in the assessment, treatment and prevention of child maltreatment. The psychological staff has also provided expert court testimony on child maltreatment. Due to the specialty in Child Maltreatment, FSC has attracted many student interested in psychological training in Trauma Informed Care.

The Family Strengthening Center is supported by several long-term and renewable large State of Hawaii Purchase of Services grants. Most of the grants provide statewide services. The FSC also receives grants and donations from several private community foundations and is a credentialed service provider for most the private and government fee-for-service insurance plans. Private payments are also accepted on an income sliding fee-for-service bases. The FSC is also supported by training fees for professional training workshops.

The Doctoral Internship was originally a site in the HSPP Internship Consortium at Argosy University, which was member in the Association of Psychology Postdoctoral and Doctoral Internship Centers (APPIC). The affiliation with the HSPP Internship Consortium ended when Argosy University Closed in March of 2019 and is currently applying for APPIC membership at a sole site.

Terms of Agreement for FSC Internship Program and the Doctoral Intern

The Doctoral Internship FSC uses this written agreement each year to formalize the training commitment between the FSC and the Doctoral Interns.

As discussed in the Doctoral Internship Manual, the IPD coordinates with APPIC and other accrediting agencies. The FSC entered the APPI Internship match as a non-APPIC member and certified that it followed all of APPIC guidelines in the selection of Doctoral Interns and in meeting other requirements for APPIC Doctoral Internships. Under this agreement, FSC may choose to accept Doctoral Psychology Intern applicants from any regionally accredited Psy.D. or Ph.D. Clinical Psychology academic program.

Quality control of the training experience is accomplished through continued review of the FSC training experiences and informal and formal evaluations and reports on the intern's performance. There are regular weekly supervisory meeting to facilitate communication and problem solving related to the Doctoral Internship program and the governance and policies of the FSC. Identification of problem behavior, due process, and grievance procedures for problems that may arise with Doctoral Interns are included in the Manual. By signing with this MOA, the Doctoral Intern and the FSC agree to follow these procedures and consult with APPIC when necessary.

Membership in the FSC may change over time, as will components of the training programs, as deemed appropriate by the FSC and Agencies. A current description of active Sites, staffing, and program features is included in the Handbook which is distributed to members and Doctoral Interns at the beginning of each training year. It is the responsibility of members to report significant changes to the IPD in a timely manner.

I. Purpose of this MOU

The purpose of this MOU is for the Doctoral Internship Program and Doctoral Intern to enter into a training relationship with the Doctoral Intern's academic program whereby the Doctoral Interns will be provided Doctoral Internship training at the FCS in the form of planned, supervised clinical educational experiences.

II. Length of Agreement

This affiliation agreement will remain in effect as long as the intern and the FSC are in good standing and mutually agree to the expectation of the MOU and to be nullified only in writing. This memorandum of understanding can be terminated during the academic year in the event a student trainee violates the regulations of the Doctoral Internship or professional codes of conduct.

III. Assignment of Doctoral Interns

A. Doctoral Internship Program's Responsibility

1. Review student applications and interview applicants on a nondiscriminatory basis.
2. Make decision on acceptance of trainees through a mutual matching process.
3. Ensure the adequate licensed clinical psychologists are available as supervisors for each student trainee who is in the doctoral program.
4. Provide a selection committee with supervising licensed clinical psychologists who are involved in the selection of Doctoral Interns, monitors and evaluates the training program's goals and activities at the FSC, documents and maintains Doctoral Interns' training records, and participates in supervisors' weekly meetings.
5. Provide each intern with a guaranteed minimum annual trainee salary of \$24,000 with benefits.
6. Provide facilities and assistance for the Doctoral Interns to conduct training related to clinical activities.

IV. Scope of Clinical Experience

A. Doctoral Internship Program

1. Doctoral Internship Program will provide 2000 hours of Doctoral Internship per year in total or 40 hours per week, for a minimum of 50 weeks. Overtime and/or compensation time will not be grounds for an intern leaving a Doctoral Internship in less than 50 weeks.
2. Doctoral Internship Program requires students to complete 500 hours of direct client contact, or approximately one-quarter of their time. This ranges from 10– 15 and no more than 20, hours per week of direct client contact.
3. Doctoral Interns and the FSC may adjust their schedules to meet the needs and training experience of both.
4. Doctoral Interns will be exposed to a diverse client population and range of clinical experiences.
5. Supervising psychologists are responsible for the integrity and quality of training and will be present at the FSC for a minimum of 20 hours per week.
6. The Doctoral Internship Program year begins on September 1 and ends on August 31.
7. The FSC and the Doctoral Interns' Academic Program provide the Doctoral Interns will malpractice insurance.
8. Assist the intern with setting goals in a learning contract that is revisited at least twice during the year.
9. Provide weekly supervision for the intern(s), which will include, at a minimum, two hours of face-to- face, individual supervision per week.
10. Maintain clinical responsibility for the clinical activities of the Doctoral Intern(s).
11. Provide additional clinical training experiences (e.g., seminars, case conferences, etc.) to the Doctoral Intern(s).
12. Provide Doctoral Intern(s) with the opportunity to work with diverse clients and problems.
13. Be familiar with and support the guidelines and procedures of the FSC Doctoral Internship Manual.

B. Doctoral Interns' Responsibility

1. Doctoral Interns who do not document 2000 hours during the training year should consult with their Clinical Supervisor and the IPD to determine if they may continue at the Center until those hours are completed.
2. Doctoral Interns must provide a minimum of 500 hours of direct client contact or approximately one-quarter of their time. Other time should be spent with training experience, supervision, report writing, case conferences, meetings, research and other in-direct pre-doctoral activities.
3. Doctoral Interns are responsible for their familiarity with and adherence to the FSC Doctoral Internship Program manual guidelines and procedures.

VI. Evaluation of Training: Because the Doctoral Interns' academic school utilizes information on the 1) performance of the intern including information on trainee's strengths and weaknesses, 2) quantity and quality of supervision, and 3) nature of the training environment and clinical experience to improve the overall training experience to evaluation if the Doctoral Interns successfully completed the school's internship requirement for a Psy.D. or Ph.D. degree in Clinical Psychology. This MOU outline the evaluation criteria and procedures.

A. Doctoral Internship Program's Responsibility

1. The Doctoral Intern's Clinical Supervisor(s) will provide written evaluation of the student's performance at least once mid-year and once at the end of the training year and discuss it with the Doctoral Intern.
2. The Clinical supervisor will provide verification of goal attainment on the learning contract twice during the training year.
3. The IPD will review and sign off on the Intern's Doctoral Internship Training Report twice during the year.
4. The IPD ensure that all evaluations of the Doctoral Intern are completed and return to them and their School promptly. The IPD with consultation of the FSC Executive and Clinical Director will alert the School of any potential problems with a Doctoral Intern at the FSC's earliest convenience so that efforts can be made to correct any potential problems.
5. The FSC will cooperate in any investigation, which may be conducted into any Doctoral Interns' experience at the FSC.

B. Doctoral Intern Responsibility

1. The Doctoral Interns will follow the guidelines in the Doctoral Internship Training Manual and be familiar with Doctoral Intern Training Report. They will sign the acknowledgement that they have received, read and understood the Doctoral Internship Training Manual.
2. The Doctoral Intern will attend and actively participate in all of their weekly face-to-face individual and group supervision.
3. The Doctoral Intern will report any concerns and difficulties to their supervising clinical psychologist or the IPD.
4. The Doctoral Intern will engage and actively participate in the Internship Training Evaluation Report.
5. The Doctoral Intern will cooperate in any investigation, which may be conducted into any Doctoral Interns' experience at the FSC.

VII. The Doctoral Intern has the right to file grievances and is entitled to due process to resolve any problems with the internship program and the FSC. The due process and grievances procedure are provide in the FPH employee handbook and the FSC Doctoral Internship Program Manual.

VII. Modification of Agreement

Any modification or addition to this agreement shall be made only by written supplemental agreements executed by the parties concerned. Each Intern will sign an individual training agreement.

Doctoral Intern's Signature

Doctoral Intern's Name

Date

Primary Supervisor Signature

Primary Supervisor Name

Date

Internship Program Director's Signature

Internship Program Director's Name

Date

APPENDIX B

Doctoral Psychology Doctoral Internship Application Guidelines

The application process follows APPIC Match guidelines. Applicants must have completed the following pre-requisites prior to beginning Doctoral Internship.

1. Admission to candidacy for Psy.D. or Ph.D. in an approved training program in clinical psychology, and completion of all course work, and supervised practice prior to beginning Doctoral Internship.
2. Good academic standing in such clinical program.
3. Completion of clinical practica in assessment and therapy, with a minimum of 1,440 hours of pre-residency practicum experience.
4. The following completed application materials must be received by the *December 31 or as early as allowable* for the application to be considered:
 - a. APPIC Application for Psychology Doctoral Internship (AAPI). This is available at appic.org.
 - b. Three letters of recommendation from supervisors and faculty familiar with the applicant's clinical work that would also be willing to discuss applicant's qualities with regard to Doctoral Internship readiness and appropriateness. The recommendations need to follow the APPI recommendation format that can be download.
 - c. Statement of Readiness Form from the Clinical Training Director in the applicant's graduate program (AAPI, part 2)
 - d. Official transcripts of completed graduate courses.
5. Inquiries and submission of application should be through the APPI process.

Candidates who are seriously being considered for acceptance will be scheduled for interviews in January. Face-to-face interviews or Teleconference interviews are required and are offered at the discretion of the FSC's selection committee.

Candidates will be offered Doctoral Internship positions on notification day by the National Matching Services and in accordance with Association of Psychology Postdoctoral and Doctoral Internship Centers (APPIC) policy. For further information from the National Matching Services contact www.natmatch.com/psychint or call (416) 977-3431. For more information from APPIC contact www.appic.org/.

APPENDIX C

THE FAMILY STRENGTHENING CENTER DOCTORAL INTERNSHIP TRAINING REPORT

Student: _____ Doctoral Internship Year: _____

Evaluation Term: Midpoint of Doctoral Internship Endpoint of Doctoral Internship

Site: _____ Site Supervisor: _____

NOTE:

- 1) *Doctoral Internship Training Reports must be completed by the Site Supervisor at the midpoint and endpoint of the year.*
- 2) *If your site has an evaluation form and do not want to use this form, you may use their form to submit your midyear and final evaluations.*
- 3) *Learning Goals/Goal Attainment: Students and supervisors are to meet within the first two weeks of Doctoral Internship to develop at least three personal goals (may match individual domains of the training report or use the blank cells at the end if goals do not match the domains in the training report).*

Performance Levels:
 N/A = Competency not applicable to this site and/or Doctoral Internship type
 1 = Does not meet standard, requires further training
 2 - 3 = Meets minimum standard, would benefit from further training
 4 - 5 = Meets standard appropriate to current level of training and experience
 6 - 7 = Exceeds performance standard

Competency Expectations:
To receive credit for the Doctoral Internship year, at a minimum, Doctoral Internship placements will achieve performance levels of 5 or above in all areas *by the end* of the training year.

COMPETENCY	STANDARD				
1. Relationship with Clients (Competency 5) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:	Unable to establish an assessment / therapeutic relationship.	Ability to establish rapport but assessment relationship / therapeutic alliance is highly variable, dependent on client type. Some inappropriate communication with clients.	Consistently able to establish rapport and assessment relationship / therapeutic alliance with the client. Appropriate communication with clients. Displays a positive attitude.	Establishes strong rapport and alliance with clients, managing counter transference, with minimal drop out. Consistently uses appropriate communication with clients.	
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
2. Assessment-Obtaining client Data (Competencies 3, 5 & 6) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		History and MSE are incomplete and student does not understand the purpose.	History and MSE are occasionally inadequate or inaccurate, lacking key elements and/or having limited use of collateral data.	Usually obtains pertinent historical and symptom data. History and MSE are generally accurate and concisely written.	History and MSE are consistently thorough and complete. Writing is clear and concise.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
3. Assessment-Risk Assessment (Competencies 2, 3, 4, 5 & 6) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Limited understanding of the need for risk assessment.	Usually makes risk assessment but has limited knowledge of appropriate techniques for assessing potential risk.	Makes appropriate risk assessment for suicide, homicide, and violence.	Demonstrates considerable experience and sophistication in risk assessment.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
4. Assessment-Diagnosis and Clinical Judgment (Competencies 2, 5, 6) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Diagnoses, clinical impression, and recommendations are incorrect and there is very limited understanding of DSM guidelines. Recommendations not supported by clear rationales.	Diagnoses, clinical impression and recommendations are sometimes inaccurate, DSM knowledge is weak or spotty, and/or recommendations sometimes supported by clear rationales.	Diagnoses are usually consistent with history, symptoms and MSE, DSM knowledge is appropriate for current professional development, and recommendations supported by clear rationales most of the time.	Diagnoses, recommendations, and treatment planning naturally result from history. Excellent knowledge of DSM guidelines. Recommendations supported by clear rationales consistently.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
5. Intervention Skills-Knowledge (Competencies 2, 3, 4, 5 & 7) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		No understanding of therapy principles. Unable to conceptualize a therapy case.	Some understanding of therapeutic principles. Does not have a good grasp of any particular therapeutic orientation or modality.	Workable understanding of therapeutic principles. Able to consistently conceptualize using a particular orientation or modality.	Confident understanding of therapy principles. Comfortable with various therapy modalities and techniques.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
6. Intervention Skills (application) (Competencies 2, 3, 4, 5 & 7) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Unable to apply any therapeutic principles.	Usually unable to apply therapeutic principles, inconsistent in modality or lacks insight into process. Some difficulty setting treatment goals.	Able to set treatment goals and develop interventions based on specific empirically validated treatment modality or orientation.	Confidently applies therapeutic principles. Very competent in using one modality or competent in multiple modalities.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
7. Professional Judgment and Ethical Awareness (Competency 2) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Poor understanding of professional behavior and personal ethical standards OR Engages in unethical behavior or has demonstrated questionable ethical judgment.	Marginal awareness of APA ethical standards OR behavior is generally ethical, but on occasion demonstrates questionable ethical judgment and/or inadequately seeks supervision. Needs occasional reminders about professional behavior, attire, and presentation.	Demonstrates awareness of important ethical issues such as confidentiality and informed consent. Demonstrates generally ethical behavior. Is at times naïve or appears lacking in understanding. Appropriately seeks supervision. Professional behavior, attire, and presentation are appropriate.	Demonstrates a desire to continue to be educated concerning ethical issues. Behavior reflects a relatively high level of awareness of ethical issues and a desire to adhere to the spirit and letter of the guidelines. Professional behavior, attire, and presentation are exemplary.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD						
8. Cultural Sensitivity (Competency 3) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Insensitive or unaware of diversity issues, (e.g., gender, culture, spirituality, sexual orientation, age).	Aware of diversity issues but occasionally lacks sensitivity.	Appropriately considers diversity issues in diagnosis and treatment planning.	Seeks to improve sensitivity to diversity issues through education and supervision.			
Circle one:	N/A	1 <i>(Fails Standard)</i>	2	3 <i>(Needs Improvement)</i>	4	5 <i>(Meets Standard)</i>	6	7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD						
9. Case Management (Competency 9) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Has difficulty taking a leadership role with a case. Cannot work independently.	Accepts responsibility if directed. Difficulty planning ahead. Needs constant direction.	Accepts responsibility and willing to do what is required. Follows through with a positive attitude. Plans ahead.	Self-Starter. Organized. Takes on more than what is asked. Takes initiative.			
Circle one:	N/A	1 <i>(Fails Standard)</i>	2	3 <i>(Needs Improvement)</i>	4	5 <i>(Meets Standard)</i>	6	7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD						
10. Report Writing (Competencies 1, 3, 5 & 8) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Imprecise or vague language and reports consistently lack clarity of thought and organization. Inaccurate presentation and/or interpretation of data. Diagnostic formulations not clearly linked to testing data or insufficient data to support diagnoses. Insufficient integration of data.	Language occasionally imprecise or vague and reports occasionally lack clarity of thought and organization. Some data is inaccurately presented and/or interpreted. Occasionally diagnostic formulations not linked to testing data or not all data used to support diagnoses. Integration of data not comprehensive. Reports are often late or incomplete.	Language is clear and precise most of the time and reports are clear and organized. Most data is accurately presented and/or interpreted. Diagnostic formulations linked to testing data and data presented supports diagnoses. Adequate data integration. Reports are complete and submitted on time.	Language is consistently clear and precise and report is very organized and clear. All data is accurately presented and interpreted. Diagnostic formulations are clearly linked to testing data and data from multiple sources used to support diagnoses. Data is well integrated. Reports are complete and submitted early or on time without any reminders.			
Circle one:	N/A	1 <i>(Fails Standard)</i>	2	3 <i>(Needs Improvement)</i>	4	5 <i>(Meets Standard)</i>	6	7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
11. Attitude Toward Supervision (Competencies 2, 4, 5 & 8) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Argumentative and resistant. Does not benefit from feedback. Makes decisions without consulting a supervisor that resulted in harm to patient. Does not consult with supervisor as appropriate, especially when involving with ethical, legal, professional, or institutional considerations.	Mildly defensive, marginally benefits from supervision. Occasional unprofessional behavior toward supervisor. Made judgments without consultation with a supervisor that fortunately did not harm the patient.	Generally benefits from supervision. May tend to be either too dependent or mildly defensive. Professional behaviors and communication with supervisor. Has a positive attitude toward supervision. Consults and seeks supervision as appropriate, especially when involving with ethical, legal, professional, or institutional considerations.	Consistently benefits from supervision. Proactive in obtaining appropriate feedback as required. Attitude is exemplary.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD			
12. Staff Relations and Consultation (Competencies 4, 5 & 8) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Unable to provide useful information to other professionals. OR Personality issues are problematic, uncooperative. Receives criticism poorly. Does not take appropriate measures or follow site procedures to resolve interpersonal issues with staff.	Marginally effective in providing feedback to other professionals. OR Occasionally cooperative when required. Does not like criticism. Occasional inappropriate behaviors and communication with staff. Makes some effort in taking appropriate measures, or follow site procedures to resolve interpersonal issues with staff.	Communicates information effectively to other professionals and staff. OR Behavior usually acceptable. Generally cooperative, positive, and dependable. Consults with supervisor to resolve interpersonal issues with staff.	Demonstrates the ability to provide useful information in an understandable and concise way. Behavior is consistently acceptable, cooperative and volunteers when needed. Uses appropriate site procedures and consults with supervisor to resolve interpersonal issues with staff.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD				
13. Capacity for Self-Reflection and Self-Evaluation (Competencies 2, 4, 5 & 9) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		No concept of personal weaknesses or limitations. Requires constant supervision. Does not recognize self-limitations and need for self-care.	Occasionally recognizes inadequacies. Occasionally does not recognize self-limitations and need for self-care.	Usually aware of limitations. Usually aware of need for self-care and is proactive in getting assistance and informing supervisor.	Aware of limitations and usually seeks supervision when beyond level of competence. Consistently aware of need for self-care and is proactive in getting assistance and informing supervisor.	
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>	

COMPETENCY		STANDARD				
14. Education of Clients (Competencies 1, 3, 4, 5, 7 & 8) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Does not educate or provide feedback to clients.	Uncomfortable providing feedback to clients but attempts to do so. Provides feedback, but needs some improvement in doing so in a timely, professional, and appropriate manner.	Effectively educates clients and provides useful feedback to clients. Provides feedback in a timely, professional and appropriate manner.	Provides additional resources to clients in addition to educating clients and providing useful feedback to clients.	
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>	

COMPETENCY		STANDARD			
15. Supervision of Others (Competencies 2, 5 & 7) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Descriptive observations are not linked to interpretations. Unable to identify content and/or process issues. Limited conceptualization skills. Unaware of impact on others. Limited ability to provide balanced and/or developmentally appropriate feedback to supervisee.	Descriptive observations are occasionally not linked to interpretations. Occasionally unable to identify content and/or process issues. Conceptualization skills need improvement. Inconsistently aware of impact on others. Sometimes able to provide balanced and/or developmentally appropriate feedback to supervisee. Occasional lack of timeliness and professionalism in providing feedback.	Descriptive observations are linked to interpretations most of the time. Able to identify content and process issues most of the time. Adequate conceptualization skills. Aware of impact on others most of the time. Able to provide balanced and or developmentally appropriate feedback to supervisee most of the time in a timely and professional manner. Is dependable and does task with a positive attitude.	Descriptive observations are linked to interpretations consistently. Consistently able to identify content and process issues. Strong conceptualization skills. Consistently aware of impact on others. Consistently able to provide balanced and developmentally appropriate feedback to supervisee.
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>

COMPETENCY		STANDARD				
16. Consultation (Competencies 1, 5 & 9) How Assessed (circle): A. Direct observation B. Video C. Audio D. Supervisory discussion E. Review of written reports F. Feedback from others G. Other:		Unable to clearly identify roles of consultant, consultee, and client system. Unable to identify content and/or process issues. Limited ability to form collaborative relationship with consultee. Limited ability to make entry, identify problem, provide services/ referrals, and/or disengage when appropriate.	Occasionally unable to identify roles of consultant, consultee, and client system. Occasionally unable to identify content and/or process issues. Occasionally unable to form collaborative relationship with consultee. Sometimes able to make entry, identify problem, provide services/referrals, and/or disengage when appropriate.	Able to identify roles of consultant, consultee, and client system most of the time. Able to identify content and/or process issues most of the time. Able to form collaborative relationship with consultee most of the time. Able to make entry, identify problem, provide services/ referrals and disengage when appropriate most of the time.	Consistently able to identify roles of consultant, consultee, and client system. Consistently able to identify content and process issues. Able to form collaborative relationship with consultee consistently. Consistently able to make entry, identify problem, provide services/referrals, and disengage when appropriate.	
Circle one:	N/A	1 <i>(Fails Standard)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Standard)</i>	6 7 <i>(Exceeds Standard)</i>	

ADDITIONAL PERSONAL GOALS (Competencies not listed above):

17. PERSONAL LEARNING GOAL:					
Circle one:	1 <i>(Fails Goal)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Goal)</i>	6 7 <i>(Exceeds Goal)</i>	
18. PERSONAL LEARNING GOAL:					
Circle one:	1 <i>(Fails Goal)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Goal)</i>	6 7 <i>(Exceeds Goal)</i>	
19. PERSONAL LEARNING GOAL:					
Circle one:	1 <i>(Fails Goal)</i>	2 3 <i>(Needs Improvement)</i>	4 5 <i>(Meets Goal)</i>	6 7 <i>(Exceeds Goal)</i>	

Areas of Strength (please be as specific as possible):

APPENDIX D

VERIFICATION OF DOCTORAL INTERNSHIP COMPETITION LETTER

Family Strengthening Center at Family Programs Hawaii Due: August 31, 20____

Date:

Family Strengthening Center at Family Programs Hawaii
801 South King Street
Honolulu, Hawaii 96813

Attention: Director of Doctoral Internship Training

This letter verifies that _____ has completed his/her Doctoral Internship training from _____ to _____ (Dates closes to 365 days) with a total of _____ hours (at least 2,000 hours are required).

Sincerely yours,

Supervisor's Signature

Name of Supervisor

Signature FSC Director of Doctoral Internship

Date

Name of FSC Director of Doctoral Internship

Signature FSC Executive and Clinical Director

Date

Name of FSC Executive and Clinical Director

APPENDIX E

VERIFICATION OF RECEIPT AND READING OF THE DOCTORAL INTERNSHIP TRAINING MANUAL

Family Strengthening Center at Family Programs Hawaii

Due by: October 1, 20____

I, _____ certify that I was given the FSC Doctoral Internship Training Manual and that I read it and fully understand its contents. I have especially read the due process section and understand my rights and the grievance and due process procedures for the Family Strengthening Center at Family Programs Hawaii.

Doctoral Intern's Signature

Doctoral Intern's Name

Date

Internship Program Director's Signature

Internship Program Director's Name

Date

APPENDIX F

Required Document for Completion of Doctoral Internship

Doctoral Internship Forms	Date Received
Doctoral Internship Agreement-Signed by Doctoral Intern	
Verification letter for receipt of the Doctoral Internship Program Manual	
Midyear Doctoral Internship Training Evaluation Form-Signed	
Final Doctoral Internship Training Evaluation Form-Signed	
Final Doctoral Internship Activity Report-Signed	
Doctoral Internship Verification Letter-Signed	
Intern Evaluation of FSC Internship Program	

APPENDIX G

Doctoral Internship Program/Supervisor Evaluation Family Strengthening Center at Family Programs Hawaii

Instructions: Please be as honest as possible in your responses. This questionnaire will be used to improve our Doctoral Internship Program and will not affect your evaluation in any way. The Questionnaire will be reviewed after the Doctoral Interns receive their Internship Completion letter, and will not be reviewed by the Doctoral Intern's Primary or Secondary Clinical Supervisors. This questionnaire can be reviewed by the Doctoral Intern's academic program/university, any performance improvement board, professional membership review board or any accrediting agency but all identifying information will be redacted.

1. Doctoral Intern's Name: Last, First, MI _____

2. Year of Internship: _____

3. Name of Primary Supervisor: Last, First, MI _____

4. Name of Secondary Supervisors: Last, First, MI _____

5. Population Served (Check All)

- Ethnic/Racial Minorities
- Economically Disadvantaged
- Women
- Gay/Lesbian/Bi-Sexual/Transgendered/Intersex
- Political Refugees/ Immigrants
- Physically Disabled
- Diagnosed with a Cognitive Disorder
- Diagnosed with a Learning Disability
- Developmentally Disabled
- Seriously Mentally Ill

Other (Please Specify)

6. Indicate any assessment tools administered for Adults (please specify)

7. Indicate any assessment tools administered for Children (please specify)

8. Were you able to observe assessment administration before you administered assessments independently?

Yes No

9. Were you exposed to the assessment manuals or readings about tests used at your site?

_____Yes _____No

Doctoral Internship Program/Supervisor Evaluation Page 3

10. Were you trained in the Report Format consistent with the type of evaluations completed?

_____Yes _____No

11. Please answer the following questions as it pertains to your experience at the Family Strengthening Center.

Questions	Yes	No	Don't Know	Comments
Did you have an orientation process at the beginning for the training?				
Did the orientation adequately prepare you for work at your internship?				
Did you receive a policies and procedure manual for trainees?				

12. Who reviewed your training activities with you throughout the year?

13. How were cases assigned to you and by whom?

14. Were the case assignments appropriate to your skill/experience level? If not, please explain.

15. How often were you involved in the following activities?

Activity	Not at All	Not Often	Sometimes	Often	Very Often	Comment
Training Meetings						
Intake Reviews						
Case Reviews						

16. Who lead the training seminar/case review/intake reviews?

17. Were you provided a list of seminar trainings at the beginning of the Internship?

_____Yes _____No

18. Please rate your training seminar/case review/intake reviews.

Area of Rating	Very Poor	Poor	Good	Very Good	Excellent	Comment
Quality						
Relevance						

19. Was there specific training, consultation, supervision for working with diverse groups?

Yes No

20. Did the Internship Program have regularly scheduled case reviews/quality assurance reviews?

Yes No

21. What did you like the best about the seminars and other trainings?

22. What did you like the least about the seminars and other trainings?

23. Did you feel that your supervisor valued training/supervision as a priority over service demands?

Yes No

24. Was supervision structured and dependable in regards to the following area?

Area	Yes	No	Comments
Time			
Content			

Process			
---------	--	--	--

Doctoral Internship Program/Supervisor Evaluation Page 5

25. In supervision, what did your supervisor use? (Check as many as applies)

- Direct Observation
- Video/Audio
- Supervisory Discussion
- Review of Written Reports
- Oral Reports
- One-way Observation
- Screen/Mirrors
- Interpersonal Process Recall
- Face-to-Face Supervision

Others (please specify):

26. Did your supervisor(s) review and signs your written work such as Psychological Evaluations, Mental Health Assessments, Progress Notes, Letters to other professional/agencies, etc.?

_____Yes _____No

27. Please answer the following questions about your supervised experiences:

Question	Yes	No	Comments
Did supervisor(s) provide adequate and timely feedback?			
Did you have an opportunity to comment on feedback?			
Did supervisor(s) serve as good professional role model(s)?			
Did supervisor(s) show interest in your professional development?			

Did the supervisor(s) present clear expectations for training?			
Did the supervisor(s) take initiative in raising important diagnostic and clinical issues?			

Doctoral Internship Program/Supervisor Evaluation Page 6

28. Overall Quality of your Supervision:

_____Very Poor _____Poor _____Good _____Very Good _____Excellent

29. What did you like best about your supervision experience?

30. What did your like least about your supervision experience?

31. What was average hours per week that were spent in individual supervision?

32. Did your supervisor(s) promote an ethical environment?

_____Yes _____No

33. Did the FSC staff promote an ethical environment?

_____Yes _____No

34. As an Intern answer the following questions?

Questions	Yes	No	Comment
Were you treated as a responsible professional?			
Was use of current/previously acquired skills emphasized?			

Were opportunities and resources available for development of new skills?			
Were you included in agency's activities, conferences, etc.?			

Doctoral Internship Program/Supervisor Evaluation Page 7

35. Rate your Internship program's communication with your academic program (University)

_____Very Poor _____Poor _____Good _____Very Good _____Excellent

Comments:

36. Rate your overall Doctoral Internship training:

_____Very Poor _____Poor _____Good _____Very Good _____Excellent

Comments:

37. What did you like best about the overall training?

38. What did you like the least about the overall training?

39. Provide any comments or information that would make your Internship experience better.