Postdoctoral Clinical Psychology Fellowship

TRAINING MANUAL
Family Programs Hawaii is a unique non-profit agency remaining true to its origins of providing quality care to the children of Hawai’i. Our goal is that every child in Hawai’i has the opportunity to reach his or her full potential – especially children who are in or may become involved in foster care. Family Programs Hawaii supports children and families by providing services to prevent children from entering foster care, supporting children and families already involved in the foster care system, and assisting youth transitioning out of foster care to successfully prepare for adulthood. As of 2016, Family Programs Hawaii has served over 4,000 families and children through its range of services and projects.

The Hawai’i School of Professional Psychology (HSPP) at Chaminade

The HSPP encourages personal and professional growth through faculty mentorship, engaging classroom discussions and experiential learning opportunities. Its programs develop psychologists who can work to address the mental health needs of local populations in Hawai’i and who understand and recognize the importance of social justice and human diversity. The clinical psychology programs prepare practitioner-scholars whose scientific, theoretical and practical foundations enable them to meet the challenges of the diverse settings, populations and communities in which they serve. The FSC at FPH provides advanced graduate school Practicum, Internship and Post-Doctoral training in Clinical Psychology in affiliation with HSPP. The HSPP at Chaminade University’s Psy.D. program is accredited by the American Psychological Association.

Center fees are paid through grants, sliding scale fees, and all major health insurances, including Quest.
## FAMILY STRENGTHENING CENTER

The Family Strengthening Center at Family Programs Hawaii, in affiliation with the Hawaii School of Professional Psychology, is a non-profit Community Mental Health Center that provides services to culturally, socially, and economically diverse children and their families. The mission of the Center is to promote healthy development of children by strengthening their families through a multidisciplinary approach. This is accomplished in collaboration with many other organizations and agencies that address the healthy development of children. Through the Center’s multidisciplinary staff, the Family Strengthening Center provides an array of services that address the developmental needs of children and assist their families to facilitate healthy development.

### EVALUATIONS
- Comprehensive Clinical Psychological Evaluations (Infant, Child, Adolescent, and Adult)
- Psychological Family Risk Evaluations
- Developmental Psychological Evaluations
- Family Systems Psychological Evaluations
- Mental Health Assessments
- Child Parent Relationship Assessments
- Attachment Assessments
- Psychoeducational Evaluations
- Developmental Disabilities Evaluation
- Forensic Psychological Evaluations
- Placement Psychological Evaluations

### EXPERT COURT TESTIMONY & CONSULTATION
- Best Interest of the Child
- Attachment Issues
- Placement Issues for Children
- Permanency Placement
- Psychological Disorders
- Child Maltreatment Risk Factors
- and Impact of Child Maltreatment

### VISITATION & TRANSITIONAL SERVICES
- Therapeutic Child-Parent Visitations
- Reunification Transitional Counseling Services
- Termination of Parental Rights Counseling Services
- Family Separation and Change of Placement Counseling Services

### SUPPORT SERVICES
- Mentoring Support Services
- Supportive Services to Prevent Juvenile Incarceration
- Parenting Support Groups
- Foster Care Support Groups
- Support for Youth Aged-Out of Foster Care

### TREATMENT SERVICES
- Individual, Couples, Family, and Group Services (Infant, Child, Adolescent, and Adult Psychotherapy)
- Child Parent Psychotherapy – CPP (Evidence-Based Psychodynamic Trauma Focused Relationship Treatment)
- Parent-Child Interaction Therapy – PCIT (Evidence-Based Relationship Treatment Focused on Improving Parent-Child Relationships and Child Emotional and Behavioral Regulation Challenges)
- Mental Health Crisis Therapy Services
- Trauma Focused Cognitive Behavioral Therapy (Evidence-Based Cognitive Behavioral Therapy)

### TRAINING SERVICES*
- Practicum, Internship, and Post-Doctoral Fellowship Training Programs in Clinical Psychology with Emphasis in Trauma Informed Care
- Social Work Practicum/Internship and Clinical Experience in Trauma informed Care
- Marriage and Family Therapy Practicum Training in Trauma Informed Care
- Health Professionals Practicum Training in Trauma Informed Care
- Community Trauma Informed Care Workshops
- Vicarious Trauma, Compassion Fatigue, and Self-Care Training
- Parent-Child Interaction Therapy Training Center
- Child Parent Psychotherapy Training/Supervision
- Psychoeducational Parenting Training
- Child Development/Attachment Training
- Child Maltreatment, Interpersonal Violence, and Trauma Training
- Co-Sponsor of the Annual Hawaii’s International Summit on Preventing, Assessing, and Treating Trauma across the Lifespan

### RESEARCH*
- Family Based Program Evaluation
- Family Related Research
- Interpersonal Trauma Related Research
- Child Development Research
- Evidence-Based Evaluation and Treatment Research
- Cultural and Individual Diversity Research

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## TRAUMA INFORMED CARE

All of our assessment and treatment services are Trauma Informed. Trauma-Informed Care is a strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for everyone, and that creates opportunities for survivors to rebuild a sense of control and empowerment.

### Parent-Child Interaction Therapy (PCIT)

PCIT is an Evidence-Based relationship therapy program developed to treat families with children ages 2-8 who exhibit behavioral problems that are interfering with the child’s health development. The treatment is designed to improve parent-child relationships and address children’s emotional and behavioral regulation challenges. PCIT helps parents manage their child’s behaviors more effectively through building a warm and responsive relationship with their child. Research has shown that strengthening parent-child interactions results in improved child and family functioning. The Family Program Hawai’i Family Strengthening Center serves as a PCIT Training Center for Hawai’i.

### Group Therapy

Group therapy reduces the psychological trauma children experience from abuse, neglect, and separation from parents. This program helps to develop a child’s psychological strengths in order to facilitate healthy development. These services are provided to children who have entered the child welfare system and have been temporarily placed at the Ho’omalu O Na Kamalii shelter. The shelter keeps children safe until they can be reunified with their parents or placed with appropriate kin or culturally similar resource caregivers in their community.

*Research and Training in collaboration with the Hawaii’s School of Professional Psychology and the Family Violence & Sexual Assault Institute. Psychological services directed and supervised by a National Register Credentialed Health Service Psychologist.
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CHAPTER 1: 2019 to 2020 Family Strengthening Center at Family Programs Hawaii-Overview

Mission Statement

The Post-Doctoral Fellowship 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 (HSPP) 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 continued as an Individual Doctoral Internship and Post-Doctoral Fellowship site following all of the requirements of an APPIC member Doctoral Internship and Post-Doctoral Fellowship, and participated in the Doctoral Internship and Post-Doctoral Fellowship Match as an APPIC member.

The FSC Post-Doctoral Fellowship program offers a comprehensive Post-Doctoral Fellowship-training program in professional psychology and is designed to fulfill the clinical Post-Doctoral Fellowship requirements for Hawaii state and other state licensure requirements 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 and Post-Doctoral Fellowship site and is applying for membership as a separate independent site. The FSC as part of the HSPP Doctoral Internship Consortium matched with and accepted 3 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 2020-2021 Post-Doctoral Fellowship through the Universal Application system as an-APPIC member.

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 Fellows 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 students 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 state-wide 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 $36,000 with full benefits to include Medical/Dental/Drug/Vision plan, two
weeks of Paid Time Off and 13 observed and paid holidays.

**Post-Doctoral Fellowship Program’s Requirements and Responsibilities**

**Post-Doctoral Fellowship Program’s Requirements and Responsibilities:**

1. The FSC is an APPIC member as an Individual site after Argosy University Doctoral Internship Consortium
closed. The FSC Doctoral Internship program participated in the 2018-2019 and the 2019-2020 APPI
Doctoral Internship match as a non-APPIC member and participate in the internship match as an APPIC
member for the 2020-2021 year. The FSC abides by all of the APPIC membership requirements and
responsibilities to be accept to the Match as an APPIC member. The FSC Doctoral Internship programs
received a grant from APPIC to assist in applying for APA accreditation and submitted its self-study for
review by APA in June 2021.

2. The FSC Post-Doctoral Fellowship program is managed by the Post-Doctoral Fellowship Training Director,
Dr. Cheryl Andaya, who is a Licensed Clinical Psychologist, and Dr. Steven Choy, the FSC’s Executive
and Clinical Director. Dr. Andaya is full-time at the Center, which includes her teaching responsibilities as
an Adjunct Professor at the Hawaii School of Professional Psychology at Chaminade University of
Honolulu. The Post-Doctoral Fellowship Training Directors also are responsible for the coordination of
training and networking with each of the Post-Doctoral Fellows academic program.

3. In addition to the Post-Doctoral Fellowship Program, the FSC is a doctoral practicum site for graduate
psychology Universities/Schools as well as a training site for Doctoral Psychology Interns. This allows the
Post-Doctoral Fellows 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 experiences with the FSC’s Doctoral Psychology Interns.

4. The FSC has 5 Licensed Clinical Psychologists on staff who work onsite as primary and secondary
supervisors of the Post-Doctoral Fellows. There are four 1.0 FTE equivalent Clinical Psychologists, and
one .50 FTE Clinical Psychologist (.25 FTE is devoted to supervision of the psychology trainees). The Post-Doctoral
Fellows have daily access to a Licensed Clinical Psychologist and have experience with at least two different clinical
supervisors during their Post-Doctoral Fellowship training.

5. The Training Directors 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
Post-Doctoral Fellows, c) monitors and evaluates the training program’s goals and activities at that site, d)
is responsible for documenting and maintaining the Post-Doctoral Fellows’ 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 Post-Doctoral Fellow by a Licensed Clinical Psychologist. The
Training Faculty is responsible for the development and presentation of the training activities and also uses
guest faculty/trainers in the community to provide training in special areas of their expertise. A n average
of 2 to 4 hours of didactic training is provide through the FSC’s weekly Training Seminars.
7. The Post-Doctoral Fellow will be assigned a specialized family court group (i.e., Family Drug Court, Girls Court, Juvenile Drug Court, Zero-to-Three Court) to manage their mental health services. The Post-Doctoral Fellow 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 Fellow is guaranteed an annual Training Salary (Stipends) of $36,000 with full Medical/Dental/Drug/Vision plan and two weeks of Paid Time Off with 13 observed and paid holidays. The average annual Post-Doctoral Fellowship training stipend in Hawaii is $35,000.

**Post-Doctoral Fellow Requirements and Responsibilities:**

1. The Post-Doctoral Fellowship is a year-long (365 days), full-time, 2000-hour training experience. Post-Doctoral Fellows and sites may adjust their schedules to meet the needs and training experience of both, but it is expected that Post-Doctoral Fellows 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 Post-Doctoral Fellowship in less than 52 weeks. Post-Doctoral Fellows who do not document 2000 hours during the training year may petition the FSC to continue training with the FSC until those hours are completed.

2. Post-Doctoral Fellows 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. Post-Doctoral Fellows must attend weekly group supervision and training seminars at the Family Strengthening Center at Family Programs Hawaii.

4. Post-Doctoral Fellows 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. Post-Doctoral Fellows 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 Fellows at the FSC.

6. The Post-Doctoral Fellowship year begins on September 1 and ends on August 31. Provisions can be made for Post-Doctoral Fellows who need to extend their training beyond August 31 for unforeseen reasons in order to secure at least 2,000 hours of Post-Doctoral Fellowship training. Post-Doctoral Fellows 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 Fellow’s Post-Doctoral Fellowship.

**Post-Doctoral Fellowship Program Ethical & Professional Obligations**

As a Post-Doctoral Fellowship Training Program, 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 Post-Doctoral Fellows 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 Fellow’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 Post-Doctoral Fellows should not strive to advance, recommend or graduate Post-Doctoral Fellows 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 Fellow’s progress and challenges is expected.

**Post-Doctoral Fellowship Program Structure**

The Post-Doctoral Fellowship Program is administratively coordinated by Drs. Steven J. Choy, and Cheryl K.C. Andaya. Dr. Choy is the Executive and Clinical Director of the Family Strengthening Center, is a National Register Credentialed Health Service Psychologist and Hawaii Licensed Clinical Psychologist. He is also an Affiliated Professor at Hawaii School of Professional Psychology at Chaminade University. Dr. Choy has been licensed in the state of Hawai‘i since 1977.

Dr. Andaya is the Assistant Director of the Family Strengthening Center, is a National Register Credentialed Health Service Psychologist and Hawaii Licensed Clinical Psychologist. She is also an Adjunct Professor at Hawaii School of Professional Psychology at Chaminade University. Dr. Andaya has been licensed in the state of Hawai‘i since 2007.

The Post-Doctoral Fellowship Program Directors (FPD) are administratively responsible for the overall functioning, selection, supervision and training of Post-Doctoral Fellows. The FPDs’ responsibilities include development of the training program, coordinating selection of Post-Doctoral Fellows, communications with APPIC (if approved for APPIC membership), facilitating the flow of information to all of the Fellow supervisors, ongoing review of the training goals and objectives, and overseeing the documentation and maintenance of Post-Doctoral Fellows’ training records. The FPDs provides leadership thereby assuring scheduled supervision and arranging for Fellow participation in the training seminars and weekly group supervision.

Specifically, the FPDs’ responsibilities include:

1. **Organizing the weekly didactic and supervision training seminars:** The FPDs arrange for weekly didactic and supervision training seminars for all of the Post-Doctoral Fellows. The FPDs oversee the training seminars and are responsible for appointing a licensed clinical psychologist(s) and guest faculty/trainers to implement them. The FPDs and the Post-Doctoral Fellowship Training Committee identiﬁes training components and didactic content that is included in formal presentations throughout the course of the Post-Doctoral Fellowship 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 FPDs 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 FPDs, and the Executive Director of the FSC.

2. **Communications with APPIC:** 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 FPDs.

3. **Supervision and Training:** The FPDs is responsible for the administrative component of supervision (i.e. assuring that Post-Doctoral Fellows are receiving adequate supervision by their supervising Clinical Psychologist and for coordinating the Performance Evaluation of the Post-Doctoral Fellows).

4. **Program Evaluation:** Evaluations are conducted twice during the training year. Evaluations undertaken by the Post-Doctoral Fellowship Training Committee to assure that students, supervisory staff, and participating community agencies and State for Hawaii Departments receive input in identifying concerns, providing positive feedback for participating staff and students, and assuring the quality of training. The
FPDs oversees evaluation and helps communicate feedback to individuals and participating agencies/department. The FPD also identifies areas for the improvement of the FSC Post-Doctoral Fellowship Training Program.

CHAPTER 2: POST-DOCTORAL PSYCHOLOGY DOCTORAL FELLOWSHIP TRAINING PROGRAM

Fellowship Program Activities and Purpose

The FSC offers a comprehensive APPIC Post-Doctoral Fellowship training program in professional psychology. The training program is designed to fulfill the clinical Post-Doctoral Fellowship requirements for Hawaii and other state licensure in clinical psychology. The objective of the program is to provide a challenging and supportive training environment to prepare Post-Doctoral Fellows to function as skilled, ethical, culturally sensitive, knowledgeable and competent professional psychologists. A number of experienced role models assist the Fellow to augment their current level of knowledge and practice skills. The Fellow is encouraged to explore diverse theoretical orientations and to experience a wide variety of intervention approaches. Post-Doctoral Fellows 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 Post-Doctoral Fellows. 1) The FSC has a forensic psychological evaluation program for victims of child maltreatment and their family. Each Post-Doctoral Fellow 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.

2) The FSC is also a Training and Service Center for Parent-Child Interaction Therapy and our Post-Doctoral Fellows will participate in the comprehensive PCIT training and will have PCIT family cases assigned to them. The Post-Doctoral Fellows 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.

3) 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 Post-Doctoral Fellow participates in all of the specialty courts as managers of the FSC’s mental health services to the Family Specialty Courts.

4) 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 Post-Doctoral Fellow 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 Post-Doctoral Fellow 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 provided with supportive counseling services.

Post-Doctoral Fellowships Program’s Goals and Methods

The following competencies are addressed by the following training goals, aims and methods of the FSC Post-Doctoral Fellowship Program.

Expected Competencies for Psychologists:
1. The Post-Doctoral Fellows will demonstrate competence in using research to inform and guide service provision during their fellowship.
2. The Post-Doctoral Fellows will demonstrate knowledge of ethical and legal standards relevant to the practice of clinical psychology, including professional ethics that guide professional behavior.
3. The Post-Doctoral Fellows 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 adjustments in their service provision.

4. Post-Doctoral Fellows will demonstrate knowledge of professional values and attitudes as well as self-reflective practice and openness to supervision and feedback.

5. Post-Doctoral Fellows 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. Post-Doctoral Fellows 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. Post-Doctoral Fellows 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. Post-Doctoral Fellows will evidence knowledge of supervision models and practices, and demonstrate appropriate supervision of their supervisees.

9. Post-Doctoral Fellows will evidence knowledge of consultation models and practices, and demonstrate inter-professional and interdisciplinary skills in consultative services.

These competencies are addressed through the following goals and objectives of the Family Strengthening Center's Psychology Post-Doctoral Fellowship Program:

**Goal 1: The preparation of practitioners of psychology capable of ethically delivering diagnostic and therapeutic services effectively to diverse clients in need of such treatment.**

**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 fellow with didactic training and experiential processes related to their continual evolvement as a professional clinician.

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

**Method 1f:** Encourage the fellow 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.

Goal 2: The preparation of practitioners of psychology who understand the scientific foundations of psychology.

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.

Goal 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.

Method 3a: Postdoctoral Fellows provide mental health consultation and supervision to the psychology practicum trainees at the Center.

Method 3b: Postdoctoral Fellows 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 Postdoctoral Fellows 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 is training for multidisciplinary professional, Resource Caregivers (Foster Parents), Court Professionals, and Victims of Child Maltreatment

Goal 4: Postdoctoral Fellows 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 Postdoctoral Fellowship by
recognizing and distinguishing people from such subpopulations, differentiating their experiences and prioritizing their needs.

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).

Goal 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.

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 Postdoctoral Fellows 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.

Training Resources

The Post-Doctoral Psychology Fellowship training program is administratively directed by the Post-Doctoral 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. The Fellowship 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 located 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 where entry is controlled by an audio-video entry security system. Each Fellow 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 and its address is not published due to the placement of children in the home. The Postdoctoral Fellows 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 include Mental Health Screening, Mental Health Assessment, Comprehensive Psychological Evaluation, and group, individual and family psychotherapy. Neighbor Island services are provided at the Hawaii State Department of Human Services Offices for each island. These offices are all secure with security officers present at each office. Direct supervision by Staff Licensed Clinical Psychologists are 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 Fellows:

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 Fellows are provide with equipment and technology assistance to assist with their training and professional services.

a. Each Fellow is provide with a separate office cubicle that they can use during their fellowship year. Each cubicle has a locked file cabinet.
b. The Fellow also has access to any of the private closed offices for assessments and intervention. For larger meetings and group therapy, the Fellow has access to a 15-person conference room.
c. The Fellows 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 Fellow is provide with an IBM Intel Core i7 solid-state computer/tablet for their use during their fellowship. The computer is connect to the FSC’s network while in the office, which can be accessed remotely out of the office. The Fellow 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 Fellow has access to the FSC HIPAA compliant telecommunication system (ZOOM)
g. The Fellows have 24/7 computer technical support
h. Each Fellow is provided access to an ultra-high-speed secure internet network
i. Each Fellow is provided with an individualized FSC secured email address
j. Each Fellow is provided with secured remote access to the Center’s database, 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 file stored in a secured storage system that can be remotely accessed by the Fellows. The Fellows 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 allow multiple simultaneous access to the assessment and treatment data during the face-to-face clinical interview and review of case records.
k. Each Fellow 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 Fellow has access to well over 100 different psychological tests and test manuals
m. Each Fellow has access to the FSC library of professional books and journals

Clinical Support:

a. The Fellows have access to daily supervision and clinical support through the on-sight licensed Clinical Psychologists
b. The Fellows have scoring and other supportive services through their assigned Doctoral Psychology Practicum Student(s)
c. The Fellow can obtain supportive services in contacting collaborative professional and family members as well as collecting clinical and social information, using one of the Doctoral Psychology Practicum Student that they supervise.
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 Post-Doctoral Fellowship training provides 2,000 hours of supervised Doctoral Psychology Post-Doctoral Fellowship training with at least 500 hours of direct services. The Post-Doctoral Fellowship program is designed to meet the Post-Doctoral Fellowship training for the Psy.D. and Ph.D. State licensure. The Training Salary is $36,000 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 5 Staff on-site Licensed Clinical Psychologists for supervision. Upon completion of training, the Post-Doctoral Fellows can earn a Certificate of Completion for Parent-Child Interaction Therapy and Comprehensive Child Maltreatment Training. The Post-Doctoral Fellowship 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 (Post-Doctoral Fellows 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 Post-Doctoral Fellowship 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 Post-Doctoral Fellowship Program Training Director, Family Strengthening Center; Associate Professor, Hawaii School of Professional Psychology at Chaminade University of Honolulu
2. Dr. Cheryl Andaya, Deputy Director and Training Director & Licensed Clinical Psychologist, Family Strengthening Center, Adjunct Professor, Hawaii School of Professional Psychology at Chaminade
Supervision and Didactic Training

Each fellow 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 fellow receives at least two hours per week of formal face-to-face individual supervision from his/her primary Supervisor. Each fellow will also have contact with at least two different licensed clinical psychologists each week.

The Family Strengthening Center also provides weekly group supervision (2 hours) to Post-Doctoral Fellows, 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 Post-Doctoral Fellows are required to attend all group supervision and training seminars.

The Training Director and the Post-Doctoral Fellows’ supervisors obtain information regarding desired training topics from Post-Doctoral Fellows and may arrange for guest speakers from the community. Each Post-Doctoral Fellowship 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 Post-Doctoral Fellows 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 Post-Doctoral Fellow will submit a poster for the Summit’s poster session.

All Post-Doctoral Fellows 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 Post-Doctoral Fellows will also all complete the fully supervised training in Parent Child Interaction Therapy during their Post-Doctoral Fellowship 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 Post-Doctoral Fellows

The FSC uses the APPIC Match guidelines in the selection of Post-Doctoral Fellows and in meeting other requirements for APPIC member Post-Doctoral Fellowship. The fellow applicants apply through the APPA CAS process. The selection committee consists of the Training Directors and all of the Licensed Clinical Psychologist Supervisors. The Training Directors are responsible for ensuring that the Selection Committee acts in accordance with APPIC Match guidelines.

Research Opportunities

Post-Doctoral Fellows are encouraged to initiate or participate in any research projects at the member sites. Post-Doctoral Fellows 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 fellow, as part of the group Post-Doctoral Fellowship seminar, is required to complete a trauma related research poster for submission to the Annual Hawaii Trauma Conference.
Post-Doctoral Fellowship Stipend

The FSC pays an annual $36,000 Training Salary with full medical, drugs, dental and vision coverage, 13 paid holidays and 2 weeks of PTO/PTS for the year.
CHAPTER 3: FELLOW 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 Post-Doctoral Fellows 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. Post-Doctoral Fellows are expected to demonstrate professional attitudes and behavior during their Post-Doctoral Fellowship training. A fellow’s development of these competencies, skills, behaviors, and attitudes are monitored and evaluated regularly throughout their Post-Doctoral Fellowship training and will be discussed further in following sections.

Fellow Rights

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

Fellow Responsibilities

All Post-Doctoral Fellows 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 Post-Doctoral Fellowship program. The FSC also requires that its Post-Doctoral Fellows demonstrate personal and professional integrity in addition to clinical excellence. The following is a list of responsibilities and expectations of FSC’s Post-Doctoral Fellows:
1. The fellow has the responsibility to read, understand and clarify, if necessary, the statement of rights and responsibilities.
2. The fellow has the responsibility to maintain behavior within the scope of the APA Code of Ethics.
3. The fellow has the responsibility to behave within the principles set forth by the statutes and regulations of the American Psychological Association.
4. The fellow has the responsibility to be open to professionally appropriate feedback from supervisors, faculty, peers, and staff.
5. The fellow has the responsibility to give constructive feedback that evaluates the Post-Doctoral Fellowship training experiences.
6. The Post-Doctoral Fellows have a responsibility to conduct themselves in a professionally appropriate manner with administration, clinical field supervisors, faculty, staff, and fellow Post-Doctoral Fellows.
7. The fellow 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

Post-Doctoral Fellows’ application of theoretical and empirical knowledge, clinical skills, professional attitudes and behavior, and ethics and values are monitored and evaluated regularly throughout their Post-Doctoral Fellowship training both informally and formally. Feedback regarding a fellow’s performance is attained from a variety of sources, such as administration, clinical field supervisors, faculty, staff, and other Post-Doctoral Fellows. 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 – Post-Doctoral Fellows 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 Post-Doctoral Fellows will exhibit competencies in critical thinking and writing.
   2. Clinical Skills – Post-Doctoral Fellows 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 Post-Doctoral Fellows 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 fellow adhere to the principles of the APA Code of Ethics.

B. Formal Evaluations
   Fellows’ performance while on Post-Doctoral Fellowship is evaluated twice per year by the fellow’s Primary Supervisor and the FSC Training Director (Appendix C). 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.

Outside Work

The participation of Post-Doctoral Fellows 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. Post-Doctoral Fellows 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 fellow 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 fellow 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 fellow’s clinical and training responsibilities of the FSC Post-Doctoral Fellowship program.
   4. The fellow’s outside work cannot be a conflict of interest with the FSC mission and client’s health and well-being. The fellow must report to the FPD 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 Post-Doctoral Fellows 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 FELLOW’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 Post-Doctoral Fellow is considered 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 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 Fellow Problem Behaviors

The Post-Doctoral Fellowship Program at FSC routinely uses the Post-Doctoral Fellow’s the community and state agencies that the FSC works with, and the FSC staff to enable Post-Doctoral Fellows to more readily identify clinical difficulties. Problem behavior related to a fellow’s potential to become a competent and ethical professional may be recognized by the student, clinical supervisors, community and state agency staff and/or other Post-Doctoral Fellows, 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 a fellow’s behavior becomes more serious (i.e., problematic) rather than just of concern, for purposes of procedural policy a concern refers to a fellow’s behaviors, attitudes, or characteristics which, while of concern and which may require remediation, 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 fellow 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 fellow 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 fellow’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 fellow’s behavior negatively impacts the public view of the institution.
9. The problematic behavior negatively impacts other Post-Doctoral Fellows.

Some examples of such difficulties may include but are not limited to: offering to provide services that are beyond the scope of the fellow’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 a fellow 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 fellow 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 these options over. 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 Postdoctoral Fellow when initially dealing with a problem behavior or concerns about a deficiency related to the Postdoctoral Fellow’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 remediation plan will include improvements necessary to successfully complete the remediation.
3. The remediation plan will be reviewed at the weekly supervision between the Postdoctoral Fellow and the Supervising Clinical Psychologist.
4. 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 Postdoctoral Fellow to exit the remediation plan.
5. If there is no adequate improvement in the Postdoctoral Fellow’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 the Postdoctoral Fellow are not arbitrary or personally based, and requires that programs identify evaluative procedures, which are applied to all the Postdoctoral Fellows, and have appropriate appeal procedures available to the Postdoctoral Fellow so that they may challenge the program’s action.

Due Process Notification:

If problem behavior or a significant deficit related to attaining any of the competencies identified in the Postdoctoral Psychology Fellowship Manual persist and do not show sufficient progress at the end date of the remediation plan, the Postdoctoral Fellow is notified in writing that a hearing regarding the concerns will be held. Failure to meet the remediation plan 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 Postdoctoral Fellow’s remediation plan. A date of the hearing will be provided to the Postdoctoral Fellow, which will be no more than 10 days after the notification date.

Due Process Hearing:

1. Hearing Committee: The hearing committee will consist of three members, the FSC FPD, and 2 additional FSC Staff Clinical Psychologists appointed by the FSC-FPD. The roles and responsibilities of the individuals involved in the Due Process Hearing procedures are as follows:
   a. Postdoctoral Fellow: The Postdoctoral Fellow is responsible for meeting with 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 Postdoctoral Fellow’s primary clinical supervisor is responsible for providing and developing the remediation plan for the Postdoctoral Fellow 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 Fellowship Training Director:** The FPD is administratively responsible for the overall hearing. The FPD’s responsibilities include reviewing the remediation plan, the progress of the remediation plan and any additional written information provided by the Postdoctoral Fellow’s Clinical Supervisor. The FPD will be responsible for communicating and distributing the results of the hearing to APPIC.

d. **Clinical Psychologist Committee Members:** Two additional FSC staff clinical psychologists will be appointed to the committee as a voting member. They will review the remediation plan, the progress of the remediation plan and any additional written information provided by the Postdoctoral Fellow’s Clinical Supervisor.

2. **Hearing Procedures**
   a. The hearing committee, consisting of three members, the FSC Postdoctoral Fellowship Program Director, and two additional FSC staff Clinical Psychologists appointed by the FSC FPD, will convene on the set date at the FSC’s main office.
   b. The Postdoctoral Fellow will be present to participate in the hearing.
   c. The Supervising Clinical Psychologist will present the concerns, the remediation plan, and the Postdoctoral Fellow’s progress on the remediation plan.
   d. The Postdoctoral Fellow will be provided the opportunity to respond to the concerns and the remediation plan.
   e. The hearing committee will then ask questions to the Postdoctoral Fellow and the Supervising Clinical Psychologist. After the question and answer period, the hearing committee will allow the Postdoctoral Fellow to provide any additional information and/or comments.
   f. The Supervising Clinical Psychologist and the Postdoctoral Fellow 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 Postdoctoral Fellowship 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. If the decision is deferred, a decision will need to be made within 30 days of the hearing.
   h. The result of the hearing committee will be provided in writing to the Postdoctoral Fellow within 5 working days.
   i. If the decision is for termination, the following procedures will be followed:
      1) The reason for the termination will be provided in written form.
      2) APPIC is 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 Postdoctoral Fellow will obtain any credit for the training hours completed.
      4) The FPH HR department will be notified of the termination.

3. **Appeal Procedure:**
   a. A Fellow may, within 15 days of the decision made by the FSC Hearing Committee regarding the identification and remediation of problem behavior, probation, or dismissal from the Postdoctoral Fellowship site, submit a letter requesting an appeal of this decision to the Family Strengthening Center’s Executive and Clinical Director.
   b. An appeal may be requested on the following grounds:
      1) Denial of the described Due Process granted to the Postdoctoral Fellow 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 to the Postdoctoral Fellow; catastrophic or life-threatening illness, injury, or death of a member of the Fellow’s immediate family; or other extreme temporary hardship. The Postdoctoral Fellow may be required to provide documentation of extenuating circumstances.

   c. The FSC Executive and Clinical Director will review the problem and give the Postdoctoral Fellow a prompt written response, normally within ten (10) working days.

   d. If the Postdoctoral Fellow is not satisfied with the FSC Executive and Clinical Director’s decision, they may appeal the decision to the Family Program Hawaii’s President and CEO within five (5) working days after receiving the final reply. The FPH President and CEO will 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 FSC Executive and Clinical Director 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 Postdoctoral Fellow should file a written grievance.
2. The FSC Executive and Clinical Director will meet with the Postdoctoral Fellow to ensure the matter is understood completely. If the grievance involves the FSC Executive and Clinical Director, the FPH President and CEO will take 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 follow and a formal meeting will be arranged.
5. There will be an investigation on the matter
6. All staff and trainees who file grievances will be treated equally
7. All pertinent staff and trainees will be informed throughout the process
8. Formal decisions will be communicated to all of the involved FSC staff
9. Ensure the formal decision is adhered to
10. Preserve confidentiality whenever possible
11. Respect the FPH’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 Postdoctoral Fellow, they can appeal the decision.
Specific Grievances:

1. At any time, the Postdoctoral Fellow can file a grievance regarding their supervision and any aspect of their fellowship training program.

2. When a Postdoctoral Fellow, either orally or in written format, files a grievance or expects an action to their grievance, they will be provided with a response in ten (10) workings days.

3. If the grievance is with the Postdoctoral Fellowship Program, the FSC Postdoctoral Fellowship Training Director will meet with the Postdoctoral Fellow to address their concerns, and if necessary, will develop a program improvement plan to address the issues that may negatively impact the Postdoctoral Fellow’s training.
   a. The FPD will assist in clarifying the Postdoctoral Fellow’s understanding of the Postdoctoral Fellowship Program goals, methods, procedures and policies that are related to the Postdoctoral Fellow’s concerns.
   b. The FPD will determine if any of the Postdoctoral Fellow’s concerns violates APA and/or APPIC guidelines and requirements for the Postdoctoral Fellowship program. The FPD will also determine if any of the Postdoctoral Fellow’s concerns may interfere with the Postdoctoral Fellow’s ability to successfully complete their Postdoctoral Fellowship requirements.
   c. Any changes that may need to be made in the FSC Postdoctoral Fellowship program will be taken to the Clinical Training Committee for discussion in order to make appropriate changes and improvements to the Postdoctoral Fellowship program.
   d. Within 30 days of the filing of the grievance, these changes will be presented to the Postdoctoral Fellow for review. If the Postdoctoral Fellow is still concerned about the FSC Postdoctoral Fellowship program, they may present these concerns to APPIC within 10 working days of the decision.
   e. If the Postdoctoral Fellow is still not satisfied with the Postdoctoral Fellowship Program, they can request an approval from APPIC to terminate their Postdoctoral Fellowship with the FSC.

4. When the Postdoctoral Fellow 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 Postdoctoral Fellow should communicate informally with their direct supervisor. The Supervisor should try to resolve any concerns and grievance as quickly as possible. When they are unable to do so, the Postdoctoral Fellow 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 Postdoctoral Fellow 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 Postdoctoral Fellow will be assigned to another Supervising Clinical Psychologist.
   d. If the Postdoctoral Fellow’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 Postdoctoral Fellow and their Supervising Clinical Psychologist to assist in resolving any problems that may interfere with the Postdoctoral Fellow’s successfully completion of their Postdoctoral Fellowship program. If there is no adequate resolution of the Postdoctoral Fellow’s concerns, the FSC Executive and Clinical Director will assign the Postdoctoral Fellow to another Supervising Clinical Psychologist.

5. If the grievance is regarding another FSC staff or psychology trainee, the Postdoctoral Fellow should first communicate informally with the staff or trainee to resolve any concerns. If they are unable to do so, the
Postdoctoral Fellow 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), the Postdoctoral Fellow should immediately refer their grievance directly to the Family Programs Hawaii’s HR Department.

**Appeal of Grievance**

1. If the Postdoctoral Fellow is not satisfied with the decision about their filed grievances, they can appeal the decision.
2. The Postdoctoral Fellow 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 POST-DOCTORAL FELLOW
Post-Doctoral Fellowship Year 20XX-20XX

This memorandum of affiliation is effective September 1, 20XX, by and between FAMILY STRENGTHENING CENTER referred to as the “Post-Doctoral Fellowship Site” and ____________ referred to as the Post-Doctoral Fellow.

Mission Statement

The Post-Doctoral Fellowship 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 Post-Doctoral Fellowship and Pre-Doctoral Internship site meeting all of the requirements of an APPIC member Pre-Doctoral Internship and Post-Doctoral Fellowship and participated in the Match as a non-member while applying for membership.

The FSC Post-Doctoral Fellowship program offers a comprehensive Post-Doctoral Fellowship-training program in professional psychology and is designed to fulfill the clinical Post-Doctoral Fellowship requirements for state licensure 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 Pre-Doctoral Internship and Post-Doctoral Fellowship 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 4 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 complete 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 Fellows 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 state-wide 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 Post-Doctoral Fellowship 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 solo site.

**Terms of Agreement for FSC Fellowship Program and the Post-Doctoral Fellow**

The Post-Doctoral Fellowship FSC uses this written agreement each year to formalize the training commitment between the FSC and the Post-Doctoral Fellows.

As discussed in the Post-Doctoral Fellowship Manual, the FPD 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 Post-Doctoral Fellows and in meeting other requirements for APPIC Post-Doctoral Fellowships. Under this agreement, FSC may choose to accept Post-Doctoral Fellow 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 fellow's performance. There are regular weekly supervisory meeting to facilitate communication and problem solving related to the Post-Doctoral Fellowship program and the governance and policies of the FSC. Identification of problem behavior, due process, and grievance procedures for problems that may arise with Post-Doctoral Fellows are included in the Manual. By signing with this MOA, the Post-Doctoral Fellows 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 Post-Doctoral Fellows at the beginning of each training year. It is the responsibility of members to report significant changes to the FPD in a timely manner.

I. **Purpose of this MOU**

The purpose of this MOU is for the Post-Doctoral Fellowship Program and Post-Doctoral Fellow to enter into a training relationship with the Post-Doctoral Fellow whereby the Post-Doctoral Fellows will be provided Post-Doctoral Fellowship 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 fellow 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 Post-Doctoral Fellowship or professional codes of conduct.
III. Assignment of Post-Doctoral Fellows

A. Post-Doctoral Fellowship 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 post-doctoral program.
   4. Provide a selection committee with supervising licensed clinical psychologists who are involved in the selection of Post-Doctoral Fellows, monitors and evaluates the training program’s goals and activities at the FSC, documents and maintains Post-Doctoral Fellows’ training records, and participates in supervisors’ weekly meetings.
   5. Provide each fellow with a guaranteed minimum annual trainee salary of $36,000 with benefits.
   6. Provide facilities and assistance for the Post-Doctoral Fellows to conduct training related to clinical activities.

IV. Scope of Clinical Experience

A. Post-Doctoral Fellowship Program
   1. Post-Doctoral Fellowship Program will provide 2000 hours of Post-Doctoral Fellowship 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 Post-Doctoral Fellowship in less than 50 weeks.
   2. Post-Doctoral Fellowship 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. Post-Doctoral Fellows and the FSC may adjust their schedules to meet the needs and training experience of both.
   4. Post-Doctoral Fellows 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 Post-Doctoral Fellowship Program year begins on September 1 and ends on August 31.
   7. The FSC and the Post-Doctoral Fellows’ Academic Program provide the Post-Doctoral Fellows with malpractice insurance.
   8. Assist the fellow with setting goals in a learning contract that is revisited at least twice during the year.
   9. Provide weekly supervision for the fellow(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 Post-Doctoral Fellow(s).
   11. Provide additional clinical training experiences (e.g., seminars, case conferences, etc.) to the Post-Doctoral Fellow(s).
   12. Provide Post-Doctoral Fellow(s) with the opportunity to work with diverse clients and problems.

B. Post-Doctoral Fellows’ Responsibility
   1. Post-Doctoral Fellows who do not document 2000 hours during the training year should consult with their Clinical Supervisor and the FPD to determine if they may continue at the Center until those hours are completed.
   2. Post-Doctoral Fellows 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 post-doctoral activities.
   3. Post-Doctoral Fellows are responsible for their familiarity with and adherence to the FSC Post-Doctoral Fellowship Program manual guidelines and procedures.

VI. Evaluation of Training

A. Post-Doctoral Fellowship Program’s Responsibility
1. The Post-Doctoral Fellow’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 Post-Doctoral Fellow.

2. The Clinical supervisor will provide verification of goal attainment on the learning contract twice during the training year.

3. The FPD will review and sign off on the Fellow’s Post-Doctoral Fellowship Training Report twice during the year.

4. The FPD ensure that all evaluations of the Post-Doctoral Fellows are completed and return to them promptly. The FPD with consultation of the FSC Executive and Clinical Director will alert the fellow of any potential problems 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 Post-Doctoral Fellows’ experience at the FSC.

B. Post-Doctoral Fellows Responsibility

1. The Post-Doctoral Fellows will follow the guidelines in the Post-Doctoral Fellowship Training Manual and be familiar with Post-Doctoral Fellows Training Report. They will sign the acknowledgement that they have received, read and understood the Post-Doctoral Fellowship Training Manual.

2. The Post-Doctoral Fellow will attend and actively participate in all of their weekly face to face individual and group supervision.

3. The Post-Doctoral Fellow will report any concerns and difficulties to their supervising clinical psychologist or the FPD.

4. The Post-Doctoral Fellow will engage and actively participate in the Fellowship Training Evaluation Report.

5. The Post-Doctoral Fellow will cooperate in any investigation, which may be conducted into any Post-Doctoral Fellows’ experience at the FSC.

VII. The Postdoctoral Fellow has the right to file grievances and is entitled to due process to resolve any problems with the fellowship program and the FSC. The due process and grievances procedure are provide in the FPH employee handbook and the FSC Postdoctoral Fellowship Program Manual.

VIII. Modification of Agreement

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

Post-Doctoral Fellow’s Signature  Post-Doctoral Fellow’s Name  Date

Primary Supervisor Signature  Primary Supervisor Name  Date

Fellowship Program Director’s Signature  Fellowship Program Director’s Name  Date
APPENDIX B

Post-Doctoral Psychology Doctoral Fellowship Application Guidelines

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

1. Completion of Psy.D. or Ph.D. from an APA/CPA- accredited program or a regionally accredited institution in clinical psychology and completion of APA/CPA Doctoral Internship meeting APPIC standards.

2. Completion of clinical practica in assessment and therapy, with a minimum of 1,440 hours of pre-fellowship practicum experience.

3. 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 Post-Doctoral Fellowship (APPA CAS). 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 Post-Doctoral Fellowship readiness and appropriateness. The recommendations need to follow the APPA CAS recommendation format that can be downloaded.
   c. Official transcripts of completed graduate courses.

4. Inquiries and submission of application should be through the APPA CAS 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 Post-Doctoral Fellowship 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
POST-DOCTORAL FELLOWSHIP TRAINING REPORT

Student: ___________________________ Post-Doctoral Fellowship Year: ____________

Evaluation Term: □ Midpoint of Post-Doctoral Fellowship □ Endpoint of Post-Doctoral Fellowship

Site: ___________________________ Site Supervisor: ___________________________

NOTE:
1) Post-Doctoral Fellowship 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 Post-Doctoral Fellowship 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 Post-Doctoral Fellowship 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 Post-Doctoral Fellowship year, at a minimum, Post-Doctoral Fellowship placements will achieve performance levels of 4 or above in all areas by the end of the training year. If a Post-Doctoral Fellow scores below a 4 at midyear or at the end of the year, due process will be enacted.

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<td>1. Relationship with Clients (Competency 5)</td>
<td>Unable to establish an assessment / therapeutic relationship.</td>
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<td>2. Assessment - Obtaining client data (Competencies 3, 5 &amp; 6)</td>
<td>History and MSE are incomplete and student does not understand the purpose.</td>
<td>History and MSE are occasionally inadequate or inaccurate, lacking key elements and/or having limited use of collateral data.</td>
<td>Usually obtains pertinent historical and symptom data. History and MSE are generally accurate and concisely written.</td>
<td>History and MSE are consistently thorough and complete. Writing is clear and concise.</td>
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<td>4. Assessment - Diagnosis and Clinical Judgment (Competencies 2, 5, 6)</td>
<td>Diagnoses, clinical impression, and recommendations are incorrect and there is very limited understanding of DSM guidelines. Recommendation not supported by clear rationales.</td>
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### Competency: Intervention Skills - Knowledge (Competencies 2, 3, 4, 5 & 7)

**How Assessed (circle):**
A. Direct observation  
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C. Audio  
D. Supervisory discussion  
E. Review of written reports  
F. Feedback from others  
G. Other:

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<td>No understanding of therapy principles. Unable to conceptualize a therapy case.</td>
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<td>Some understanding of therapeutic principles. Does not have a good grasp of any particular therapeutic orientation or modality.</td>
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<tr>
<td>Workable understanding of therapeutic principles. Able to consistently conceptualize using a particular orientation or modality.</td>
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<tr>
<td>Confident understanding of therapy principles. Comfortable with various therapy modalities and techniques.</td>
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</tbody>
</table>

**Circle one:**  
N/A  

### Competency: 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:

<table>
<thead>
<tr>
<th>Competency Standard</th>
<th>1 (Fails Standard)</th>
<th>2 (Needs Improvement)</th>
<th>3 (Meets Standard)</th>
<th>4 (Exceeds Standard)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to apply any therapeutic principles.</td>
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<tr>
<td>Usually unable to apply therapeutic principles, inconsistent in modality or lacks insight into process. Some difficulty setting treatment goals.</td>
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<tr>
<td>Able to set treatment goals and develop interventions based on specific empirically validated treatment modality or orientation.</td>
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<tr>
<td>Confidently applies therapeutic principles. Very competent in using one modality or competent in multiple modalities.</td>
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</table>

**Circle one:**  
N/A  

### Competency: 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:

<table>
<thead>
<tr>
<th>Competency Standard</th>
<th>1 (Fails Standard)</th>
<th>2 (Needs Improvement)</th>
<th>3 (Meets Standard)</th>
<th>4 (Exceeds Standard)</th>
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</thead>
<tbody>
<tr>
<td>Poor understanding of professional behavior and personal ethical standards OR engages in unethical behavior or has demonstrated questionable ethical judgment.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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.</td>
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**Circle one:**  
N/A  

(Fails Standard)  
(Needs Improvement)  
(Meets Standard)  
(Exceeds Standard)
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
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<tbody>
<tr>
<td><strong>8. Cultural Sensitivity (Competency 3)</strong></td>
<td>Inensitive or unaware of diversity issues, (e.g., gender, culture, spirituality, sexual orientation, age).</td>
</tr>
<tr>
<td>How Assessed (circle):</td>
<td>1 (Fails Standard)</td>
</tr>
<tr>
<td>A. Direct observation</td>
<td>B. Video</td>
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<td>How Assessed (circle):</td>
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<tr>
<td>A. Direct observation</td>
<td>B. Video</td>
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<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10. Report Writing (Competencies 1, 3, 5 &amp; 8)</strong></td>
<td>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.</td>
</tr>
<tr>
<td>How Assessed (circle):</td>
<td>1 (Fails Standard)</td>
</tr>
<tr>
<td>A. Direct observation</td>
<td>B. Video</td>
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<tr>
<td>Circle one:</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### COMPETENCY

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:

**STANDARD**
- 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 *(Fails Standard)*
- 2 *(Needs Improvement)*
- 3 *(Meets Standard)*
- 4 *(Exceeds Standard)*

### COMPETENCY

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:

**STANDARD**
- 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 *(Fails Standard)*
- 2 *(Needs Improvement)*
- 3 *(Meets Standard)*
- 4 *(Exceeds Standard)*

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Family Strengthening Center at Family Programs Hawaii Fellowship Handbook  
Page 37
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>13. Capacity for Self-Reflection and Self-Evaluation</strong> <em>(Competencies 2, 4, 5 &amp; 9)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No concept of personal weaknesses or limitations. Requires constant supervision. Does not recognize self-limitations and need for self-care.</td>
</tr>
<tr>
<td></td>
<td>Occasionally recognizes inadequacies. Occasionally does not recognize self-limitations and need for self-care.</td>
</tr>
<tr>
<td></td>
<td>Usually aware of limitations. Usually aware of need for self-care and is proactive in getting assistance and informing supervisor.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>How Assessed (circle):</td>
<td></td>
</tr>
<tr>
<td>A. Direct observation</td>
<td></td>
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<tr>
<td>B. Video</td>
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<tr>
<td>C. Audio</td>
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<tr>
<td>D. Supervisory discussion</td>
<td></td>
</tr>
<tr>
<td>E. Review of written reports</td>
<td></td>
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<tr>
<td>F. Feedback from others</td>
<td></td>
</tr>
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<td>G. Other:</td>
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<td>2 3 <em>(Needs Improvement)</em></td>
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<td>4 5 <em>(Meets Standard)</em></td>
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<td></td>
<td>6 7 <em>(Exceeds Standard)</em></td>
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</table>

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<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
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<tbody>
<tr>
<td><strong>14. Education of Clients</strong> <em>(Competencies 1, 3, 4, 5, 7 &amp; 8)</em></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Does not educate or provide feedback to clients.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Effectively educates clients and provides useful feedback to clients. Provides feedback in a timely, professional and appropriate manner.</td>
</tr>
<tr>
<td></td>
<td>Provides additional resources to clients in addition to educating clients and providing useful feedback to clients.</td>
</tr>
<tr>
<td>How Assessed (circle):</td>
<td></td>
</tr>
<tr>
<td>A. Direct observation</td>
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<td>B. Video</td>
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<tr>
<td>C. Audio</td>
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<tr>
<td>D. Supervisory discussion</td>
<td></td>
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<tr>
<td>E. Review of written reports</td>
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<tr>
<td>F. Feedback from others</td>
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<tr>
<td>G. Other:</td>
<td></td>
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<td>Circle one:</td>
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<tr>
<td></td>
<td>1 <em>(Fails Standard)</em></td>
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<td></td>
<td>2 3 <em>(Needs Improvement)</em></td>
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<tr>
<td></td>
<td>4 5 <em>(Meets Standard)</em></td>
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<td></td>
<td>6 7 <em>(Exceeds Standard)</em></td>
</tr>
<tr>
<td>COMPETENCY</td>
<td>STANDARD</td>
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<tr>
<td><strong>15. Supervision of Others</strong> <em>(Competencies 2, 5 &amp; 7)</em></td>
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<tr>
<td>How Assessed (circle):</td>
<td></td>
</tr>
<tr>
<td>A. Direct observation</td>
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<td>B. Video</td>
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<tr>
<td>C. Audio</td>
<td></td>
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<tr>
<td>D. Supervisory discussion</td>
<td></td>
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<tr>
<td>E. Review of written reports</td>
<td></td>
</tr>
<tr>
<td>F. Feedback from others</td>
<td></td>
</tr>
<tr>
<td>G. Other:</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Circle one:</td>
<td>N/A</td>
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<tr>
<td>(Fails Standard)</td>
<td>(Needs Improvement)</td>
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<table>
<thead>
<tr>
<th>COMPETENCY</th>
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<tbody>
<tr>
<td><strong>16. Consultation</strong> <em>(Competencies 1, 5 &amp; 9)</em></td>
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<tr>
<td>How Assessed (circle):</td>
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<tr>
<td>A. Direct observation</td>
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<td>B. Video</td>
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<td>C. Audio</td>
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<td>D. Supervisory discussion</td>
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<tr>
<td>E. Review of written reports</td>
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<td>F. Feedback from others</td>
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<tr>
<td>G. Other:</td>
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</tr>
<tr>
<td>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.</td>
<td>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 disengage when appropriate.</td>
</tr>
<tr>
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<tr>
<td>(Fails Standard)</td>
<td>(Needs Improvement)</td>
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### ADDITIONAL PERSONAL GOALS (Competencies not listed above):

<table>
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<tr>
<th>17. PERSONAL LEARNING GOAL:</th>
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<td>3</td>
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<tr>
<td>(Fails Goal)</td>
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<tr>
<td>(Needs Improvement)</td>
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<tr>
<td>(Meets Goal)</td>
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<tr>
<td>(Exceeds Goal)</td>
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<tr>
<td>(Exceeds Goal)</td>
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</table>

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

Areas of Opportunity for Further Development (please be specific as possible):

Plans for Development or Remediation in Areas for Opportunity for Further Development:
### Director of Training Comments:

### Post-Doctoral Fellow’s Comments:

### TRAINING REPORT SIGNATURES:

<table>
<thead>
<tr>
<th>Fellow Signature</th>
<th>Date</th>
<th>Fellow’s Psychologist Supervisor Signature</th>
<th>Date</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Director of Training Signature</th>
<th>Date</th>
<th>FSC.FPH Executive &amp; Clinical Director Signature</th>
<th>Date</th>
</tr>
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</table>
APPENDIX D

VERIFICATION OF POST-DOCTORAL FELLOWSHIP COMPLETION LETTER
Family Strengthening Center at Family Programs Hawaii Due: August 31, 20___

Date:

Family Strengthening Center at Family Programs Hawaii
2752 Woodlawn Drive, Suite 5-214
Honolulu, Hawaii 96822

Attention: Director of Post-Doctoral Fellowship Training

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

Sincerely yours,

[Signature]

Supervisor's Signature

Name of Supervisor

[Signature]

Signature FSC Director of Post-Doctoral Fellowship Date

Name of FSC Director of Post-Doctoral Fellowship

[Signature]

Signature FSC Executive and Clinical Director Date

Name of FSC Executive and Clinical Director
APPENDIX E

VERIFICATION OF RECEIPT AND READING OF THE
POST-DOCTORAL FELLOWSHIP TRAINING MANUAL
Family Strengthening Center at Family Programs Hawaii
Due by: October 1, 20____

I, ___________________________, certify that I was given the FSC Post-Doctoral Fellowship 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.

Post-Doctoral Fellow’s Signature ___________________________ Post-Doctoral Fellow’s Name ___________________________ Date ___________________________

Fellowship Program Director’s Signature ___________________________ Fellowship Program Director’s Name ___________________________ Date ___________________________
### Required Document for Completion of Post-Doctoral Fellowship

<table>
<thead>
<tr>
<th>Post-Doctoral Fellowship Forms</th>
<th>Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-Doctoral Fellowship Agreement-Signed by Post-Doctoral Fellow</td>
<td></td>
</tr>
<tr>
<td>Verification letter for receipt of the Post-Doctoral Fellowship Program Manual</td>
<td></td>
</tr>
<tr>
<td>Midyear Post-Doctoral Fellowship Training Evaluation Form-Signed</td>
<td></td>
</tr>
<tr>
<td>Final Post-Doctoral Fellowship Training Evaluation Form-Signed</td>
<td></td>
</tr>
<tr>
<td>Final Post-Doctoral Fellowship Activity Report-Signed</td>
<td></td>
</tr>
<tr>
<td>Post-Doctoral Fellowship Verification Letter-Signed</td>
<td></td>
</tr>
<tr>
<td>Fellow Evaluation of FSC Fellowship Program</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX G

Post-Doctoral Fellowship Program/Supervisor Evaluation
Family Strengthening Center as Family Programs Hawaii

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

1. Post-Doctoral Fellow’s Name: Last, First, MI

2. Year of Fellowship: 

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

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

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have an orientation process at the beginning for the training?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the orientation adequately prepare you for work at your internship?</td>
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<td></td>
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</tr>
<tr>
<td>Did you receive a policies and procedure manual for trainees?</td>
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</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at All</th>
<th>Not Often</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Meetings</td>
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<tr>
<td>Intake Reviews</td>
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<tr>
<td>Case Reviews</td>
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</tbody>
</table>

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

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

   ____ Yes   ____ No

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

<table>
<thead>
<tr>
<th>Area of Rating</th>
<th>Very Poor</th>
<th>Poor</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td></td>
<td></td>
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<tr>
<td>Relevance</td>
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</tr>
</tbody>
</table>
19. Was there specific training, consultation, supervision for working with diverse groups?
   _____ Yes   _____ No

20. Did the Fellowship 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?

<table>
<thead>
<tr>
<th>Area</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 sign 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:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did supervisor(s) provide adequate and timely feedback?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have an opportunity to comment on feedback?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did supervisor(s) serve as good professional role model(s)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did supervisor(s) show interest in your professional development?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the supervisor(s) present clear expectations for training?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the supervisor(s) take initiative in raising important diagnostic and clinical issues?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 you 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?

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you treated as a responsible professional?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was use of current/previously acquired skills emphasized?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were opportunities and resources available for development of new skills?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Were you included in agency’s activities, conferences, etc.?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
35. Rate your Fellowship program’s communication with your academic program (University)

_____ Very Poor  _____ Poor  _____ Good  _____ Very Good  _____ Excellent

Comments:

36. Rate your overall Post-Doctoral Fellowship 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 Fellowship experience better.
Service Philosophy

The Family Strengthening Center (FSC) mission is to facilitate healthy development in children by strengthening families. In terms of FSC services with the Department of Human Services (DHS) – Child Welfare Services (CWS) cases, FSC goals are the following: 1) Prevent unnecessary removal of children from their families; 2) Ensure that children are protected and do not remain in unsafe homes; 3) Assess and develop services to strengthen families and ensure the timely reunification of children to a safe home; and 4) If a child is unable to reunify in a safe home, assist in developing a permanent home for the child as soon as possible.

FSC is a community-based assessment, treatment, consultation and training program of Family Programs Hawaii. Family Programs Hawaii collaborated with the Hawaii School of Professional Psychology (HSPP) to develop the FSC at Family Programs Hawaii, which would provide mental health services in the community with the focus on children and families. Through this collaboration and affiliation with HSPP, the FSC provides Comprehensive Clinical Psychological Evaluations, Mental Health Assessments, Psychological Consultations, Expert Court Testimony and psychological treatment to families involved with the Department of Human Services (DHS)-Child Welfare Services (CWS). Since that time, the FSC’s services have grown exponentially providing comprehensive clinical psychological evaluations, evidence based psychological treatment and consultation to the Family Court on CWS cases as well as the Hawaii community at large. The FSC in collaboration and affiliation with Chaminade University also provides training to multidisciplinary professionals, DHS-CWS, and many community organizations on facilitating healthy development in mission is to facilitate healthy development in children by strengthening their families.
ACKNOWLEDGEMENT RECEIPT
Family Strengthening Center - Standard Operating Procedures

I have reviewed the FSC Standard Operating Procedures (SOP), which contains FSC policies, expectations, and guidelines. I understand the policies contained in the SOP, as well as any other policies and guidelines which may be adopted by FSC, are subject to modification, discontinuation or change, to which I will be notified.

I am aware the FSC SOPs are available electronically on the shared drive, which I can access and print if needed. The SOPs contain information on the following procedures listed below.

- Absences & Time off Requests
- Accident - Incident - Grievance Reporting Procedure
- Accident and Incident Report Form
- Case Closure Revised
- Consents
- COVID-19 In-Person Procedures
- COVID-19 Procedures
- Crisis-Urgent-Immediate Response to Services
- Diversity Statement
- Evaluation - Confirming Appointments Revised
- Evaluation - Interpretation of Psychological Evaluation
- Evaluation - Psychological Evaluation Process
- FSC Service Philosophy
- Mental Health Assessment
- Release of Information

I have read these procedures and sought clarification from my supervisor regarding any procedural step that seemed unclear. I understand that violation of policy can constitute reason for disciplinary action up to and including discharge. I understand that this version of the SOPs replaces and supersedes all previous versions. **I will return any printed copies of the SOP when my time at FSC ends.**

*These Policies supersede, replace and cancel all prior SOPs. As SOPs are modified and new/modified SOPs are developed, I will accept and comply with them as they are announced.*

Signature __________________________ Printed Name __________________________ Date __________________________

Supervisor Signature __________________________ Printed Name __________________________ Date __________________________

022316
Non-Discriminatory Practice

The Family Strengthening Center emphasizes the importance of sensitivity to culture and diversity. The FSC understands the role of cultural upbringing and diversity on an individual’s presentation and well-being. Thus, FSC takes necessary measures to ensure these factors are considered during the intake of a case, consultation, conducting a client’s evaluation, and in treatment. When necessary, certified and trained multi-lingual and American Sign Language (ASL) translators are utilized to ensure the client is provided with support in communication while services are provided and to help providers gain a better understanding of the client’s cultural beliefs and practices. Standardized testing appropriate to the skill level and ability of the client are administered by experienced clinicians who are aware of possible limitations that may emerge due to an individual’s culture and upbringing, which are taken into consideration with interpretation of results. The FSC staff are also compromised of multi-racial clinicians with expertise in various areas of clinical and cultural practices.
**Persons Responsible:** Paid staff

**Planned time-off is approved by Supervisors in advanced.** Unplanned time off, such as unexpected sick leave is to be approved by telephone. Those calling in sick are required to call their direct supervisor and the Executive Assistant (EA), no later than the morning before the shift begins.

- When approving leave of absence (LOA) in advance, the Supervisor is responsible for logging the LOA in the Out of Office Calendar/FSC Sign-In Book.
- When a staff member calls in for an unplanned absence, staff member will need to speak with their Supervisor and the EA. If there is no answer, they need to leave a voicemail message on Supervisor's and EA’s voicemail. EA will log in their absence in the FSC Sign-In Book. Staff member will need to request PTO via ProService upon their return to work.

**FOR PLANNED TIME-OFF**

1. Log into your ProService Account (proservice.com) to check your PTO balance.

   Click on “EMPLOYEE LOG-IN” and enter your information (user name and password).

**PTO Balances**

   Click on “INQUIRES”

   Click on “PAID TIME OFF”

2. If you have enough PTO, send an email request to your immediate supervisor(s) and cc Drs. Andaya and Choy, and EA with your request dates.

   - Your immediate supervisor will email (reply all) you whether your request has been approved or denied.
   - Once your PTO is approved, please input your dates into ProService.
   - Per FPH/ProService policy/procedures, you may request PTO in increments of 4 hours or 8 hours.

3. If you need to make changes to your PTO request, please email your immediate supervisor/Drs. Choy & Andaya/EA. Once approved, please follow #2.

   - Send approval email to EA.
   - EA will make corrections in ProService and to your timesheet
FOR UNPLANNED TIME-OFF (SICK)

- As stated above, please notify all supervisors/EA that you will be calling in sick.
- Upon return to the office, please input your PTO request for the day(s) you were sick into ProService.
- Erin will input your sick hours into our FSC timesheet.

Persons Responsible: Students

Planned time-off is approved by Supervisors in advanced. Students need to request advanced time-off via email to their immediate supervisor(s) and cc Dr. Andaya and Erin.

Unplanned time off, such as unexpected sick leave is approved by telephone. Those calling in sick are required to call their supervisor and Erin, no later than the morning before the shift begins.

- When approving leave in advance, the Supervisor or Erin is responsible for logging the absence in the Out of Office Calendar/FSC Sign-In Book.
- When a student calls in for an unplanned absence, the student will need to speak with their Supervisor and Erin. If there is no answer, they need to leave a voicemail message on Supervisor’s and Erin’s voicemail. Erin will log in their absence in the FSC Sign-In Book.
Accidents, Incidents & Grievances Reporting Procedure.

Reportable Accidents/Incidents:
- those for which government regulations require a notification to the state
- those requiring attention by a medical professional
- those involving serious property damage or risk to property (i.e. auto accidents, damaged facilities, furniture or equipment, security breaches)
- those involving unwarranted physical contact (i.e. fist-fighting, inappropriate touching)
- those in which HPD is involved (i.e. run-aways, aggressive behavior, illegal activity, traffic violations)
- prescription medication errors
- all work related staff injuries

The following are examples of Accidents/Incidents for which reports are not required:
- house rules violations
- non-staff injuries treated with first aid only
- shouting or name-calling

1. Seek emergency care and/or contact emergency officials at the time of the Accident or Incident as needed.

2. Complete the AI Report Form at the time of the Accident or Incident and provide as much information as available at that time. Use the additional information field to add important information.

3. Complete all fields and enter N/A in fields that are not applicable. All areas of the form should be filled in or N/A indicated.

4. Within one business day of the Accident or Incident, hand-carry, fax or email a copy of the Report Form to your Supervisor and Director of Programs. For all work related staff injuries, also transmit a copy to HR.

5. Complete a follow up report or revise the original report, if the initial report does not include a resolution, i.e. in the case of a run-away that returns, when medical follow up is prescribed - report again after the follow up, or as specified by LTFC critical incident requirements.

6. Delete all electronic copies from email and on the network.

7. Risk Management retains the official hard copy. Supervisors are asked to shred any additional copies when they are no longer useful.
   • For LTFC service recipients, Casey critical incident reporting requirements will continue to be met.
• All Ho’omalu accidents/incidents are logged in the youth record, on the daily log, and reported to the DHS Social Worker by email, whether or not they require an official AI Report.

Accidents/Incidents Definitions:

- **Accidents** are defined as events occurring that are unpredictable and not intentional. Examples of accidents are automobile accidents, playground mishaps, serious injuries or death.

- **Incidents** are defined as events that occur due to intention or oversight that could have been prevented. Examples of incidents are run-aways, damage or risk to agency persons or property resulting from intentional action, unwarranted physical contact, the need to use CPI to restrain a child, a person is a danger to self or others, and a person under the influence of an illegal substance or non-prescribed prescription drug.

**Reporting Grievances:** Please refer to Employee Handbook.

**AIG Reviews:**

- AIG’s are reviewed bi-monthly at Management Team meetings. Discussions, requests and decisions are documented.

- A compiled report is reviewed by the Board of Directors Bi-monthly. Discussions, requests and decisions are documented.

- Management Team will review compiled, graphed AIG information on an annual basis.

- Official files are maintained by Director of Programs.
**Persons Responsible:** Executive Assistant, Licensed clinicians of FSC

1. **PURPOSE:**
   
   Ensure appropriate and timely services are provided to those requiring crisis, urgent or immediate attention. Most of the services contracted by this RFP can be completed during the Center’s normal working hours: Monday through Friday from 8:00am to 4:30pm. In order to facilitate the completion of services that may be difficult to schedule during these hours, the Center can also provide services after hours and during Saturday. The FSC has set up a system to respond to requests for crisis/urgent/immediate services. FSC has daily coverage for immediate Psychological and Mental Health Assessment, and there is a psychological provider available to complete the services on the day of the request. There is coverage for Psychological Evaluations that can be completed within a day or two of the request for emergency evaluations, such as the need to possibly remove children from their family or a need for an immediate psychological evaluation by the courts to make a critical decision about a Child Welfare Services (CWS) matter.

   
   The FSC Director, with back-up by the FSC Clinical Psychologist-II, will not have any set schedule to complete Psychological Evaluations or Mental Health Assessments so that the Director will be able to complete these services almost immediately if necessary. Additionally, the FSC Director or back-up Clinical Psychologist will be on-call 24/7 to provide emergency consultation during times outside of the normal working hours of the Center. The worker requesting these services should directly contact the Clinical Psychologist on duty for that time in order to complete the crisis services. Oral feedback will be provided to the referring worker as soon as possible after completing the service.
Persons Responsible: All FSC staff

1. PURPOSE
   Promote timely review of referrals, oversight and management of Psychological Evaluation and Mental Health Assessment (MHA) referrals to prioritize urgent/emergency situations, and ensure timely access to services.

2. SCOPE
   This procedure covers:
   a. Availability of service slots
   b. Receiving referrals
   c. Assigning services
   d. Deferrals
   e. Notification of appointments
   f. No-shows/Cancellations

3. PROCEDURES
   a. Availability of service slots
      • 12 appointment slots per week will be available for FSC Psychological Evaluations (3 MHA are equivalent to one Psychological Evaluation)
      • At least one appointment slot will be available each week for Psychological Evaluations that need immediate attention, which will be with either the FSC Director or the Clinical Psychologist-II for complex cases (e.g., death cases, serious injuries, unidentified perpetrator, re-abuse/neglect cases, sex abuse, or cases involving the DHS Crisis Response Team)
      • The weekly schedule is available to the Executive Assistant (EA) and licensed psychologist (LP) who will be screening cases
   b. Receiving referrals
      • FSC receives Psychological Evaluation/MHA referral from DHS-CWS, VCM, and FSS
      • Referral is taken by EA who does initial review within 2 business days to ensure referral is requested by a DHS-CWS worker and approved by a CWS supervisor or Section Administrator
      • EA will provide referral to LP for review
      • If needed, LP will obtain information about the reason for the referral from the referring worker on the phone or immediately review the email referral
      • LP will obtain information (if not apparent in accompanying referral request) on imminent risk factors and safety factors if needed
• LP will review request and determine if appropriate to proceed to scheduling or deferral
• Priority is given to DHS-CWS due to severity of most cases
• Additional information will be obtained by LP if needed (e.g., name of resource caregiver, contact information, etc.)

c. Deferrals
• If LP believes the psychological evaluation may not be necessary, psychologist will immediately consult with the FSC Director or the FSC Assistant Director
• The FSC Director/LP will discuss case with referring worker to determine if the Evaluation should proceed.
• If the referral is deferred, the referring worker will be provided with appropriate options pertinent to case (e.g., therapeutic intervention, other psychological approach/service/resource)

d. Assigning services
• If Evaluation/MHA is determined appropriate, psychologist, with assistance from the Psychologist Assistant-I (Doctoral Psychology Practicum Student) will ensure all necessary referring information for the evaluation is obtained including contact information of client to be evaluated.
• After review, referral will forward referral to EA
• Scheduling of referral will be made 14 business days by EA after all information is obtained
• EA will determine which first available Clinical Psychologist/Post-doc/Intern/student would be best able to address referral issues based on availability and area of expertise of licensed provider and assignment is made
• For MHA, EA will determine which Doctoral Clinical Psychology Intern or Licensed Clinical SW would be best able to address the referral issues.
• A case is opened and an electronic chart will be made by the EA/Clerk/Receptionist
• EA/Clerk/Receptionist will create electronic folder under client’s name and save referral into folder titled “2-Referral”
• Accompanying DHS/CWS documents will be scanned/saved in electronic folder titled “4-CWS Documents”
• Assigned evaluator is notified via Outlook calendar of assigned evaluation

e. Notifications of appointments
• EA will notify the referring worker by phone and in writing the place, date, time and evaluator who will be completing the Psychological Evaluation/MHA
• Confirmation and reminders calls will be made by the evaluation team (see Confirming Appointments)
• Clients will be contacted by phone, text or email to notify them of the appointment
• Clients involved in any of the Specialty Courts will be notified directly at the weekly or monthly court hearings by the assigned PA-II for that Specialty Court.

f. No-shows/Cancellations
  • If client cannot be contacted, referring worker will be notified and will have the following choices:
    1) Find another way to contact the client(s);
    2) Delay the psychology evaluations and notify the courts or the parent’s attorney about the difficulty in contacting the client;
    3) Withdraw the referral.
  • No-shows: If client(s) do not show on date of appointment, referring worker will be immediately notified through phone and writing
  • FSC will not automatically reschedule at the request of client
  • FSC will only reschedule if re-referred by referring or follow-up worker

4. APPENDICES
**Persons Responsible:** Evaluation Teams – Assigned Licensed Psychologist, Post-Doc/Intern/Practicum Student

1. **PURPOSE**
   Provide information to client(s) regarding scheduled appointments and ensure appropriate documentation of confirmation efforts in client files.

2. **SCOPE**
   a. Receiving initial assignment of appointment
   b. Contacting client(s)
   c. Times when contact cannot be made
   d. Documentation

3. **PROCEDURES**
   a. Executive Assistant (EA – Erin) makes Initial assignment of team and appointment date. EA will send assigned evaluation team members email of appointment and client via the FSC Outlook Calendar
      - Team members click “Accept”, “Send Response Now”
      - Assessment date and name of client(s) will appear on Outlook Calendar
      - Information provided on calendar will include: name of client, date of assessment, location if it is a neighbor island assessment and the other team members.
   b. Contacting client(s)
      - Initial contact is made by EA to Child Welfare Services (CWS) Social Worker who is instructed to contact client(s) to notify them of appointment
      - FSC staff will be calling to do follow-up reminders
      - The post-doc/intern/student “evaluator” is responsible for contacting client(s) to confirm appointments
      - Contact client according to Appendix A (within 1 week of notification of appointment on Outlook calendar)
         - Evaluator introduces himself/herself and remind client of date/time/location
         - Parking Instructions:
            - There are two guest stalls for evaluations, inquire if client will be driving to appointment.
Instruct client to contact evaluator before they arrive to appointment to allow time for evaluator to access the desk phone to buzz client into parking area.

At parking box: dial #1402 (Family Programs Hawaii)

Explain directions to guest stall (3-7, 3-8, or 3-9)

Additional parking:
- Blaisdell ($8): have client obtain a receipt, submit to Executive Assistant for reimbursement by FSC. Please note that on certain dates, there are events at the Blaisdell and parking will not be available.
- Metered street parking: Last option as it is limited. There is a 2-hour limit and the tow away zone starts at 3:30 pm. Meters accept quarters and credit card. Reimbursements can be made by EA. Evaluator needs to keep track of payments made to parking meter
  - Inform clients that the evaluation could take 4-6 hours so they should plan to bring a snack/lunch
  - There is an option to purchase food at Hele Gas Station or across the street at Straub Hospital.
  - The office can get very cold at times so the client should bring a sweater or jacket.
- Answer any questions that the client may have.
- Appointments scheduled several months out, contact clients monthly to remind them of appointments.
  - Phone numbers may change
  - If unable to contact client, please contact the social worker for updated contact information.
- Client is provided a contact number of evaluation team member
  - Reimbursed phones will provide their numbers for clients
  - Non-reimbursed phones can provide cellular phone numbers of FSC:
    - 808-260-5131
    - 808-260-5221

Contact cannot be made
- Messages left/texted should be within HIPAA compliance do not leave Personal Health Information (PHI) of client(s). Example of HIPAA compliant message:
  - “Good Morning. This is Dr. Choy, of the Family Strengthening Center, calling to remind you of your appointment on (day/date) at (time). Please call/text (number) to obtain further information and confirm your appointment.”
• If you are unable to contact the client within a week of your initial contact, contact the referring social worker (SW) for updated contact information.
  o If you receive updated contact information from SW and still unable to contact client for initial contact, notify EA ASAP.
• If multiple attempts have been made, and still unable to confirm appointment two weeks prior to the scheduled appointment, notify EA via email. This will allow time to cancel the scheduled appointment and find a replacement.

d. Documentation
• The client’s referral form should be reviewed before contacting clients. There are times when clients contact FSC before the evaluator makes the initial contact or there may be additional information regarding contacting client such as certain things that need to be addressed or avoided
• Document ALL attempts made to contact client(s) and SWs:
  o FSC Assessment Drive (T) → in client case file → folder “2-Referral” → referral form under “client contacted dates” →
  o Remote Desktop: when opening referral form, right click form, open with Adobe Acrobat Reader DC, type in information and save.
  o Document should include:
    ▪ Date
    ▪ Indicate if it was “telephone contact (TC),” “client contact,” “text,” “leave message (LVM),” and if “client confirmed”
    ▪ Initials of caller

Example 1:
Appointment scheduled 01/15/19 - CA
Date of appointment 03/26/19 - CA
FSC evaluator contacts client on 01/20/19: appointment confirmed - SC
FSC evaluator contacts client: 02/28/19: appointment confirmed - SC
FSC evaluator contacts client: 03/12/19: phone not in service - CA
FSC evaluator contacts CWS social worker for contact info on 03/12/19: CWS has not been in contact with client for several weeks. CWS requesting to cancel appt. - SC
FSC evaluator sends email to Executive Assistant with information to cancel appointment. - CA

Example 2:
Appointment scheduled 01/15/19 - SC
Date of appointment 03/26/19 - SC
FSC evaluator contacts client on 01/20/19: FSC leaves a message - SC
01/27/19: No return call back from client. FSC contacts client again; leaves 2nd message. - SC
02/03/19: No return call back from client. Call or email social worker for updated contact information. -SC
02/05/19: FSC contacts client with new contact information; leaves 3rd message. -SC
02/12/19: No return call back from client. Inform Executive Assistant that evaluator is unable to contact client to confirm appointment. Executive Assistant will then consult with Dr. Choy to cancel appointment and find replacement. –SC

4. APPENDICES

APPENDIX A

<table>
<thead>
<tr>
<th>Client:</th>
<th>Client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Eval Appt:</td>
<td>Date of Eval Appt:</td>
</tr>
<tr>
<td>Initial Notification Call Date:</td>
<td>Initial Notification Call Date:</td>
</tr>
<tr>
<td>☑ Confirmed directly by client</td>
<td>☑ Confirmed directly by client</td>
</tr>
<tr>
<td>☑ Voicemail message left</td>
<td>☑ Voicemail message left</td>
</tr>
<tr>
<td>☑ Text left</td>
<td>☑ Text left</td>
</tr>
<tr>
<td>☑ Non-working number (Call SW and attempt again)</td>
<td>☑ Non-working number (Call SW and attempt again)</td>
</tr>
</tbody>
</table>

Message follow-up after a week of initial call
Date: 

| ☑ Confirmed by client within a week |
| ☑ Not confirmed by client |
| ☐ Call SW for new contact# |
| ☐ Attempt initial notification again |

One Month prior to appt
Date: 

| ☑ Confirmed/reconfirmed by client |
| ☑ Client cannot make it → notify Erin |
| ☑ Still no response → notify Erin |

One Week prior to appt
Date: 

| ☑ Confirmed/reconfirmed by client |
| ☑ Client cannot make it → notify Erin |
| ☑ Still no response → notify Erin |

Notes:
Persons Responsible: Student/Intern/Post-doc – Licensed supervisor is ultimately responsible for process when Student/Intern/Post-doc are unavailable/unassigned to case

1. PURPOSE
   Ensure standardized administration of evaluations that comply with best practices within the field of psychology. Evaluations are comprehensive, trauma-informed, strengths-based, family-focused, culturally and linguistically responsive assessments to determine an appropriate level of service.

2. SCOPE
   This procedure covers:
   a. Preparing for evaluation
   b. Client expectations/responsibilities
   c. Day of evaluation
   d. Conducting the Evaluation
   e. Scoring and Scanning
   f. Obtaining additional information
   g. Report writing
   h. Feedback session

3. PROCEDURES
   a. Preparation for evaluation
      • Referral and supporting documents are uploaded into client electronic file by Executive Assistant (EA)
      • Date of evaluation is put in Outlook calendar by EA
      • Reminder calls are made by assigned Post-Doc/Intern/Student, Licensed Psychologist using Appendix A form
         o Client is provided:
             Length of evaluation
             Address
             contact information and instructed to call/text SV on day of evaluation upon arrival
         o Inquire whether client will be driving
      • Student/Intern/Post-doc will document telephone/email/text contact with client and/or CWS worker as well as any effort to contact client (see section on Confirming Appointments)
      • Student/Intern/Post-doc will review available documents on client located in their file
      • After review of case documents, Student/Intern/Post-doc will prepare testing battery, which will be reviewed by supervisor (refer to Appendix C for list of available testing)
b. Client Expectations/responsibilities. Refer to Appendix B for notification to be sent to client
- Should clients ask, they will be informed that audio or video recordings of evaluation are not permitted
- Copies/pictures of testing protocols are not permitted
- Self-report forms are to be kept at the office, teacher forms once received are also kept at the office
- Clients are not to bring children to appointments since childcare is not available

c. Day of Evaluation
- Student/Intern/Post-doc will have test battery prepared in advance
- Student/Intern/Post-doc will greet client at entry (either front door in lobby or parking via elevator), escort client to waiting area
- Student/Intern/Post-doc will offer water, tea or coffee
- Student/Intern/Post-doc will escort client to and from office to exits (front door in lobby or parking via elevator)
- Student/Intern/Post-doc are responsible for client for duration of evaluation
- Student/Intern/Post-doc will be vigilant of child/adolescent client whereabouts for duration of evaluation
- Student/Intern/Post-doc needs to periodically check client and be available to answer questions
  - PLEASE BE CAUTIOUS OF VEHICLES IN GARAGE, FLIGHT RISKS WITH CHILDREN, AND REMIND PARENTS/GUARDIANS THEY NEED TO BE READILY AVAILABLE IN CASE OF EMERGENCIES
- Student/Intern/Post-doc will instruct anyone accompanying client to remain in the waiting area or escorted out as this is a secured building. They will also be informed of the lengthy process and provided the option to leave and return after reasonable breaks.
- No minor is to be left unattended in the waiting area without approval from a licensed clinician
- Once ready, Student/Intern/Post-doc will escort client into interview office
- Student/Intern/Post-doc will introduce client to evaluation team

d. Conducting the evaluation
Evaluator will
- Inform client on parts of testing (interview, face-to-face testing, self-report measures), average length of time (4 to 5 hours), and requesting breaks
- Review consent forms (see Appendix D) and provide time for questions
  - Informed consent requires thorough explanation and review of consents
  - Interpreter form should be reviewed first to determine if an interpreter should be utilized
- Client is informed about sensitive information being included in report, limits of confidentiality and report release to Child Welfare Services (and/or court)
- Person explaining the form **signs as witness**
- If there is a question of client’s ability to understand consents, seek supervision
- Consent to speak to provider should also be signed if client has therapist or other provider that could provide collateral information
- If client being evaluated is a minor, guardian/transporter will be informed that they need to be available/near in the event of an emergency and evaluator will obtain their contact information for retrieving the child once the evaluation is done

• **Formal assessment**
  - Notes should be taken regarding client’s performance (behavioral observations) and answers
  - Supervisors should be consult when there is uncertainty of test administration or if a client does not wish to complete a test
  - If the client requests a break during the assessment, escort to waiting area or outside
  - With the exception of the projective drawings, the client should be provided a **pen to complete self-report forms and instructed to make an “X” on the responses they do not want if they change their answers**
  - Suicide and safety is assessed at every clinical encounter. If there is a concern of safety please refer to section **Crisis Intervention**

• **After completion of self-report forms, Student/Intern/Post-doc will review forms to ensure everything is complete**
• **Student/Intern/Post-doc will escort client out of building**
• **If client is unable to complete evaluation in one session, team will set up a second follow-up appointment day/time as soon as possible with the client or guardian (if a minor)**

e. **Scoring and Scanning**
  - Assessment tests should be scored and scanned into the client’s electronic file **on day of evaluation or as soon as possible**
  - Scanning of Raw Data – (see section on **Scanning Instructions for Raw Data**)

f. **Obtaining additional information**
  - Student/Intern/Post-doc will discuss information to be obtained through collateral sources
  - Signed consent for collateral sources are to be faxed to outside provider
  - Any documents obtained from collateral sources should be placed in “CWS Documentation” folder. This includes documents obtained from client on day of evaluation (e.g., medical marijuana card, certificates, etc.)

g. **Report writing**
• After tests are scored and scanned, Student/Intern/Post-doc will meet with licensed clinician to review results and discuss interpretation/formulation
• Reports are completed in accordance with psychological standards
• Reports should take into account the following
  o client’s personality characteristics
  o strengths and needs of client and family
  o readiness for change
• Reports will follow the FSC format (Appendix E)
• Drafts by Student/Intern/Post-doc will be submitted to their supervisor no later than a week after the evaluation date
  o All sections should be completed for full report credit
  o Extensions need approval by supervisor
• Due date of report is two calendar weeks after evaluation OR date of last information received/family member scheduled
• Final report and diagnoses are the licensed clinician’s responsibility
• Report writer will print final draft of report
• Signatures of licensed clinician (listed first at end of report) and Post-Doc/Intern obtained
• Submit hard copy file and signed reports to Executive Assistant - raw data file and signed report to Executive Assistant with report on top and raw data file in the following order top to bottom:
  1) Consents – with client’s name written on each consent
  2) Clinical Interview
  3) Testing
• Place electronic copy of report Word document in client’s electronic file
  o Create folder and label “1-Evaluation”
  o Place Word Version in the folder and label document “Last name, First name FINAL date of evaluation”
    Example: Choy, Steven FINAL 01-01-2001
  o Close electronic file to enable Executive Assistant access
• Executive Assistant will send report to referral source
  h. Feedback session (at client’s request)
    • See section on Interpretation
    • Review the consent form (see Appendix E)
    • Caution about risks regarding release of report that contains confidential/sensitive information
    • Offer feedback or client can decline feedback
    • Answer any questions regarding report
    • Only one copy of the report is released to client

4. APPENDICES
# Appendix A

<table>
<thead>
<tr>
<th>Client</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Eval Appt: __________</td>
<td>Date of Eval Appt: __________</td>
</tr>
<tr>
<td><strong>Initial</strong> Notification Call Date: ________</td>
<td><strong>Initial</strong> Notification Call Date: ________</td>
</tr>
<tr>
<td>✔ Confirmed directly by client</td>
<td>✔ Confirmed directly by client</td>
</tr>
<tr>
<td>✔ Voicemail message left</td>
<td>✔ Voicemail message left</td>
</tr>
<tr>
<td>✔ Text left</td>
<td>✔ Text left</td>
</tr>
<tr>
<td>✔ Non-working number &lt;br&gt; (Call SW and attempt again)</td>
<td>✔ Non-working number &lt;br&gt; (Call SW and attempt again)</td>
</tr>
</tbody>
</table>

Message follow-up **after a week** of initial call

| Date: __________ | Date: __________ |
| ✔ Confirmed by client within a week | ✔ Confirmed by client within a week |
| ✔ Not confirmed by client | ✔ Not confirmed by client |
| o Call SW for new contact# | o Call SW for new contact# |
| o Attempt initial notification again | o Attempt initial notification again |

One **Month prior** to appt

| Date: __________ | Date: __________ |
| ✔ Confirmed/reconfirmed by client | ✔ Confirmed/reconfirmed by client |
| ✔ Client cannot make it → notify Erin | ✔ Client cannot make it → notify Erin |
| ✔ Still no response → notify Erin | ✔ Still no response → notify Erin |

One **Week prior** to appt

| Date: __________ | Date: __________ |
| ✔ Confirmed/reconfirmed by client | ✔ Confirmed/reconfirmed by client |
| ✔ Client cannot make it → notify Erin | ✔ Client cannot make it → notify Erin |
| ✔ Still no response → notify Erin | ✔ Still no response → notify Erin |

Notes: 

Notes:
Persons Responsible: Licensed clinicians of FSC

1. PURPOSE
   Provide clients and referral sources with interpretation of psychological evaluation reports and access to further clarification of evaluation results.

2. SCOPE
   - Receiving request
     - Providing information to this service at the outset of the evaluation
     - Review of psychological evaluation if there are contraindications of releasing report and interpretation of psychological evaluation
     - Scheduling appointment for interpretation
   - On day of interpretation appointment
     - Ensuring client understands risks of releasing report
     - Interpretation of report to client

3. RECEIVING REQUEST
   - On the day of their evaluation, the client is provided with information regarding scheduling an appointment for interpretation of his/her psychological evaluation report. The client is provided with an estimated time the evaluation would be ready and the contact number to call to arrange a feedback appointment.

   - After completion of the psychological evaluation report, the client can call either the Executive Assistant (EA) or the evaluator regarding an interpretation of the psychological evaluation report.

   - Prior to scheduling, the licensed psychologist will review the psychological evaluation report and determine if there are any contraindications for release. If there are any contraindications for release, this will be discussed with the FSC Director. If there are no contraindications, then an appointment will be scheduled based on the evaluator's availability.

4. ON DAY OF INTERPRETATION APPOINTMENT
   - The licensed psychologist will prepare necessary form ("Authorization for Use or Disclosure of Protected Health Information (PHI) Release of Psychological Report to Client", Appendix K) to release information, and a copy of the psychological evaluation report if requested.
Form is located in testing cabinet

- Consent forms for release of information will be reviewed with licensed psychologist who will also discuss the risks associated with release of report.
- A copy of the report is given to client if requested and client is provided with interpretation and clarification of terms
- Once form is signed and dated, evaluator scans signed consent into client's folder in assessment drive and gives the hard copy of consent form to EA to file with Raw Data

5. APPENDICES

Appendix K
Persons Responsible: Licensed clinicians of FSC

1. PURPOSE
Maintain confidentiality and ensure Health Insurance Portability and Accountability Act (HIPAA) compliance while providing continuity of care and support for clients. Ensure compliance with the American Psychological Association (APA) standard code of ethics regarding the disclosure of information

*Mandated reporting situations supersede this SOP as required by law in the State of Hawaii

2. SCOPE
- Evaluation/Assessment Reports
  - Release of psychological evaluation to DHS - CWS/VCM
  - Release of psychological evaluation to client
  - Release of psychological evaluation to court
- Therapy Related Information
  - Release of therapy information for continuity of treatment
  - Providing update to case workers
  - Releasing information to court
  - Providing information to other entities

3. EVALUATION/ASSESSMENT REPORTS
In compliance with the American Psychological Association (APA) standard code of ethics 4.05(a), which states:

*Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law. *(American Psychological Association, 2017)

- The identified client for psychological evaluations conducted at FSC is the Department of Human Services – State of Hawaii, Child Welfare Services (CWS) or Voluntary Case Management (VCM); thus, unless otherwise indicated, the psychological evaluation report will be released to DHS, CWS or VCM upon completion of the report.
• The evaluatee also has a right to a copy of their evaluation; however, must provide a signed release of information form (by guardian if minor) and attend a feedback session with the evaluator. Due to the nature and complexity of the psychological evaluation report, the evaluator (or a licensed clinician if evaluator is unavailable) will be available to provide clarification, further information, and support to the evaluatee if needed.

*In some situations, release of a psychological evaluation may be detrimental to either the evaluatee or another individual, the report may be withheld, as indicated in APA standard code of ethics 3.04(a), if there is potential of harm to the evaluatee.

• The psychological evaluation report may also be released to the court without the consent of the client/evaluatee if the licensed provider receives an official subpoena signed by a judge as stated in APA standard code of ethics 4.05(b), which states:

Psychologists disclose confidential information without the consent of the individual only as mandated by law.... (American Psychological Association, 2017)

4. THERAPY RELATED INFORMATION

In therapy, unless otherwise stated, the client is the individual entering the therapeutic relationship. For minors, the legal guardian shall be the individual to provide legal consent for release of information.

The client/guardian may request release of information from the provider to another entity. The provider will obtained signed release from the guardian/client in accordance to APA standard code of ethics 3.09, which states:

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (American Psychological Association, 2017)

• Release of therapy information for continuity of treatment

The client may request therapy provider to release treatment information to another provider to facilitate treatment. The provider will obtain signed consent from the client and discuss information to be shared.

• Providing update to case workers

At the outset of therapy, families involved in DHS cases, will be informed that treatment progress will be shared with their DHS case worker and possibly family court.

• Releasing information to court
If court-ordered to treatment, the client will be informed that information may be shared with court to verify their treatment attendance and progress. Upon initiation of treatment, the client will be informed of type of information that may be communicated.

- Providing information to other entities

The client may request provider to release information to another entity for various purposes (e.g., IEP meetings, employment, military or government clearance). The provider will obtain signed consent, discuss information to be shared, and inform client of possible risks, if any, regarding the disclosure of information.

References
1. PURPOSE:
Standardization of Mental Health Assessments (MHA) to ensure optimal service provided to clients and families served. The MHA is an issue focused assessment that typically takes 1.5 to 2 hours to complete and assists the referring worker in treatment/service planning, case direction and to develop the best approach to work with the clients and their families based on their mental health status.

2. SCOPE
This procedure covers:
   a. Uses of MHA
   b. Parts of MHA
   c. Requesting a MHA
   d. Completing MHA

3. PROCEDURE
   a. Uses of MHA
      • general trauma assessment
      • assessment of suicide risk
      • assessment of homicide risk
      • assessment of trauma related to separation from caretakers
      • assessment of trauma due to transitional changes in placement
      • assessment of trauma due to visitations or lack of visitations
      • assessment of acute psychotic symptoms
      • assessment of possible neurocognitive disorder such as delirium or dementia and the need for further psycho-neurological assessment
      • assessment of psychological symptoms of acute substance usage
      • assessment of possible psychological causes of acute emotional and/or behavioral reaction
      • screening of possible developmental delays or impairment
   b. Parts of MHA
      • Mental Status Examination
      • Clinical interview to assess current psychosocial factors and review social history as it pertains to client’s current state
      • Clinical observations of symptoms to determine the current state of the client and their immediate psychological needs
Brief psychological screenings (e.g., Suicide Potential Scale, Beck Depression Inventory, etc.) may be administered to determine risk for suicide.

For school-aged clients, a brief behavioral screening may also be administered to assist with the MHA.

Brief screening of parenting perception and stress (e.g., Parenting Stress Index-Short Form) may also be administered to determine any immediate parenting risks.

For the young child, MHA may include developmental screening to determine the need for more comprehensive developmental assessments especially as it may pertain to the increased care needs that may increase the parenting demands.

The Mental Health Evaluator will provide a preliminary diagnosis and recommendations.

c. Requesting a MHA

- DHS-CWS/VCM/FSS worker may call for a MHA anytime during normal FSC working hours.
- In emergency situations during off-FSC work hours, the worker can contact the on-call psychologist who will be available for off-hour emergency assessments if necessary. Comprehensive consultation with the referring worker will assist in determining if the MHA is necessary beyond normal working hours.
- For emergency situations during regular FSC work hours:
  - Worker will immediately be referred to the Mental Health Evaluator who is on-call for that day.
  - If there is a slot available on the day of the referral, client will be scheduled to be seen on the day of the intake call and arrangements will be made with the referring worker to get the client to the FSC office for the MHA.
  - If no available slots for an emergency MHA, the referring worker will immediately be given the soonest available appointment for the assessment, usually within a couple business days of the referral.
  - Face-to-face assessment will occur no later than 2 weeks from the initial referral.

d. Completing MHA

- Raw data and consent forms are to be scanned into the client's electronic file (see Scanning Instructions for Raw Data).
- The Mental Health Evaluator will use the MHA electronic form to write the MHA report (see Appendix L).
- If the Mental Health Evaluator is a Post-doc/Intern/Student, he/she will alert their supervisor that the MHA report is ready for review. The licensed clinician will review the MHA report to ensure all sections are complete and accurate.
• Completed MHA report will be printed and signed by Mental Health Evaluator and licensed clinician (if applicable)
• Completed and signed form, along with raw data is provided to Executive Assistant with staples, and paper clips removed
• After MHA is complete, the Mental Health Evaluator will consult with the referring worker to assist in determining the plan of action
• Referring worker will get a written report of the MHA within 2 weeks of the completed assessment.

4. APPENDICES
## APPENDIX L

### MENTAL HEALTH ASSESSMENT

<table>
<thead>
<tr>
<th>Client's Name Last, First</th>
<th>Birthdate</th>
<th>Age</th>
<th>Relationship to Victim</th>
<th>Date of Assessment</th>
<th>Referral Name &amp; Contact Info</th>
</tr>
</thead>
</table>

### REASON FOR MENTAL HEALTH ASSESSMENT
- Need for Treatment
- Risk of Self Harm
- Risk of Harm to Others
- Placement Issues
- Visitation Issues
- Current Mental Status
- Immediate Child Maltreatment Risk
- Need for Specialty Assessment:

### BACKGROUND INFORMATION

<table>
<thead>
<tr>
<th>Current Placement/Residence</th>
<th>Home</th>
<th>Relative Home</th>
<th>Foster Home</th>
<th>Shelter Home</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Placement/Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Report</th>
<th>Threatened Harm</th>
<th>Physical Abuse</th>
<th>Neglect</th>
<th>Sexual Abuse</th>
<th>Psych Harm</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Report</td>
<td>Threatened Harm</td>
<td>Physical Abuse</td>
<td>Neglect</td>
<td>Sexual Abuse</td>
<td>Psych Harm</td>
<td>Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Father</th>
<th>Mother</th>
<th>Relative:</th>
<th>Other:</th>
<th>Unknown</th>
</tr>
</thead>
</table>

| Additional Information | |
|------------------------||

### SOURCE OF INFORMATION
- Clinical Interview
- Mental Status Examination
- Psychological Screening, List:
- Trauma Screening, List:

### Other Sources of Information
### ASSESSMENT FINDINGS

#### MENTAL STATUS EXAMINATION:

<table>
<thead>
<tr>
<th>Unremarkable</th>
<th>Remarkable Findings (See below for findings)</th>
</tr>
</thead>
</table>

#### List of Remarkable MSE Finding

#### RISK FOR HARM TO SELF:

<table>
<thead>
<tr>
<th>No Concerns</th>
<th>Mild</th>
<th>Moderate</th>
<th>High</th>
<th>Unable to Assess</th>
</tr>
</thead>
</table>

#### RISK FOR HARM OF OTHERS:

<table>
<thead>
<tr>
<th>No Concerns</th>
<th>Mild</th>
<th>Moderate</th>
<th>High</th>
<th>Unable to Assess</th>
</tr>
</thead>
</table>

List of Other Significant Mental Health Concerns: List:
Referral for Fun Psychological Evaluation

Referral for Specialist Assessment:

Referral for Psychotherapeutic Treatment. List Types

Referral for Other Services. List Types:

Other Recommendations:

| Psychologist/Mental Health Consultant's Name/Title | Psychologist/Mental Health Consultant's Signature |
1. PURPOSE:
   Ensure orderly and appropriate case closure that promotes client’s wellbeing and continuity of care as needed

2. SCOPE
   This procedure covers:
   a. Case closure of referrals
   b. Case closure due to no-show
   c. Evaluation/Assessment case closures
   d. Therapy case closures
   e. Reopening of closed cases

3. PROCEDURE
   a. Case closure of referrals
      • Upon referral for evaluation/assessment, if client cannot be reached/located with assistance of referring worker/Family Court, referral will be placed in a hold electronic file for 3 months from date of referral submission until and if the client is located.
      • If client is not located after 3 months, case will be closed until re-referred
      • If client is re-referred by the DHS-CWS/VCM/FSS worker, referring worker will be notified in writing of the case closure
   b. Case closure due to no-show
      • If client does not show for their scheduled appointment, referring worker will be notified immediately via phone and written notification by Executive Assistant (Erin)
      • Referral is kept on hold until the referring worker determines whether they want to reschedule the appointment.
      • If the client does not show up for second scheduled appointment, any subsequent appointments will be done at the discretion of the referring worker in consultation with the worker’s supervisor.
      • FSC will reschedule the evaluation/assessment at the discretion of DHS with the understanding that repetitive no shows interferes with the ability to schedule other needed evaluations/assessments in a timely manner.
      • If referring worker wishes to withdraw referral, case will be closed and the referral archived in FSC encrypted electronic system.
   c. Evaluation/Assessment case closure
      • Case is closed after evaluation/assessment report is written and submitted to EA for forwarding to referral source (see Psychological Evaluation and Mental Health Assessment procedures)
      • File will be archived following case closure but can be accessed when necessary and at the request of DHS
• Interpretation and consultations may still occur after case closure and will be documented in client’s electronic case file if they should occur

d. Therapy case closure
• Therapy cases are closed due to successful attainment of treatment goals, client attrition, client moving, or request by client to terminate services
• Therapist discusses case closure process during introduction of therapy
• Post-doc/intern/student will notify their supervisor to discuss case closure and set date of case closure when possible
• Once case closure is approved by supervisor, if possible, therapist will discuss case closure with client (and guardian, if minor) and referral source (i.e., DHS/VCM worker) prior to last session
• If appropriate, therapist will provide alternative and/or additional community resources/providers
• Therapist will provide client with FSC contact information should they wish to re-engage in services in the future
• Closing case summary (see Appendix J) is written by the therapist and reviewed/co-signed by supervisor (if therapist is post-doc/intern/student)
• Referral source will be provided a copy of Closing Case Summary
• With request and written consent from guardian, a copy of the Closing Case Summary can be provided to community provider who will be providing further treatment.

e. Reopening of closed cases
• DHS-CWS/VCM/FSS can request to re-open a closed case by re-referring the case in the future.

4. APPENDICES

Appendix J

Closing Case Summary
Persons Responsible: All FSC staff

1. PURPOSE
   Ensure the safety of staff and clients during this time of pandemic with concerns of COVID-19 that emerged in Hawaii in March 2020. Due to the highly contagious manner of transmittal for this condition, FSC has taken extra precautions to help protect FSC staff and clients.

2. SCOPE
   This procedure covers:
   a. Prior to appointment
   b. Preparing rooms for clients
   c. Day of appointment
   d. During appointment
   e. After appointment

3. PROCEDURES
   a. Prior to appointment
      • Complete the COVID-19 screening form (located in “FORMS” folder on shared drive) prior to evaluation appointment and upload form to client's referral folder – let your supervisor and Erin know if there are any questionable responses
      • Inform client that they will need to bring a mask to their appointment
      • If this is for an evaluation, advise them to bring snacks and lunch to minimize their need to leave and return to the office
   b. Preparing rooms for clients
      • Evaluation on-site monitor: Prepare rooms for psychological evaluation prior to 9 and 9:30 am appointments
         o Testing forms on table
         o Pen for client
         o Computer set up on appropriate zoom account
      • Therapy on-site: Prepare rooms for psychological evaluation
         o To minimize need for sanitation, please see clients in designated testing offices when possible
         o If you are using a personal office, you will need to inform your supervisor
         o Therapist is responsible for sanitizing the office BEFORE AND AFTER the session
            1. All surfaces are to be disinfected and wiped down
            2. Any objects touched in office will need to be sanitized
3. Client should be instructed not to touch any personal items in the office
   • Keys to offices are in Erin’s hanging folder in testing cabinet - If you need to open other office doors, unlock the door and return keys to Erin’s hanging folder
   • Gloves, masks and thermometer are in top drawer of testing cabinet closest to small PCIT room (cabinet will be labeled)
     o There is a box of latex gloves size Large in the drawer; please do not use if you are allergic to latex
     o If they do not have a mask, FSC can provide one for the client

c. Day of appointment
   Non-Driving Client
   • Take thermometer downstairs
   • Greet client downstairs before they enter the building
   • Take client’s temperature (needs to be less than 100.4 degrees F)
   • Confirm responses on COVID-19 screen and ensure no changes (indicate confirmation on original sheet and whether there are changes)
   • Sanitize their hands
   • Provide client with mask if needed
   • Take client to assigned Exam Room 1 (Dr. Wong’s room for 9:00 eval) or Exam Room 2 (small PCIT room for 9:30 eval)
   • Sanitize and return thermometer back in testing cabinet drawer
   • Sign in for client (also located on testing cabinet)
   If Client is Driving
   • Have client contact you prior to reaching 801 S King Street
   • Go to desk phone and prepare to buzz client in. We will instruct the other FPH staff to NOT buzz in our clients
   Maintain 6 feet distance -
   • Have client park in stall 3-7, 3-8 OR 3-9
   • Take thermometer with you to get client
   • Greet client in parking lot at the parking stall
   • Take client’s temperature (needs to be less than 100.4 degrees F)
   • Confirm responses on COVID-19 screen and ensure no changes (indicate confirmation on original sheet and whether there are changes)
   • Walk client in through the stairway near the elevator or via the elevator
   • Sanitize their hands
   • Provide client with mask if needed
   • Take 9 am client to Room 1 (Dr Wong’s room)
   • Take 9:30 am client to Room 2 (small PCIT room)
   • Sanitize and return thermometer back in testing cabinet drawer
   • Sign in for client (also located on testing cabinet)

d. During appointment
   • Please escort client to restroom or downstairs if client needs to take breaks
   • If client leaves the building to go outside to smoke, please do same procedure when they return (DAY OF APPT: greet downstairs, sanitize hands, etc.)
• The client will need to sanitize their hands before re-entering the Exam Room
• Escort client back to testing room
e. After appointment
• Escort client to car via elevator or stairway near elevator OR escort client downstairs
• When you return from escorting client out of office, clean and sanitize testing room immediately before doing anything else
• Cleaning spray and paper towels are on testing cabinet
  • Spray room/surfaces (tables, chairs, light switch, computer, etc.)
  • and leave wet for a few minutes
  o Be careful and do not drench the computer with cleaning spray
  o Wipe down after a few minutes
  o If you need specific instructions, please read the bottle
• Please put away any items/materials that were brought into the room
• The room should be clean and empty
• After you are done for the day, spray and clean your area/testing computer if you did any scoring/any other desks you may have sat at/area near Xerox machine/the Xerox machine
• Please REMEMBER to lock the testing cabinets
  o Office keys, gloves, masks, thermometer are all located in the testing cabinets

4. APPENDICES

APPENDIX M
Client COVI0 -19 Screening Form

Yoursafety is very important to us.

Please answer the items below (please answer at least 2 hours before client's appointment).

1. Have you had a fever or felt hot/feeling hot in the past 14-21 days?
   
   No

2. Have you had a cold or cough in the past 14-21 days?
   
   No

3. Have you had shortness of breath or any difficulty breathing in the past 14-21 days?
   
   No

4. Have you been coughing in the past 14-21 days?
   
   Yes

5. Have you had any symptoms such as headache, body aches, loss of taste, or smell?
   
   No

6. Have you had a loss of taste or smell in the past 14-21 days?
   
   No

7. Have you been in contact with someone who tested positive for COVID-19, or do you live with someone who tested positive for COVID-19?
   
   No
8. Do you have heart disease, lung disease, or any auto-immune disorder?

No

9. Did you or someone in your household/work outside of home travel outside the past 14 days?

No

10. If you traveled, list what items you brought from outside the home:

Supplemental forms completed.

Your safety is our utmost concern. We will be taking precautions to minimize the risk of exposure by using personal protective equipment, implementing disinfectant protocols, and socially distancing as much as possible as well as limiting staff in the office. There may be times when close proximity to others cannot be avoided. We will also be conducting the evaluation via A2health Noncon. Please, let us know if you have any questions or concerns.

Although the risk of exposure is minimal, do you accept the risk and consent to participate? Yes

S. I consent to participate and acknowledge the risks (Yrrbal consent obtained)

No, I do not consent to participate this time

Completed by: __________________________

Date: __________________________ Time: __________________________
Persons Responsible: All FSC staff

1. PURPOSE
   Ensure the safety of staff and clients during this time of pandemic with concerns of COVID-19 that emerged in Hawaii in March 2020. Due to the highly contagious manner of transmittal for this condition, FSC has taken extra precautions to help protect FSC staff and clients.

2. SCOPE
   This procedure covers:
   a. Screening for remote versus onsite
   b. Pre-appointment COVID-19 screen for onsite services
   c. In Person Evaluations
   d. In Person Therapy

3. PROCEDURES
   a. Screening for remote versus onsite – during this time of required social distancing, it is preferable to use remote telepsychological services whenever possible to decrease risk of COVID-19 exposure
      - Client will be contacted to determine whether they have appropriate equipment for remote telepsychological services
         o Smart-tablet/smartphone or computer with camera and audio enabled connection to internet
         o Secured, stable wi-fi connection or unlimited data connectivity
         o Quiet, enclosed, private space where confidentiality can be maintained
         o Ability and comfort in using equipment for telepsychological service
         o If telepsychological services are to be used, FSC will ensure the remote platform used is encrypted and follows Health Insurance Portability and Accountability Act (HIPAA) guidelines
      - If client does not have access to or is unable to use equipment as stated above, arrangements can be made for the client to come into the FSC office to use equipment – note: this availability may change as isolation and distancing mandates change – FSC will be following CDC and state guidelines
   b. Pre-appointment COVID-19 screen for onsite services
      - The client will be contacted 24 hours prior to the client's appointment and will complete the COVID-19 screening form
      - The COVID-19 screening can be texted or emailed to the client
• If client is unable to complete via email or text, the therapist/evaluator should call the client and verbally administer the screen via phone
• If any concerns arise during the screening, the unlicensed therapist/evaluator should consult with their assigned supervisor to determine whether the service should proceed.

c. In Person Evaluations
   • Please see COVID – 19/Transmittable Condition – In Person Procedure

d. In Person Therapy Assignments
   • Please see COVID – 19/Transmittable Condition – In Person Procedure