Doctoral Clinical Psychology Internship

TRAINING MANUAL
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CHAPTER 1: 2022 to 2023 Family Strengthening Center at Family Programs Hawaii-Overview

Mission Statement

The Doctoral Internship program at the Family Strengthening Center (FSC) at Family Programs Hawaii (FPH) endorses the Family Strengthening Center’s mission statement, which is 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 provide are part of the long history of psychological services offered 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 at FSC. In 2014, the Family Strengthening Center at Family Programs Hawaii was founded and continued to be a site under the HSPP Doctoral Internship Consortium. The FSC continued to be a site in the HSPP Doctoral Internship Consortium until March of 2019, when Argosy University closed. Since that time, the FSC functions as an Individual Doctoral Internship site and is an Affiliated Member of the Association of Psychology Post-Doctoral and Internship Centers (APPIC).

The FSC Doctoral Internship program offers a comprehensive Doctoral Internship-training program in professional psychology and is designed to fulfill the clinical Doctoral Internship requirements for the doctoral degree in clinical psychology. As the FSC Director was established by the former Training Director for the APPIC member HSPP Doctoral Internship Consortium, the FSC continued to follow all the requirements of an Individual Doctoral Internship site and is currently applying for membership as a separate independent site. The FSC, as part of the HSPP Doctoral Internship Consortium, matched with and accepted three Doctoral Intern students for the 2018 to 2019 Doctoral Internship year, and continued to provide APPIC Affiliated supervised clinical psychology Doctoral Internship Training after the closure of Argosy University to complete the current Doctoral Interns’ training. During the 2019-2020 Doctoral Internship match, the Center accepted 2 matched Interns as an APPIC member. For the 2020-2021 Doctoral Internship, the Center accepted one matched Intern during the APPIC Match Phase I; and two interns were accepted during the APPIC Match Phase I and one intern during the Phase II for the 2021-2022 Doctoral Internship training year.

The Family Strengthening Center at Family Programs Hawaii specializes in working with vulnerable and culturally and individually diverse populations, utilizing methods grounded in Trauma Informed Care and employing a variety of Evidenced Based Treatments. 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 (PCIT) for the State of Hawaii and has trained therapists in the evidenced based Child Parent Psychotherapy (CPP). 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 where our Doctoral Interns and Post-Doctoral Residents participate in the courts as a member of the court team. The FSC has over 40 years of psychological experience in the assessment, treatment, and prevention of child maltreatment. The psychological staff has also provided expert court testimony on child maltreatment. Due to the specialized training 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 large, long-term, and renewable State of Hawaii Purchase of Services grants, most of which provide statewide services. The FSC also receives grants and donations from several private community foundations and is a credentialed service provider for most of the private and government fee-for-service insurance plans. Private payments are also accepted based on an income-based fee-for-services sliding scale. The FSC is also supported by training fees for professional training workshops. This allows FSC to provide an annual Training Salary (Stipends) of $27,000 with full benefits to include Medical/Dental/Drug/Vision plans, two weeks of Paid Time Off and 13 observed and paid holidays.

**Doctoral Internship Program's Requirements and Responsibilities**

**Doctoral Internship Program’s Requirements and Responsibilities:**

1. The FSC is an APPIC member and participates in all phases of the APPIC Internship Match. The FSC abides by all the APPIC membership requirements and responsibilities.

2. The FSC Doctoral Internship program is managed by the Doctoral Internship Training Director, Dr. Cheryl Andaya, who is a Licensed Clinical Psychologist and the FSC’s Executive and Clinical Director. She is full-time at the Center, and is also an adjunct faculty at the Hawaii School of Professional Psychology at Chaminade University of Honolulu. The Doctoral Internship Training Director also is responsible for the coordination of training and networking with each of the Doctoral Interns’ academic program and Graduate Training Directors.

3. In addition to the Doctoral Internship Program, the FSC is a doctoral practicum site for graduate psychology Universities/Schools as well as a training site for Post-Doctoral Psychology Residents/Fellows. This allows the Doctoral Interns to have experiences with trainees from different Graduate schools and allows them to receive training and experience in supervision of the Doctoral Psychology Practicum trainees. They have joint training experiences with the FSC’s Post-Doctoral Psychology Residents/Fellows.

4. The FSC has [three additional] Licensed Clinical Psychologists on staff who work onsite as primary and secondary supervisors of the Doctoral Psychology Doctoral Interns. There are two 1.0 FTE equivalent Clinical Psychologists, one 0.50 FTE Clinical Psychologist, in addition to the Full-Time Executive and Doctoral Internship Director; .50 FTE is devoted to supervision of the psychology trainees. The Doctoral Interns have daily access to a Licensed Clinical Psychologist and have experience with at least two different clinical supervisors during their Doctoral Internship training.

5. The Internship Training Director and all FSC Licensed Clinical Psychologists/Staff comprise the Training Committee (TC) and are responsible for the integrity and quality of training. The Training Committee a) directs and organizes the training program and its resources at FSC, b) is involved in the selection of Doctoral Interns, c) monitors and evaluates the training program’s goals and activities at FSC, d) is responsible for documenting and maintaining the Doctoral Interns’ training records, and e) participates in weekly group supervisors and training meetings.

6. The FSC provides at least two hours per week of face-to-face individual supervision, and two hours per week of group supervision for each full-time Doctoral Intern by a Licensed Clinical Psychologist. The Training Committee is responsible for the development and presentation of the training activities and uses guest faculty/trainers in the community to provide training in special areas of their expertise. An average
of 2 to 4 hours of didactic training is provide through the FSC’s Training Seminars.

7. The Doctoral Intern will be assigned a specialty court to manage the court’s mental health services. The Doctoral Intern will be responsible for providing Psychological Consultations, receiving Psychological Evaluation requests, and providing Intervention Consultation to the Specialty Court as part of the Court Team.

8. Each intern is guaranteed an annual Training Salary (Stipends) of $27,000 with full Medical/Dental/Drug/Vision plan and two weeks of Paid Time Off with 13 observed and paid holidays. The average annual Doctoral Internship training stipends in Hawaii is $27,000.

**Doctoral Intern Requirements and Responsibilities:**

1. The Doctoral Internship is a year-long (365 days), full-time, 2000-hour training experience. Doctoral Interns and sites may adjust their schedules to meet the needs and training experience of both, but it is expected that Doctoral Interns will accumulate their hours based on a 40-hour week for a minimum of 50 weeks. Overtime and/or compensation time will not be grounds for leaving a Doctoral Internship in less than 52 weeks. Doctoral Interns who do not document 2000 hours during the training year may petition the FSC in coordination and approval from their academic training program to continue training with the FSC until those hours are completed.

2. Doctoral Interns must provide a minimum of 500 hours of direct client contact or approximately one-quarter of their time. This ranges from 10-15 and no more than 20 hours per week of direct client contact. The rest of the time should be spent with training experiences, supervision, report writing, case conferences, meetings, research, etc.

3. Doctoral Interns must attend weekly group supervision and training seminars at the Family Strengthening Center at Family Programs Hawaii.

4. Doctoral Interns must complete one research project that will be submitted for peer review and possible acceptance for a paper/poster presentation at the Annual Hawaii Trauma Conference and/or any approved conference/convention.

5. Doctoral Interns must participate in a group community-service-activity related to the field of clinical psychology with all the Doctoral Interns and the Post-Doctoral Residents/Fellows at the FSC.

6. The Doctoral Internship year begins on August 26, 2022 and ends on August 25, 2023. Provisions can be made for Doctoral Interns who need to extend their training beyond August 25 for unforeseen reasons in order to secure at least 2,000 hours of Doctoral Internship training. Doctoral Interns are covered by liability/malpractice insurance through the Family Strengthening Center at Family Programs Hawaii and their academic program for one year beginning August 26, 2022 and ends at the end of the Intern's Doctoral Internship.

**Doctoral Internship Program Ethical & Professional Obligations**

As a Doctoral Internship Training Program for Doctoral Interns in the field of professional psychology, it is the ethical and professional responsibility of the FSC clinical staff/supervisors and administrative staff to ensure, to the best of their ability, that the Doctoral Interns who complete their training program are competent enough to carry out their professional responsibilities in an effective and appropriate manner. It is the Training Staff’s obligation, not only to evaluate their Intern’s competence in relevant program requirements, but also to evaluate other competence areas related to fitness for practice. This includes, but is not limited to, professional
characteristics such as: (a) interpersonal skills; (b) self-awareness, self-reflection and self-evaluation; (c) emotional maturity, stability and well-being; and (d) ability to resolve issues that interfere with professional and skill development. Supervisors of Doctoral Interns should not strive to advance, recommend, or graduate Doctoral Interns who have cognitive, emotional, psychological, interpersonal, technical, or ethical difficulties that may have a negative impact on the profession, future sites, or the general public. Rather it is the responsibility of the Training Staff to address any deficiencies through training activities, supervision, and appropriate remediation efforts. Documentation of each Intern’s progress and challenges is expected.

**Doctoral Internship Program Structure**

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

Specifically, the IPD’s responsibilities include:

1. **Organizing the weekly didactic and supervision training seminars**: The IPD arranges for weekly didactic and supervision training seminars for all the Doctoral Interns. The IPD oversees the training seminars and is responsible for appointing a licensed clinical psychologist(s) and guest faculty/trainers to implement them. The IPD and the Doctoral Internship Training Committee identifies training components and didactic content that is included in formal presentations throughout the course of the Doctoral Internship year. These training seminars may involve presentations by members of the Training Staff and/or presenters invited from the community that are experts in their field. The IPD and designated seminar leader(s) attend to scheduling, invitations, and evaluations of the presentations. Budgetary issues and honoraria for outside speakers is the responsibility of the IPD, and the Executive Director of the FSC.

2. **Communications with APPIC if approved for APPIC membership**: Annual information updates, registration with the Association of Psychology Postdoctoral and Doctoral Internship Centers (APPIC), three-year reviews, and other necessary communications with APPIC are the responsibility of the IPD.

3. **Communication with the Interns’ Graduate Training Director**: Formal communication with the Interns’ Graduate Training Director occurs when the Interns are match to and accepted by the FSC Internship Program, at the time of the Interns’ Performance Evaluation and if there any concerns about the Interns’ performance and their ability to complete all the required competency aims. The Intern’s Graduate Training Director can contact the FSC Internship Director at any time to discuss the program and the Intern’s progress.

4. **Supervision and Training**: The IPD is responsible for the administrative component of supervision (i.e., assuring that Doctoral Interns are receiving adequate supervision by their supervising Clinical Psychologist and for coordinating the Performance Evaluation of the Doctoral Interns).
5. *Program Evaluation:* Evaluations are conducted on a regular basis. Evaluations are undertaken by the Doctoral Internship Training Committee to assure that students, supervisory staff, and participating community agencies and State of Hawaii Departments receive input in identifying concerns, providing positive feedback for participating staff and students, and assuring the quality of training. The IPD oversees evaluations and helps communicate feedback to individuals and participating agencies/department. The IPD also identifies areas for the improvement of the FSC Doctoral Internship Training Program.

6. *Doctoral Interns Selections:* The FSC Doctoral Internship Training Program operates in accordance with the APPIC Doctoral Internship matching period and process. The Training Committee utilizes a selection form, which each committee member completes independently based on the application materials and interview of the prospective Intern.
CHAPTER 2: DOCTORAL PSYCHOLOGY DOCTORAL INTERNSHIP TRAINING PROGRAM

Internship Program Activities and Purpose

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

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

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

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

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

Doctoral Internships Program’s Goals/Aims and Methods

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

APA Aims and Competencies for Psychologists:
1. The Doctoral Intern will demonstrate competencies in using research in the service provision.

2. Doctoral Interns will demonstrate knowledge of ethical and legal standards relevant to the practice of clinical psychology, including professional ethics that guide professional behavior.
3. The Doctoral Intern will demonstrate competency in individual and cultural diversity, including knowledge of theoretical models and diversity research that serve to guide the application of diversity competence and must demonstrate competencies in understanding the impact of individual and cultural diversity and make appropriate adjustment with their service provision.

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

5. Doctoral Interns will develop both communication and interpersonal skills, to include utilization of clear, informative, well-integrated communication, critical thinking, and effective interpersonal skills in professional interactions.

6. Doctoral Interns will demonstrate competency in psychological assessment, including the ability to administer, interpret, and integrate psychological test results and apply knowledge of strengths and psychopathology to the assessment process.

7. Doctoral Interns will demonstrate competency in clinical intervention, including case formulation, theoretical conceptualization, developing and applying evidence-based treatment plans, and evaluating treatment effectiveness in work with clients.

8. Doctoral Interns will evidence knowledge of supervision models and practices as well as demonstrate appropriate supervision of their supervisees.

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

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

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

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

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

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

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

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

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

**Method 1g:** Develop professional and constructive relationships with others in becoming psychologists.
Method 1h: Provide experience in using Psychological Evaluations and Therapy Progress Notes in court proceedings through attending the Family Specialty Courts and participating in a live mock Child Protective Services court proceedings in coordination with the University of Hawaii William A. Richardson Law School.

Method 1i: Provide Trauma Informed Care training and experiences in assessment and treatment of adults and children that have experienced complex interpersonal trauma.

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

Method 2a: Provide training in clinical research and publication in peer-reviewed professional journals through the weekly seminar trainings.

Method 2b: Completion of trauma related literature review, program development or quantitative/qualitative research for poster presentation at the Annual Hawaii International Trauma Summit on Assessing, Treating and Preventing Trauma Across the Lifespan.

Method 2c: Utilization of research to assist with weekly case presentations and reviews

Method 2d: Utilization of research to complete comprehensive forensic clinical psychological evaluations

Method 2e: Utilization of research to assist in treatment planning for intervention cases

Method 2f: Utilization of research to provide expert psychological consultation

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

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

Method 3b: Doctoral Interns will assist in managing the Mental Health Treatment services including individual crisis support and group therapy for the children at the Family Programs Hawaii Receiving Home. They will also manage the Mental Health services at one or more of the Hawaii Family Specialty Courts.

Method 3c: Provide experience in psychological expert testimony and consultation to assist Doctoral Interns in utilizing psychological data in the courts by participating in one or more of the Hawaii Family Specialty Courts.

Method 3d: Provide opportunity to give psychological feedback to patients/clients regarding results of their psychological evaluation and treatment progress as well as psychoeducational services to patients/clients and other professionals.

Method 3e: Provide the opportunity to work with multidisciplinary professionals and demonstrate the ability to interact professionally with staff and other professionals during the planning meeting at the Hawaii Family Specialty Courts and at the FPH Receiving Home.

Method 3f: Experience in providing multidisciplinary consultations in Multidisciplinary Child Protection Teams, ‘Ohana (Family) conferences, and Specialty Court Teams

Method 3g: Participation in training multidisciplinary professionals, Resource Caregivers (Foster Parents), Court Professionals, and Victims of Child Maltreatment.

Aim 4: Doctoral Interns will demonstrate their knowledge of and competence in addressing the needs, values, and experiences of people from diverse, underserved, or marginalized subpopulations during relevant courses, practicum and Doctoral Internship by recognizing
and distinguishing people from such subpopulations, differentiating their experiences and prioritizing their needs. (APA CoA Competencies 1, 3, 4, 5, 6, 7, and 9)

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

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

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

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

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

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

**Method 5b:** Utilize trauma informed care in assessing and treating individuals who experienced interpersonal trauma.

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

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

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

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

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

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

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

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

**Method 1e:** Participate in child maltreatment family court cases.

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

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

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

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

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

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

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

Location and Offices Support: The FSC main office is 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. Each Intern has a key for entry into the building and fingerprint access into the main office areas. The FSC West Oahu Receiving Shelter Home, Ho‘omaluhia, includes the residential area, staff offices and treatment rooms. The shelter home has gated security whose address is not published due to the placement of children in our home. The Interns will be providing direct services to the children at our Receiving Shelter Home. The Shelter home is a temporary placement program contracted by the State of Hawaii. During the placement of the children, decisions are made about immediate reunification with family or placement in long-term foster families. Psychological services provided at the facility 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. These offices are all secure with security officers present at each office location. Direct supervision by Staff Licensed Clinical Psychologists is present at all the FSC locations.

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

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

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

a. Each Intern is provided with a separate office cubicle or area that they can use during their internship year. Locked file cabinets are available to store client files and documents containing Patient Health Information (PHI).
b. The Intern also has access to any of the private closed offices for assessments and intervention.
c. The Interns have access to all the FSC office supplies and equipment. This includes the Center’s main computer, copy and scanning machines, plotter, fax machine, printers, video-cams, audio-video cameras, and all of the play therapy and assessment therapeutic toys and equipment.
d. Each Intern is provided with a FPH secured IBM Intel Core i7 solid-state computer/tablet or something equivalent for their use during their internship. The computer is connected to the FSC’s network while in the office, and the network can be accessed with their computer remotely out of the office. The Intern can take the computer home and with them when they travel to the other Hawaiian Islands.
e. Each computer is equipped with all the necessary software for their professional work including, but not limited to, the most current Microsoft Office Suite.
f. Each Intern has access to the FSC HIPAA compliant telecommunication system (ZOOM) for teleassessments, teletherapy, and other meetings that require secure communication.
g. The Interns have 24/7 computer technical support.
h. Each Intern is provided access to an ultra-high-speed secure internet network.
i. Each Intern is provided with an individualized FSC secured email address.
j. Each Intern is provided with secured remote access to the Center’s database, and assessment and treatment drives to access their client’s information and necessary forms. The FSC is a paperless organization with all its records and files stored in a secured online storage system that can be remotely accessed by the Interns. The Interns can access the FSC drives at any secured internet location, which include all the Center’s local and off island locations. The paperless system allows multiple simultaneous access to the assessment and treatment data during the face-to-face clinical interview and review of case records.
k. Each Intern has access to the FSC’s psychology test scoring and interpretation online programs, with all tests being computer scored.
l. Each Intern has access to well over 100 different psychological tests and test manuals through our secured and locked testing file cabinets.
m. Each Intern has access to the FSC library of professional books and journals located at the FSC office.

Clinical Support:

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

Overview of Training

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

- Forensic Comprehensive Psychological Evaluations for Adults (Parents/Caretakers) and Children (Victims of Child Maltreatment)
- Opportunity to develop psychological evaluation skills to assess the needs of Hawaii’s diverse population including completing evaluations on Kauai, Maui, Molokai, Lanai and Hawaii Island in addition to Oahu (Doctoral Interns are on staff at our Oahu Center and have some opportunity to take periodic day trips to the other islands)
- Evidence-based child and family treatment to include Parent-Child Interaction Therapy and Child Parent Psychotherapy
- Evidence-based individual trauma focused psychological treatment and trauma informed care
• Children’s Group Therapy and Child Crisis Therapy and Mental Health Crisis Management
• Comprehensive training in the diagnosis and treatment of Child Maltreatment
• Training in clinical consultation and clinical supervision and opportunity to participate in the clinical supervision of Doctoral Psychology Practicum Students
• Opportunity to participate in the Annual Hawaii International Trauma Conference
• Opportunity to participate in Hawaii’s Specialty Courts: Zero-To-Three; Family Drug Court, Juvenile Drug Court and Girls Court
• Opportunity to participate in the psychosocial support services programs at the Family Programs Hawaii that focuses on strengthening children in foster care, resource caregivers, and youths who have aged-out of foster care
• Opportunity to develop program management and grant writing skills through the specialty programs at Family Programs Hawaii

Program Administration and Faculty

The Doctoral Internship Program is directed by the Family Strengthening Center’s (FSC) Clinical and Training Director. The supervising clinical staff for 2022-2023 Internship year includes:

1. Dr. Cheryl K.C. Andaya: Executive and Clinical Director and Doctoral Internship Program Training Director; Licensed Clinical Psychologist Family Strengthening Center; Doctoral Internship Program Training Director; Adjunct Professor, Hawaii School of Professional Psychology at Chaminade University of Honolulu
2. Dr. Kimberlee Kunichika: Deputy Director and Licensed Clinical Psychologist, Family Strengthening Center
3. Dr. Steven J. Choy: Chief Psychologist and Post-Doctoral Training Director, Family Strengthening Center
4. Dr. Megan Deaver, Licensed Psychologist, Family Strengthening Center
5. Dr. Kathryn Chun, Licensed Clinical Psychologist, Family Strengthening Center
6. Erin Nobriga, M.S.W., Executive Assistant, Family Strengthening Center

Supervision and Didactic Training

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

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

The Training Director and the Doctoral Interns’ supervisors obtain information regarding desired training topics from Doctoral Interns and may arrange for guest speakers from the community. Each Doctoral Internship Cohort will receive extensive training in trauma informed training in Child Maltreatment in a multidisciplinary two-day clinical seminar training during the first month of their training. The Doctoral Interns will also attend the Annual Hawaii International Summit on Assessing, Treating and Preventing Trauma Across the Lifespan. The Family Strengthening Center is a co-sponsor of the Annual International Hawaii Trauma Summit and the Family Strengthening Center Director, Dr. Steven J. Choy is the Cofounder and Co-Chair of the Summit. Drs. Cheryl Andaya and Kimberlee Kunichika are also part of the planning committee and co-chair tracks for the summit. Each Doctoral Intern will submit a poster for the Summit’s poster session.
All Doctoral Interns will receive comprehensive training in the assessment, treatment and prevention of Child Maltreatment and will receive a certificate of completion for this training that is required by some State Psychologist Licensing Boards. The Doctoral Interns will also all complete the fully supervised training in Parent Child Interaction Therapy during their Doctoral Internship year and will receive a Certificate of Completion and be certified by the FSC as a Trained PCIT Therapist. The Psychologists at the Family Strengthening Center are all PCIT trained trainers (trained by the PCIT Center at the University of California Davis) and are able to certify the PCIT training obtained at the Family Strengthening Center.

**Selection of Doctoral Interns**

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

**Research Opportunities**

Doctoral Interns are encouraged to initiate or participate in any research projects at the member sites. Doctoral Interns may become involved in any or all aspects of the research process that may be of interest, from the conceptualization and design stage to publication and presentation. The Intern, as part of the group Doctoral Internship seminar, is required to complete a trauma related research poster for submission to the Annual Hawaii Trauma Conference.

**Doctoral Internship Stipend**

The FSC pays an annual $27,000 Training Salary with full medical, drugs, dental and vision coverage, 13 paid holidays and 2 weeks of PTO/PTS for the year.
CHAPTER 3: INTERN RIGHTS AND RESPONSIBILITIES

Overview

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

Intern Rights

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

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

Intern Responsibilities

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

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

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

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

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

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

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

1. Any Intern who has appropriate state registration, certification, credentialing, or licensure relevant to the practice and delivery of mental health services is entitled to practice independently in that particular area of registration or certification.

2. It is the responsibility of any Intern engaged in private practice to notify the FSC Director of this private practice and to provide evidence of appropriate current registration, certification, or licensure by the state in which the practice occurs.

3. Any outside work cannot interfere with the Intern’s clinical and training responsibilities of the FSC Doctoral Internship program.

4. The Intern’s outside work cannot be a conflict of interest with the FSC mission and client’s health and well-being. The Intern must report to the IPD if they may be servicing a client that may conflict with a client being seen at the FSC. The FSC hold the priority on resolving the possible conflict of interest.

Nondiscriminatory Policy

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

The Selection Committee and all the Supervising Psychologists are expected to conduct their selection and training in a nondiscriminatory manner. The committee members are expected to select applicants without regard to race, gender, age, ethnic background, religion, disability, sexual identity.
CHAPTER 4: IDENTIFICATION OF PROBLEM BEHAVIOR AND INTERN’S DEFICIENCIES

The Family Strengthening Center at Family Programs Hawaii expects their staff to demonstrate professional attitudes and behaviors in their interactions between each other, with all their clients and with the agencies we work with. The Doctoral Psychology Intern 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 which is provided to each employee, paid or in-kind, at the beginning of their employment/training, which needs to be acknowledged and signed.

Each employee is required to follow the employee expectations of Family Programs Hawaii. The 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 FSC.FPH 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 FSC.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 FSC’s reputation and goodwill in the community as determined by the FSC;
- Unauthorized use of FPH’s property; or
- Violation of any of these policies including but not limited to concerns with Violence in the Workplace, Equal Opportunity, Workplace Harassment, Conflicts of Interest, Confidentiality, Electronic Communications, Business Ethics, Drug Free Workplace, etc.

Specific Definition of Intern Problem Behaviors

The Doctoral Internship Program at the FSC routinely uses the Doctoral Intern’s academic program, the community and state agencies that the FSC works with, and the FSC staff to enable Doctoral Interns to more readily identify academic and clinical difficulties. Problem behavior related to an Intern’s potential to become a competent and ethical professional may be recognized by the student, clinical supervisors, community and state agency staff and/or fellow Doctoral Interns and FSC Psychology Trainees.
For the purposes of procedural policy, problem behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways: 1) an inability and/or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior, 2) an inability to acquire core knowledge/competencies and professional skills in order to reach an acceptable level of competency, and/or 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

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

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

Some examples of such difficulties may include but are not limited to: offering to provide services that are beyond the scope of the Intern’s training, experience or functioning; conviction of a crime that has a direct bearing on the practitioner’s ability to practice competently; continued practice by an Intern who has become unfit to practice under supervision due to failure to keep current with theory or practice, inappropriate behavior in clinical or academic settings or addictions to, abuse of, or severe dependency on alcohol or other drugs; rude, demanding, or threatening behavior by an Intern in connection with delivery of services to clients 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 Intern/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 members to come to your office and talk the problem through with them, presenting potential compromises and allowing them to mull over these options. By arranging a compromise instead of just selecting one member’s interests over the other, you can reduce the likelihood that one staff member feels slighted by the way in which the conflict was resolved.

Voting: If you simply must end the conflict, voting can be an effective method. If, for example, two employees are arguing over a diagnosis or recommendation, set up a vote and allow other staff to weigh in. The numbers will solve the conflict and serve as a once-and-for-all answer.
CHAPTER 5 DUE PROCESS PROCEDURES

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

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

Due Process Notification:

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

Due Process Hearing:

1. Hearing Committee: The hearing committee will consist of three members, the FSC IPD, and 2 additional FSC Staff Clinical Psychologists appointed by the FSC-IPD. The roles and responsibilities of the individuals involved in the Due Process Hearing procedures are as follows:
   a. Doctoral Intern: The Doctoral Intern 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 Doctoral Intern’s primary clinical supervisor is responsible for providing and developing the remediation plan for the Doctoral Intern with verbal and written feedback when a concern is present. The remediation plan needs to include a timetable and expectations. The Clinical Supervisor will need to present the written remediation plan with progress on each area of the remediation to the hearing committee prior to the hearing.
   c. FSC Internship Program Director: The IPD is administratively responsible for the overall hearing. The IPD’s responsibilities include reviewing the remediation plan, the progress of the remediation plan and any additional written information provided by the Doctoral Intern’s Clinical Supervisor. The IPD will be
responsible for communicating and distributing the results of the hearing to APPIC and the Doctoral Intern’s Graduate Training Director.

d. Clinical Psychologist Committee Members: Two additional FSC staff Clinical Psychologists will be appointed to the committee as a voting member. These members will review the remediation plan, the progress of the remediation plan and any additional written information provided by the Doctoral Intern’s Clinical Supervisor.

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

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

CHAPTER 6 GRIEVANCE PROCESS PROCEDURES

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

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

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

1. After any informal attempts to handle grievance concerns, the Doctoral Intern should file a written grievance.
2. The FSC Executive and Clinical Director will meet with the Doctoral Intern 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, Intern, and/or trainee who faces the allegations with a copy of the grievance.
4. The mediation procedures will be followed, and a formal meeting will be arranged.
5. There will be an investigation into the matter.
6. The FSC will treat all staff and trainees who file grievances equally.
7. All pertinent staff and trainees will be informed throughout the process.
8. Formal decisions will be communicated to the involved FSC Staff and those involved.
9. Ensure the formal decision is adhered to.
10. Preserve confidentiality whenever possible.
11. Respect the Family Program Hawaii’s no-retaliation policy when a staff, Intern, or trainee files grievances with the Center or external agencies.
12. If a grievance is not resolved to the satisfaction of the Doctoral Intern, they can repeal the decision.

Specific Grievances:

1. At any time, the Doctoral Intern can file a grievance regarding their supervision and any aspect of their internship training program.
2. When a Doctoral Intern, either orally or in written format, files a grievance or expects an action to their grievance, they will be provided with a response within ten (10) working days.
3. If the grievance is with the Internship Program, the FSC Internship Training Director will meet with the Doctoral Intern to address their concerns, and if necessary, will develop a program improvement plan to address the issues that may negatively impact the Intern’s training.
   a. The IPD will assist in clarifying the Doctoral Intern’s understanding of the Internship Program goals, methods, procedures and policies that are related to the Intern’s concerns.
   b. The IPD will determine if any of the Intern’s concerns violates APA and/or APPIC guidelines and requirements for an internship program. The IPD will also determine if any of the Intern’s concerns may
interfere with the Intern’s ability to successfully complete their internship requirements for their school’s Doctoral Psychology program.

c. Any changes that may need to be made in the FSC Doctoral Internship program will be taken to the Clinical Training Committee for discussion in order to make appropriate changes and improvements to the Internship Program.

d. Within thirty (30) days of the filing of the grievance, these changes will be presented to the Doctoral Intern for review. If the Doctoral Intern is still concerned about the FSC Internship program, they may present these concerns to APPIC and/or their Graduate Training Program within ten (10) working days of the decision.

e. If the Doctoral Intern is still not satisfied with the Internship Program, they can request an approval from APPIC and their graduate training program to terminate their internship with the FSC.

4. When the Doctoral Intern has concerns about their supervisor, they should first try to discuss the matter with the supervisor and resolve it between them. In that case, they’re advised to request an informal meeting. The Doctoral Intern should communicate informally with their direct supervisor. The Supervisor should try to resolve any concerns and grievance as quickly as possible. When they are unable to do so, the Doctoral Intern can file a written grievance with the FSC Executive and Clinical Director and follow the grievance procedures.

a. The FSC Executive and Clinical Director will meet privately with the Doctoral Intern regarding their Supervising Clinical Psychologist to discuss the concerns.

b. The FSC Executive and Clinical Director will meet privately with the Supervising Clinical Psychologist to discuss the concerns.

c. If the FSC Executive and Clinical Director determines that the Supervising Clinical Psychologist committed violations of FSC.FPH rule or policy that may result in disciplinary action, they will be placed on a remediation plan or immediately terminated depending on the violation. The Doctoral Intern will be assigned to another Supervising Clinical Psychologist.

d. If the Doctoral Intern’s concerns are not serious enough to warrant any action against the Supervising Clinical Psychologist, the FSC Executive and Clinical Director will meet with the Doctoral Intern and their Supervising Clinical Psychologist to assist in resolving any problems that may interfere with the Intern’s successful completion of their internship program. If there is no adequate resolution of the Doctoral Intern’s concerns, the FSC Executive and Clinical Director will assign the Doctoral Intern to another Supervising Clinical Psychologist.

5. If the grievance is regarding another FSC staff or psychology trainee, the Doctoral Intern should first communicate informally with the staff or trainee to resolve any concerns. If they are unable to do so, the Doctoral Intern should file a written grievance with the FSC Executive and Clinical Director and follow the grievance procedures.

6. If the grievance relates to a supervisor, other FSC or FPH staff or other trainees’ behaviors that may bring immediate disciplinary action (e.g., sexual harassment or violence), the Doctoral Intern should immediately refer their grievance directly to the Family Programs Hawaii’s HR Department.

 Appeal of Grievance

1. If the Doctoral Intern is not satisfied with the decision about their filed grievances, they can appeal the decision.

2. The Doctoral Intern will need to file an appeal with the Family Programs Hawaii’s President and CEO within five (5) working days after receiving the grievance decision. The FPH President and CEO give a prompt written decision, within ten (10) working days. The decision of the FPH President and CEO will be final.
APPENDIX A

MEMORANDUM OF UNDERSTANDING
FAMILY STRENGTHENING CENTER AND DOCTORAL INTERN
Doctoral Internship Year 2022-2023

This memorandum of affiliation is effective August 26, 2022, by and between FAMILY STRENGTHENING CENTER referred to as the “Doctoral Internship Site” and ____________________________ referred to as the Doctoral Intern, whom is a matriculating graduate student at ________________________________.

Mission Statement

The Doctoral Internship program at the Family Strengthening Center at Family Programs Hawaii (FSC) endorses the Family Strengthening Center’s mission statement. Our mission is 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 offered services to victims of child maltreatment and their families. The psychological services at the Kapi‘olani Child Protection Center were eventually transferred to the Hawaii School of Professional Psychology at Argosy University in 2012 as part of its APPIC Doctoral Internship FSC. In 2014, the Family Strengthening Center at Family Programs Hawaii was founded and continued to be a site under the HSPP Doctoral Internship FSC. The FSC continued to be a site in the HSPP Doctoral Internship FSC until March of 2019, when Argosy University closed. Since that time, the FSC continued as a sole Doctoral Internship site meeting all the requirements of an APPIC member Doctoral Internship, participating in the Doctoral Internship Match as a non-member while applying for membership.

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

The Family Strengthening Center at Family Programs Hawaii specializes in working with vulnerable and culturally and individually diverse populations, with services 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 (PCIT) 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 where FSC Doctoral Interns and Post-Doctoral Residents participate in the courts as a member of the court team. The FSC has over 40 years of psychological experience in the assessment,
treatment and prevention of child maltreatment. The psychological staff has also provided expert court testimony on child maltreatment. Due to the specialty in Child Maltreatment, FSC has attracted many 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 statewide services. The FSC also receives grants and donations from several private community foundations and is a credentialed service provider for most the private and government fee-for-service insurance plans. Private payments are also accepted on an income sliding fee-for-service bases. The FSC is also supported by training fees for professional training workshops.

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

**Terms of Agreement for FSC Internship Program and the Doctoral Intern**

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

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

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

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

I. **Purpose of this MOU**

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

II. **Length of Agreement**

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

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

IV. Scope of Clinical Experience

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

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

VI. Evaluation of Training: Because the Doctoral Interns’ academic school utilizes information on the 1) performance of the Intern, including information on strengths and weaknesses, 2) quantity and quality of supervision, and 3) nature of the training environment and clinical experience to improve the overall training experience to evaluate if the Doctoral Interns successfully completed the school’s internship requirement for a Psy.D. or Ph.D. degree in Clinical Psychology. This MOU outlines the evaluation criteria and procedures.
A. Doctoral Internship Program’s Responsibility
1. The Doctoral Intern’s Clinical Supervisor(s) will provide written evaluation of the student’s performance at least once mid-year and once at the end of the training year and discuss it with the Doctoral Intern.
2. The Clinical supervisor will provide verification of goal attainment on the learning contract twice during the training year.
3. The IPD will review and sign off on the Intern’s Doctoral Internship Training Report twice during the year.
4. The IPD will ensure that all evaluations of the Doctoral Intern are completed and return to them and their School promptly. The IPD with consultation of the FSC Executive and Clinical Director will alert the school of any potential problems with a Doctoral Intern at the FSC’s earliest convenience so that efforts can be made to correct any potential problems.
5. The FSC will cooperate in any investigation, which may be conducted into any Doctoral Interns’ experience at the FSC.

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

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

VII. Modification of Agreement

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

Psychology Doctoral Internship Application Guidelines

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

1. Admission to candidacy for Psy.D. or Ph.D. in an APA-approved training program in clinical psychology, and completion of all course work, and supervised practice prior to beginning Doctoral Internship.

2. Good academic standing in such clinical program.

3. Completion of clinical practica in assessment and therapy, with a minimum of 1,000 hours of pre-residency practicum experience.

4. The following completed application materials must be received by the December 31 or as early as allowable for the application to be considered:
   a. APPIC Application for Psychology Doctoral Internship (AAPI). This is available at appic.org.
   b. Three letters of recommendation from supervisors and faculty familiar with the applicant’s clinical work who would also be willing to discuss applicant’s qualities with regard to Doctoral Internship readiness and appropriateness. The recommendations need to follow the AAPI recommendation format that can be downloaded.
   c. Statement of Readiness Form from the Clinical Training Director in the applicant’s graduate program (AAPI, part 2)
   d. Official transcripts of completed graduate courses.

5. Inquiries and submission of application should be through the AAPI process.

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

Candidates will be offered Doctoral Internship positions on notification day by the National Matching Services and in accordance with Association of Psychology Postdoctoral and Doctoral Internship Centers (APPIC) policy. For further information from the National Matching Services contact www.natmatch.com/psychint or call (416) 977-3431. For more information from APPIC contact www.appic.org/.
APPENDIX C
THE FAMILY STRENGTHENING CENTER
DOCTORAL INTERNSHIP PROFESSIONAL-WIDE COMPETENCY TRAINING REPORT

Doctoral Intern’s Name: ___________________________ Doctoral Internship Year: ____________

Doctoral Internship Training Reports must be completed by the Site Supervisor at the midpoint and endpoint of the year.

<table>
<thead>
<tr>
<th>Evaluation Term</th>
<th>☐ Midpoint of Doctoral Internship</th>
<th>☐ Endpoint of Doctoral Internship</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Doctoral Internship Site</th>
<th>Site Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Strengthening Center at Family Programs Hawaii</td>
<td></td>
</tr>
</tbody>
</table>

Assessment Modality:
Enter all applicable: A-Direct Observation; B-Video; C-Audio; D-Supervisor Discussion; E-Review of Written Reports; F-Feedback from Others; G-Other (Describe)

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

Competency Expectations:
During the mid-year evaluation, the Doctoral Intern will need to minimally obtain a 4 on each competency area. A 3 or below will require a remediation plan in the areas of concern. To receive adequate competency for the Doctoral Internship, at a minimum, the Doctoral Intern will achieve performance levels of 5 or above in all rated areas by the end of the training year.

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Research (Associated Aims #1, 2, 5)</td>
<td></td>
</tr>
<tr>
<td>How Assessed: Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td>A. Direct observation</td>
<td></td>
</tr>
<tr>
<td>B. Video</td>
<td></td>
</tr>
<tr>
<td>C. Audio</td>
<td></td>
</tr>
<tr>
<td>D. Supervisory discussion</td>
<td></td>
</tr>
<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>Unable to demonstrate competency to utilize research in the assessment, intervention, supervision, and consultation.</td>
<td>SOME research data is used but inaccurately presented and/or interpreted.</td>
</tr>
</tbody>
</table>

Check one: N/A ☐ | 1 ☐ (Fails Standard) | 2 ☐ | 3 ☐ (Needs Improvement) | 4 ☐ | 5 ☐ (Meets Standard) | 6 ☐ | 7 ☐ (Exceeds Standard)

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ethical and Legal Standards (Associated Aims #1, 2, 3, 4, 5; Site Specific Aim #1)</td>
<td></td>
</tr>
<tr>
<td>How Assessed: Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td>A. Direct observation</td>
<td></td>
</tr>
<tr>
<td>B. Video</td>
<td></td>
</tr>
<tr>
<td>C. Audio</td>
<td></td>
</tr>
<tr>
<td>D. Supervisory discussion</td>
<td></td>
</tr>
<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>Poor understanding of professional behavior and personal ethical standards OR engages in unethical behavior or has demonstrated questionable ethical judgment</td>
<td>Marginal awareness of APA ethical standards or behavior is generally ethical, but on occasion demonstrates questionable ethical judgment and/or inadequately seeks supervision. Is not fully aware of the legal ramifications of a case and</td>
</tr>
</tbody>
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Family Strengthening Center at Family Programs Hawaii Internship Handbook 2022-2023
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
</table>
| 3. Individual and Cultural Diversity  
(Associated Aim: #4; Site Specific Aim #1)  
**How Assessed:** Click here to enter text.  
A. Direct observation  
B. Video  
C. Audio  
D. Supervisory discussion  
E. Review of written reports  
F. Feedback from others  
G. Other: |  
| Insensitive or unaware of diversity issues, (e.g., gender, culture, spirituality, sexual orientation, age).  
Aware of diversity issues but occasionally lacks sensitivity. Unable to determine the adjustments that need to be made with assessments and interventions strategies due to individual and cultural diversity  
Appropriately considers diversity issues in diagnosis and treatment planning. Is able to make appropriate adjustment in conceptualize of diagnostic and treatment issues  
Seeks to improve sensitivity to diversity issues through education and supervision. Seeks out consultation with experts when assessing and treating clients of varied individual and cultural diversity | |
| Check one: N/A ☐ | 1 ☐ (Fails Standard)  
2 ☐ (Needs Improvement)  
3 ☐ (Meets Standard)  
4 ☐ 5 ☐ 6 ☐ 7 ☐ (Exceeds Standard) |
| 4. Professional values, attitudes, and  
Behaviors  
(Associated Aims: #1, 4; Site Specific Aim #1)  
**How Assessed:** Click here to enter text.  
A. Direct observation  
B. Video  
C. Audio  
D. Supervisory discussion  
E. Review of written reports  
F. Feedback from others  
G. Other: |  
| Argumentative and resistant. Does not benefit from feedback. Makes decisions without consulting a supervisor that resulted in harm to patient. Does not consult with supervisor as appropriate, especially when involving with ethical, legal, professional, or institutional considerations.  
Mildly defensive, marginally benefits from supervision. Occasional unprofessional behavior toward supervisor. Made judgments without consultation with a supervisor that fortunately did not harm the patient.  
Generally benefits from supervision. May tend to be either too dependent or mildly defensive. Professional behaviors and communication with supervisor. Has a positive attitude toward supervision. Consults and seeks supervision as appropriate, especially when involving with ethical, legal, professional, or institutional considerations.  
Consistently benefits from supervision. Proactive in obtaining appropriate feedback as required. Attitude is exemplary. | |
| Check one: N/A ☐ | 1 ☐ (Fails Standard)  
2 ☐ (Needs Improvement)  
3 ☐ (Meets Standard)  
4 ☐ 5 ☐ 6 ☐ 7 ☐ (Exceeds Standard) |
| 5. Communications and Interpersonal  
Skills  
(Associated Aims: #1, 4, 5)  
**How Assessed:** Click here to enter text.  
A. Direct observation  
B. Video  
C. Audio  
D. Supervisory discussion  
E. Review of written reports  
F. Feedback from others  
G. Other: |  
| Unable to establish an assessment / therapeutic relationship.  
Unable to establish relationship with other professionals.  
Unable to communicate strengths and limitations.  
Ability to establish rapport but assessment relationship / therapeutic alliance is highly variable, dependent on client type. Some inappropriate communication with clients. Difficulty in establishing communication and adequate interactions with other professionals.  
Consistently able to establish rapport and assessment relationship / therapeutic alliance with the client. Appropriate communication with clients. Able to establish mutually respectful relationship and communication with other professionals.  
Establishes strong rapport and alliance with clients, managing countertransference, with minimal dropout. Consistently uses appropriate communication with clients. Able to establish long-term relationship and respect with other professionals. Able to resolve difference in opinions between professionals. | |
| Check one: N/A ☐ | 1 ☐ (Fails Standard)  
2 ☐ (Needs Improvement)  
3 ☐ (Meets Standard)  
4 ☐ 5 ☐ 6 ☐ 7 ☐ (Exceeds Standard) |
### 6. Assessment
**(Associated Aims: #1, 2, 3, 4, 5; Site Specific Aim #1)**

**How Assessed:** [Click here to enter text.]

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</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<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>(Fails Standard)</td>
</tr>
<tr>
<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 appropriate feedback to supervisee. Occasional lack of timeliness and professionalism in providing feedback.</td>
<td>(Needs Improvement)</td>
</tr>
<tr>
<td>Descriptive observations of supervisees are linked to interpretations most of the time. Able to identify content and process issues when discussing supervisees. Consistently aware of impact or feedback on others. Consistently able to provide balanced and developmentally appropriate feedback to supervisee.</td>
<td>(Meets Standard)</td>
</tr>
</tbody>
</table>

Check one: N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ (Fails Standard) (Needs Improvement) (Meets Standard) (Exceeds Standard)

### 7. Intervention
**(Associated Aims: #1, 3, 4, 5; Site Specific Aims: #1, 2)**

**How Assessed:** [Click here to enter text.]

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</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>No understanding of therapy principles. Unable to conceptualize a therapy case. Unable to apply any therapeutic principles. Does not educate or provide feedback to clients.</td>
<td>(Fails Standard)</td>
</tr>
<tr>
<td>Some understanding of therapeutic principles. Does not have a good grasp of any particular therapeutic orientation or modality. Some difficulty setting treatment goals. Uncomfortable providing feedback to clients but attempts to do so.</td>
<td>(Needs Improvement)</td>
</tr>
<tr>
<td>Workable understanding of therapeutic principles. Able to consistently conceptualize using a particular orientation or modality. Able to set treatment goals and develop interventions based on specific empirically validated treatment modality or orientation.</td>
<td>(Meets Standard)</td>
</tr>
</tbody>
</table>

Check one: N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ (Fails Standard) (Needs Improvement) (Meets Standard) (Exceeds Standard)

### 8. Supervision
**(Associated Aim: #3)**

**How Assessed:** [Click here to enter text.]

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</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not obtain prevalent history and complete full MSE. Does not do assessment risk. Poor differential diagnosis. Poorly integrated written assessment report.</td>
<td>(Fails Standard)</td>
</tr>
<tr>
<td>History and MSE are occasionally inadequate or inaccurate, lacking key elements and/or having limited use of collateral data. Makes risk assessment but limited knowledge of appropriate techniques for assessing potential risks. Written report language occasionally imprecise or vague and reports occasionally lack clarity of thought and organization.</td>
<td>(Needs Improvement)</td>
</tr>
<tr>
<td>Obtains pertinent historical and symptom data. History and MSE are generally accurate and concisely written. Makes appropriate risk assessment for suicide, homicide, and violence. Diagnosis consistent with other data sets. Formulation and recommendations consistent with all data sets and domains of functioning.</td>
<td>(Meets Standard)</td>
</tr>
</tbody>
</table>

Check one: N/A ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ (Fails Standard) (Needs Improvement) (Meets Standard) (Exceeds Standard)
### COMPETENCY

**9. Consultation and inter-professional/interdisciplinary skills**  
(Associated Aims: #1, 2, 3, 4, 5; Site Specific Aim #1)

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

**STANDARD**

|  |
|---|---|---|---|
| **COMPETENCY** | **STANDARD** | **COMPETENCY** | **STANDARD** |
| 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/appropriate referrals, and/or disengage when appropriate. No concept of personal and professional limitations. | Occasionally unable to identify roles of consultant, consultee, and client system. Occasionally unable to identify content and/or process issues. Occasionally unable to form collaborative relationship with consultee. Sometimes able to make entry, identify problem, provide services/referrals, and/or disengage when appropriate. Some concept of personal and professional limitations. | Able to identify roles of consultant, consultee, and client system most of the time. Able to identify content and/or process issues most of the time. Able to form collaborative relationship with consultee most of the time. Able to make entry, identify problem, provide services/referrals and disengage when appropriate most of the time. Usually aware of personal and professional limitations. Appropriately seeks supervision. | Consistently able to identify roles of consultant, consultee, and client system. Consistently able to identify content and process issues. Able to form collaborative relationship with consultee consistently. Consistently able to make entry, identify problems, provide services/referrals, and disengage when appropriate. Aware of limitations and seeks supervision when beyond level of competence. Consistently aware of need for self-care and is proactive in getting assistance and informing supervisor. |

**Check one:**  
N/A  
1 ☐  
2 ☐  
3 ☐  
4 ☐  
5 ☐  
6 ☐  
7 ☐

**Areas of Strength (please be as specific as possible):**  
Click here to enter text.

**Areas of Opportunity for Further Development (please be specific as possible):**  
Click here to enter text.
Plans for Development or Remediation in Areas for Opportunity for Further Development:

Click here to enter text.

Director of Training Comments:

Click here to enter text.

Intern's Comments:

Click here to enter text.

TRAINING REPORT SIGNATURES:

Intern Signature   Date   Intern's Supervising Psychologist Signature   Date

Director of Training Signature   Date   FSC.FPH Executive & Clinical Director Signature   Date
APPENDIX D

CHILD MALTREATMENT SPECIALTY CERTIFICATION EXAMINATION
FAMILY STRENGTHENING CENTER AT FAMILY PROGRAMS HAWAII

<table>
<thead>
<tr>
<th>Competency</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ability to recognize physical and non-physical signs of child maltreatment</td>
<td>Not able to identify any signs and/or indications of child maltreatment</td>
</tr>
<tr>
<td>Check One</td>
<td>1 ☐ Fails Standard</td>
</tr>
</tbody>
</table>

Sample Question: What are signs of child maltreatment? Why is it important to assess for child maltreatment in cases?

Comments:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Ability to recognize caregiver-child risk factors</td>
<td>None identified</td>
</tr>
<tr>
<td>Check One</td>
<td>1 ☐ Fails Standard</td>
</tr>
</tbody>
</table>
### Sample Question:
What are some of the risk/protective factors within the family system as it relates to child maltreatment?

### Comments

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Understanding interpersonal factors in child maltreatment</td>
<td>Unable to recognize interpersonal factors</td>
</tr>
</tbody>
</table>

Check One

1 ☐ Fails Standard
2 ☐ Needs Improvement
3 ☐ Below Standard
4 ☐ Meets Standard
5 ☐ Exceeds Standard

### Sample Question:
What are some interpersonal factors that raise the risk of child maltreatment?

### Comments

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Consultation with other service providers</td>
<td>Unable to recognize need for consultation</td>
</tr>
</tbody>
</table>

Check One

1 ☐ Fails Standard
2 ☐ Needs Improvement
3 ☐ Below Standard
4 ☐ Meets Standard
5 ☐ Exceeds Standard

### Sample Question:
At what point during this case would you need to address concerns with CWS or another service provider? How would you go about doing that?

### Comments
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Risk factors that increases susceptibility towards maltreatment (outside of caregiver-child factors)</td>
<td>Unable to identify environmental/psychosocial issues</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check One

1 ☐ Fails Standard 2 ☐ Needs Improvement 3 ☐ Below Standard 4 ☐ Meets Standard 5 ☐ Exceeds Standard

Sample Question: What are the psychosocial issues in this case that contribute to child maltreatment and increases potential harm to the child(ren)? Why is this important?

Comments

---

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Cognitive, affective, physiological, and social consequences of child maltreatment</td>
<td>No consequences identified</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check One

1 ☐ Fails Standard 2 ☐ Needs Improvement 3 ☐ Below Standard 4 ☐ Meets Standard 5 ☐ Exceeds Standard

Sample Question: What are the negative consequences of child maltreatment evident in this case?

Comments
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Cultural and diversity issues</td>
<td>No consequences identified</td>
</tr>
</tbody>
</table>

**Check One**  
1 ☐ Fails Standard  
2 ☐ Needs Improvement  
3 ☐ Below Standard  
4 ☐ Meets Standard  
5 ☐ Exceeds Standard

**Sample Question:** What are the cultural or diversity concerns related to this case and how does that impact concerns of child maltreatment (harm to children)?

**Comments**

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Legal, ethical and safety considerations in child maltreatment cases</td>
<td>Legal, ethical and safety considerations are ignored</td>
</tr>
</tbody>
</table>

**Check One**  
1 ☐ Fails Standard  
2 ☐ Needs Improvement  
3 ☐ Below Standard  
4 ☐ Meets Standard  
5 ☐ Exceeds Standard

**Sample Question:** What ethical/legal issues related to trauma/child maltreatment are present or could arise with this case? How can you address those issues?

**Comments**
<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Identifying strengths and supports</td>
<td>Unable to identify strengths or supports present or needed to decrease child</td>
</tr>
<tr>
<td>Check One</td>
<td>1 ☐ Fails Standard</td>
</tr>
</tbody>
</table>

**Sample Question:** What are things that could strengthen/improve this case as it relates to child maltreatment?  
**Comments**

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Services encompasses trauma informed care</td>
<td>Unable to recognize the need to tailor service to trauma informed care</td>
</tr>
<tr>
<td>Check One</td>
<td>1 ☐ Fails Standard</td>
</tr>
</tbody>
</table>

**Sample Question:** How do you tailor your services to account for risk factors and concerns with child maltreatment trauma in a trauma informed care focus?  
**Comments**

This is to certify that the above ratings are true and reflective of the level of competency demonstrated by the examinee.

Examination Board Member Signature  
FSC.FPH Executive & Clinical Director Signature  
Examination Board Member Signature  
Examination Board Member Signature
APPENDIX E

PCIT Trainee Name: ____________________________
PIT Agency Name: ______________________________

PCIT for TRAUMATIZED CHILDREN
TRAINDING COMPETENCIES FOR CLINICIANS

**Essential Components of PCIT**

- Standardized pre/post treatment measurement – ECBI/DPICS
- Inclusion of CDI and PDI
- Coding interactions with the DPICS
- In vivo coaching of the parent-child dyad
- Inclusion of the PRIDE and selective attention/ignoring concepts
- Use of homework
- At least 50% of session spent coaching
- Agency provides appropriate space and equipment, and allows therapists to participate in ongoing training and consultation.

**Minimum Requirements for Becoming a PCIT Therapist**

- Trainee must: 1) have a master’s degree or higher in the mental health field and must be actively working with children and families and 2) be licensed or supervised by a person trained in PCIT. Graduate students enrolled in a master’s or doctorate program may participate in training within the context of their overall training program.
- 40 hours didactic training with role-play (including completion of PCIT-TC web course).
- Read revised or updated training handouts, training curriculum, PCIT book (McNeil & Hembree-Kigin, second edition, 2010), and selected research articles.
- Meet PCIT training Competencies for Therapist/Coach (UCMC CAARE Center, 2000)
- Administer, score and interpret pre/post measures (ECBI, PSI, CBCL, TSCYC and 15-minute observation with DPICS scoring)
- Supervision and case consultation through the course of treatment for one PCIT case.
- Remain current with PCIT research and advancements by attending regional meetings, annual PCIT conferences and other resources (i.e. PCIT Listserv, etc.)
- Complete two PCIT cases through the full course of treatment.

### PHASE II: FUNDAMENTAL AND SKILL-BUILDING

<table>
<thead>
<tr>
<th>Date</th>
<th>Approved by</th>
<th>Experiential Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1.1 Complete 10 Hour PCIT –TC Web Course</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Evaluation of Web Course Knowledge</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.2 Meet Mastery Criteria for Child-Directed Interaction (CDI) Skills in five-minute role-plays (10 labeled praises, 10 reflections, 10 behavioral descriptions with 3 or less questions, commands, critical statements)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.3 Code parent-child interaction using DPICS 3 with 80% accuracy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.4 Develop Objectives &amp; Goals using information from clinical interview, pre-measures and behavioral observation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.5 Role-Play CDI Teaching Session – shows understanding of process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.6 Role-Play CDI Coaching Skills – shows understanding of process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.7 Role-Play PDI Teaching Sessions – shows understanding of process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.8 Role-Play PDI Coaching Skills – shows understanding of process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1.9 Role-Play Preparing for Graduation – describes requirements &amp; considerations for graduation</td>
</tr>
</tbody>
</table>

### PHASE III: EXPERIENTIAL TRAINING

<table>
<thead>
<tr>
<th>Date</th>
<th>Approved by</th>
<th>Experiential Competency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Intake and Assessment</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.1 Utilize standardized behavioral measurements (CBCL, ECBI, PSI, TSCYC) in assessment and treatment planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.2 Conduct Structured Behavioral Observations (Dyadic Parent-Child Interaction Coding System; DPICS) as a component of the assessment process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.3 Code 5-minute CDI parent-child interactions with 80% accuracy using DPICS (10 times: check off below)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Child-Directed Interaction Didactic</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3.1 Teach and demonstrate behavioral play therapy skills (PRIDE)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<tbody>
<tr>
<td>3.2</td>
<td>Teach and demonstrate use of selective attention/ignoring</td>
</tr>
<tr>
<td>3.3</td>
<td>Teach and demonstrate avoidance of questions, commands, and critical statements</td>
</tr>
<tr>
<td>3.4</td>
<td>Explain and provide rationale for completing daily homework</td>
</tr>
<tr>
<td>3.5</td>
<td>Review toys that are appropriate for special play time</td>
</tr>
</tbody>
</table>

**Child-Directed Interaction Coaching Sessions**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Model CDI Skills during all interactions with parent and child from the outset of contact to termination of session</td>
</tr>
<tr>
<td>4.2</td>
<td>Use ten-minute check-in phase of therapy to build rapport and briefly review progress/concerns/completion of homework</td>
</tr>
<tr>
<td>4.3</td>
<td>Code parent on PRIDE skills during 5-minute behavioral observation</td>
</tr>
<tr>
<td>4.4</td>
<td>Coach easier-to-master skills (e.g., description, reflection, imitation) before more difficult skills (labeled praise, avoiding questions &amp; commands)</td>
</tr>
<tr>
<td>4.5</td>
<td>Coach CDI skills by modeling, prompting, and explaining the concepts using all levels of coaching</td>
</tr>
<tr>
<td>4.6</td>
<td>Progress from directive to less directive coaching by praising/reinforcing appropriate parent verbalizations (e.g. give more praise than correction)</td>
</tr>
<tr>
<td>4.7</td>
<td>Effectively coach concepts of ignoring and differential attention</td>
</tr>
<tr>
<td>4.8</td>
<td>Coach qualitative aspects of parent-child interaction (e.g., physical closeness/affection, eye contact, vocal and facial expression, developmentally sensitive teaching, task persistence, frustration tolerance, sharing, polite manners, and generalization of positive behavior to other settings.)</td>
</tr>
<tr>
<td>4.9</td>
<td>Provide five minutes of positive feedback to parents on their mastery of skills and discuss homework plan</td>
</tr>
<tr>
<td>4.10</td>
<td>Document parent and child progress, strengths, concerns, and track skill mastery on frequency chart</td>
</tr>
<tr>
<td>4.11</td>
<td>Demonstrate ability to structure the opening and closing of sessions so that feedback, homework, and review of child/parent progress occurs</td>
</tr>
<tr>
<td>4.12</td>
<td>Demonstrate ability to teach parent and use “Skills to Manage Behavior” in coaching sessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Mid-Treatment Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>Use five-minute coding sessions to assess readiness for transition to Parent-Directed Interaction phase of treatment</td>
</tr>
<tr>
<td>5.2</td>
<td>Administer standardized measures for re-assessing treatment goals</td>
</tr>
<tr>
<td>5.3</td>
<td>Develop treatment goals specific for PDI phase of treatment</td>
</tr>
</tbody>
</table>

**Parent-Directed Interaction Didactic Session**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Provide rationale for teaching discipline skills to parents and emphasize the importance of continuing to use PRIDE skills</td>
</tr>
<tr>
<td>6.2</td>
<td>Teach and demonstrate rules for giving effective commands (BE DIRECT)</td>
</tr>
<tr>
<td>6.3</td>
<td>Teach and demonstrate importance of praise for compliance (COMMAND-COMPLY-PRAISE)</td>
</tr>
<tr>
<td>6.4</td>
<td>Role-play ‘practice-minding’ and use of progressively more difficult commands</td>
</tr>
<tr>
<td>6.5</td>
<td>Teach and demonstrate time-out warning and time-out process</td>
</tr>
<tr>
<td>6.6</td>
<td>Teach consistent process for managing time-out refusal</td>
</tr>
</tbody>
</table>

**Parent-Directed Interaction Coaching Sessions**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Continue to model CDI Skills during all interactions with parent and child from the outset of contact to termination of session</td>
</tr>
<tr>
<td>7.2</td>
<td>Use ten-minute check-in phase of therapy to briefly review progress/concerns/completion of homework</td>
</tr>
<tr>
<td>7.3</td>
<td>Code parent on PRIDE skills during 5-minute behavioral observation</td>
</tr>
<tr>
<td>7.4</td>
<td>Coach ‘practice-minding’ before ‘real life’ or more challenging commands</td>
</tr>
<tr>
<td>7.5</td>
<td>Code parent on BE DIRECT/Discipline sequence (3/4 commands given directly with correct follow-up sequence.)</td>
</tr>
<tr>
<td>7.6</td>
<td>Progress from directive to less directive coaching by praising/reinforcing appropriate use of PRIDE skills, BE DIRECT skills, and time-out warning and procedures</td>
</tr>
<tr>
<td>7.7</td>
<td>Coach ‘real life’ directions and develop plan for implementing time-out procedures in other settings</td>
</tr>
<tr>
<td>7.8</td>
<td>Accurately explain the House Rules procedure</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7.9</td>
<td>Accurately explain Behavioral Management/Public Behaviors procedures</td>
</tr>
<tr>
<td>7.10</td>
<td>Provide five minutes of positive feedback to parents on their mastery of skills and discuss plan for carefully selecting necessary commands to practice applying skills at home</td>
</tr>
<tr>
<td>7.11</td>
<td>Document parent and child progress, strengths, concerns, and track maintenance of PRIDE skill mastery on frequency chart</td>
</tr>
<tr>
<td>7.12</td>
<td>Assess readiness for treatment termination with parent based on level of compliance at home, school, and session, willingness to cooperate with time-out</td>
</tr>
</tbody>
</table>

**Post-Treatment Assessment**

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>8.1</td>
<td>Assess need for further therapy (e.g., trauma-focused therapy, social skills group) or adjunct services (e.g., home-based services, school consultation, medication assessment)</td>
</tr>
<tr>
<td>8.2</td>
<td>Administer 15-minute behavioral assessment to measure parent’s achievement of skill acquisition and child’s compliance.</td>
</tr>
<tr>
<td>8.3</td>
<td>Administer standardized behavioral measures (CBCL, ECBI, PSI, TSCYC, and TAI) to assess achievement of treatment objectives.</td>
</tr>
<tr>
<td>8.4</td>
<td>Provide parent and child with certificate verifying achievement of skill</td>
</tr>
<tr>
<td>8.5</td>
<td>Document progress/objectives achieved and discharge plan</td>
</tr>
</tbody>
</table>

**Verification of Training Completion:**

---

UCDMC PCIT Trainer | Date
---|---

PCIT Trainee | Date
APPENDIX F

VERIFICATION OF DOCTORAL INTERNSHIP TRAINING COMPLETION LETTER

Family Strengthening Center at Family Programs Hawaii
Due: August 25, 20____

Date:

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

Attention: Director of Doctoral Internship Training

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

Sincerely yours,

__________________________________________
Supervisor’s Signature

__________________________________________
Name of Supervisor

__________________________________________  _________________________
Signature FSC Director of Doctoral Internship Training  Date

__________________________________________
Name of FSC Director of Doctoral Internship Training

__________________________________________  _________________________
Signature FSC Executive and Clinical Director  Date

__________________________________________
Name of FSC Executive and Clinical Director
VERIFICATION OF RECEIPT AND READING OF THE DOCTORAL INTERNSHIP TRAINING MANUAL

Family Strengthening Center at Family Programs Hawaii
Due by: September 1, 20____

I, ____________________________ certify that I was given the FSC Doctoral Internship Training Manual and that I read it and fully understand its contents. I have especially read the Due Process section and Understanding My Rights and the Grievance and Due Process procedures for the Family Strengthening Center at Family Programs Hawaii.

_______________________________  _____________________________ ____________________
Doctoral Intern’s Signature   Doctoral Intern’s Name   Date

_______________________________  ______________________________ _____________________
Internship Program Director’s Signature   Internship Program Director’s Name   Date
## Required Documents for Completion of Doctoral Internship

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

## FAMILY STRENGTHENING CENTER DOCTORAL INTERNSHIP PROGRAM EVALUATION

<table>
<thead>
<tr>
<th>Intern's Name:</th>
<th>Click or tap here to enter text.</th>
<th>Supervisor(s):</th>
<th>Click or tap here to enter text.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation Interval:</td>
<td>□ Mid-Point</td>
<td>□ End of Year</td>
<td>Year of Internship:</td>
</tr>
</tbody>
</table>

This program evaluation is utilized by the Family Strengthening Center’s Doctoral Internship Program to improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. Any ratings of “Poor” or “Fair” will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments as applicable in order to help us respond most effectively.

### OVERALL INTERNSHIP EXPERIENCE

<table>
<thead>
<tr>
<th>Scoring Criteria: 1 = Poor; 2 = Fair; 3 = Good; 4 = Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality of training</td>
</tr>
<tr>
<td>Opportunities for professional socialization with intern cohort</td>
</tr>
<tr>
<td>Breadth of clinical intervention and assessment experiences</td>
</tr>
<tr>
<td>Satisfaction with number of client contacts</td>
</tr>
<tr>
<td>Clarity of expectations and responsibilities for intern</td>
</tr>
<tr>
<td>Caseload was appropriate to meet educational needs</td>
</tr>
</tbody>
</table>

Please provide any additional comments/feedback about your experience and provide explanations for any “Poor” or “Fair” ratings: Click or tap here to enter text.

### WEEKLY GROUP TRAINING OPPORTUNITIES

<table>
<thead>
<tr>
<th>Weekly Didactic Seminars</th>
<th>□1 □2 □3 □4 □5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Supervision</td>
<td>□1 □2 □3 □4 □5</td>
</tr>
<tr>
<td>Intake and Case Review</td>
<td>□1 □2 □3 □4 □5</td>
</tr>
<tr>
<td>Other, Specify</td>
<td>□1 □2 □3 □4 □5</td>
</tr>
</tbody>
</table>

Please provide any additional comments/feedback about your experience and provide explanations for any “Poor” or “Fair” ratings: Click or tap here to enter text.
# OVERALL QUALITY OF TRAINING WITHIN REQUIRED COMPETENCY AREAS

For the following items, please rate the quality of the training you have received in each area and how well you feel prepared in each area. Please consider your experience with didactic seminars, professional development opportunities and supervision as well as direct clinical experiences and other experiential training.

## Research

<table>
<thead>
<tr>
<th>Quality of Training</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please provide any additional comments/feedback about your experience:

Click or tap here to enter text.

## Ethical and Legal Standards

<table>
<thead>
<tr>
<th>Quality of Training</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Please provide any additional comments/feedback about your experience:

Click or tap here to enter text.

## Individual and Cultural Diversity

<table>
<thead>
<tr>
<th>Quality of Training</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Preparedness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
</table>

Please provide any additional comments/feedback about your experience:

Click or tap here to enter text.

## Professional Values, Attitudes, and Behaviors
<table>
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<tr>
<th>Professional Values, Attitudes, and Behaviors</th>
<th>Quality of Training</th>
<th>☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5</th>
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<tbody>
<tr>
<td>Preparedness</td>
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<td>Please provide any additional comments/feedback about your experience:</td>
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<table>
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<tr>
<th>Communication and Interpersonal Skills</th>
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<table>
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<tr>
<th>Assessment</th>
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### Intervention

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<th>☐ 4</th>
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<td>☐ 4</td>
<td>☐ 5</td>
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</tbody>
</table>

Please provide any additional comments/feedback about your experience:
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### Supervision (Rate the training and experience you have with supervision of others)

<table>
<thead>
<tr>
<th>Quality of Training</th>
<th>☐ 1</th>
<th>☐ 2</th>
<th>☐ 3</th>
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</table>

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### Consultation and Interprofessional/Interdisciplinary Skills

<table>
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<th>☐ 3</th>
<th>☐ 4</th>
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### Child Maltreatment and Trauma Informed Care Expertise

<table>
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Please provide any additional comments/feedback about your experience:
Click or tap here to enter text.
## Parent-Child Interaction Therapy (PCIT)

<table>
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## Please answer the following questions regarding your experiences with receiving supervision

<table>
<thead>
<tr>
<th>Helpfulness of supervision</th>
<th>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5</th>
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</thead>
<tbody>
<tr>
<td>Availability of supervisors</td>
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</tr>
<tr>
<td>Frequency of supervision</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5</td>
</tr>
<tr>
<td>Supervisors as professional role models</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5</td>
</tr>
<tr>
<td>Effectiveness of teaching</td>
<td>☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5</td>
</tr>
</tbody>
</table>

Please provide any additional comments/feedback about your supervisions experience and provide explanations for any “Poor” or “fair” rating:
Click or tap here to enter text.

Please provide any feedback that you think would help improve this program:
Click or tap here to enter text.

Supervisor’s Signature

Date