



Doctoral Program in Clinical Psychology

Practicum Handbook

Fall 2023 - Summer 2024

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§ Forward

This handbook's objectives include orientation to the purpose of the practicum experience, our program's policies and procedures related to the practicum experience, and guidelines for how to perform professionally, legally, and ethically. It is also an objective of this handbook to provide guidance to help you maximize this incredible learning opportunity and experience.

Questions about this handbook or practicum experience may be addressed to our Director of Clinical Training (DCT), Veronica Acosta, Ph.D. Dr. Acosta may be contacted at vmacosta@hpu.edu or (808) 544-0836.

§ Practicum Goals

One goal of the practicum experience is to have students possess substantial understanding and competencies in APA Discipline-Specific Knowledge domains, including:

1. Affective aspects of behavior
2. Biological aspects of behavior
3. Cognitive aspects of behavior
4. Developmental aspects of behavior
5. Social aspects of behavior
6. Advanced integrative knowledge of basic discipline-specific content areas
7. Psychometrics

Another goal of the practicum experience is to have students possess substantial understanding and competencies in APA Profession-Wide Competencies, including:

1. Ethical and legal standards
2. Individual and cultural diversity
3. Professional values, attitudes, and behavior
4. Communications and interpersonal skills
5. Assessment
6. Intervention
7. Supervision

It is also the goal of the practicum experience to have students learn how to practice as scientist-practitioner-advocates, utilizing empirically-based assessment and treatment, as well as regularly using assessment measures in treatment to measure process and outcome. As such, we conceptualize four discrete and complimentary types of evidence that inform evidence-based practice: (1) general services research - published randomized controlled trials on treatment effects, (2) causal mechanism research - mediators and moderators of treatment effect, (3) case-specific historical information - individual outcome metrics and treatments over time, and (4) local aggregate evidence (practice-based evidence) - cumulative knowledge of what works for whom in a given population or setting.

The practicum curriculum has the goal of developing ethical and professional behaviors. The student will also develop multicultural knowledge, consultation skills, and advocacy skills. Moreover, students will develop leadership skills, as it is anticipated they may eventually serve in some leadership capacity either in clinical or research setting.

§ Professional Standards and Roles and Responsibilities

As a student in training to be a clinical psychologist, the student has the ethical duty and responsibility to follow the relevant ethical codes, including:

American Psychological Association. (2017). Ethical principles of psychologists and code of conduct. Retrieved from <http://apa.org/ethics/code/index.aspx>

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). Standards for educational and psychological testing. Washington, DC: American Educational Research Association. (also see: <http://www.apa.org/science/standards.html#overview>)

American Psychological Association Professional Practice Guidelines. <https://www.apa.org/practice/guidelines>

Students are also clearly bound by the Hawai‘i Revised Statutes, Health Insurance Portability and Accountability Act (HIPAA) of 1996, agency rules and regulations, and the provisions of this Practicum Handbook.

o Confidentiality

In addition to the mandatory requirements of HIPAA, applicable privacy laws and other regulatory requirements, students should familiarize themselves with their practicum’s rules and procedures regarding maintaining confidentiality.

o Director of Clinical Training (DCT)

The Director of Clinical Training (DCT) takes primary responsibility for clinical training aspects of the PsyD Program, reporting to the Chair of the Department of Psychology, and working in close collaboration with the PsyD Program Director. The DCT has general oversight of clinical education and training, including both practicum and internship, clinical coursework, and the clinical content of comprehensive examinations. The DCT is responsible for knowing about internship sites, and for engaging with key clinical community stakeholders. The DCT also assists the PsyD Program Director, Department Chair, and Dean of the College of Liberal Arts (CLA), in seeking, gaining, and maintaining APA accreditation. In addition, the DCT assists in program evaluation and assessment, the hiring process for faculty and staff, the administration and review of student evaluations, and marketing and admissions processes.

o On-site supervisors

The on-site supervisor is the practicum site or agency employee who is a licensed mental health professional and provides primary supervision to the student. The on-site supervisor has the following responsibilities:

1. Provide at minimum 1-hour weekly individual supervision to the student
2. Review student documentation and provide the student with feedback
3. Communicate to the students their strengths and weaknesses in conducting practicum work
4. When possible, directly observe the student's interactions with clients, peers, and office staff
5. Sign off on practicum hours at the end of Fall, Spring, and Summer semester
6. Complete a "Clinical Evaluation Form" of the student's performance at the end of Fall, Spring, and Summer semester (see Appendix A)

o Off-site supervisors

The off-site supervisor is the practicum course instructor who provides additional or supplemental supervision to the student on their practicum cases. The off-site supervisor has the following responsibilities:

1. Provide weekly group supervision to a cohort of practicum students during regularly scheduled HPU class times over the course of a semester
2. Review student treatment session material (e.g., transcripts, audio-recording, video-recording) in cooperation with the practicum agency
3. Communicate to the students their strengths and weaknesses in conducting practicum work
4. Provide supervision and guidance regarding the student's supervision relationship with their on-site supervisor
5. Provide instruction and guidance about legal, ethical, and professional issues that arise in practica
6. Recommend research articles and other clinical literature relevant to the student's practicum work
7. Submit a letter-grade for the practicum course

o Student

Practicum students have the following responsibilities:

1. Students are required to participate in practica during their 2nd, 3rd, and 4th years at an HPU PsyD program approved practicum site
2. Students are required to find a different practicum placement for each practicum year. However, the DCT may determine exceptions to this rule
3. Work at practicum site an expected average of 16 to 20 hours/week, as assigned by the site
4. Conduct oneself professionally in presentation, attire, and behavior
5. Complete practicum work at scheduled days and times

6. Arrive to conduct practicum work on time
7. Complete practicum mandated training, e.g., HIPAA
8. Attend practicum grand rounds, symposia, and presentations
9. Keep confidentiality and privacy pursuant to HIPAA provisions and agency requirements
10. Work collaboratively with other practicum staff
11. Complete practicum documentation in a timely and accurate manner
12. Consult with practicum staff in urgent or emergency situations
13. Regularly, if not daily, check their HPU email for communication from supervisors and practicum staff
14. Participate in 1-hour weekly individual supervision with on-site primary supervisor
15. Complete practicum courses for years two, three, and four, and participate in the weekly off-site supervision by the practicum course instructor
16. Submit completed hours to on-site supervisor for approval at the end of Fall, Spring, and Summer semester
17. Review the “Clinical Evaluation Form” of their performance at the end of Fall, Spring, and Summer semester (see Appendix A)
18. Complete a “Practicum Site Evaluation” of the practicum site at the end of the practicum year (see Appendix B)

§ Practica Sites

o Use of Current Employment or Volunteer Work as a Practicum Site

On the matter of practicum opportunities, our program provides students with a list of HPU PsyD program approved practicum sites. Most of these sites are non-paid positions, but some may provide paid opportunities. However, if you wish to find an agency that may provide a paid practicum experience, you are free to request approval of such an agency, provided that it meets the requirements of this handbook. When doing so, please consider the following:

[1] Do not seek a paid opportunity with an already established non-paid HPU PsyD program approved agency;

[2] The practicum opportunity should be able to start on or about mid-August and be able to go through mid-July, provide assessment and/or treatment experience, and be able to provide 1x/week, 1-hour supervision by a licensed mental health practitioner;

[3] Once you’ve found a site, the Director of Clinical Training (DCT) will need to meet and confer with the agency’s contact person, evaluate the practicum opportunity, and determine whether it may be used as a practicum site before any HPU PsyD student may apply to the site for a practicum;

[4] Once approved any site approved must be open and available to all HPU PsyD students to apply; and

[5] Please consult your Mentor if you wish to pursue this route

Also, if you are currently employed at an agency that provides mental health services, this agency MAY be a paid practicum site for your purposes PROVIDED [1] you are able to start on or about mid-August and be able to go through mid-July, [2] your duties would be

substantially different from your current employment (e.g., you currently conduct adult substance treatment for your employment, but for your paid practicum with your employer you would do child and adolescent substance treatment, with supervision), and [3] you would be provided 1x/week, 1-hour supervision by a licensed mental health practitioner. As with all practicum opportunities, this possible paid practicum is subject to approval by the DCT and the site must be willing to sign a MOU with HPU, as provided below, to outline the practicum obligations. The DCT may determine exceptions to the aforesaid rules pertaining to using employment as a practicum site.

§ PsyD Practica Curriculum

Students participate in practica during the Fall, Spring, and Summer terms in their second, third, and fourth years in the program. If a student extends their program (i.e., adds an additional year or more to their curriculum plan), they may elect to continue to participate in practicum during their fifth or more years. Students who elect to do practicum must be enrolled in a practicum course. Practicum contracts typically require students to work on a year-round schedule, as do other employees. Students are responsible for arranging holidays and other accommodations directly with the practicum site. During each term, it is desirable for the student to complete a minimum of 300 hours, totaling 900 hours for the academic year; however, the program does not prescribe a minimum number of direct or total hours. Students should begin tracking their clinical hours per the APPIC categories at least by their first practicum semester if not sooner (i.e., if they are engaging in clinical activities through coursework, tracking should begin then). Students must complete “Time2Track” documentation at the end of each semester and obtain on-site supervisor signature confirmation of this documentation. The agency will provide at minimum weekly, one-hour individual supervision to the student.

During each term, the student will also be concurrently enrolled in a practicum supervision course. At HPU, the student will receive supervision from their practicum course instructor who is a licensed psychologist in the State of Hawai‘i. The practicum course allows the student to receive additional supervision regarding their practicum cases by way of group supervision with their fellow PsyD students. Practicum instructors will also provide relevant research articles and other literature to develop the student’s clinical knowledge. The practicum instructors will provide a letter grade at the end of each term.

§ Student Evaluations

At the end of each semester (Fall, Spring, and Summer), the on-site practicum supervisor will complete a Clinical Evaluation Form of the student’s performance (see Appendix A). The off-site practicum instructors will provide a letter grade at the end of each term.

At the end of the practicum year, the student will complete a Practicum Site Evaluation of the practicum site at the end of the practicum year (see Appendix B).

§ Applying and Acceptance to Practica

For cohorts in years 2, 3, and 4, the Practicum application process will proceed as follows (this schedule is indicative, but may change depending on specific site requirements or other contingencies):

Mid-December	Practicum sites are announced.
Early-January	Student schedule meeting with DCT to evaluate their practicum choices.
Mid-January	HPU conducts a practicum fair inviting practicum site representatives to present about their agencies. Information will include populations served, services provided, staff, practicum procedures, and how to apply to their agency.
End-January	Students will submit a hierarchy list of application sites to the DCT. DCT will approve a list of sites to be applied.
End-January/Mid-February	Students apply to the practicum sites. This usually involves contacting the practicum site's contact person by email or phone, and the student sending their CV and letter of intent. The agency may then schedule the student for an interview.
March-April	Agencies make their offers to applicants, prior to acceptance applicants notify and confer with DCT, and acceptances are made.
May-June	Students obtain liability insurance and complete required paperwork. The DCT executes signed Memoranda of Understanding (MOUs), reviews the Practicum Handbook with the students, and coordinates unmatched students.
Mid-June/Mid-August	Student reviews practicum goals with Mentor. The DCT reviews required paperwork. The DCT orients the practicum sites on how to evaluate students.
August-September	Start of the practicum at the agency.

The DCT and PsyD faculty will work to help students prepare their applications to the practicum sites. In particular, mentors will assist with drafting of CVs and letters of intent, and preparing students for interviews. However, the HPU PsyD Program cannot and does not guarantee placement into a practicum site.

We recommend that our students engage in:

- 20 hours/week of practicum experience in:
 - Psychological assessment and report development

- o Diagnostic interviewing
- o Individual and group therapy
- o Psychoeducational classes
- o Related administrative services including
 - Case management
 - Clinical research
 - Program development
 - Supervision (for advanced students)

- Services for the duration of the practicum period (including vacation and sick leave as determined by the training site and agreed upon between supervisor and practicum student)
- We recommend that at least 50% of practicum hours be involved in direct patient contact
- Please discuss with the DCT in case there may be a beneficial alternative to consider

o Purchasing Insurance

Students are required to purchase their own professional liability coverage while participating in practica. Student insurance is available through a number of professional liability carriers, such as the American Professional Agency and The Trust, typically at a cost of approximately \$20 to \$40 per year. The purpose of their requirement is to protect students from liability which the agency's insurance and/or the university's insurance may not cover, as well as to develop the professional responsibility of purchasing one's own insurance.

o Memorandum of Understanding (MOU)

HPU has an MOU with each practicum site for which it has an established relationship. The MOU is a contract that sets forth the duties and responsibilities of HPU and the agency.

§ Sanctioned Training Experiences (STEs)

Sanctioned Training Experiences (STEs) include treatment, assessment, and/or research work that is overseen by an HPU PsyD core faculty member, HPU adjunct faculty member, or delegated supervisor that can be counted toward treatment, assessment, supervision, and support hours as determined appropriate for internship applications for APA and APPIC sites. Examples of STEs include, but are not limited to: assessments and/or interventions conducted as a part of research; conducting assessment and/or treatment at a former practicum or as a psychological assistant; and other treatment and/or assessment roles as listed in the APPIC application. Supervision must be conducted by a licensed psychologist on a weekly basis. The work may be paid or volunteer, and it does not need to be done for course credit as it may not be part of a regular practicum. Research, program planning, or work that is not related to direct services will be counted in support hours, but not intervention or assessment hours.

Students should note that experiences that are not STEs or part of practicum can still be documented for internship purposes in the student's vita, cover letters, or described in other areas of the internship application.

Procedure to get an activity counted as an STE:

[1] Complete the Sanctioned Training Experience Application (see Attachment C).

[2] Submit the completed application to the Director of Clinical Training, Dr. Veronica Acosta, at vmacosta@hpu.edu.

At the end of each academic year, the students must submit a Verification of Completed and Anticipated STE form (see Attachment D) signed by their supervisor to the DCT to vmacosta@hpu.edu.

During the student's internship application year, the student is required to submit the Verification of Completed and Anticipated STE form (see Attachment D) annually on or about the end of the academic year to Dr. Acosta at vmacosta@hpu.edu.

§ Professional Presentation and Attire

Practicum students are graduate students, and the expectation is that they demonstrate professional presentation and attire at practicum sites. Graduate students are now representing the profession of psychology. Graduate students are also representing the HPU PsyD Program. Good judgment may be a guide as to how to dress at practica, but when in doubt the student should ask those who work at the agency for norms for that particular setting. There is some variation among settings given varying populations and duties. The relevance of one's culture, as well as the culture of the population to be served, should also be considered.

General guidelines include wearing clothing that fit well, are in good condition, are well made, and are ironed (if ironing is necessary). Students should defer to the policy and practices of the practicum.

Tattoos that are offensive (e.g., display racist, sexist, culturally insensitive comments, etc.) should be covered. Jewelry and piercings that may interfere with communication (e.g., tongue or lip piercings) should not be worn during practicum work.

Regarding social media, students should be mindful of the way they present themselves on these forums. Students must carefully consider how they use social media such as Facebook, Instagram, and others, as well as the specific parameters of their privacy settings. In general, students should consider boundaries between themselves and their clients. Students should never "friend" a client. Students should also respect the privacy of clients who may be on social media.

To protect one's privacy, emails should rarely, if ever, be used in communicating with practicum clients, unless it is a policy through the practicum site and students are provided a HIPAA-compliant email address. If this is ever done, it is probably best to get written authority to do so by the student's supervisor.

§ Termination from Practica

- o Voluntary

A student may request for a permanent termination from their practicum for a serious medical condition or other emergency (e.g., family medical matter). The student should submit a written request to their on-site practicum supervisor, off-site practicum course supervisor, and the DCT. Upon written approval by the DCT, the student may proceed with a voluntary termination. Regarding the student's personal medical matter or other emergency, the DCT will work with the student on how they may make up the practicum curriculum requirements, including their work for an agency and the practicum course requirements, including following the University and program procedures for any leave of absence..

In some instances, the student may terminate their practicum assignment if they are dissatisfied with the agency. Any student issues with the practicum and/or their employees should initially be addressed between the student and the relevant agency parties (e.g., on-site supervisor, agency director). When a satisfactory resolution is not possible with the agency, the student may consult with their practicum instructor and/or the DCT. If the student is not able to resolve the issue and the student can demonstrate with evidence that the unresolved issue will substantially impair their training and education, then the student may request the DCT to voluntarily terminate their practicum. Upon termination from the practicum, the DCT will work with the student on how they may make up the practicum curriculum requirements, including their work for an agency and the practicum course requirements.

o Involuntary

A student may be involuntarily removed from a practicum site. Upon involuntary removal, the student must notify the Director of Clinical Training and Program Director. For the bases and procedures on these matters refer to HPU PsyD Handbook § Student Evaluations, K

§ Supervision

Supervision for clinical psychological work is different from other learning experiences. It is not a situation where the student attends a lecture by the supervisor, takes notes, then follows notes in order to do clinical work. The supervisor will provide guidance as to how to conceptualize the work, prepare for sessions, and conduct the treatment, and feedback on the student's performance. However, much of the conceptualization and preparation will be on the student. This includes the student's using what they have learned in their coursework, incorporating the supervisor's suggestions, thoroughly examining what they did in their clinical work, and being open to criticism, revision, and recommendations.

When starting to do clinical psychological work, the student will find ambiguity in terms of what they observe, how they may approach their work, and how to understand the process and outcome. Some of this may be due to a supervisor's greater education or experience, while some may be due to the supervisor's use of a different clinical approach or lens through which to approach the client and their situation. While this can be disorienting at first, it also represents one of the most valuable aspects of clinical practicum training. The student should be prepared for and tolerate ambiguity during their training. If the student puts in the work of preparing, reading, and listening in supervision, this ambiguity decreases over time. Also, early practicum and supervision are often characterized by more structure and guidance, reducing the ambiguity.

However, as they progress through their practica, students will be given greater responsibility for critically examining and planning their clinical work and how they use the supervision time.

o Preparation for Individual Supervision

Individual supervision at your practicum site will typically involve meeting once a week with a licensed mental health practitioner for an hour. Each supervisor will have their own guidelines as to how to prepare for supervision sessions. Below are general issues to know and consider to prepare for supervision:

1. Set an agenda and bring relevant documentation, including clinical dashboards
2. Know the cases including identifying information, diagnoses, presenting problems, and treatment plan
3. Review the notes on each session(s). In some instances, prepare audio or video recordings of sessions as per the practicum site's and supervisor's instructions. There may also be some instances where supervisors will ask to have sections of a session transcribed, usually not an entire session. If so, accurately transcribe the requested information and have it available in an easily readable format for the supervisor. In some cases, there may be a one-way mirror observation of the student doing work. Take full advantage of this luxury if the opportunity arises.
4. Know the issues addressed in the case's session and how each issue was addressed in the session
5. Describe how homework assignments were addressed and how they're connected to the treatment plan
6. Describe the homework assignment given for the next session
7. Identify the nature of therapeutic alliance
8. Identify any therapeutic relationship issues, and how they were or may be addressed
9. Describe relevant assessment connected with treatment
10. Read and prepare to discuss relevant research and clinical literature in preparing for sessions

o Preparation for Group Supervision

Group supervision may occur on-site at the practicum, and will occur off-site in the practicum courses. Group supervision typically will involve anywhere between a few to several practicum students meeting with a licensed mental health practitioner for a period of one to a few hours. In group supervision, students usually present to the group one or more cases, then get feedback from the supervisor as well as fellow students. Many of the considerations for individual supervision discussed above may be applied to group supervision. In group supervision, the student should know all of the relevant clinical details about all of their cases. However, because of time constraints, the student should prepare one or a few cases for discussion in group supervision.

For many students group supervision may provoke more performance anxiety, as opposed to individual supervision, given that one must demonstrate their clinical acumen before their supervisor and a small group of their colleagues. Although for some group supervision may

actually be less anxiety provoking as they share common fears and concerns among a group of colleagues at their clinical skill level. Whatever the concerns may be, much of these can be reduced or addressed by sufficiently preparing material before the group supervision, and knowing the supervisor's expectations of how the group supervision time will be used. Group supervision is yet another excellent way to learn, and to obtain training from multiple perspectives.

- o On-Site and Off-Site Supervision

As a general rule, the student should be open to their on-site supervisor's guidance and recommendations for the practicum work at an agency. Similarly, the student should be open to their off-site or course supervisor, who will provide additional help with practicum cases. Students should also think critically about supervision recommendations, suggestions, and directives. A conflict or differing opinion or recommendation may occur between the on-site supervisor, off-site supervisors, and/or the student. As a general rule, the student should discuss these differing views with both supervisors, and integrate these views in the management of the case with the supervisors. In the event that this may not be a viable approach, the student should meet and confer with the DCT to resolve this matter.

- o Case Presentations

The student will be asked to conduct case presentations at the practicum sites and in the practicum courses. The case presentation may be informal, where it is presented orally for several minutes, with feedback and suggestions in a conversational manner from your supervisor and others present. In other instances, the case presentation will be formal where an oral presentation with a powerpoint presentation will be done before a group for anywhere between a half-hour to about an hour. In either situation, the following information about the case being presented should be prepared.

1. History

Describe the client's relevant history. This will depend on the referral issues, and should tie-in with the case formulation. Common areas of historical relevance include birth and developmental events, medical and/or psychiatric history, educational history, social development, and any legal issues. When presenting a case in the practicum course, be sure to maintain client confidentiality by redacting any information that may tend to identify the client by name or other personally identifiable characteristics. Be prepared to discuss specific events related to the presenting problems (e.g., onset of symptoms). When possible, check the validity of historical information with another source (e.g., family member, friend).

2. Presenting Problems

Describe the client's presenting problems in terms of observable and measurable variables, and describe how these may be treatment goals or objectives. Describe these problems in terms of their frequency, intensity, and duration. Finally, describe environmental factors, hypothesized or confirmed, that may be contributing to the behaviors.

3. Assessment and Diagnosis – Incorporating multi-modal and multi-method approaches

Describe the methods used to evaluate the client's problems and functional relationships. Describe interviews, rating scales, observational data, and test findings. Also describe the DSM-5-TR diagnoses, key criteria supporting the diagnoses, and discuss rule-outs of differential diagnoses. You should describe mediating and moderating variables related to the presenting problems (e.g., culture, cognitive, SES, prior treatments, underlying medical condition).

4. Treatment Goals

Describe treatment plan goals and objectives to reach these goals, including a time-frame. Discuss how these goals and objectives were determined collaboratively with the client, and how they fit with the client's perception of their problems. Consider delineating short- versus long-term goals.

5. Proposed Treatments and Evaluation Methods

Describe the theoretical framework for the client's presenting problems and the treatment strategies and techniques related to this framework. Describe how the treatment process and outcome will be measured (and how that was determined). Describe any specific instruments, including the relevant psychometric properties of any tests (e.g., reliability, validity, norms). Also, utilize the clinical dashboard for describing and assessing treatment outcomes.

o Conflicts with Practicum Supervisor, Practicum Staff, or Off-Site Supervision

As in any professional setting, problems may occur between the student, on-site supervisor, on-site staff, and/or the off-site supervisor. As a general practice, the student should try to resolve these issues directly with the professional in question. In those situations where it may not be feasible to do so, the student may meet and confer with the DCT in order to address these matters.

§ Interprofessional Collaboration

It is often helpful, if not necessary, to consult with other professionals (e.g., psychiatrists, social workers, physicians, other therapists, teachers) on a case. Medication management, particularly psychiatric medication management, is a common reason for interprofessional communication. In some cases the student will be consulting an outside party who requests information about a client. In other instances, the student may be consulting in their own agency for information about their client. When communicating with other professionals within an agency, usually a release of information is not required; however, communications about a client with parties outside of the agency will probably require a completed release of information form prior to the communication. Confirm all outside communications with your on-site supervisor.

It is the student's ethical duty to obtain the client's consent to communications prior to making the communication with another professional. This respects the client's autonomy and

allows the client an opportunity to raise questions and concerns about the intended communication. The student should document this exchange with a client in the progress notes.

In a rare circumstance the student may need to consult with another professional about an urgent or crisis matter (e.g., imminent risk to self or others, which may not allow for completing a release of information form). In these instances, the student should consult their supervisor, or agency director when the supervisor is readily available, to determine if the circumstances justify waiving the client's privilege of confidentiality.

§ Personal Therapy

Effective Fall 2023 with Cohort #4, the HPU PsyD program requires students to complete 16 hours of individual psychotherapy as part of the curriculum to receive the doctoral degree.¹ Conducting individual psychotherapy requires that the therapist be able to manage their own emotional and psychological matters. As one is providing psychotherapy, the therapist needs to understand how they function in interpersonal relationships, and know how to manage their emotions and behaviors relevant to the therapeutic relationship. Moreover, graduate training in clinical psychology is incredibly difficult and is usually highly stressful for most students. It is critical that the therapist be able to understand and manage their stress as they're providing treatment to others.

In order to fulfill this requirement, a licensed psychologist must conduct the student's treatment. At the request of any student, the HPU program will provide a list of licensed clinical psychologists who may be willing to provide this treatment to the HPU PsyD students. It is the view of the PsyD core faculty that students can best understand and appreciate the role of the psychologist by receiving treatment from a therapist from the same discipline. It is also expected that the personal therapy will occur about once a week for a period of about four months. The reason for this expectation is that treatment frequency and duration of this form facilitates a greater depth of commitment to the therapeutic exercise as compared to treatment occurring less frequently over a longer period of time. It is also expected that the same therapist will provide treatment. However, exceptions to these parameters may occur due to treatment-based rationales. The student may submit a written request to the Program Director for exceptions to the expected format, and the Program Director may grant such request. The student is responsible for the cost of the psychotherapy, including by insurance where applicable.

Students must complete the personal therapy requirement prior to sitting for the Comprehensive Examination which is administered in June near the end of their third year in the program. If a student has not completed this requirement by the time of their Comprehensive Examination, then they will not be eligible to take the Comprehensive Examination, which will also result in their not being able to apply for internship the following Fall of their 4th year. The Program Director will monitor students' completion of this requirement.

The approval and verification of treatment procedure is as follows:
[1] Students will acquire a licensed clinical psychologist to engage in personal therapy pursuant to the aforesaid criteria.

¹ This requirement does NOT apply to Cohorts #1 - #3.

[2] The student and therapist will complete the “Psychotherapy Hours Initiation” section of the “Psychotherapy Hours Initiation and Verification” form (Appendix E), where the student asserts their intent to proceed with treatment with the identified psychotherapist. The student will sign the consent to release limited information to the HPU PsyD program. The psychotherapist will provide information about their training, information about their credentials, and their signature.

[3] The student will submit this form to the Program Director who will maintain this document in the student’s record.

[4] When the student has completed the PsyD program’s personal therapy requirements, the student will request from the Program Director the “Psychotherapy Hours Initiation and Verification Form,” complete the “Psychotherapy Hours Verification” section, then re-submit the completed form to the Program Director.

§ Appendices

A. Evaluation of Practicum Student Form

Hawai'i Pacific University
Doctoral Program in Clinical Psychology
Clinical Evaluation Form

Name of Student: _____ Date: _____

Name of Supervisor: _____ Site: _____

Year: _____ Term: _____ Fall _____ Spring _____ Summer

This form should be completed by the on-site supervisor at the end of each term. The on-site supervisor's signature serves as verification of this evaluation and that the evaluation is based in part on direct observation of the practicum student and their developing skills (either live or electronically), as per APA Implementing Regulation C-14 D. Direct observation includes in-person observation (e.g., in-room or one-way mirror observation of direct service contact), live simultaneous audio-video streaming, or audio or video recording.

Several domains of student's competence are listed below, along with specific items in each domain. Circle the number to the right of each item that best describes your perceptions of the student's skills compared to all other people you have trained at the same level of professional development. If the current evaluation is for the student's final term at the site, it should be treated as a summative evaluation.

1 = UNSATISFACTORY - behavior that is either consistently problematic or of serious nature. If circled, elaborate under "Comments/Recommendations" at end of section, noting behavioral changes needed to warrant future satisfactory performance.

2 = MARGINAL - behavior that is problematic but not consistently demonstrated or behavior needing improvement but not of serious nature. If circled, elaborate under "Comments/Recommendations" at end of section, noting behavioral changes needed to warrant satisfactory performance.

3 = SATISFACTORY - refers to behavior considered average or expected for practicum students at this level of training

4 = GOOD - refers to behavior that is better than average to very good

5 = EXCELLENT - refers to behavior that is outstanding

NA = Refers to "Not Ascertained"

	Unsatisfactory	Marginal	Satisfactory	Good	Excellent	N/A
CLINICAL SKILLS COMPETENCY						
1. Evaluates client treatment progress with respect to goals, utilizing assessment methods informed by empirical literature	1	2	3	4	5	
2. Explains the objectives of psychotherapy	1	2	3	4	5	
3. Conducts a systematic and complete intake interview, with knowledge of diagnostic classification systems, client strengths, and psychopathology	1	2	3	4	5	
4. Establishes a good working relationship with clients	1	2	3	4	5	
5. Conveys warmth to the client	1	2	3	4	5	

6. Facilitates client self-expression	1	2	3	4	5	
7. Clearly explains to clients the nature of therapeutic relationship and limits of confidentiality	1	2	3	4	5	
8. Demonstrates cultural sensitivity	1	2	3	4	5	
9. Aligns with client motivation to achieve relevant therapeutic goals	1	2	3	4	5	
10. Demonstrates ability to utilize evidence-based interventions with clients	1	2	3	4	5	
11. Evaluates client progress with respect to goals	1	2	3	4	5	
12. Balances between goal-planned interventions and immediate issues in sessions	1	2	3	4	5	

13. Makes appropriate referrals	1	2	3	4	5	
14. Terminates clients appropriately	1	2	3	4	5	
CONCEPTUALIZATION SKILLS						
15. Conceptualizes cases accurately, with understanding of developmentally and functionally appropriate behaviors and responses	1	2	3	4	5	
16. Identifies key themes relevant to clients' context (e.g., family, social, societal, and cultural)	1	2	3	4	5	
17. Identifies causal and maintaining variables for client issues that includes ongoing monitoring of outcome measures	1	2	3	4	5	

18. Utilizes assessment methods and measures that are informed by empirical literature with sound psychometric properties	1	2	3	4	5	
19. Uses a multi-informant and multi method approach that is appropriate for the client	1	2	3	4	5	
20. Conducts ongoing case formulation following client data to inform treatment decisions	1	2	3	4	5	
21. Utilizes and integrates both objective and subjective clinical data in decision-making	1	2	3	4	5	
PROFESSIONAL COMPETENCY						
22. Meets with supervisor as scheduled	1	2	3	4	5	
23. Forms productive supervision relationship	1	2	3	4	5	

24. Receptive to feedback	1	2	3	4	5	
25. Uses supervision time constructively	1	2	3	4	5	
26. Seeks supervision regularly and open to learning and growth	1	2	3	4	5	
27. Willingly assumes responsibility for clinical activities including direct client contact and supervision	1	2	3	4	5	
28. Establishes and maintains good working relationships with staff	1	2	3	4	5	
29. Shares skills and competencies with peers and supervisors	1	2	3	4	5	
30. Keeps adequate and timely client records and documentation	1	2	3	4	5	

31. Behaves professionally in demeanor, dress, language, etc.	1	2	3	4	5	
32. Accurately evaluates own performance	1	2	3	4	5	
33. Manages time well	1	2	3	4	5	
34. Follows through on professional commitments	1	2	3	4	5	
35. Communicates effectively and clearly in oral, nonverbal, and written modalities	1	2	3	4	5	
36. Handles adversity and complex situations appropriately, commensurate with training, and seeks out supervision if needed	1	2	3	4	5	
37. Manages conflict and difficult communication well	1	2	3	4	5	

38. Observes ethical standards with clients, coworkers, and supervisors	1	2	3	4	5	
-------------------------------------------------------------------------	---	---	---	---	---	--

39. Assessment Methods for Competencies (select all that apply):

- Direct observation (in-person)
- Direct observation (one-way mirror)
- Direct observation (live streaming video)
- Direct observation (recorded video)

Attestation

- Over the current evaluation period, I attest that I conducted the above selected methods of assessment via direct observation of the student.

40. Other Assessment Methods for Competencies (select all that apply):

- Case presentation(s)
- Clinical interactions discussed during supervision
- Comments from staff
- Review of written work (e.g., progress notes, assessment reports, etc.)
- Review of psychological testing data
- Other (please specify):

Comments: _____

Signature of Site Supervisor

Date

My signature below indicates that I have read and discussed the material above with my site supervisor.

It does not indicate my total or partial agreement with the evaluation.

Signature of Student

Date

B. Evaluation of Practicum Form

PRACTICUM SITE EVALUATION

The purpose of this form is to monitor practicum experiences of students and to aid the Clinical Studies Program in future practicum placement decisions. This form will be reviewed only by the Program Director and Director of Clinical Training of the HPU PsyD Program, and no copy of this will be given to your site supervisor.

Name _____ Practicum Site _____

- 1. Total client contact hours in individual/couples/family therapy _____
- 2. Total contact hours in group therapy (including psychoeducational) _____
- 3. Total client contact hours in assessment _____
- 4. Total hours of on-site supervision (include group supervision, but not hours noted below for case conferences). Indicate whether individual or group _____
- 5. Total research hours _____
- 6. Total hours in on-site seminars/workshops _____
- 7. Total hours in case conference/staffings _____
- 8. Number of hours for items a.-h., and number of clients for items i.-j.:
 - a. single adult outpatient _____
 - b. group _____
 - c. family _____
 - d. marital _____
 - e. adult inpatient _____
 - f. child/adolescent inpatient _____
 - g. community consultation _____
 - h. individual child outpatient _____
 - i. severely mentally ill _____
 - j. ethnic/racial minorities _____
- 9. Mean number of sessions per client _____
- 10. Total number of different individuals/families/couples/groups seen in therapy _____

11. Theoretical orientation of supervision _____

11a. Theoretical orientation of other practitioners at site _____

Please use the following scale in answering questions 11-15

1	2	3	4	5
not at all		moderately		thoroughly

12. To what degree were the science and practice of clinical psychology integrated at this practicum site?

1 2 3 4 5

13. To what degree were assessment and treatment integrated at this practicum site?

1 2 3 4 5

14. To what extent was this training experience consistent with an emphasis on sensitivity to gender, ethnic, and other individual differences?

1 2 3 4 5

15. If any difficult ethical issues concerning either clients or staff arose during the course of your practicum, to what extent do you feel that they were satisfactorily resolved? (If you did have a problem in this area, please describe on an additional sheet).

1 2 3 4 5 NA

16. If any problems or conflicts arose during the course of your on-site supervision, to what extent do you feel that they were satisfactorily resolved? (If you did have a problem in this area, please describe on an additional sheet).

1 2 3 4 5 NA

17. What do you wish you had known before beginning your training on this practicum site that might have made your experience more beneficial? (Please answer on an additional sheet).

18. Overall rating of the training experience at this practicum site:

1 2 3 4 5

poor

adequate

excellent

19. Did you get what you hoped you would from this training experience? What, if anything, was lacking? What, if anything, exceeded your expectations? (Please answer on an additional sheet).

C. Sanctioned Training Experience Application

Sanctioned Training Experience Application

Student's name: _____

Date of submission: _____

Student's email: _____

Name of proposed agency:

Agency's address:

Primary supervisor's name: _____

Title: _____

Professional license information

Degree: _____

License #: _____

Type: _____

Phone: _____

Email: _____

1. Identify the type of clinical experience:

research

treatment and/or assessment

additional time at practicum site following the end of formal practicum

other: _____

2. Provide the start and end dates of the proposed experience.

Start date: _____

End date: _____

3. Describe the proposed STE's supervised experience, including the population, setting, types of interventions/assessments, supervision method, and potential supervisors:

4. Describe the expected hours or work.

Interventions: _____

Assessment: _____

Supervision: _____

Support: _____

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

D. Verification of Completed and Anticipated STE

Verification of Completed and Anticipated STE

Use the table below to document your STE hours. If you are in the internship application process, specify the total number of hours completed through October 13th in the “Completed Hours” column and the anticipated hours after November 1st in the “Projected Hours” column. The DCT will review, approve, not approve, or make change recommendations. Verified and approved STE experiences count toward official training experience hours for internship applications.

Student’s name: _____

Start date: _____

End date: _____

Agency name:

Agency’s address:

Note any significant changes to the initial plan duties or hours:

TYPE	Completed Hours	For internship applicants: projected hours post November 1 st
INTERVENTIONS		
Treatment		
Research		
Program planning		
Supervision		
Other intervention (specify):		
Intervention Total:		
ASSESSMENT		
Direct assessment		
Scoring of measures		
Report writing		
Clinical research (e.g., interview)		

Other assessment (specify):		
Assessment Total:		
SUPERVISION		
Individual supervision		
Group supervision		
Supervision Total:		
SUPPORT		
Didactic training		
Research (e.g., data analysis, literature review, analysis)		
Program evaluation		
Other administrative (e.g., charting)		
Support Total:		
VERIFICATION BY SUPERVISOR	Yes	No
Student completed the above supervised training hours at or above the expected level of competence (mark with X). If no, please explain.		

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Submit this form to the DCT, Dr. Veronica Acosta at vmacosta@hpu.edu. The DCT will review and notify you of the approval status of your reported hours.

E. Psychotherapy Hours Initiation and Verification

Psychotherapy Hours Initiation and Verification

Student's name: _____

Date of submission: _____

Student's email: _____

PSYCHOTHERAPY HOURS INITIATION

I am beginning individual psychotherapy sessions with:

Therapist's name and degree: _____

Therapist's mailing address: _____

Therapist's office phone: _____

I authorize and consent to the release of information contained in this form, including verification of therapy hours to be obtained directly from my psychotherapist upon completion of my HPU PsyD personal therapy requirement.

Student Signature: _____ Date: _____

PSYCHOTHERAPY HOURS VERIFICATION

To the psychotherapist:

The HPU PsyD program requires its students to participate in at least sixteen (16) separate hours of individual psychotherapy with a licensed clinical psychologist. (NOTE: An hour is defined as a session lasting a minimum of 45-minutes.).

In order to verify completion of this requirement for the above-named student, please complete the following information and email to the HPU Program Director, Dr. Vincent G. Tsushima at vtushima@hpu.edu. Mahalo for your assistance.

From _____ to _____

Number of individual sessions: _____

Therapist's name and degree: _____

Therapist's mailing address: _____

Therapist's signature: _____