



## **Doctoral Program in Clinical Psychology**

### **Practicum Handbook**

**Fall 2021 - Summer 2022**

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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 so as to maximize this incredible learning opportunity and experience.

Questions about this handbook or practicum experience, may be addressed to our Director of Clinical Training (DCT). Our DCT, \_\_\_\_\_, may be contacted at \_\_\_\_\_.

## § Program Director's Welcome

Welcome to an engaging, rewarding, and challenging experience of your doctoral training! This will be an opportunity to apply the theory, strategies, and techniques acquired in class, and learn about the complexities of health service psychological work.

This handbook will serve as a guide to understand the logistics of taking practicum courses, doing clinical practicum work, and how to develop as a professional clinical psychologist. With the guidance of practicum and course supervisors, you'll get the opportunity to integrate all of this new information.

This handbook's guidelines set forth the parameters of how to complete the practicum experience in the next three years; however, it is just a starting point. Practicum experience, reading of the literature, openness to supervision critique, as well as critique from colleagues, and personal growth will be integral to becoming a professional clinical psychologist. I envy you.

Read this handbook, refer to it frequently during the course of practicum experience, but above all frequently confer with supervisors, faculty, and colleagues. Be patient, open to new ideas, and know that our faculty are available to speak about any questions, concerns, and exciting things experienced during practica.

## § Practicum Goals

The 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

The goals 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, as doctoral candidates the students will develop leadership skills, as it is anticipated they will eventually serve in some leadership capacity either in clinical or research setting.

#### § Professional Standards and Roles and Responsibilities

As a doctoral 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>)

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

The student should familiarize themselves with the practicum's rules and procedures regarding maintaining confidentiality. Here are some generally accepted practices about maintaining confidentiality:

1. Any personal notes and computer records about practicum must not include any identifying information.
2. All phone or e-mail contacts with supervisors regarding cases should de-identify the clients.
3. Client information should only be made to persons connected to the agency or the off-site supervisor. Communication with any other third parties requires a release of information form.
4. Students should only discuss clients in the context of supervision.
5. Students should not take photographs of any client records with any electronic or non-electronic devices.
6. Original client documentation or raw data should not be taken out of the agency.
7. Students should not take client-identified information outside of an agency.

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 identifying, developing and maintaining a network of practicum and 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 provides supervision to the student. The on-site supervisor has the following responsibilities:

1. Provide at minimum 1-hour weekly 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. Complete a "Clinical Evaluation Form" of the student's performance at the end of each Fall and Spring 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 at minimum weekly class supervision to the student
2. Review student documentation and provide the student with feedback
3. Review student treatment session material, e.g., transcripts, audio-recording, video-recording, as prescribed the practicum agency
4. Review student testing and reports
5. Communicate to the students their strengths and weaknesses in conducting practicum work
6. Provide supervision regarding the student's supervision relationship with their on-site supervisor
7. Provide instruction and guidance about legal, ethical, and professional issues that arise in practica
8. Recommend research articles and other clinical literature relevant to the student's practicum work
9. Submit a letter-grade for the practicum course

o Student

Practicum students have the following responsibilities:

1. Work at practicum site 20 hours/week
2. Conduct oneself professionally in presentation, attire, and behavior
3. Complete practicum work at scheduled days and times
4. Arrive to conduct practicum work on time
5. Complete practicum mandated training, e.g., HIPAA
6. Attend practicum grand rounds, symposia, and presentations
7. Keep confidentiality and privacy pursuant to HIPAA provisions
8. Work collaboratively with other practicum staff
9. Complete practicum documentation in a timely and accurate manner
10. Consult with practicum staff in urgent or emergency situations
11. Regularly, if not daily, check their HPU email for communication from supervisors and practicum staff
12. Participate in 1-hour weekly supervision with an on-site licensed mental health practitioner
13. Complete practicum courses for years 2-, 3-, and 4, and participate in the weekly off-site supervision by the practicum course instructor
14. Complete a "Practicum Site Evaluation" of the practicum site at the end of the practicum year (see Appendix B).

## § Practica Sites

### Current Hawai'i Pacific University PsyD Practicum Placements (2021-2022 AY)

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

In some circumstances a student's place of employment may serve as an HPU PsyD practicum site, presuming it currently does not do so. If a student wishes to do so, they should meet and confer with the relevant administrators at their place of employment, as well as any prospective supervisor at their place of employment, to determine if the place of employment would be willing to meet HPU's agency criteria for practicum sites. If this may be the case, the student must also determine whether the following minimum conditions are met:

1. That there is an employee at the agency who is a licensed mental health practitioner who can provide weekly 1-hour supervision to the student.
2. The proposed agency practicum work would differ substantially from prior work that the student has done for the employer.
3. The proposed practicum work would meet curriculum requirements.

A proposal for using current employment as a practicum site is initiated by submission of a written proposal to the DCT, including representations by an agent of the agency that the aforementioned conditions are met.

## § PsyD Practica Curriculum

Students participate in practica during the Fall, Spring, and Summer terms in their second, third, and fourth years in the program. In each year a student is at one practicum site for 15 weeks in the Fall and Spring terms, 20 hours/week. The number of weeks in the Summer term will vary according to the agency needs. During each term, it is desirable for the student to complete a minimum of 300 direct client contact hours, totaling 900 direct client contact hours for the academic year. 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). The agency will provide at minimum weekly, one-hour 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 clinical 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 Fall and Spring, 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 1, 2, and 3, the Practicum application process will proceed as follows:

Mid-February	Practicum sites are announced.
Mid-March	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.
Mid-March – Mid-April	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. Students submit their practicum site rankings by April 1.
	Mid-April Agencies make their decisions about applicants and then the DCT matches students to practicum sites.
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.



- o Purchasing Insurance

Students are required to purchase their own professional liability coverage while participating in practica. The program will provide low-cost (approximately \$20/year) student insurance, typically through APA or another similar professional carrier. 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.

- o Basis for Precluding Practicum Placement

In a rare instance, a student may be precluded from applying to a practicum site, or once having applied and receiving an offer, be precluded from accepting the offer and participating in a practicum. A basis for preclusion in a practicum may include one or more of the following: [1] poor academic performance indicating that the student is inadequately prepared to do practicum work; [2] unprofessional behavior; and/or [3] background check findings.

Any Psychology faculty may raise a claim that a student should be considered for preclusion from practicum. When raising a claim, the faculty member is required to submit a written claim to the DCT, providing evidence to support the claim. Within 15 days of receiving the claim, the DCT will evaluate the claim and determine whether it is baseless or should go before a subcommittee. If found to be baseless, the DCT will document this finding. However, in the event there is a basis, the DCT will then form a subcommittee of three PSY faculty members to meet and confer on the matter, and the student may be given an opportunity for a hearing on the matter. Within 15 days of the DCT's determining that the claim has a basis, the subcommittee will meet and confer, and possibly meet with the student, and render a conclusion on whether the student may be precluded from either applying or accepting an offer to participate in a practicum program. The subcommittee will submit a written opinion, including a determination of what the student should do to resolve the basis for the preclusion as well as an approximate time when the student may apply to a practicum.

### § 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). Professional attire may include:

1. Sports coats or blazers
2. Dress shirts, dresses, and skirts that are not too revealing.
3. Dress slacks and khakis
4. Dress shoes and boots
5. Casual shoes

Professional attire does NOT include:

1. T-shirts or sweatshirts
2. Shorts
3. Jeans
4. Attire with large lettering, political or satirical phrases, or logos
5. Slippers or flip-flops

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. As a general rule, tattoos and piercings should not be distracting and interfere with the student's ability to conduct practicum work.

Regarding social media, students should be mindful of the way they present themselves on these forums. Any personal information should be avoided. 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.

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 will request that their off-site supervisor assists. If this does not result in a satisfactory resolution, the student should then inquire with the DCT to assist in resolving any such issues. If the DCT 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. For the bases and procedures on these matters refer to HPU PsyD Handbook § Student Evaluations, K (See <https://drive.google.com/file/d/1NM06eQVehggOI5L8uoP41Dgu1VctV1jr/view?usp=sharing>).

### § Treatment

- o Treatment Modalities

Your practicum site will involve your conducting treatment in one or more of the following modalities: individual, couples, family, and/or group.

The first session with a client should involve a review of confidentiality, the treatment plan, and treatment expectations. Early in treatment it is also important to establish the therapeutic alliance as this is a significant predictor of treatment outcome. Preparation for subsequent sessions should involve reviewing the treatment plan and the progress note from the prior session. For each session, the student should also plan on reviewing homework assignments, determining the session's objectives, deciding on any process or outcome measures, considering homework assignments for the next session, and managing any therapeutic alliance issues. The student should write a progress note immediately following a session or preferably within 24 hours. The same notation goes for any contact, e.g., phone conversation, email exchange, with the client.

- o Contacting Clients

As noted, contact with the client outside of sessions should be documented. In addition, contact with other agencies, professionals within or outside the agency, and any communications related to the client's care, e.g., email, snail mail, etc., from third parties should be documented. When in doubt, err on the side of documenting, so that there is no dispute about the contact.

- o Cancellations and No Shows

Every agency will have their procedures for managing cancellations and no shows. In most cases, an agency's policy will be that clients need to cancel at least 24 hours prior to a scheduled appointment. Cancelling anytime less than 24 hours prior to a session is often considered a late cancellation. When a client shows up too late to complete a session or does not show up at all this is usually considered a no show. Any cancellations, late cancellations, or no shows should be documented in the client's chart. In the event of a cancellation, late cancellation, or no show, the student should immediately attempt to contact the client and try to reschedule the appointment. If the client cancels or misses more than one session in a row, this matter should be brought to the student's supervisor's attention, and discussed with the client as a clinical issue.

- o Transfer and Termination

Practicum case transfers may occur when: [1] another therapist may be more appropriate to meet a client's needs; [2] a client requests a transfer to another therapist; or [3] the student's practicum experience is ending, but the client still requires treatment. The transfer of cases requires careful clinical consideration, and students should confer with their supervisors as to the best disposition of their cases. How the transfer of cases transpires should be documented in clients' charts.

When conducting a transfer, the student should obtain the client's permission to contact the next therapist in order to discuss the case to be transferred. The student should describe the client's presenting problems, treatment plan, treatment progress (via clinical dashboard), the therapeutic alliance, and the client's current status and any issues related to the transfer. The student may want to consider arranging a transfer session where the student, client, and transfer therapist meet in a session prior to termination of the current student's therapy with the client, but this should not be the last session with the student. This transfer session may include a discussion of what the current therapist and client have been working on, as well as an opportunity for the client to ask the transfer therapist any questions.

It is important for the student to monitor their emotional reactions about the transfer, and to convey support of the transfer process and new therapist. However, if there is a significant mismatch between the client and transfer therapist, the student should confer with their supervisor about how this may be managed, including the possibility of considering another transfer therapist.

o Risk of Harm to Self

If the student should encounter a situation where a client expresses a risk of harm to themselves, the student should assess the following [NOTE: The following is NOT meant to substitute a comprehensive lecture on the topic of harm to self assessment.]:

1. The level of suicidal ideation, i.e., how serious are their self-harm thoughts.
2. The degree of any planning. The student will want to determine the degree of specificity of planning, e.g., when, where, how, etc.
3. The client's reason for considering suicide.
  - a. Recent life events, e.g., stress, loss
  - b. History of significant depression, mental illness
  - c. History of prior attempts
  - d. History and current substance use
  - e. Access to means to commit suicide, e.g., gun
  - f. The client's level of impulsivity
  - g. Living alone
4. Possible protective factors
  - a. Family and social relationships
  - b. Living with others
  - c. Current mental health treatment
  - d. Religious beliefs that mitigate the impulse to commit suicide.
  - e. Engagement in goals, e.g., education, employment, etc.

The student should consider administering a standard measure such as the Columbia-Suicide Severity Rating Scale (C-SSRS) as part of the assessment.

Following this assessment, the student should immediately consult with their supervisor or other authority figure at the agency. The student will want to ascertain how to proceed based on the level of suicide risk.

If the client does not appear to be at imminent risk of harm to themselves, the student should develop a written "safety plan" with the client. These plans usually include:

1. A client commitment to follow the plan.
2. Scheduling additional sessions and phone contacts between the student and client, including specific dates and times.
3. A plan on what the student will do if the client does not respond to the student's attempts to contact them.
4. Emergency steps the client can take if they are not able to contact the student or other mental health practitioner.
5. The involvement of significant others (e.g., family, friends, co-workers) to be in contact with the client.
6. Steps to reduce current stressors (e.g., academic, employment, significant others) and increase stress management behaviors (e.g., meditation, exercise, etc.).
7. Evaluation by a mental health professional if necessary.

If the client appears to be at imminent risk of harm to themselves, the student should then immediately work with the client on how to best address the imminent risk. Viable options include:

1. The client voluntarily goes to an emergency room for a psychiatric evaluation to determine whether hospitalization or other psychiatric intervention may be beneficial. The client should be accompanied to the emergency room by either the student and/or a significant other in the client's life.
2. The client involuntarily went to an emergency room. This may involve the student needing to contact the police or agency security to escort the client to an emergency room.

Even after the risk of harm assessment and safety plan have been completed, the student should immediately consult with their supervisor or other similarly positioned figure at the agency. In situations where an onsite supervisor cannot be reached, students may consult with the DCT or the Program Director (in that order) to discuss the event. As a general rule, the student should try to have the client engage in assessing the risk of harm to self. When an individual is suicidal they usually perceive themselves to have no control over anything, and suicide is perceived as the last thing over which they have control; thus, as much as possible, it is helpful to facilitate the client's control over these matters.

o Risk of Harm to Others

If the student should encounter a situation where a client expresses a risk of harm to others, the student should assess the following [NOTE: The following is NOT meant to substitute a comprehensive lecture on the topic of harm to self-assessment.]:

1. The nature of violent ideation, i.e., how serious are the thoughts of violence.
2. The degree of any planning. Determine the degree of specificity of planning, e.g., when, where, how, etc.
3. The client's reason of considering harm to others.
4. Possible risk factors
  - a. Recent events, e.g., conflict, argument
  - b. History of prior aggressive or violent behavior, e.g., domestic violence, criminal behavior related to violence
  - c. History of mental illness and current substance use
  - d. Access to means to commit a violent or homicidal act, e.g., weapons
  - e. The client's level of impulse control.
5. Possible protective factors
  - a. Family and social relationships.
  - b. Living with others.
  - c. Current mental health treatment
  - d. Religious beliefs that mitigate the impulse to commit suicide.
  - e. Engagement in goals, e.g., education, employment, etc.

Following this assessment, the student should immediately consult with their supervisor or other authority person at the agency. In situations where an onsite supervisor cannot be reached, students may consult with the DCT or the Program Director (in that order) to discuss the event. The student should ascertain the level of risk of danger to others and how to proceed accordingly.

If the client does not appear to be at imminent risk of danger to others, the student should develop a written “safety plan” with the client to manage feelings of anger and aggression (see “safety plan” above). If the client appears to be at imminent risk of harm to others, the student should then immediately work with the client on how to best address the imminent risk. Viable options include voluntary or involuntary hospitalization, and/or notification of authorities (e.g., duty to warn). As a general rule, in addition to considering an identified victim(s) safety, the student should consider approaches that also considers their own safety. After the risk of harm assessment and safety plan have been completed, the student should immediately consult with their supervisor or other authority persons at the agency.

#### o Managing Suspected or Reported Abuse

If while conducting treatment or treatment-related activities you have reasonable suspicion that a child has been a victim of physical or sexual abuse, the student may need to contact [Child Welfare Services](#) (CWS). It is important to reaffirm your role to clients, caregivers, and the treatment team as well as identify if you are a mandated reporter. Immediately upon this suspicion, consult their supervisor or similarly situated clinician on this matter. In most cases it’s usually fine to interrupt the session with the child while the student makes this inquiry.

If there is a reasonable suspicion of abuse to a minor, the student may need to address this matter with the child and/or their caretaker prior to contact, depending on the circumstances. In some instances the student’s contacting CPWS may be done with the child and/or caretaker present. After reporting the matter, the student should document this contact in the client’s chart. If the student previously consulted a clinician who was not their supervisor, the student should contact their supervisor as soon as reasonably possible. Hawai‘i law also mandates reporting for vulnerable adults (18 or older who due to mental or physical impairment is not able to manage their care or resources, conduct activities of daily living, or defend self from abuse), elders (62 years and older), and victims of human trafficking.

### § Forms and Records

#### o Informed Consent

Before proceeding with an agency, a prospective client will complete a number of forms, including informed consent. For minors or those with reduced autonomy, a parent(s) or legal guardian will provide informed consent. Typically the intake interviewer will go over the informed consent with the client. The client should read the informed consent form, then the intake interviewer should review and discuss the main elements of informed consent with the client, determining whether the client understands the elements of informed consent, including the limits of confidentiality and their privacy rights as to records. Usually release of information

forms, particularly for minors, may be completed. These forms allow the agency to release relevant client information to third parties for clinical purposes (e.g., medical consult, educational testing referral, etc.) or legal purposes. These forms also allow the agency to receive information from a designated third party. A separate form is required for each party from or to whom the agency receives or sends client information.

- o Intake

An intake is conducted when a representative of the agency interviews a prospective client. There are generally two major objectives for the intake interviewer, first, to establish rapport with the intake interviewee, and second, to collect information about the interviewee's presenting problems, including background and current information. The intake allows the interviewer to determine the best way to address the client's needs, e.g., individual tx., testing, services provided by another agency.

As a general matter, the intake process, which may involve one or more sessions, includes three major components: [1] the collection of information to understand the presenting problems and determine a diagnosis/es; [2] the completion of relevant questionnaires and assessment measures; and [3] feedback and discussion of a treatment plan and goals. The collection of information involves collecting historical information relevant to the presenting problems, which will include developmental, educational, medical, psychological and psychiatric, social, and legal historical information. Other relevant matters such as cultural and family parameters are also collected. Many agencies often have a battery of questionnaires and test instruments for new clients to complete. They are typically completed while clients wait in the waiting room, and in some instances with the intake interviewer. Finally, in a collaborative manner, the intake interviewer will discuss with the client recommended modalities of treatment, treatment goals, and specific treatment objectives.

After completion of the intake interview, the intake form, and the aforementioned documents, usually a treatment plan must be completed prior to the client's first treatment session at the agency.

- o Treatment Plan

The Intake interview provides the information for the Treatment Plan. Treatment Plans typically include the following information: [1] presenting problems; [2] goals; [3] interventions; and [4] process and outcome measures. The plan is regularly updated, including information about dates, goals and objectives have been achieved, and the revision or addition of goals and objectives. Progress notes should make reference to the plan.

- o Clinical Dashboard

At the start of treatment, a clinical dashboard including deidentified background information about the client, diagnosis, outcome measures, and treatment practices should be created. The clinical dashboard should be updated regularly after sessions to guide treatment



planning and any course corrections. Data on the clinical dashboard should be routinely shared with clients, treatment team members, and clinical supervisors to guide decision-making.

#### o Progress Notes

Progress notes will be a routine part of the practicum experience and include important documentation of services provided and progress over time. They are not journal or diary entries. Progress notes should include the date and time of a therapy session. The student should document how the client did on a homework assignment, what treatment plan objectives were worked on, how the student and the client worked on them, and the homework assignment due for the next session. It should also include any significant events that may be impacting on the client's current psychological functioning (e.g., medical matter, death in the family, marriage). The student may also need to document the presence of any imminent risk factors to self or others, changes to diagnoses or the treatment plan, and any scores from relevant measures.

Progress notes will be similar for individual, couples, and family therapy, with the exception of the number of individuals addressed in the note. As a general matter, group therapy progress notes will include a note for the group as a whole, as well as separate entries for each group member. As with the individual therapy progress notes, the student should document the main themes discussed in the group and significant contributions to the discussion. Individual group member entries should include information like an individual therapy session, with the addition of that group member's contributions to the main themes that occurred in the group.

The student should record progress notes immediately after a session or reasonably soon thereafter. It is easy to forget important information which should be documented in a progress note if delaying in doing so. Also, other clinical (e.g., psychiatry, social work, etc.) or administrative staff may require this information soon after your session. Additionally, the student should write progress notes with the intention of having future providers read and understand the nature, progress, and outcome of treatment in language that is understandable to the client themselves. Remember, progress notes can be requested at any point by third parties (e.g., clients, legal guardians, legal teams).

#### o Consultation

When asking for consultation outside of supervision (e.g., psychiatrist, social worker), generally do the following: [1] present relevant client demographics; [2] the client's presenting problems and the specific problem which is the subject of the consult; [3] the clinical dashboard; [4] any risk assessment issue (e.g., imminent risk to self and/or others); and [5] consultation question. Document any consultation in the agency chart. Although often not necessary, give the consultant an update or follow-up on how their consultation was used for the client.

### § 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, 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. The student should be prepared for and tolerate ambiguity during their training. However, 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 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 supervision 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. 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 (via Clinical Dashboard)

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, and provide a time-sampling of data if possible through your clinical dashboard. Also, include a baseline measure of behaviors of interest. 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 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 require a completed release of information form prior to the communication.

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

It is not mandatory, but it is strongly recommended that graduate students in clinical psychology consider undergoing their own individual psychotherapy during their graduate training or professional lives. 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.

It is generally not necessary to participate in couples or family therapy in order to conduct these treatment modalities. However, it is a generally accepted practice in group therapy training for the student to participate in a group treatment experience, or at the very least a group process experience. In our program, the group therapy course typically provides a group process experience for students.

§ 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. 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
<b>CLINICAL SKILLS COMPETENCY</b>						
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	
<b>CONCEPTUALIZATION SKILLS</b>						



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	
<b>PROFESSIONAL COMPETENCY</b>						
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	



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. Percent of time devoted to specific populations (can be overlapping %):
  - 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).