

Psychological Clinical Science Program Manual

2026-2027

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PSYCHOLOGICAL CLINICAL SCIENCE PROGRAM MANUAL

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1. OVERVIEW

1.1 TRAINING PHILOSOPHY

The University of Hawai‘i Psychological Clinical Science program’s mission is to train culturally competent clinical scientists who function at the highest standards of clinical practice across all aspects of health service psychology in public service institutions, such as hospitals, mental health centers and organizations, colleges, and universities. Graduates from our program should be able to function as culturally competent clinical scientists in administrative, supervisory, research, and teaching roles. The program has been accredited by the American Psychological Association since 1972 and is a member of the Academy of Clinical Science.

The Psychological Clinical Science (PCS) program integrates science and practice throughout all aspects of our didactic, clinical assessment, therapy, and research training and activities. All PCS program faculty are clinical scientists, and all clinical coursework and practicum experiences emphasize science-based best practices. Master’s theses and doctoral dissertations must be empirically based and should address important clinically relevant issues from a science-based perspective. The comprehensive examination focuses on skills such as preparation and publication of peer-reviewed articles, science-based case formulation and treatment planning, grant preparation, and teaching. All students are expected to be actively engaged in clinical research throughout their graduate studies and to publish and present their research at scientific conventions.

Culturally competent science and practice are emphasized and strengthened throughout students’ didactic, clinical assessment, treatment, and research training. Training in cultural competence is integral to clinical experiences in Hawai’i because of our multiethnic society. Associated with a multiethnic society is the acceptance of multiple sources of individual differences, such as age, sexual orientation, and physical abilities. Specific training foci and methods that promote the development of cultural competence include the use of culturally relevant readings, presentations, and discussions in all Clinical Science Core courses, practicum training in conducting assessment and intervention within a multi-ethnic community, and training in research methods and content that are sensitive to ethnic and cultural issues.

1.2 TRAINING GOALS

Prepare entry-level, clinical psychologists who conduct sound research and contribute to the scientific knowledge in the field.

The training objectives and competencies related to this goal include:

a. Students are able to develop research ideas and goals (i.e., develop rationale, construct integrative literature review, specify research goals).
b. Students are knowledgeable of research design and able to apply sound research methods.
c. Students are knowledgeable of and able to apply sophisticated, up-to-date, and appropriate statistical analyses.
d. Students can integrate and present research findings.
e. Students are knowledgeable of and able to apply ethical practices in psychological research.

Prepare entry-level, clinical scientists who can competently provide evidence-based behavioral health care.

The training objectives and competencies related to this goal include:

a. Students are knowledgeable of the broad base of psychological theory and research relevant to the field of clinical psychology.
b. Students are knowledgeable of the history and social and professional context of clinical

psychology.

c. Students know the principles and scientific basis of psychological measurement, and of cognitive, personality, and behavioral assessment.
d. Students reference the scientific basis of clinical interventions.
e. Students develop sound basic clinical skills (e.g., interviewing, client-therapist/assessor interactions).
f. Students develop competency in conducting empirically supported clinical assessments, diagnosis, and treatments.
g. Students develop awareness of strategies for a science-based integration of evaluation, quality assurance, assessment, and treatment (e.g., methods of quantitative process and outcome evaluation, assessment for accountability, clinical case formulation).
h. Students develop a scholarly and "critical-thinking" approach to clinical psychology.

Prepare entry-level clinical psychologists who are committed to ethical professional behavior, culturally competent practice, and life-long learning.

The training objectives and competencies related to this goal include:

a. Students are knowledgeable of professional ethics and quality assurance in research, assessment and treatment.
b. Students are knowledgeable of the core areas of psychological knowledge that provide the foundations of clinical psychology (e.g., psychobiology and behavioral neuroscience, developmental psychology/individual differences, social psychology, learning).
c. Students are knowledgeable of and recognize the importance of the role of cultural, ethnic, and other sources of individual differences (e.g., age, sex) in assessment, treatment, and psychopathology, as well as in the core areas of psychology (e.g., developmental/individual differences, cognitive, social psychology, and learning).
d. Students who participate in dual specialty training develop an area of specialized knowledge and skills through training in both clinical psychology and a related field (e.g., learning, serious mental illness, health psychology, quantitative methods).

1.3 APA ACCREDITATION AND ACADEMY MEMBERSHIP

American Psychological Association - The doctoral program in clinical psychology at the University of Hawai'i has been accredited by the American Psychological Association since 1972. Questions can be addressed to the Commission on Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242, or (202) 336-5979. A list of APA-accredited doctoral programs in psychology can be found at http://www.apa.org/ed/accreditation/programs/clinical.aspx.

Academy of Psychological Clinical Science - The doctoral program in clinical psychology became a member of the Academy of Psychological Clinical Science in 2001. The Academy is an alliance of leading, scientifically oriented, doctoral training programs in clinical and health psychology in the United States and Canada. Academy membership is open to doctoral programs with strong commitments to, and established records of, successful clinical science training. While there are nearly 200 APA-accredited clinical programs, less than 70 become members of the Academy. More information on the Academy may be found at http://acadpsychclinicalscience.org/.

1.4 PROFESSIONAL LICENSURE

The Psychological Clinical Science program (the clinical psychology Ph.D. program at UH Mānoa) is designed to provide full-time academic training (including a one-year, American Psychological Association acccredited predoctoral internship; see Sections 2, 3, and 4 of this manual) that is part of the requirements for licensure in Hawai‘i and many jurisdictions around the country. However, the state of Hawai‘i and most other jurisdictions around the country also have postdoctoral training requirements and licensure exam requirements that must be completed after completion of the Ph.D. program to obtain a license to practice as a clinical psychologist. Some jurisdictions may also have other predoctoral educational requirements that are not a part of the PCS curriculum. For more information, please see the Association of State and Provincial Psychology Boards (ASPPB) webpage for licensure requirements by jurisdiction, as well as contact information for every state licensing board. See Appendix P of this manual for a fuller discussion of these requirements.

1.5 ADMISSIONS

In 2025, out of 184 applicants, six were accepted into the Program. The average undergraduate GPA was 3.8. Most students admitted to the Psychological Clinical Science program had 1-2 years of undergraduate research experience. **Please note that, as of the Fall of 2024, the PCS program no longer requires submission of GRE scores for admission consideration.**

Information on application for admission can be obtained via the Psychology Department website and Psychological Clinical Science program link:

https://psychology.manoa.hawaii.edu/
https://psychology.manoa.hawaii.edu/clinical-psychology/

1.5.1 Procedures

Students applying to complete a Ph.D. in the Psychological Clinical Science program are first admitted into the master's program. Once the requirements of the master's degree are met, students may petition for promotion into the Ph.D. program. See section **3 – MASTER'S DEGREE REQUIREMENTS** and section **4 - PH.D. DEGREE REQUIREMENTS** in this manual for details.

PLEASE NOTE WE DO NOT OFFER A TERMINAL MASTER'S DEGREE AT THIS TIME.

For those students entering the PCS program with a master's degree in psychology from another institution, see section **8 WAIVING AND SUBSTITUTING CLASSES** in this manual for more details on exemptions/substitutions.

1.5.2 Criteria and prerequisites for admission

Admission criteria include research and clinical experience, grades, and letters of recommendation (preferably from professors and those who have supervised applicants in a research setting). Applicants must also demonstrate a strong background in psychology at the undergraduate level, with coursework in statistics, methodology, and abnormal psychology. Applications are competitive, with less than one in ten applicants gaining admission each year.

In addition, we are seeking applicants who can demonstrate foundational knowledge in up to six areas of Discipline-Specific Knowledge (DSK). These include (1) Affective Aspects of Behavior, (2) Biological Aspects of Behavior, (3) Cognitive Aspects of Behavior, (4) Developmental Aspects of Behavior (across the lifespan), (5) Social Aspects of Behavior, and (6) History of Psychology.

Foundational knowledge may be demonstrated in three ways.

1) By passing an upper-level undergraduate course from an accredited 4-year institution with a grade of B or better that specifically focuses on a particular DSK area.

    - In some cases, multiple classes might be submitted to fulfill a requirement, (e.g., submitting a child & adolescent development course along with a course on adult development to fulfill the Developmental Bases of Behavior requirement)

2) By passing a graduate course from an accredited institution that provided a broad survey of the scope of knowledge in a particular DSK area with a B or better.

3) By passing the GRE Psychology Subject test with a subtest score greater than or equal to the 50th percentile in a particular knowledge area.

    - Please note that the GRE subject test only provides subtest scores in Biological, Cognitive, Developmental, and Social Aspects of Behavior
    - Also note, there are no GRE subtest scores for Affective Bases of Behavior or the History of Psychology.

Applicants may mix and match methods to demonstrate foundational knowledge in each knowledge area to create a portfolio unique to their own experience.

Prior to the end of the semester of their first year, syllabi for classwork submitted in fulfillment of foundational knowledge requirements in each DSK area will be reviewed by the Psychological Clinical Science Director, who will consult with UH Mānoa Psychology Department faculty who teach equivalent courses in assessing whether classes submitted meet requirements (see APPENDIX F.2 Domain Specific Knowledge Substitution Approval Form). What constitutes classwork in this area is defined by the American Psychological Association's Commission on Accreditation in the Implementing Regulation called "C-7 D. Discipline-Specific Knowledge" found here: Section C: IRs Related to the Standards of Accreditation.

NOTE: Candidates who have deficits in meeting any DSK foundational knowledge pre-requisites will still be considered for admission. In this case, if a student is offered and accepts admission into the Psychological Clinical Science program, the student must develop a plan to fulfill these requirements with their advisor before students end their first semester. The plan may be executed through work completed at UH Mānoa or another institution, through taking the GRE Psychology Subject test, or some relevant combination.

1.5.3 Financial assistance

Students are admitted to the program with their first year of funding guaranteed. However, the PCS program has funded all students who needed funding throughout their entire time in the program for the last 20 years. This funding usually takes the form of a 20-hour per week Graduate Assistantship (GA) position (https://manoa.hawaii.edu/graduate/graduate-assistants/). First-year students usually receive a GA position in the form of a Teaching Assistantship. GAs that are 9-month teaching assistants are paid for 12 months but work only 9 months.

The most current stipend levels for a 20-hour assistantship can be found here: https://manoa.hawaii.edu/graduate/compensation-tax-withholding/

Effective 8/1/2026, those in an MA program will be paid at Step 18, and those in the Ph.D. program (i.e., those students who have completed the master's requirements in the PCS program) will be paid at Step 19.

GAs, whether 9-month or 11-month, with a 20-hour appointment receive a 100% tuition exemption. All students are required to pay student fees in full ($467/semester, $934/year).

The current estimates of the cost of attendance can be found here: https://manoa.hawaii.edu/fas/cost/2026-2027-cost-of-attendance/ . A further breakdown of the cost can be found here: https://manoa.hawaii.edu/registrar/tuition-fees/Graduate/

Students may supplement their stipends by engaging in teaching, depending on verification by their faculty mentor that they are making adequate progress in the program.

There are also a number of competitive intramural funding sources for which our students can apply (see section 9.2.3 Intramural Grants & Awards of this Manual).

Regarding travel support to attend national and international conferences, students have two mechanisms to secure travel support at UHM. First, the Department of Psychology offers yearly competitive awards so students can travel to present their research. Second, the UHM Graduate Student Organization provides funds for graduate students for research and travel. Funds can range up to $1,000 for domestic travel and $2000 for international travel. Moreover, faculty often support student travel from their grants or discretionary funds.

1.6 NONDISCRIMINATION

The University of Hawaii "is committed to a policy of nondiscrimination on the basis of race, sex, gender identity and expression, age, religion, color, national origin, ancestry, citizenship, disability, genetic information, marital status, breastfeeding, income assignment for child support, arrest and court record (except as permissible under State law), sexual orientation, national guard absence, or status as a covered veteran." See "Anti-discrimination Policy" at http://hawaii.edu/offices/eeo/policies.php?policy=antidisc

1.7 FACILITIES AND RESOURCES

The Department of Psychology at the University of Hawai'i and the city of Honolulu offer numerous opportunities for clinical and research activities. The Department of Psychology maintains a computer link to the well-equipped University Computing Center. There is also an extensive library system and computerized abstract services on campus, and office or desk space is provided for most students in the Program, except during the internship year. Specialized clinical and research facilities are available in the Center for Cognitive and Behavior Therapy, as well as in local hospitals and medical centers, schools, and clinics. CCBT offers specialized assessment, treatment, and consultation services for child and adolescent behavioral problems and for adolescents and adults with eating disorders.

1.8 MULTIETHNIC ENVIRONMENT

Reflecting Hawaii's population, the University is also one of the most interculturally diverse educational settings in the United States. Almost three-quarters of the students at the University come from backgrounds such as Hawaiian, Japanese, Chinese, Korean, Filipino, Samoan, and Vietnamese. The University offers a broad array of courses on cross-cultural topics. The Clinical Program embodies this multicultural environment and,

with Hawai‘i’s extensive cultural, recreational, entertainment, and professional resources, ensures an exciting and intensive educational experience.

2. GENERAL DEGREE REQUIREMENTS

The Psychological Clinical Science program is designed to require four years of full-time academic training on-site (a minimum of 3 years is required), in addition to the completion of an empirically-based Master’s Thesis, an empirically-based Doctoral Dissertation, a Comprehensive Examination, and a one-year internship that the American Psychological Association accredits. To complete all coursework, research, and clinical practicum requirements, students typically register for 103-106 credits.

Completion of these requirements are outlined in the Clinical Science Core, Research Core, and Discipline Specific Knowledge requirements as described below.

2.1 CLINICAL SCIENCE CORE

The Clinical Science Core courses provide students with a strong foundation in the basic concepts, methods, current issues, and skills of clinical psychology. During their first year, students learn basic interviewing skills; intellectual/cognitive and personality assessment; clinical report writing; psychopathology; ethics of clinical practice; and an empirical/scientific orientation to clinical practice. During their second year, students take courses in adult and/or child therapy and treatment research, and begin a minimum of 15 hours per week of clinical practicum training at a mental health agency in the community or at the Center for Cognitive Behavior Therapy.

The amount of clinical training at UH provides students with a strong clinical and conceptual foundation for additional training during their internship.

Core clinical courses must be taken in the sequence outlined in the Approximate Clinical Program Course Schedule (Appendix A). Exceptions to this policy will be made only in the following circumstances: a) Students may petition to take courses in a non-standard sequence for reasons such as health problems; such petitions should be developed in collaboration with the student’s advisor and submitted to and approved by the PCS Director prior to the beginning of the semester in which the course would ordinarily be taken; b) by default, the expected timing of courses by year in the program is waived when classes are not offered during the specified year. Students who have not conformed to the expected core clinical course sequence or timing will not be allowed to begin practicum placements.

2.1.1 Clinical Science Core Classes

All clinical students are required to complete the following core courses:

670 Introduction to Clinical Psychology*
671 Introduction to Assessment I*
672 Introduction to Assessment II*
674 Child Psychopathology and/or 676 Adult Psychopathology**
677 Child Practicum, 678 Adult Practicum, and/or 678 External Practicum (total of four semesters)**
771 Child Treatment or 772 Adult Treatment: Cognitive-Behavioral Therapy
774 Professional Seminar in Clinical Psychology**

778 Internship in Clinical Psychology

* These courses must be completed prior to Practicum and must be taken in the first year
** These courses must be completed by the end of the second year

Note: Introduction to Assessment I, II; and Child and Adult Practicum courses are open only to students enrolled in the Psychological Clinical Science program.

2.1.1.1 Advanced assessment and treatment course requirement

After completing required core clinical classes, students must complete a minimum of **two** advanced assessment and treatment courses selected from an array of courses offered on a rotating basis. These courses will include seminars in Neuropsychological Assessment, Child Psycho-educational Assessment, Marital and Family Treatment, Psychopharmacology, Behavioral Medicine, and other topics to be arranged, offered under the following course numbers:

773 Seminar in Psychopathology
775 Seminar in Psychological Therapies

Classes that have been offered on these categories include:

PSY 773 Grief and Trauma
PSY 773 Culture and Mental Health
PSY 775 Acceptance & Commitment Therapy & Third Wave CBTs

Note: For students who take both PSY 771 and PSY 772, one of these classes may be counted towards the advanced assessment and treatment course requirements. Similarly, for those students who take both 674 and 676, one of these classes may be counted towards the advanced assessment and treatment course requirements.

2.1.1.2 Clinical Electives

Clinical courses in consultation, supervision, psychotherapy, behavioral medicine, forensic psychology, substance use, program evaluation, trauma management, neuropsychology, multi-cultural issues, and other applied areas are offered on a regular basis. Students are encouraged to take these courses to supplement and enhance their clinical and research skills.

You could also consider:

PSY 781 Community Interventions (Community Psychology Seminar)
PSY 781 Cultural Psychology (Community Psychology Seminar)
PSY 781 Program Evaluation (Community Psychology Seminar)

2.1.2 Clinical Practicum Training Requirements

All clinical students must complete at least four semesters of therapy practicum training, beginning in the second year of study (PSY 677, 678, and/or PSY 679). Practicum training may begin earlier for students who have completed the required prerequisite courses, with the permission of the Associate DCT. Each practicum placement requires a minimum of 15 hours per week.

Students must complete PSY 670, 671, 672, and 676 (or their equivalents) prior to beginning practicum training.

Students in practicum sign up for three credit hours of PSY 677, 678, or 679 each semester for four semesters. Some students elect to complete additional practica and can enroll in PSY 677, 678, or 679 for variable credit and with the instructor's consent.

2.1.2.1 Goals for Practicum Training

Clinical practicum experiences are designed to strengthen a science-based approach to clinical practice in a closely supervised and supportive training environment. Clinical practicum experiences must include:

- Ongoing therapy contacts with clients from a range of backgrounds
- An integration of assessment, treatment, program development, evaluation, and case formulation
- Regular (e.g., at least weekly) supervision from on-site and Psychological Clinical Science program supervisors
- On-site case conferences and seminars to discuss issues relevant to clinical assessment and treatment
- The integration of science and clinical practice. Students are expected to monitor the effects of their interventions using the most valid measures and measurement strategies available, to use empirically supported interventions when possible, and to use the most valid pretreatment assessment strategies
- Review and discussion of the current literature relevant to their clinical activities (e.g., research on psychopathology, assessment, clinical judgment, sources of individual differences, and therapy)
- Consideration of ethnic and cultural factors in clinical assessment and treatment
- A positive, collegial, and supportive relationship between students and supervisors
- A systematic and sequential training strategy to help students develop clinical skills

All students in practicum are required to follow the Psychological Clinical Science Practicum Handbook and complete the Clinical Practicum Experience Log (Appendix B).

Practicum assignments are made by the Associate Director of Clinical Training, in consultation with students and practicum agencies. Each Spring, the Associate DCT circulates a list of available practicum sites for the upcoming academic year. Students may then visit the practicum sites, consult with previous trainees, and provide the Associate Director with a ranked list of choices. Within administrative constraints (e.g., the number of trainee slots at a particular agency, funding), agencies may then select the trainees of their choice, in consultation with the Director and Associate Director.

Practicum training sites include community sites and the Department's Center for Cognitive Behavior Therapy's Child and Adolescent Stress and Anxiety Program and Eating Disorders Program. For most sites, practicum students participate on a volunteer basis, and the PCS program has no direct control over funding and cannot guarantee stipends or the timely distribution of payments.

Second-year, third-year, and advanced students have priority in practicum assignments, in that order. We recognize that other variables may be operational (e.g., requests from privately funded agencies) but attempts will be made to respect this sequence.

2.1.2.2 Practicum Site Approval

All practicum training sites must be approved by the clinical faculty. The approval process involves: (a) **a site visit** by the Associate Director and/or Clinical Training Director, and (b) **approval of the site** as a practicum training site by the Clinical Faculty.

Practicum placements must be approved before the practicum experience begins. Clinical experiences cannot be retrospectively approved as a practicum. Any clinical experience that has not been approved by the doctoral program for practicum is considered work or other non-practicum clinical experience

Criteria for approval of a practicum site include:

1. **Clinical Focus Required**
    - A practicum experience must involve clinical contact and clinical activities (e.g., psychological assessment/evaluation or treatment)
    - Consultation experience (e.g., consultation and liaison service) that involves direct patient contact, either with a patient or someone involved in their treatment (e.g., parent, adult child, teacher) is an acceptable practicum experience

2. **Supervised**
    - All practicum experience must involve case-level supervision
        - Group experience must involve a discussion/case conceptualization of specific group members, in addition to group process
        - Assessments must be reviewed individually, not as a mean of scores
    - At least one-hour per week of direct, individual clinical supervision from a clinical psychologist or an equivalently trained professional licensed in the state in which the services are conducted is required.
    - **Supervision must include direct observation of the student working with a client at least once each term (i.e., at least a 15-minute sample, but preferably whole sessions, of a treatment or assessment session).** 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.

2. **Other Considerations**
    - Type and adequacy of overall training experience (e.g., seminars, amount of assessment versus therapy, continuing contact with clients, professional ambiance).
    - ***For second-year students especially, and third-year students preferabl***y, a diversity of clinical experiences provided at the site (to avoid excessive specialization in early clinical training); specialized training (e.g., neuropsychology, behavioral medicine, forensic psychology) is appropriate for advanced assignments
    - It is expected that all practicum training will be congruent with program goals outlined in this manual.

If a student develops a reason to change practicum sites, the student should petition the Director of Clinical Training or the Associate Director, who serves as the Practicum Coordinator. **Under no circumstances may a student withdraw from a practicum without approval from the Director and Associate Director.** If a student is not comfortable speaking about practicum problems with the Director or Associate Director, then the reasons may be discussed with either the Chair of Graduate Studies or the Department Chair.

2.1.2.3 PCS Program Supervision of Practicum Experience

All practicum students at on-site practicum sites receive regular, direct oversight from PCS program faculty members. Supervision formally occurs through on-site supervisors at each practicum site, and students meet as a group in courses 677 and 678. Students in external placements must be enrolled in course 679 and will be supervised by on-site clinical supervisors monitored by the PCS program Associate DCT and the PCS program faculty. The format of supervision varies somewhat among site supervisors, but one-hour-per-week contact with each student through weekly individual meetings and/or weekly small-group meetings is representative of the formats used. The purpose of practicum supervision is to encourage the development of clinically skilled, conceptually knowledgeable, empirically focused, diversity-sensitive, accountable, socially aware, highly ethical clinical scientists who function at the highest standards of clinical practice across all aspects of health service psychology. The purpose of courses 677, 678, and 679 is to maintain close contact between program faculty and students in a clinical context, to encourage the adoption of a clinical science model in clinical practice, and to facilitate the development of clinical skills. All practicum students and supervisors agree to follow the PCS Practicum Handbook to maintain consistency across sites.

Supervision encourages:

1. The integration of assessment and therapy: Using data from pretreatment psychological assessments to conceptualize clients, plan intervention strategies, and evaluate therapy outcomes.

2. Ongoing evaluation of therapy: Systematically and frequently collecting process and outcome data, in a time-series format, before, during, and after therapy.

3. Knowledge of literature base: Students are encouraged to have up-to-date knowledge of the literature regarding their client populations, behavior problems, assessment instruments, sources of individual differences, therapy procedures, etc.

4. Skills acquisition: The therapy practicum courses are a major source of therapy skills acquisition in our program (e.g., cognitive therapies, family interventions, relaxation, social-skills training, contingency management).

2.1.2.4 Telesupervision policy

2.1.2.4.1 Rationale for Telesupervision

We use telesupervision as a form of supervision in conjunction with in-person supervision. Telesupervision may be particularly useful in four scenarios:

1. When trainees, supervisors, and/or patients live outside the UHM community, and telesupervision allows the provision of training opportunities that would not otherwise be possible,
2. When either the trainee or supervisor is ill to prevent contagion or worsening of the illness,
3. When clinical emergencies arise that require more detailed consultation than is available through telephonic methods when the supervisor is not at the training site,
4. During the course of trainees' standard delivery of online synchronous audio and video therapy and consultation services, where supervisors directly observe and support trainees through an application such as Zoom. For instance, in regards to a trainee delivering online therapy to a patient, a supervisor may turn off their camera and microphone and observe assessment and treatment activities. During such activities, supervisors can provide trainees powerful learning support by providing tips and even verbatim phrases to state to the patient (e.g., analogous to bug-in-the-ear type training supports). Additionally, supervisors are also able to

support trainees with such direct observation during clinical activities other than typical assessment and therapy interactions, such as consultation with community partners (e.g., psychiatrists, social workers, case managers) and treatment planning meetings (e.g., IEP meetings).

2.1.2.4.2 Telesupervision's Consistency with Program Aims and Training Outcomes

In scenario 1, telesupervision offers trainees experiences that would otherwise not be available to them and that allow trainees to provide services to underserved populations.

In scenario 2, telesupervision maintains the continuity of supervision during unexpected events that do not compromise a supervisor's or trainee's fitness to practice, but that would impede meeting in person and providing continuous care to clients.

In scenario 3 telesupervision provides supervisors the ability to backstop trainees as they provide emergent care to clients.

In scenario 4, telesupervision enables supervisors to provide real-time feedback during actual (i.e., non-delayed) assessment and therapeutic interactions with patients and families. Additionally, in this scenario, telesupervision allows supervisors the ability to observe, train, and provide support to trainees in important, but less commonly observed, support activities such as consultation and treatment planning with interdisciplinary teams.

2.1.2.4.3 How and When Telesupervision is Used in Clinical Training

Telesupervision is allowed as a primary mode of supervision for training at UHM PRACTICE. Students will be allowed to participate in telesupervision as a method of receiving supervision when telesupervision is (a) indicated for service provision, (b) reasonable as a supervision modality, (c) required to address emergent client needs, and/or (d) deemed useful for providing trainees with real-time feedback during assessment, treatment, and consultation activities.

2.1.2.4.4 How Trainees are Determined Fit to Participate in Telesupervision

Trainees must demonstrate proficiency in using videoconferencing technology and exhibit non-defensive participation in supervision with the ability to implement a supervisor's feedback with clients. They must exhibit the organizational skills needed to attend telesupervision, the responsibility to protect client privacy and confidentiality, and the clarity in communication necessary to convey relevant information about clients and their clinical care. Telesupervision may only occur after supervisors and trainees work together to collaboratively establish training and supervision goals. Group and individual telesupervision sessions will be documented (e.g., date, duration, brief summary) and collaboratively reviewed by supervisors and trainees in an ongoing manner to routinely evaluate the appropriateness of telesupervision for each trainee. Trainees deemed in need of in-person supervision will be afforded such opportunities (e.g., professional socialization and assessment of trainee competence, recognition and processing of subtle, nonverbal, and emotional or affective cues and interactions in supervision).

2.1.2.4.5 How Trainee-Supervisor Relationship is Established at Outset of Supervision

Before beginning telesupervision, the supervisor and trainee will engage in at least one virtual session to test out technology, verify the suitability of the trainee's environment for telesupervision, and work through screen sharing and other functions that may be required in telesupervision.

2.1.2.4.6 How Off-Site Supervisor Maintains Full Professional Responsibility for Cases

The supervisor who conducts telesupervision will maintain full oversight and professional responsibility for all clients for whom the trainee provides services. Supervisors will maintain operational competence with HIPAA-compliant software, remain accessible to trainees with flexibility in using telesupervision as supervisor and trainee situations dictate, and evidence warmth and connection with trainees through virtual meeting technology.

2.1.2.4.7 Management of Non-Scheduled Consultation and Crisis Coverage

Supervisors are available by phone, text, or email outside of scheduled supervision times should trainees need consultation. Supervisors will maintain standing invitations to trainees' virtual sessions to provide backup for trainees. Telesupervision that must occur outside of scheduled sessions will be scheduled through email, text, or other means of communication without discussing client information.

2.1.2.4.8 Maintenance of Client and Trainee Privacy and Confidentiality

During telesupervision, client material will not be discussed without using HIPAA-compliant technology. Both trainee and supervisor will also be in private locations during telesupervision where patient privacy and confidentiality will be assured, which may include using headphones or other in-ear technology and orienting computers or phones toward walls without windows.

2.1.2.4.9 Technology and Technology Training Used in Telesupervision

UHM's HIPAA-compliant Zoom accounts provide the technological backbone of telesupervision at UHM PRACTICE. Sites not using HIPAA-compliant Zoom accounts will provide alternative HIPAA-compliant videoconferencing methods to trainees at no cost to them.

2.1.2.5 Trainee Evaluations

Once at the end of each semester, each trainee is evaluated by program and on-site practicum supervisors, using the Evaluation of Practicum Student Form (Appendix D). These forms provide feedback to students about their progress in the program and are used in yearly faculty evaluations. Each student must review the evaluation with their primary supervisor, the ratings and comments of their supervisors before submitting their form to the Program.

2.1.2.6 Practicum Site Evaluations

At the end of each academic year, students evaluate their respective practicum training sites using the Practicum Site Evaluation form (Appendix E). This information is used to monitor the type and quality of practicum training experiences and to aid in the future placement of students.

2.1.2.7 Program-Sanctioned Clinical Experience (designation of clinical hours as "practicum" versus "clinical work experience")

Applications for internship require candidates to divide hours into "practicum" and "clinical work experience." The former must be subdivided into defined categories and, at least by some internship programs, is considered

to carry more weight in calculating applicants' training experience, since practicum experience specifically involves a clinical training mission, whereas clinical work experience might not. All hours accumulated in formal practica for which students are enrolled fit this designation. In addition, APPIC specifies that students may count supervised experience that is "program sanctioned" as equivalent to practicum training.

The PCS program policy allows students to petition to have additional clinical experiences (outside the two required years of enrollment at official practicum sites) recognized by the program as training experiences. The petition should outline the nature of the position (hours, activities, population), the type and amount of supervision, and any additional relevant information (such as previous experience at the same or similar sites and whether the site has served as a formal practicum in the past). A number of indicators will inform the decision to recognize activities as "program-sanctioned" practicum experiences. In general, it should be evident that the position is not solely service-oriented but includes substantial training and supervision. Activities that are particularly likely to qualify as practica include: experience accrued in the same setting after an official practicum has ended; experience comparable to that obtained at the same site by other enrolled students (past or present); formal traineeships that have not sought ongoing affiliation with PCS program as official practicum sites; and unique training opportunities comparable to those available at established practicum sites.

In some instances, paid clinical work may qualify for sanctioning; however, it should be clear that the position sought is not "merely" a clinical job more appropriately noted under the "clinical work experience" category on internship applications. (As noted below, program approval must also be sought before taking any psychology-related position outside the Department of Psychology or official practicum sites; approval of such employment does not constitute program sanctioning of these jobs as "practica hours.")

Petitions should be developed in consultation with students' advisors and include the advisors' signed endorsement. Petitions are then submitted to the Associate Director; after an initial review, the Director will approve or reject them. Applicants will be informed of the outcome, which will also be recorded in students' files for reference at the time of internship application. Appeals of the decision may be brought to the PCS faculty as a whole for reconsideration.

2.1.2.8 Outside Activities Related to Clinical Psychology

The Psychological Clinical Science program has an ethical responsibility to monitor the activities of its graduate students in domains related to clinical psychology. The purpose of monitoring is not to inhibit outside activities but to ensure that they conform to APA guidelines and are consistent with the student's abilities.

The Psychological Clinical Science program must approve outside jobs that students wish to take in areas related to the practice of clinical psychology. Before accepting any outside positions related to professional activities (including therapy, assessment, evaluation, consultation, supervision, teaching, training, or research), students must obtain approval from their advisor and then submit the Proposed Clinical Position Form (Appendix C) to the Director of Clinical Training. The form asks students to specify the nature of the position, describe the supervision they will receive, and outline their relevant background experience and training. Proposed positions must be reviewed and approved before the position is accepted.

The only positions for which students need not submit the form are those directly connected to the Department (e.g., practicum placements, internships, teaching within the Department or through UH-Mānoa Outreach/Continuing Education, or research positions with Department faculty) or those jobs that are clearly unrelated to the profession of clinical psychology.

Again, it is not our intent to make it difficult for students to support themselves during graduate training by depriving them of the opportunity to take related positions. Indeed, the Psychological Clinical Science program strongly endorses the view that it is desirable to combine the requisite income-producing activities with the opportunity for additional experience within the field. The Program simply wants to guard against students' direct participation and the program's indirect participation in activities inconsistent with professional guidelines and ethical responsibilities.

PLEASE NOTE: You must work with your employer to arrange liability coverage, which may include obtaining your own liability insurance through The Trust. The program's liability insurance will not cover outside jobs.

2.1.3 Internship Requirements

Beyond practicum training, the primary clinical training for all clinical students is a 2,000-hour APA-approved internship, which may be undertaken after successfully passing the comprehensive examination and the dissertation proposal defense. All APA-approved internships are listed in the APPIC Directory, available here: https://membership.appic.org/directory/search

Students must apply to a minimum of 12 internship sites, and many of these will necessarily be outside Hawai‘i. The number of APA-approved internships in Hawai‘i is limited, and students should be prepared to pursue this part of their clinical training elsewhere.

Internships require a "letter of readiness" from the PCS Director certifying that an applicant has completed all Program requirements and is ready to depart for an internship. **To receive a letter of readiness for internship from the PCS DCT:**

1. **The prospective internship applicants must have successfully passed their comprehensive examination and dissertation proposal by October 1 of the application year,**
2. **The prospective applicants' essay and list of internship sites must have been approved by their advisor,**
3. **The student must request that the PCS faculty evaluate their readiness for internship using the form found in APPENDIX W: INTERNSHIP CLINICAL READINESS EVALUATION**

Exceptions to this will be considered on rare occasions (e.g., in meeting a comprehensive exam requirement, a manuscript was submitted well in advance of the deadline, but the journal has been unusually slow in providing a review).

Each semester (Spring and Fall), there will be a meeting of all students planning to apply for internship during the upcoming year. The meeting will focus on Program requirements, procedures for applying, criteria used by internship facilities, methods of enhancing your opportunities for selection, etc.

Students on internship must sign up for 1 credit of PSY 778 – Internship in Clinical Psy in the Fall and Spring semesters ONLY while on internship to maintain full-time status. Students should also check with Graduate Division for expectations about enrollment during the semester in which the PhD is conferred.

Students are expected to relinquish their offices while on internship.

Note about clinical hours accrued as part of a terminal master's degree: There is a place for students to enter hours from a terminal master's program into the APPIC app. The DCT will verify hours completed as part

of training at UH. If a signed letter from the supervisor or DCT from the terminal master's program is provided, outlining the hours completed and how they were allocated, the DCT will also verify those hours in the app.

2.1.3.1 Applying for a Non-APA-accredited Internship

The PCS program requires students to attend APA-accredited internships. This policy is to ensure a high-quality training experience.

A student may petition to have a non-APA-approved internship accepted if special circumstances prevent the student from applying to an APA-approved site. Please note that failing to match at an APPIC-accredited site for one year does not constitute a special circumstance.

The PCS faculty may approve a non-accredited internship only if the student demonstrates that the training is comparable in quality to that of accredited internships and that there is an exceptionally strong reason for not attending an APA-accredited internship. Plans to attend a non-accredited internship should be made in consultation with the student's academic advisor.

Petitions for approval of non-accredited internships must be submitted to and approved by the PCS faculty before accepting the internship. The petition should address each criterion listed in the APA Accreditation Guidelines and, at a minimum, address the issues outlined in Appendix Q, Non-APA-accredited Internship applications.

2.2 RESEARCH METHODS AND STATISTICS CORE

2.2.1 Participation in research

Students are expected to begin research early in their graduate training, maintain research involvement throughout their graduate career, publish their work in peer-reviewed journals, and present at scientific conventions. In their research, students are expected to recognize the effects of cultural, ethnic, and other sources of individual differences in their areas of research and to demonstrate this recognition in their professional interactions in the conduct of research.

Incoming students use their first semester to become more familiar with the research of their faculty mentors and to begin formally defining their research and scholarly interests. Often during the first semester and certainly by the end of the second semester, each student will begin research and scholarly activities. Although the type and structure of scholarly involvement will vary across students and faculty, students can expect to spend at least eight hours per week in scholarly affiliation every semester throughout their graduate career and are encouraged to enroll in PSY 779 each term.

Students may choose to maintain an affiliation with one faculty member throughout their graduate training, change research affiliation across years, or affiliate with more than one faculty member in any given semester. Each student is free to choose a scholarly affiliation based on the student's perceived training needs.

In addition to this ongoing scholarly work, each student completes a Master's Thesis and a Dissertation. Master's theses and Doctoral dissertations must be empirically based and address important issues from a science-based perspective.

Theses and Dissertations must present a publishable quality integration of research, rationale, measurement, procedures, data analysis, and discussion.

At the end of each year, all students are evaluated by all of their research supervisors on the quality of their research involvement using the RESEARCH section of the PCS End of Year Student Evaluations (Appendix N). Students are also evaluated on their overall productivity (e.g., presentations, publications) based on their completion of the PCS Student Progress Form (Appendix I).

2.2.2 Methods and Statistics Core Classes

Courses in statistics and methodology are designed to provide students with skills to conduct basic and applied research and to critically evaluate published research studies. Clinical students are required to take the following courses in statistics and methodology:

PSY 675 Treatment Research*
PSY 610: Introduction to Regression*
PSY 613 Factor Analysis & Structural Equation Models or EDEP 625 Structural Equation Modeling
PSY 619: Multilevel Modeling or EDEP 612 Multilevel Modeling for Cross-Sectional and Longitudinal Data

*These courses must be taken during the first year
If a student would like to propose another methods/stats sequence that is more in line with their career or research goals, in consultation with their advisor, they may petition the PCS program for an exception to the sequence. Other classes that could be considered are:

EDEP 626 Psychometric Methods
PSY 614 / EDEP 606 Multivariate Methods
PSY 616 Measurement in Educ & Soc Sci
PSY 617 Advanced Psychometrics
PSY/EDEP 618 Categorical Data Analysis
PSY 711 Bayesian Statistics (Seminar in Quantitative Psychology)
PSY 781 Advanced Quantitative Research Methods (Community Psychology Seminar)
PSY 781 Intro to Qualitative Methods (Community Psychology Seminar)

Note: As stated in the UH General and Graduate Information Catalog, several statistics courses have prerequisites (or consent of the instructor). Unfortunately, these prerequisites are not enforced during registration, and some students have enrolled in advanced statistics courses without the expected background. Therefore, students, advisors, and the Graduate Chair are responsible for ensuring that the prerequisites have been met prior to enrollment.

2.2.2.1 Other Research credit requirement

In addition to the courses in statistics and methodology, clinical students are expected to enroll in PSY 779 (Research in Clinical Psychology) for three credits every semester except when enrolled in PSY 700 (thesis) or PSY 800 (dissertation) or when anticipating enrollment in thesis or dissertation credits, at which time students should enroll in PSY 699 which can be changed to PSY 700 or PSY 800 once proposals have been approved.

In general, students should enroll for their research credits under PSY 779 rather than PSY 699, except when they intend to convert the credits to PSY 700 or PSY 800 or when they need variable credits for their research activities for some special reason for that particular semester.

2.2.3 Master's Thesis Research

One part of completing a Master's Degree is the completion of an empirical thesis project. See section 3. MASTER'S DEGREE REQUIREMENTS for this manual for the other requirements. Completion of the empirical thesis project entails working with your graduate advisor in developing a research project, writing up a project proposal and submitting it to your thesis committee, an oral defense of the proposal with your thesis committee, completing the project and writing up the results, and completing a final defense of the project and your results with your committee as a last step to complete the thesis project.

The Thesis is proposed to and reviewed by at least three members of the Psychology Department faculty and the dissertation is proposed to and evaluated by a five-member committee, three of whom are from the Psychology Department and one of whom is from outside the department. See below for detailed instructions concerning committee composition.

The steps for completing Master's Thesis research and writing are as follows:

STEP 1: THE THESIS PROPOSAL

1. **Be sure to academic policies that may concern you on the department's website: https://psychology.manoa.hawaii.edu/ma-degree/**
2. The student in consultation with their advisor must select a three-member thesis committee from the graduate faculty, including the thesis supervisor to act as chair, one other member in the student's area, and a third member from that area or from another related to the thesis topic.
   a. At least one committee member must be from the PCS program; however, students are encouraged to include two members from the PCS prgram.
   b. For the purposes of committee composition, a "member from the Psychological Clinical Science program" is defined as a full-time member of the core clinical faculty or a clinical faculty member holding a joint appointment.
3. The student must report the selection of this committee to the Graduate Division on Master's Plan A Form II, and await approval of the selection by the Graduate Division (https://manoa.hawaii.edu/graduate/forms/).
4. Development and writing of a thesis proposal by the student in consultation with the advisor/thesis supervisor
5. Once the written thesis proposal is approved by the advisor/thesis supervisor, the student must:
   a. Schedule an oral proposal hearing
   b. Submit the written proposal to the thesis committee at least 2 weeks prior to the oral defense date
   c. AT LEAST 24 HOURS PRIOR TO THE PROPOSAL MEETING, students must email gradpsy@hawaii.edu to provide their committee members' contact information and the date and time of the proposal hearing.
6. Complete an oral defense of the thesis topic by the student before the thesis committee.
7. Submission of the title of the approved thesis and documentation of the committee's approval is completed by the student submitting Masters Plan A Form II to the Graduate Division

a. All committee members must also complete APPENDIX G2: PSYCHOLOGY DEPARTMENT DISSERTATION AND THESIS EVALUATION distributed directly to committee members by the Graduate Chair.
b. **Note the student's primary advisor must also complete APPENDIX G1: Advisor Evaluation of Master's and Dissertation Oral Defense and review it with the student within a week of the defense and submit it to the DCT for the student file**.

STEP 2: THE THESIS

1. The execution of the approved research project and writing of the thesis are completed under the direction of the advisor/thesis supervisor and according to instructions for thesis preparation available at the Graduate Division, with progress reports to the other members of the thesis committee.
2. **Students must enroll in 6 credits of PSY 700 Thesis Research to complete their Master's Degree**
   a. In order to gain the required credits, students typically register for 3 credits of PSY 700 in the semester before the thesis defense, and 3 credits during the semester of the thesis defense.
   b. Students must be registered for at least 1 credit of PSY 700 during the semester the thesis is defended.
   c. **Students must first successfully defend their thesis proposals and have IRB approval for the project before registering for PSY700.**
3. Once the written thesis is approved by the advisor/thesis supervisor, the student must:
   a. Schedule an oral thesis defense
   b. Submit the written proposal to the thesis committee at least 2 weeks prior to the oral defense date
   c. AT LEAST 24 HOURS PRIOR TO THE THESIS DEFENSE, students must email gradpsy@hawaii.edu to provide their committee members' contact information and the date and time of the proposal hearing.
   d. Students must also provide notification of the final oral examination to the Graduate Chair for an announcement within the department, including the following information: Name of candidate, advisor and committee members; degree sought; title of thesis; location, date, and time of examination.
4. The final oral examination includes a defense of the thesis, after which members of the thesis committee confer and either accept the thesis or request the student to make revisions/additions before final approval is granted.
5. Once approval is granted by the thesis committee:
   a. Documentation of the committee's approval is completed by the student submitting Masters Plan A Form III to the Graduate Division.
   b. Student must depositing final approved version of the thesis with the Graduate Division with Master's Plan A Form IV
   c. Students must also file of application for a diploma at the Graduate Division, and payment of graduation and thesis-binding fees at the time of registration for the term in which work for the degree is to be completed (https://manoa.hawaii.edu/graduate/wp-content/uploads/gradapp.pdf or see Graduate Application for Degree here: https://manoa.hawaii.edu/graduate/forms/ - be sure to refer to the deadlines posted in the Academic Calendar)
   d. All committee members must complete APPENDIX G2: PSYCHOLOGY DEPARTMENT DISSERTATION AND THESIS EVALUATION distributed directly to committee members by the Graduate Chair.

e. **Note the student's primary advisor must complete <u>APPENDIX G2: Advisor Evaluation of Master's and Dissertation Oral Defense</u> and review it with the student within a week of the defense and submit it to the DCT for the student file**.

2.2.4 Dissertation Research project

Students are encouraged to choose a topic for investigation that has special interest and appeal to them, has relevance within clinical psychology, and is of appropriate scope and sophistication for the doctoral degree. The student has a responsibility to choose a Dissertation Committee of faculty members who meet the standards of the Program and the Graduate School. In addition, the student has a responsibility to choose individuals who are well-versed in the content area under investigation and/or relevant methodological procedures and statistical design.

The dissertation-level student is ultimately responsible for the entire dissertation product: its conception, hypotheses, place in the relevant literature, design of methodology, selection of measurements, recruiting and testing of subjects, selection and execution of statistical procedures, and data analysis and interpretation. From time to time, the nature of a dissertation demands that a student engage another student or additional personnel to administer tests or in other ways assist in data collection and/or scoring, e.g., in a double-blind design.

Dissertation research and writing is accomplished by the same steps as those for thesis research and writing, except for the following items:

1. **Be sure to academic policies that may concern you on the department's website: https://psychology.manoa.hawaii.edu/phd-degree/**
2. **Enrollment in PSY 800 rather than PSY 700.** (Only 1 credit of 800 is required for graduation vs. six credits of 700.)
   a. **<u>While PSY 800 is repeatable, students only need one credit of 800 to graduate</u>** and can just register (and pay) for it during the semester when they defend their dissertation. If you register in advance of the semester you graduate any credits of PSY 800 taken before the semester of the actual dissertation defense will be given an "in progress" (IP) grade until the dissertation is officially approved. These credits will all be automatically converted to a grade once the Graduate Division receives your Form III, Form IV, and thesis/dissertation.
   b. **<u>For students who have completed all their coursework, completed their comp exam (and had Form 2 documenting this officially approved by the grad division), and have only their final dissertation defense and internship left to complete the program</u>**, they may enroll in PSY 800 each semester they are in residence to be considered full-time.
      i. **Students must first successfully defend their dissertation proposals and have IRB approval for the project before registering for PSY 800.**
      ii. ***NOTE:*** <u>If you do not meet the criteria to enroll for 800 after completing your required classwork,</u> note that students do not need to maintain full-time status unless they are on TAship or GAship, or if they are international students. Check with your student loan provider about repayment requirements before going below full-time.
   c. **<u>While on internship</u>**, a student only needs to register for 1 credit of PSY 778 in the fall and spring of the year they are away. Students do not have to enroll in 778 during the summer terms that they are away even though the internship year extends beyond the fall and spring terms. You will still need to sign up for one credit of 800 in the term you defend (which can be in the summer term) if you haven't already.

d. **If you are enrolled only in 800 for 1 credit and are classified as a nonresident,** please inform the UH Cashier's Office to adjust your tuition before paying. Your tuition and fees should be charged at the resident rate. If you are taking more than 1 credit of 800 or other courses are taken, your tuition will be based on the non-resident tuition rate for all classes enrolled.

e. **For in-residence students with GAs who have not yet passed their dissertation proposal defense,** you need to register for a minimum of 6 credits to maintain their GA and be considered full time (which can be all practicum and/or directed research credits). **However, once students pass their dissertation proposal defense, all they need is one credit of PSY 800 to be considered full-time.** ***This is true EVEN IF the student has a GA position.***

3. **Selection of a five (or more)-member dissertation committee (including the chair).** See https://manoa.hawaii.edu/graduate/committee-composition-potential-members/. The composition must meet these criteria
    a. Three must be from the Psychology Department and one from another field of study in the Department
    b. All committee members must have Graduate Faculty status (which can be checked here: https://manoa.hawaii.edu/graduate/select-committee-member/)
    c. At least two committee members must be from the PCS program
        i. For the purposes of committee composition, a "member from the Psychological Clinical Science program" is defined as a full-time member of the core clinical faculty or a clinical faculty member holding a joint appointment.
    d. The committee must include a "University Representative" who must be based outside the Department of Psychology and may not hold a Ph.D. in psychology.
4. The student must report the selection of this committee to the Graduate Division on Doctorate Student Progress Form II, and await approval of the selection by the Graduate Division (https://manoa.hawaii.edu/graduate/forms/)
5. **PRIOR TO BOTH PROPOSALS AND DEFENSES,** students must email gradpsy@hawaii.edu to provide your committee members' contact information **at least 24 hours before your meeting.**
6. **Successful defense of the dissertation proposal**, as well as its title, must be filed with the Chair of Graduate Studies and Graduate Division using Doctorate Student Progress Form II (https://manoa.hawaii.edu/graduate/forms/)
    a. All committee members must also complete APPENDIX G2: PSYCHOLOGY DEPARTMENT DISSERTATION AND THESIS EVALUATION distributed directly to committee members by the Graduate Chair.
    b. **Note the student's primary advisor must also complete APPENDIX G1: Advisor Evaluation of Master's and Dissertation Oral Defense and review it with the student within a week of the defense and submit it to the DCT for the student file**.
7. **PRIOR TO YOUR DISSERTATION DEFENSE** (not your proposal defense):
    a. Per the Graduate Division, students MUST send out an abstract of their dissertation to the entire faculty prior to their dissertation defense, by sending their abstract to the Assistant to the Graduate Chair at gradpsy@hawaii.edu who will distribute the abstracts to the faculty on your behalf. See grad division website under "Pre-Defense Manuscript Distribution." **This should be sent out at least two weeks in advance of your defense.**
    b. Dissertation defenses need to be publicly announced. Notice of the final oral examination must be announced in the University Calendar via the Grad Division (See the link for the form to do this here: https://manoa.hawaii.edu/graduate/final-defense/ under "Scheduling and Announcement"). **This must be completed at least 2 weeks prior to your defense date.**

8. **Results of the dissertation defense** must be reported using Doctorate Form III- Dissertation Evaluation and submitted with Doctorate Form IV – Dissertation Submission (https://manoa.hawaii.edu/graduate/forms/)
    a. All committee members must also complete APPENDIX G2: PSYCHOLOGY DEPARTMENT DISSERTATION AND THESIS EVALUATION distributed directly to committee members by the Graduate Chair.
    b. **Note the student's primary advisor must also complete APPENDIX G1: Advisor Evaluation of Master's and Dissertation Oral Defense and review it with the student within a week of the defense and submit it to the DCT for the student file**.

*******Form numbers and types can change; consult with Chair of Graduate Studies and the Graduate Division.**

2.2.5 Other General Requirements for Theses and Dissertations

1. *Committee membership*. All dissertation committees must include two clinical faculty members, as defined above; however, students are encouraged to include three members from the Psychological Clinical Science program.

2. *Committee chair*. Theses and Dissertations are chaired by PCS program, or Psychology Department faculty members. The chair of a student's dissertation committee must have full graduate faculty status. A faculty member with associate graduate faculty status can co-direct the dissertation with a PCS faculty member with full graduate faculty status. Persons outside the PCS program or the Psychology Department who have graduate faculty status can co-direct theses and dissertations with permission of the PCS faculty. When a PCS faculty member leaves the Program (e.g., through retirement, relocation) prior to completion of the student's Proposal Defense, that faculty member can co-direct the dissertation along with a PCS faculty member, unless other arrangements are approved by the PCS faculty.

3. *Data Collection and Analysis.* Theoretical manuscripts, narrative literature reviews, research proposals, and grant proposals are valuable scholarly activities; however, they do not satisfy the goals of the Master's Thesis or Doctoral Dissertation. Theses and dissertations are designed to promote the integration of conceptual issues, research design, and knowledge of basic psychology through empirical methods, and to provide students with experience and developing competencies in a wide variety of empirical research skills. Consequently, all theses and dissertations must involve the use of newly collected or archival data and the systematic analysis of these same data.

   If there is any doubt on the part of either the student, his/her adviser, or any committee member that a proposed project meets this empirical research requirement, a petition to consider the fit of any study to these requirements should be submitted to the PCS faculty as a whole prior to the student's proposal meeting. PCS faculty agreement that the proposed study meets these requirements is not an approval of the project as a whole. This responsibility is maintained by the thesis or dissertation committee.

   APA publication guidelines should be followed in the preparation of thesis and dissertation manuscripts.

4. *Proposal Meeting.* Newly collected data for theses and dissertations can be collected only after the proposal has been approved by the thesis or dissertation committee and the Committee on Human Subjects. No data can be conducted prior to this time. CHS approval must be attached to Master's and Doctorate Student Progress Form II.

These policies are designed to increase the involvement by Program faculty with students during their dissertation, to enhance our ability to monitor student progress, and to maintain the scholarly quality of dissertations.

In recognition of the fact that some students may pursue dissertation topics in which nonclinical faculty are better qualified than clinical faculty to serve as committee members and that scholars outside of Psychology may be better qualified than Department members to serve as dissertation committee chairs, a student may petition the PCS faculty to waive these rules.

2.2.6 Specific Requirements for a Traditional Dissertation

The goal of the dissertation is for the student to produce a dissertation that, when properly edited, could be submitted for publication(s) in a relevant, refereed journal and/or for presentation at professional and scientific meetings. If a student and the Dissertation Committee chair are considering submitting the dissertation for publication as co-authors, the APA Ethics Office offers these guidelines for faculty participation.

The PCS program encourages the student to distinguish between results that meet the accepted statistical significance levels and those that suggest trends at non-significant levels. If results do not reach the appropriate confidence levels, the interpretation of results should remain within the bounds of logic permitted by the research models employed. The Program does not equate a quality dissertation with the presence of statistically significant findings.

The final dissertation document must be letter-perfect. In every detail, the dissertation must conform to both The Graduate Division requirements on dissertations and to the *APA Publication Manual* (7th ed.). In addition, the Program requires that figures, graphs, tables, and all other presentations of statistical data conform to APA standards with the following exception: A common error is the use of notations in the dissertation text indicating "Insert table here." Although this may be required for APA publications, it is inappropriate in the dissertation and will not be accepted by the Graduate School. Citations occurring in the text must also follow APA style. Additionally, the Program requests that the reference section be compiled according to APA style.

The final dissertation manuscript submitted to the Graduate Division must follow the guidelines outlined here: https://manoa.hawaii.edu/graduate/style-policy/

If students have further questions regarding the final examination or submission of the dissertation, they should communicate with the Graduate Division

2.2.6.1 Model Outline for the Dissertation

The candidate's Dissertation Committee holds final authority as to the presentation of the study, as limited by the stylistic requirements of the Graduate Division and the APA. The following outline is only a model, subject to variation for individual needs, as determined by a student's Dissertation Committee.

- Title Page
- Copyright Statement
- Abstract
- Acknowledgements
- Table of Contents
- List of Tables
- List of Figures

- List of Illustrations
- Chapter I. Statement of the Problem
    - Significance and Purpose of the Study
    - Review of Relevant Literature
    - Statement of Hypotheses
- Chapter II: Methods
    - Subjects
    - Measures
    - Procedures
    - Rationale for Statistical Analyses
- Chapter III: Discussion
    - Results as Related to Hypotheses
    - Non-hypothesized Findings
    - Limitations of the Study
    - Recommendations and Conclusions
- References
- Appendices
    - The approval letter from the University of Hawai‘i Human Studies Program shows institutional review board approval for the dissertation research involving human subjects.
    - Other materials may include expanded method descriptions, survey instruments, qualitative codebooks, data tables, transcriptions of written material, etc.
- Autobiographical Statement (Vita)

2.2.7 Specific Requirements for a Bundled/Integrated Dissertation Option

A “bundled” or “integrated” dissertation format consists of three publishable articles with an overall introduction, literature review, and discussion, plus supporting documentation (see below). The articles do not need to be on the same research study, but should form a cohesive body of work that supports a theme that is expressed clearly in the introduction of the dissertation.
The bundled/integrated format provides an opportunity for students to produce a program of research rather than a single document. This format also maximizes the student’s research productivity during the dissertation process, rather than as an additional step after the dissertation is defended.

2.2.7.1 Contents of a Bundled Dissertation

The core of a bundle dissertation is three (3) first-author, publishable manuscripts. These three manuscripts must be conceptually related and, ideally, demonstrate a programmatic line of research.

There are several options students may select to meet the three-paper requirement. **The final decision on which manuscripts can be included is made by the dissertation chair and committee.**

1. **Empirical Study:** All three manuscripts may report empirical research studies, but at least one must be a formal research report suitable for publication in a high-quality, peer-reviewed journal. The student should have primary responsibility for designing the study, analyzing the data, and writing the required empirical article. The study should represent a major research undertaking that would be typical of a standard dissertation project.

    Note that a single research project may result in more than one empirical paper, but each should have an independent focus and not be merely a reworking of the same material. Differentiation may be through

the examination of different research questions or different data sets and analyses that present varied perspectives on the theme.

Depending on how many empirical articles you plan, the other manuscript(s) may be of the types listed below.

2. **Literature Review:** Only one literature review or non-empirical paper may be included in the final dissertation. If the student opts for one of the articles to be a literature review, it must be one of the types listed below.

    a. ***Systematic Literature Review***. A Systematic style literature review uses elements and methods of a systematic quantitative (meta-analysis) or qualitative review (narrative review, meta-synthesis) in its research methods, but is then generally written up in a more traditional form. There are several standards you can follow to guide you through the process (e.g., the PRISMA 2020 statement). Also refer to Siddaway, A. P., Wood, A. M., & Hedges, L. V. (2019). How to Do a Systematic Review: A Best Practice Guide for Conducting and Reporting Narrative Reviews, Meta-Analyses, and Meta-Syntheses. *Annual Review of Psychology, 70*, 747–770. https://doi.org/10.1146/annurev-psych-010418-102803.

    b. ***Scoping Review***. A scoping review is quite similar to a Systematic literature review. The key difference is that there are no restrictions on the materials resourced. The purpose of the scoping review is to find ALL the materials on the topic. When undertaking a scoping review, it is important to systematize your search strategies to ensure you can replicate your searches and address any gaps in the results. When reading and sorting the results, again apply many of the measures used in a systematic review so that your search results are sorted by key themes and well-organized.

3. **Non-empirical Paper**: Only one literature review or non-empirical paper may be included in the final dissertation. Students may develop papers that are theoretical or conceptual explorations, or other types of articles. **Such articles should be publishable in a high-quality, peer-reviewed journa**l. An example of manuscripts that would meet these guidelines is a conceptual or theoretical exploration of a major area of interest in clinical psychology or a report of an empirical study designed in terms of expanding the knowledge base related to the first two.

IMPORTANT NOTES:

- Conference presentations, encyclopedia entries, and book reviews cannot be included as one of the papers for the dissertation.
- Journals vary in format and style. Manuscripts should be prepared in the format that will meet the specifications of the journals to which you plan to submit.
- Non-significant results must still be prepared in the manuscript format of the journal the work was originally proposed to be submitted.

In addition to the three conceptually-related, publishable manuscripts, several elements are required a bundled dissertation, including:

1. **Introduction to the overall topic and literature review**: This includes:
    a. An introduction that demonstrates the conceptual and theoretical linkages among the three manuscripts and develops the problem being explored. This section also explains the plan for the three manuscripts, how they are connected, how empirical data will be collected and analyzed, and why these approaches were chosen to study the phenomenon examined.

b. While a literature review is generally part of each manuscript, students must include a more comprehensive literature review chapter that covers the background and conceptual framework for the general topic area and the gaps in the literature that the three papers address.

2. **Overall discussion:** As in a traditional dissertation, the conclusion chapter should indicate how the three manuscripts contribute to the field, practice implications if applicable, and research imperatives or gaps remaining.

3. **Appendices:** Because journal articles are typically limited in length, materials often found in dissertations may not be included in the manuscripts and should be included in the appendices. Students are required to include the approval letter from the University of Hawai‘i Human Studies Program showing institutional review board approval for the dissertation research involving human subjects. Other materials may include expanded method descriptions, survey instruments, qualitative codebooks, data tables, transcriptions of written material, etc.

4. **References:** Each manuscript will have its own reference section. However, the final dissertation should have a reference section combining those from the three papers and with additional references used in the non-manuscript chapters (introduction, literature review, and conclusion).

2.2.7.2 Proposal Process for a Bundled Dissertation

As with the traditional dissertation proposal in the PCS Ph.D. program, the proposal process includes a written proposal as well as an oral defense. A successful proposal defense for a three-paper dissertation includes the following:

- Approval of a draft of the **Introduction to the overall topic and literature review**.
- Approval to conduct a manuscript-style dissertation instead of a traditional dissertation.
- Approval of the manuscripts or planned manuscripts that will constitute the dissertation as well as the publications to which the student plans to submit each.
- Review and approval of the student's principal authorship role on each of the manuscripts.

2.2.7.3 Other Issues Regarding a Bundled Dissertation

Timing

All articles must be researched, developed, and written **AFTER** the student is enrolled in the PCS Ph.D. program. No prior research or publications may be used to fulfill the 3-paper requirement, although the proposed research may build on earlier studies. While manuscripts may be developed prior to selecting a committee, **final decisions on inclusion remain with the dissertation chair and committee based on the proposal defense.**

Authorship

The manuscripts in the alternative dissertation may be co-authored. **However, a Ph.D. dissertation should be substantially a student's own work. Students must be the first author of all included articles, and most such articles will have limited co-authors.** As the first author, a student is responsible for conceptualization and research design, conducting research and analysis, writing major portions of a manuscript, and interpreting results.

Co-authorship credit should follow standard practices and ethics in the social sciences. The role of the coauthors for each proposed manuscript must be clearly delineated and approved by the chair and members of the dissertation committee **at the proposal hearing,** understanding that at all times the primary effort should be the student's. **Committee members cannot vote on any proposed manuscripts in which they are co-authors, either in the proposal or final defense**, and such manuscripts must be approved by a majority of the remaining committee.

Publication and Copyrights

All three manuscripts should be ready for submission to peer-reviewed outlets at the time of dissertation defense. Papers may be submitted for publication prior to the Final Oral Defense only with the full approval of all Dissertation Committee members.

Upon successful final oral defense, the papers must be submitted to refereed journals. Evidence of manuscript submission is required prior to final dissertation signatures.

If a previously published article is included in the dissertation, the student will be responsible for securing necessary permissions from the copyright holder and other authors to be included in the dissertation document in order to meet Graduate Division dissertation requirements **prior to submitting the article for publication.**

Proposal Process for a Bundled Dissertation

As with the traditional dissertation proposal, the proposal process for a bundle dissertation includes a written proposal as well as an oral defense. During the final oral defense, the Dissertation Committee will judge the quality and acceptability of the papers and must agree that they are of sufficient scholarly quality and scientific merit to be suitable for publication in refereed journals in clinical psychology.

A successful proposal defense includes the following:

1. Approval of the draft "**Introduction to the overall topic and literature review"** (see above).
2. Approval to conduct a manuscript-style dissertation instead of a traditional dissertation.
3. Approval of the manuscripts or planned manuscripts that will constitute the dissertation as well as the publications to which the student plans to submit each.
4. Review and approval of the student's principal authorship role on each of the manuscripts.

Evaluation

Dissertation committee members must determine that the manuscripts are publishable **and** constitute a substantial original contribution to the field which has been correctly executed and well-presented **Prior publication in a peer-reviewed journal does not obviate the committee's judgment on any paper.** As such, revisions to the documents may be expected after a successful defense to meet these high standards.

To avoid a lack of a standard by which a dissertation committee judges the individual manuscripts and dissertation as a whole, and to ensure equivalent rigor to a traditional dissertation. The following criteria taken from the 2004 report by the UK Council for Graduate Division (Powell, 2004) will be used as the basis for evaluation beyond the metrics for a traditional dissertation:

1. Appraise the intellectual merit of the publications,
2. Review the contribution to new or existing knowledge delineated in each publication,
3. Weigh up the critique of the candidate's own ideas established in each publication,

4. In multi-authored papers, consider the candidate's contribution in terms of the percentage and quality of the writing.

2.2.8 Research with Human Subjects

No research can be conducted until after it has been approved by the campus Human Research Protection Program (HRPP) and Institutional Review Board (IRB). For information and consultation about how to submit a research application and the trainings required before submission, go to the Office of Research Compliance's (ORC) webpage.

2.3 DISCIPLINE-SPECIFIC KNOWLEDGE REQUIREMENTS

Discipline-specific knowledge (DSK) is the core knowledge of psychology that someone getting a PhD in psychology must attain to develop professional competence. This includes knowledge of (1) the history and systems of psychology, (2) basic knowledge in other areas of scientific psychology encompassing the Affective, Biological, Cognitive, Developmental, and Social Bases of Behavior, (3) knowledge of the integration of other scientific psychology areas, as well as (4) methods of inquiry and research.

DSK knowledge of area 4 is the focus of the research and statistical core of this program. For the other areas, all students must complete a prescribed sequence of four courses to meet the program Discipline Specific Knowledge (DSK) requirements.

1.	PSY 402 History of Psychology	Meets **History and Systems** DSK requirement
2.	PSY 774 Neurobiology and Development (Seminar in Clinical Psychology)	Meets DSK requirements for **Biological** and **Developmental**
3.	PSY 774 Social and Cognitive Bases of Affect (Seminar in Clinical Psychology)	Meets DSK requirements for **Affective**, **Social**, and **Cognitive**
4.	PSY 751 Development of Stereotyping and Prejudice (Seminar in Social Psychology) *	Meets **Integrated** DSK requirement

If you have taken graduate-level classes at an accredited institution that would fulfill these requirements, please discuss with your advisor. See APPENDIX F.2: Domain Specific Knowledge Substitution Approval Form to apply experiences from outside the PCS program. An undergraduate class from an accredited institution in History and Systems can be applied for that requirement.

Every student must ensure that they have met ALL Discipline Specific Knowledge (DSK) requirements to graduate.

2.4 COMPREHENSIVE EXAMINATION

2.4.1 PURPOSE

All clinical doctoral students must complete a Comprehensive Examination Dossier before proposing their dissertation and applying for internship. The comprehensive exam aims to assess whether a student is prepared

to complete a dissertation and to help students prepare for their dissertation proposal. The goals of both the written and oral parts of the comprehensive exam are to:

1) Help students develop critical thinking and analytic skills. This includes helping them develop their ability to:
    - Synthesize and understand complex content and abstract information
    - Problem-solve
    - Develop a big-picture understanding of their field and research
    - Integrate big-picture understandings with details from disparate sources
    - Apply advanced research methods
    - Convey complex information
    - Reach and defend conclusions
    - Deal with ambiguity
    - Exercise good judgment
2) Expose students to theories and methods related to their dissertation topic area to prepare them to develop a firm theoretical rationale for their dissertation project and select appropriate methods to examine the research question(s) proposed in their forthcoming dissertation project.
3) Assess a student's capacity to succeed in each stage of the dissertation process by assessing the student's ability to demonstrate that:
    a. The student has a firm grasp of the literature related to their proposed dissertation topic area.
    b. The student understands and can relate relevant theories to their proposed dissertation topic area.
    c. The student can derive research questions based on existing literature and theory.
    d. The student can select appropriate research methods and make appropriate plans to execute them successfully.
4) The oral component of the comprehensive exam also tests the student's ability to listen, understand, and respond thoughtfully to questions regarding the written portions of the exam in a professional manner.

NOTE: All comprehensive examination work must be conducted in the UH PCS program and under the supervision of a PCS faculty member.

2.4.2 PREREQUISITES

To sit for the Comprehensive Exam, you must have completed the following:

1. **Completed PCS Thesis requirements.**
2. **Obtained doctoral candidacy in the PCS program.**
3. **Completed at least one (1) year in-residence in the program in good standing.**
4. **Submitted a written, first-authored publication-quality empirical article conducted after beginning graduate school at the UH and under the supervision of a PCS faculty member**. The student should have played a key role, both conceptually and analytically, in preparing the study on which the article is based, and the student should be the first author. This study will often be the student's Second-Year Project, but it does not have to be. The requirement is that students submit the article to a peer-reviewed journal for review before the first comprehensive exam meeting (it has to be submitted for publication and sent out for review, but does not have to be accepted or published).

2.4.3 PROCEDURES, TIMELINES, GRADING, AND POLICIES.

1. **Students must form a five (or more)-member dissertation committee (See section 2.2.4 of this manual for guidelines on selecting your committee; <u>also see APPENDIX U: Comprehensive Exam Timeline Flowchart)</u>.**

a. Committee members must be selected for their ability to provide feedback on various aspects of the research under development, as well as to develop a **unique** question for the comprehensive exam.
    i. This may involve asking faculty outside the department who are on this list of approved graduate faculty (accessed here), or from outside the university.
    ii. According to the graduate division, potential members from outside the university are called "non-graduate" or "ad hoc" faculty. If choosing a non-graduate faculty member to serve on the committee, attach a request with a justification for why this person provides unique expertise for your project, as well as the individual's current CV to Form II, or submit the request and CV as soon as the student and this individual start working together.
b. The student must obtain approval from their advisor regarding membership on the committee before asking anyone to serve.
c. When inviting a potential member to serve, students should provide a concise overview of the comprehensive exam topic and a brief rationale of the specific expertise or contributions the member can bring.

2. **First committee meeting:** Students should plan to meet with their comps/dissertation committee during their third year of study, ideally in the Fall semester, to develop a plan for the comprehensive exam preparation.

Prior to the committee meeting:

a. Students must provide committee members with a brief pre-proposal outlining their research interests and the specific topic to be examined in the forthcoming dissertation. This pre-proposal must be submitted at least two weeks before the scheduled committee meeting. It should be approximately 5-10 pages long. It should include:
    i. A description of the topic area that is to be examined,
    ii. An overview of the state of the field in this area,
    iii. A discussion of gaps in the existing literature and potential areas for dissertation research
    iv. A delineation of the relevant theories informing the question,
    v. A description of methods used in previous studies of this or related phenomena,
    vi. A proposed timeline for completion of the comprehensive exam and dissertation project, and
    vii. A draft of a proposed reading list, with readings grouped under subheadings of substantive theory and method topics.

    Please note: This is a pre-proposal for your dissertation. It should not include specific hypotheses, finalized methods, information about sample identification or recruitment plans, or implications of the findings.

During the first meeting: (@ 1.5 to 2 hours)

b. The student must present:
    i. A rationale for studying that topic area (i.e., significance/need for the research, potential contribution, etc.),
    ii. A model including all the key constructs being examined and hypothesized relationships with relevant covariates and confounds, highlighting which variables and relationships in the model they are proposing to study in the dissertation
        1. This might include presenting a model mapping an existing theory as well as the students' proposed revision, or a model mapping the existing literature or theory/theories and the proposed additions to the current understanding, etc.
    iii. A description of any methods they are planning to use to examine these relationships in their dissertation, as well as a justification for their use in this context.
c. The committee asks questions:

i. To assess if the student has sufficient knowledge of the relevant theories and research findings in the proposed topic area to begin the design of their dissertation,
ii. To assess if the student has sufficient knowledge of related areas that have a direct bearing on the potential implementation, analysis, or results of the research,
iii. About the model(s) and the student's synthesis of the literature,
iv. About the constructs and their operationalization of those constructs,
v. About the potential methods and plans for analysis,
vi. About the feasibility and potential contribution of research in this area,
vii. Regarding any other issue related to helping students develop the necessary knowledge base, critical thinking, and analytic skills to complete a dissertation in their area of interest.

d. Committee members may directly add or amend the contents of the proposed reading list before or during this meeting or ask the student to add or amend it after the meeting.
e. The committee and the student should also agree on a two-week period for the written portion of the exam to be administered, after sufficient time for preparation, to allow the student to read the amended reading list, digest it, and discuss the implications with their advisor and/or the assigning committee member.
f. Written tests should be scheduled no later than one month before the end of the following semester to allow time to schedule and complete the oral exam before the end of that term.
g. The student is dismissed from the meeting, and the committee agrees on the content and scope of what will be asked of the student and assigns each committee member to develop one of the five questions for the written portion of the exam, to be completed within an agreed upon period of time.

<u>After the meeting:</u>

h. The student must complete the required readings and prepare for the test administration.
i. Committee members submit questions to the committee chair based on the approved reading list (typically 2 weeks but at least 2 weeks before the time of administration of the exam). The chair then distributes the questions to the committee members for any last-minute comments.

3. **Test administration.** The committee chair for the comprehensive exam distributes the questions to the student on the specified date and time. The student is required to develop a thorough written response to each question and submit their responses to the chair by the designated deadline.

   The written portion of comprehensive examinations is an open-book, open-note, take-home exam. It is to be administered over the course of two (2) weeks. Typically, the written portion will consist of five questions, though some variability is possible. The written portion of the exam should be no more than 50 pages in total.

   The oral exam should occur within two (2) weeks of the submission of the written portion of the exam, with allowances for faculty scheduling constraints.

4. **Second committee meeting**
   a. **Review of responses by the committee.** The chair must distribute the written responses to committee members for review at least 2 weeks before the second meeting. Committee members are expected to review the responses to all the questions. They may ask questions during the oral exam about any topic, but are expected to take the lead on the question they submitted.
   b. **Completion of the oral exam (**<u>@ 1.5 hours)</u>
      i. An oral defense of written responses to each question in turn will be completed in response to inquiries from the whole committee.
   c. **Grading the exam** (~ 30 min)
      i. At the conclusion of the oral exam, the student is dismissed from the room, and the committee must

determine whether the student's performance warrants a "pass," a "partial retake" of only the portions found insufficient, or a "full retake."

ii. The standard for determining whether a student has passed any portion of the test is whether the student has demonstrated a sufficient grasp of the essential competencies delineated by the committee in each section of the comprehensive exam, across the written and oral responses in each topic area, to move forward with the dissertation phase of training. An area may be deemed sufficient by the committee if the student demonstrates enough grasp of the basics that the committee is confident any gaps would be remediated during preparation of the dissertation proposal. When a student passes the exam, it represents the committee's belief that the student is prepared to plan their dissertation proposal and successfully carry out their dissertation. When a student fails to pass the comprehensive exam, it indicates that the committee believes the student has not fully demonstrated their preparedness to proceed to the next stage of the dissertation process.

iii. The committee's decision-making must be based on consensus. If consensus cannot be reached, dissertation committee members must vote. To pass the comprehensive examination (or any portion of it), the committee must have no more than one negative vote. If two negative votes are cast – regardless of the total number of committee members – the student fails the exam or the portion of the exam in question.

d. **Retake policy**

i. For those sections of the written and oral exams for which the committee has decided that a retake is necessary, only the portions not passed will be retaken (except, of course, where a "full retake" has been required by the committee, in which case the whole test will be retaken).

ii. Retaken sections do not have to be identical questions, but they must fall within the same topic area of the portion requiring further demonstration of ability. Committee members may include additional reading, as long as the additional readings remain within the domain of the original question and are limited in scope.

iii. Retakes must be completed by the end of the subsequent semester. The mode of administration for retakes remains the same as for the original exam. For a full retake, the committee will allow up to two (2) weeks to complete the retaken portions of the exam. For a partial retake, the time will be adjusted to provide the same amount of time per retaken question as was available during the first attempt.

iv. The decision to allow a retake can be based on failing one of the written questions, failing the oral exam, or failing all of the written questions and the oral exam. Regardless of the portion of the exam the student did not pass, each student is entitled to one (1) retake of the portion(s) of the exam they did not pass. **Please note that a retake does not constitute a "conditional pass," as passing is contingent on the student's performance during the retake.**

v. Upon completion of a retake, the committee must determine whether the student's performance on the retaken section(s) warrants a "pass" and, in the context of the sections already passed, whether the overall performance across all sections of the test warrants a "pass" or a "fail" for the comprehensive exam as a whole. **Students who do not pass the comprehensive exam after a retake will be dismissed from the program.**

5. **Note: student cannot petition to apply for internship before completing their comprehensive exam.**

2.5 COURSE REQUIREMENTS FOR LICENSURE

PCS students intending to seek licensure should familiarize themselves with licensing requirements in each state. Requirements vary by state and change over time. In the State of Hawai'i, the licensing board currently stipulates that if the Ph.D. in clinical psychology is granted from an APA-approved program, there is no further need to document coursework and practicum training. See Appendix P for further details.

Students must maintain a file of all their course syllabi to keep for the rest of their professional careers. It may be needed for licensure applications in other states and membership to various professional organizations and registers throughout their professional careers.

2.6 ENROLLMENT REQUIREMENTS

University requirements specify that all graduate students must be enrolled every semester in order to preserve their status. Students who fail to register will be placed on inactive status and must reapply for admission to the program. The only exceptions to this policy involve formal requests for Leaves of Absence (LOA), submitted in writing and approved in advance of the semester or year of the intended absence. During LOAs, it is assumed that students are planning to be absent from UH, versus simply not taking classes. Students who intend to make use of University resources or faculty consultation should remain enrolled for credit.

It should be noted that all PCS program requirements are subject to modification.

3. MASTER'S DEGREE REQUIREMENTS

Although it is assumed that students accepted in the clinical program will be working towards their doctorates, it is a University of Hawai‘i requirement that the master’s degree be obtained as a step toward the doctorate. PCS faculty understands that there are differences among master’s Theses in their focus, methods, designs, time requirements, and other challenges. Outlined below is a suggested schedule for initiating and completing a master’s Thesis.

In most cases, we expect that a thesis can be completed within 2.5 years (by the end of the student’s 5th semester). It is PCS program policy that students enroll for research credits every semester (typically PSY 779) and we expect that students will continue work on their thesis during summer academic sessions. Students should follow graduate school guidelines for enrollment in the required 699 and 700 courses and Department guidelines for course requirements for the master’s degree (See section ***2.2.2 Master’s Thesis Research*** for details).

Expected progress guidelines for completion of the thesis proposal and final defense are given in the section on "Progress Guidelines." Students may receive "unsatisfactory" yearly evaluations and may be further reviewed for remediation or reprimand if the performance guidelines are not met. Once the master’s thesis is successfully defended, all departmental students must apply to the departmental faculty for doctoral candidacy. PCS students apply via the Clinical Director. In severe cases of delay in which the thesis is not defended within five years, the PCS program will not recommend doctoral candidacy to the Department.

Year 1
Fall semester: Discussions with advisor to select a Thesis topic and initial literature surveys on the selected topic
Spring semester: Preparation of Thesis Proposal and perhaps formal presentation to the Thesis Committee
Summer session: Continued work on Thesis

Year 2
Fall semester: Approval of Thesis Proposal by committee, IRB application, and initial data collection
Spring semester: Completion of data collection
Summer session: Continued work on Thesis

Year 3
Fall semester: Completion of Thesis and approval by the Thesis Committee

The requirements for the M.A. include the following:

l. Formal application for candidacy on Master’s Plan A Student Progress Form I. This should be completed in the first term of admission with the assistance of the Psychology Graduate Studies Chair. (The psychology graduate chair usually assists students with this form at the new graduate student orientation about one week before the Fall semester begins.)

2. The accumulation of a minimum of 30 credit hours. See section 7.1 Master’s Degree Credit Requirements below.

3. Declaration of the intent to obtain the degree at the completion of the term at the time the registration package for that term is obtained, at which point the student will be given instructions including deadlines for completing the steps toward the degree.

4. Completion of Master's Thesis requirements and forms (see section 2.2.2 MASTERS THESIS RESEARCH).

5. In addition to the requirements listed here, students must fulfill the UHM Graduate Division requirements (https://manoa.hawaii.edu/graduate/masters-plan-a/) and the Department of Psychology requirements (https://psychology.manoa.hawaii.edu/ma-degree/).

3.1 Master's Degree Credit Requirements

Requirements	Masters Plan A
Total credits	- A minimum of 51credits (at least 24 must come from coursework).

Required courses	Clinical Core
	- PSY 670 Introduction to Clinical Psychology (3 cr)
	- PSY 671 Introduction to Assessment I (3 cr)
	- PSY 672 Introduction to Assessment II (3 cr)
	- PSY 676 Psychopathology (3 cr)
	Research and Statistic Core
	- PSY 675 Treatment Research (3 cr)
	- PSY 610 Introduction to Regression (3 cr)
	- 1 additional statistics course (3 cr)
	- 2 semester 779 Research in Clinical Psychology (6 cr)
	Discipline Specific Knowledge (DSK)
	- One course on the history of psychology (3 cr)
	- Courses to demonstrate graduate-level knowledge in at least TWO of the following five Discipline Specific Knowledge domain areas (minimum 3 cr):
	  - Affective Bases of Behavior
	  - Biological Bases of Behavior
	  - Cognitive Bases of Behavior
	  - Developmental Bases of Behavior
	  - Social Bases of Behavior

Electives (if any?)	- OPTIONAL credits earned in courses numbered 600-798
Internships/ practicum/ fieldwork course (if any?)	- 2 semesters of PSY 677 Child Practicum, 678 Adult Practicum, and/or 679 External Practicum (6 cr)
Qualifying exam (if any)	- There is no qualifying exam
Research/Thesis Credits - 699	- 2 semesters 699 (to convert to 700) (6 cr)
Thesis Proposal	- Written Thesis Proposal and oral defense of the Thesis Proposal expected before end of third semester.
Thesis Defense	Written Thesis and oral defense of the Thesis expected by end of fifth semester.
Plan B requirements	- There is no Plan B option.
Additional Master's or Doctoral Requirements	- A minimum of 12 credits must be earned in courses numbered 600–798, exclusive of research courses (PSY 7x9) and thesis research (PSY 700). - A grade of B or higher is needed for courses to count towards degree requirements.

	- No second language requirement.

Form numbers and types can change; consult with the Chair of Graduate Studies and Graduate Division. Forms can be downloaded at http://manoa.hawaii.edu/graduate/content/forms.

4. DOCTORAL DEGREE REQUIREMENTS

Specific requirements for the Ph.D. are analogous to those listed above as required for the M.A., with the following exceptions:

l. Petition for admission to the Ph.D. program and approval of the petition usually take place during the term in which the work for the master's degree is completed and must be approved by the entire Department faculty, following a recommendation by the Clinical faculty. (See Appendix H for a sample petition cover letter).

Unless a waiver is granted by PCS program, students petitioning for doctoral admission in the PCS program should have completed all required master's degree coursework. Students may petition the PCS program for doctoral candidacy following consultation with and approval by their advisor.

A student must also have completed and successfully defended and turned in to the Graduate School the M.A. thesis before applying for doctoral status. Application to candidacy should occur in the same semester as submission of Master's Plan A Student Progress Form III. **Thus, students defending their M.A. should immediately submit their petition for candidacy (so that it can be reviewed the same semester) or delay submitting their paperwork for M.A. graduation until the following semester.**

Students admitted with a master's degree in psychology are automatically enrolled in the Ph.D. program and do not need to petition.

Although most students present an excellent scholarly and clinical record when petitioning for doctoral candidacy and receive a favorable recommendation, approval of Ph.D. candidacy is not automatic and is based on academic, research, and clinical performance at the master's level. The clinical faculty will not recommend doctoral candidacy if the master's thesis is not successfully defended within 5 years of entering the program.

The petition should include a letter addressed to the PCS Director requesting to be considered for doctoral candidacy and outlining any accomplishments that might not be listed on the Progress Report (see "a" below) as well as training and professional goals. Other items to include in the petition are:

a. An updated PCS Student Progress Form (Appendix I)
b. An updated curriculum vitae
c. When relevant, letters of support from faculty or outside professionals who are not part of the PCS program (e.g., nonclinical research supervisors).

Advancement to Ph.D. candidacy is documented by submission of Doctorate Student Progress Form I to the Chair of Graduate Studies and Graduate Division. **Students must also complete an application to the Ph.D. program available from the Graduate Division and pay a fee.**

2. See section *4.1 Ph.D. Degree Credit Requirements* for specific course requirements for completing the Ph.D., and section *2.2.3 Dissertation*. The student's advisor or program faculty, however, may recommend additional courses in accordance with the student's particular interests and needs. As outlined in Appendix A, the student will normally have completed roughly between 103 and 106 credit hours.

3. Completion of a 2,000-hour APA-approved internship or approved equivalent is required.

4. In addition to the requirements listed here, students must fulfill the UHM Graduate Division requirements (https://manoa.hawaii.edu/graduate/doctorate/) and the Department of Psychology requirements (https://psychology.manoa.hawaii.edu/phd-degree/).

4.1 Ph.D. Degree Credit Requirements

Requirements	Doctoral
Total credits	A minimum of 45 credits i**n addition to MA requirements, the minimum requirements for classes include** -
Required courses	Clinical Core - PSY 771 or 772 (3 cr) - PSY 775 (Proseminar in Clinical Psychology -3 cr) - Two advanced assessment and treatment courses (6 cr – can be fulfilled by a combination of: 1. PSY 773 (3 cr) 2. PSY 774 (3 cr) 3. PSY 775 (Not including the Proseminar- 3 cr) 4. PSY 674 (if PSY 676 was taken; 3 cr) 5. PSY 676 (if PSY 674 was taken; 3 cr) 6. PSY 771 (if PSY 772 was taken; 3 cr) 7. PSY 772 (if PSY 771 was taken; 3 cr) Research and Statistic Core - 1 additional statistics or methods course (3 cr) - 4 semesters of 779 (12 cr) - At least 1 credit of PSY 800 (1 cr Discipline Specific Knowledge (DSK) - Courses to demonstrate graduate-level knowledge in ALL of the following five Discipline Specific Knowledge domain areas (Minus those taken in the Master's program) (minimum 9 cr): - Affective Bases of Behavior - Biological Bases of Behavior - Cognitive Bases of Behavior - Developmental Bases of Behavior - Social Bases of Behavior - 1 graduate seminar that integrates at least two of the DSK domain areas (3 cr)
Electives (if any?)	- OPTIONAL credits earned in courses numbered 600-798
Internships/ practicum/ fieldwork course (if any?)	- 2 semesters of PSY 677, 678, and/or 679 (6 cr) - PSY 778 (2 cr)
Qualifying exam (if any)	- There is no qualifying exam
Dissertation Proposal	- Written Dissertation Proposal and oral defense of the Dissertation Proposal expected before end of ninth semester. *see program handbook for further details

Dissertation Defense	- Written Dissertation and oral defense of the Dissertation expected before end of 12 semesters.
Additional Master's or Doctoral Requirements	- All MA requirements must be met - A grade of B- or higher is needed for courses to count toward degree requirements. - The Comprehensive Examination Proposal is expected to be approved before end of sixth semester. - Completion of the Comprehensive Examination Dossier is expected before end of ninth semester and must be completed before dissertation proposals and applying for internship.

5. DUAL-SPECIALTY TRAINING OPTION

In addition to their clinical, methodology, and psychology core courses, some students elect to specialize in another area of study. The concept of a dual specialty is based on the idea that clinicians and clinical researchers will benefit from the advances in allied specialties in psychology. Significant advances have occurred in many basic areas of psychology, which are applicable to prevention, program development and outcome evaluation, policy development, and assessment and treatment of behavior disorders.

All dual specialties must be research-oriented and emphasize the application of scientific principles to critical clinical issues. Dual specialties involve additional courses and research with an appropriate dual specialty focus, and often, clinical experiences consistent with the dual specialty focus. Requirements for the Dual-Specialty Training Program include a minimum of three content courses (9 hours) and two research courses (6 hours).

Students electing to complete a dual-specialty should submit a written proposal including (a) goals of the program, and (b) three didactic courses (in addition to those required by PCS program), (c) two research courses relevant to the dual specialty, and (d) the endorsement of a dual-specialty adviser. The proposal is submitted to the PCS Director, who presents it to the clinical faculty for approval.

Because course offerings in the dual-specialty areas depend on Departmental faculty resources and may be variable, students should work closely with their dual-specialty and PCS program advisors to plan or revise their proposal.

All changes in a student's dual-specialty program must be approved by the dual-specialty advisor, the clinical advisor, and the PCS Director. See Sample Petition of Dual-specialty (Appendix O).

- Examples of Possible Dual-specialty Proposals

1. Behavioral-Clinical Specialty

   This dual specialty trains students in basic behavioral research, applied clinical research and for clinical work in behavior therapy, cognitive-behavior therapy, behavior modification, other empirically supported treatments based on behavioral principles (e.g., self-reinforcement training), and behavioral assessment.

   Courses may include:

   PSY 621 Behavioral Psychology
   PSY 622 Animal Learning
   PSY 702 Seminar in History and Theory of Psychology
   PSY 722 Seminar in Learning

2. Behavioral Neuroscience Specialty

   This option focuses on the connection of the biological bases of behavior with clinical psychology. Biological bases of aggression, movement disorders, intelligence, anxiety, and other complex behaviors, as well as the role of psychopharmacology in the cause and treatment of problematic behaviors are potential topics of study.

   Courses may include:

PSY 634 Physiological Psychology
PSY 622 Animal Learning
PSY 731 Seminar in Physiological Psychology
a. Psychopharmacology
b. Psychobiology
c. Psychophysiology
PSY 775 Seminar in Psychological Therapies
a. Behavioral Medicine

3. Ethnocultural Psychology Specialty

Among the many challenges facing contemporary psychology is the ethnocentricity of its assumptions, theories, and applications, and the implications that it has for our nation's racial and ethnocultural minority populations. Increasingly, America's ethnocultural minorities have joined with cross-cultural researchers and practitioners in calling attention to the racial and cultural biases inherent in much of the psychological and behavioral knowledge that constitutes the accepted body of psychological theory and research. This training option provides training in research, assessment, and clinical services that are relevant and valid for American ethnic minorities and international non-Western populations. It emphasizes the importance of ethnicity, culture, race, and class in the conduct of research, assessment, and counseling and therapy. Attention is given to conceptualizing, planning and implementing culturally sensitive and appropriate mental health services and intervention strategies.

In addition to completing a requirement of twelve hours in core courses, students are expected to demonstrate competence in at least one national or ethnocultural population through familiarization with that group's history, cultural traditions, and behavioral determinants. Multidisciplinary studies, linguistic/foreign language studies, and the completion of related non-psychology courses are encouraged.

Required courses:

PSY 653 Cross-cultural Psychology
PSY 774 Seminar in Clinical Psychology
a. Cross-cultural Psychopathology and Psychotherapy
b. Other Seminars
PSY 699 Directed Readings in Cross-cultural and Ethnic Minority Studies (minimum of two courses)

Optional courses:

To encourage multidisciplinary breadth, students are encouraged to enroll in supplementary courses in the following fields and disciplines: Anthropology, Asian/Pacific Island Studies, Ethnic Studies, Philosophy, Public Health, Religion, and Social Work. These courses cannot replace the required core courses.

4. Health Psychology Specialty

This dual specialty focuses on understanding behavioral lifespan factors, personality variables, and psychophysiological factors in health promotion and disease prevention. It is the philosophy of this dual specialty that the study of health psychology is best approached within the field of clinical psychology

so that the methods and knowledge of this field can be applied to problems in the development and maintenance of physical well-being.

Courses may include:

PSY 776 Health Psychology
PH 663 Principles of Epidemiology
SW 662 HIV and the Human Condition
SOC 616 Seminar in Stress and Health

6. CLINICAL RESPECIALIZATION PROGRAM

The Clinical Respecialization Program was terminated in February 2026 and will no longer accept applications.

7. LIABILITY INSURANCE

All clinical students are required to purchase liability insurance through the Program regardless of whether they are involved in clinical activities or have insurance coverage from another provider (e.g., APA). This insurance must be purchased prior to participation in PSC-related classes, assessment, therapy, or consultation activities in the community or on-site practicum positions. At the beginning of each academic year (usually in August), the Program will notify students via e-mail when payment for insurance is due. (Any student who fails to purchase insurance through the Program will be required to submit a written statement that they will not engage in any consulting or clinical practice, or clinical research activities associated with the Program. Such notification must be received by the date set for receipt of liability insurance payment.)

It should be noted that the insurance policy that is coordinated by PCS program does not cover clinical activities or jobs other than those associated with practicum training or the fulfillment of other program requirements. Many outside positions related to clinical psychology require employees to obtain and verify separate liability insurance; other jobs leave coverage to employees' discretion. The Psychological Clinical Science program strongly advises students to obtain independent insurance coverage in addition to that through the Program for work they undertake in any non-program-related clinical capacity.

8. WAIVING AND SUBSTITUTING COURSES

These are the common scenarios in which students seek to waive or substitute classes :

1. A student may wish to substitute one UH course for another required course.
2. A student entering the PCS program with a master's degree in psychology from another institution may want to waive a UH requirement due to taking a substantively similar class at other institutions.
3. A student entering the PCS program with a master's degree in psychology from another institution wants to waive the thesis requirement after completing a thesis at another institution.

Substitutions must be discussed with the student's mentor, and if the mentor approves, they must be submitted to the PCS faculty in writing for approval.

To waive classes based on those taken at another institution, waivers will be considered for Domain Specific Knowledge courses that (a) thoroughly survey broad areas of behavioral science (e.g., social psychology, cognitive psychology, life-span development), (b) are at an intensive graduate level, and (c) expose the student to current journal literature and research so that (d) the student may eventually draw upon the material in an applied and/or academic setting.

Waivers will also be considered for some classes in the Statistics and Methodology Core.

Please note:

- **Clinical Science Core classes cannot be waived.**
- **No more than three courses will be waived based on coursework from other institutions.**
- **Courses taken five years before the petition will be reviewed with caution.**
- **Waivers must be reviewed in students' first semester.**

To waive the thesis requirement, the clinical faculty will compare the requirements to complete the thesis at the other institution to PCS requirements. Non-empirical theses will not be accepted. If there are deficiencies in research-based theses compared to PCS requirements, the faculty will require a research project to be completed in the PCS program.

In each case, students should follow the procedures outlined below before the semester they would be expected to enroll in the course:

1. To waive core class(es), use the template: Letter for Waiving Courses (Appendix F.1).
2. To waive a DSK requirement, use the form in Appendix F.2 - Domain Specific Knowledge Substitution Approval Form
3. For all class waivers, the syllabus, grade, reading material, textbook, papers, products, etc., should be submitted to the course instructor that is to be waived, and a signature must be obtained from the course instructor.
4. To waive the thesis requirement, the students must petition the PCS faculty in writing via a letter signed by the student and their advisor. Students should include a copy of the thesis and the program manual outlining the thesis requirements at the institution where it was completed with the letter.
5. All materials are submitted to the Clinical Training Director.
6. If the CSAP faculty approves the waiver, the materials will be submitted to the Chair of Graduate Studies for final approval.

7. If finally approved, the student will be notified and all materials and documentation will be placed in the student's file, and the student should keep a copy.

9. ADMINISTRATIVE and FINANCIAL ASSISTANCE

9.1 Administration and Management of the Program

The program is administered by the Director of Clinical Training (DCT). The PSC faculty meetings, attended by the entire clinical faculty and a student representative (currently two), serve as the major structure through which program decisions are made and the program is managed. The PCS faculty determines policy and makes decisions on substantive issues, including changes in general policy or program requirements as a group. Decision making is participatory, with significant input from everyone, including the students, by way of the student representative(s).

The DCT and the members of the PCS Faculty are responsible to administer and manage the Program according to its stated philosophy and objectives, with ongoing program decisions determined as much as possible through consensus of the PCS Faculty, with appropriate input from student representatives.

In addition to the regular PCS Faculty meetings, the program convenes regular Program Meetings open to all clinical students and faculty. These meetings generally occur the first Friday of the month, but may be moved to another Friday if there are competing demands on program students or faculty. The DCT will post a schedule for Program Meetings at the beginning of every semester.

During Program Meetings, the DCT and student representative(s) are almost always there and unless there is a conflict, students are expected to attend. Program Meetings may consist of presentation of important information to students (e.g., approaching deadlines, changes in program policy, etc.), opportunities for students and faculty to raise ideas or concerns for general discussion, and/or professional presentations that are relevant to the student body.

The Psychological Clinical Science program also functions as an active part of the Psychology Department. The Psychology Department is led by the Department Chair, and issues related to graduate student progress, funding, discipline, and grievances are administered by the Graduate Chair. The department holds approximately monthly faculty meetings. These meetings serve to coordinate department tasks and goals. The department also has an executive committee, composed of program directors and the department chair.

9.1.1 Student Representation

Students are encouraged to be involved actively in the decision-making of the Psychological Clinical Science program. The Director of Clinical Training meets periodically with students; students are invited to some PCS program meetings; students are encouraged to initiate meetings with their advisor, the PCS-Director or Associate Director or other PCS faculty to discuss any issues of interest or concern; student input is sought on all program policy changes and personnel matters.

The students also elect representatives to attend PCS program meetings when student or personnel evaluations are not discussed. Each year there will be two student representatives. One student representative will come from years 2 - 3, and one will come from years 4 and up.

The student representatives from the year prior (heretofore referred to as the "prior student representatives") will be responsible for coordinating the selection of the new student representatives. The students from cohorts 2 and 3 who are interested in being one of the student representatives will email the prior student representative informing her/him of their interest. The prior student representative will ask the students from cohorts 2 and 3 to

vote for which of the interested students they would like to represent them in PCS program meetings. The prior student representative will announce which student from cohorts 2 and 3 received the most votes and will be the new student representative. The same procedure will be used to select a student representative from cohorts 4 and up.

The two student representatives will be responsible for obtaining opinions from students prior to each PCS program meeting (particularly when a vote is to take place) and relay the information from PCS program meetings back to the students. Prior to every PCS program meeting, the two student representatives will ask students to send them any agenda items or points of discussion that they would like addressed during the PCS program meeting; the student representatives will then send any relevant agenda items to the Director of Clinical Training before the meeting.

One "student" vote will be cast that represents the voice of the student body (decided upon by the two student representatives) for all issues where PCS faculty vote or provide input, with the exception of matters pertaining to individual students and faculty hiring.

9.2 Program Funding

The program strives to provide funding for as many students as possible and we attempt to distribute funding across students in an equitable manner. However, all students should plan according to the high cost of living in Honolulu, the limited number of stipends and tuition waivers, and stipend rates that are not adjusted to the cost of living. The following policies guide funding allocation decisions.

1. A student cannot receive two separate stipends that are administered by the University of Hawai‘i (e.g., TA, RA, practicum stipends).

2. If joint administration of a student's funding by the University of Hawai‘i is not an issue but the funded positions involve our Program (e.g., TA plus practicum position), the criterion of "equitable distribution of resources" is invoked—a student should not receive two Program-controlled stipends when another eligible student is receiving none. Thus, a student may receive funding from two sources controlled by our Program only when no other eligible student is unfunded.

3. If a student receives funding from the University Program or Department, that student may also receive funding from outside sources (e.g., part-time clinical work, consultation). It should be noted that it is against University policy for RAs and TAs to receive additional work-contingent funding.

Intrinsic to these criterion are several assumptions: (a) Students can make their own choices about reimbursed activities within the constraints of our Program's commitment to equitable distribution of resources (and constraints enforced by the University); (b) We will continue to expect high-quality, full-time progress through the program and a second job will not be considered as a valid rationale for poor performance or progress in the Program; and (c) Students are required to inform the Clinical faculty about all clinical activities outside of our regular program offerings.

Most students receive a TA, RA, or an Achievement Scholarship (aka tuition waiver) during the first year. Many students receive a practicum stipend during the second and third years. Advanced students often obtain RAs, lectureships, consultancies, and clinical jobs.

Respecialization students are responsible for their own funding.

9.2.1 Graduate Assistantships (GAs)

GAs are usually paid from grant funds obtained by faculty members or through the Psychology Department or other departments throughout the University for performance of specific tasks. Appointments related to grant funding is, therefore, arranged through discussions between faculty members and graduate students. Students are expected to actively participate in the research program to which they are appointed and to perform the duties assigned by the faculty supervisor.
Graduate assistantships in other departments can be found here:
https://www.governmentjobs.com/careers/hawaiiedu?

Detailed information about Graduate Assistantships, including information about tuition remissions and health plans, can be obtained here: https://manoa.hawaii.edu/graduate/graduate-assistants/

9.2.2 Summer Support

Many assistantships include summer support (i.e., are 11-month contracts) but some do not. Other forms of summer support through the College, Department and University, including summer teaching opportunities, vary from year to year. When such support is available, we notify students and encourage students to apply. By and large, however, students should be proactive in seeking out summer funding options if needed.

9.2.3 Intramural Grants & Awards

Good places to start looking for Intramural Grants and awards include the following resources at the University of Hawai‘i at Mānoa.

Department of Psychology: https://psychology.manoa.hawaii.edu/funding-opportunities/

Gartley Award – Travel or Research

Diversity Committee – Research

2022-2023 Qualtrics Panel Research Award

This program will provide support or partial support for a limited number of students' research projects that will recruit non-college student participants via Qualtrics Panel (for an introduction of this participant recruitment service, please see https://www.qualtrics.com/support/survey-platform/sp-administration/brand-customization-services/purchase-respondents/). Awards will range from $500 to $3,000.00. Well-justified awards above $2000 may be considered but will receive extra scrutiny for appropriateness of the sample and design.

Graduate Student Organization (GSO): http://gso.hawaii.edu/

University of Hawai‘i at Mānoa Graduate Student Organization Travel and Research Grants

Up to $1,000 for domestic travel and $2000 for international travel. Up to $2000 for research materials. Updates regarding special case funding can be found on their website. Students can apply once per semester (summer semester not included). The GSO reviews applications every month (excluding June & July). Applications are accepted throughout the year, and will be reviewed at the following monthly review meeting. For more details, see the application deadlines.

University of Hawai‘i at Mānoa Graduate Student Organization Merit Based Awards

The annual Merit-Based Awards recognize graduate student excellence in Diversity, Mentorship, Research, Service and Outreach, and Teaching. For the 2021-2022 academic year, the GSO will fund up two(2) students in each of the following categories: Diversity, Mentorship, Research, Service and Outreach, and Teaching. Each Merit Based Award is $5,000.

Graduate Division: https://manoa.hawaii.edu/graduate/financial-support/

Achievement Scholarships

A student must be a degree-seeking student in a master's or doctoral program and have a cumulative GPA of 3.5 or above. Students apply through their graduate programs. Awards are competitive. The award amount varies.

Fulbright Graduate Study & Research Abroad:
https://manoa.hawaii.edu/graduate/fulbright-graduate-study-research-abroad/

Fulbright-Hays Doctoral Dissertation Research Abroad:
https://manoa.hawaii.edu/graduate/fulbright-hays-doctoral-dissertation-research-abroad/

WICHE Program: https://manoa.hawaii.edu/graduate/wiche-program/

UH Financial Aid Services: https://manoa.hawaii.edu/fas/types-of-aid/

East West Center Fellowships and Housing Program:
https://manoa.hawaii.edu/graduate/east-west-center-fellowship-and-housing/

Graduate Division STAR Fellowships & Scholarships:
https://manoa.hawaii.edu/graduate/graduate-division-star-fellowships-scholarships/

College of Social Sciences: https://ssri.manoa.hawaii.edu/

Travel award
Open to both faculty and graduate students for
travel to conferences, training programs, and other events that facilitate
professional development in research.

Research Connector: https://sites.google.com/hawaii.edu/css-research

A resource to find funded GA positions on campus plus other funding resource connections

UH Manoa Searchable Site for Local Scholarships:
https://www.star.hawaii.edu:10012/Scholarship_live/GeneralPageMain.jsp

Kua'ana Native Hawaiian Student Development Services: https://hawaii.edu/kuaana/

9.2.4 Extramural Funding

While there are several types of financial support offered through faculty, department, or university resources, there are several types of support that students can generate on their own, or with the assistance of the faculty,

for example, NIMH and NSF pre-doctoral awards, stipends from private granting agencies, research assistantships outside the department, etc.

Students are strongly urged to be active in applying for outside means of support (e.g., their own grant support). These other forms of funding may be more consistent with a student's career goals than what the Program can provide. Students should discuss all such options with their faculty advisor before submitting an application.

Students are strongly encouraged to apply for pre-doctoral research funding through NIH Predoctoral training grants and fellowships, NSF Graduate Research Fellowship Program, or more specialized fellowships through professional organizations. Even if the awards do not provide a full year of funding, they can help considerably by providing funding for conducting research. Faculty advisors often know what sources of funding are available for specific areas of research. Applying for such awards requires time, effort, and planning. However, because master's and dissertation research proposals are to be written in a format for these awards, a good part of the work already is part of the research requirements.

In general, efforts toward obtaining extramural funding are an essential part of establishing an academic career. Applying for funding while in graduate school is likely to make it easier to get funding later on, and grant applications help build a trainee's skill set and CV in important ways. In addition, faculty look favorably upon students who put forth such efforts to obtaining their own support and may consider this in later funding decisions.

A wide variety of assistantships, traineeships, and fellowships are available for students in the doctoral programs. Here is a small sample…

American Psychological Association (APA): https://www.apa.org/science/awards/

Search from more than 600 scholarships, grants, and awards sponsored by APA and other psychology-related organizations.

Society for a Science of Clinical Psychology (SSCP): http://www.sscpweb.org/Grants-&-Awards

Association for Psychological Science (APS): https://www.psychologicalscience.org/tag/get-funded

American Association of University Women (AAUW):
https://www.aauw.org/resources/programs/fellowships-grants/

Gates Millenium Scholars Program: https://gmsp.org/a-gates-millennium-scholars-program/

The goal of the GMS program is to promote academic excellence and to provide an opportunity for outstanding minority students with significant financial need to reach their highest potential

Hispanic Scholarship Fund: https://www.hsf.net/scholarship

HSF works to address the barriers that keep many Latinos from earning a college degree.

American Indian Graduate Center http://www.aigcs.org/scholarships/

Several scholarships supporting American Indian graduate students.

Institute for Humane Studies: http://www.theihs.org/humane-studies-fellowships

National Science Foundation (NSF) Graduate Research Fellowship Program http://www.nsfgrfp.org/

Description: awarded to outstanding graduate students in NSF-supported science, technology, engineering, and mathematics disciplines whare pursuing research-based master's and doctoral degrees at accredited United States institutions. Award Amount: $34,000 (+$12,000 cost of education allowance)

Searchable Databases

Cornell University Graduate School Funding Database
https://gradschool.cornell.edu/diversity-inclusion/funding-and-resources/external-resources-and-support/

Council of Graduate Schools https://cgsnet.org

Foundation Grants to individuals Online: http://gtionline.fdncenter.org/ipl.php

Grants.gov: http://grants.nih.gov/grants/oer.htm

US Department of Education: http://www2.ed.gov/fund/grants-apply.html

Fastweb: http://www.fastweb.com/

US Department of Education http://www2.ed.gov/fund/landing.jhtml

The fellowships and awards listed above each have their own specific deadlines. Application forms and deadlines are available online.

10. STUDENT RIGHTS, RESPONSIBILITIES, AND PROFESSIONAL DEVELOPMENT

10.1 A POSITIVE INTERPERSONAL AMBIENCE

The PCS program's policy is to provide a safe, comfortable, and positive learning and working environment for students, faculty, and staff. Discrimination or harassment based on gender, race, ethnicity, sexual orientation, religious preference, disability, or age will not be tolerated. Additionally, interactions among and about students, faculty, and staff should be conducted in a professionally responsible manner and be consistent with APA ethical guidelines.

The faculty recognizes that despite efforts to maintain a positive interpersonal environment in the PCS program, conflicts among students and between students and faculty can occur across a variety of dimensions. We encourage all parties to resolve these conflicts promptly and responsibly. At a minimum, interactions among and about students, faculty, and staff should be conducted in a professionally responsible manner and be consistent with APA ethical guidelines.

The process to deal with conflicts is as follows:

- Conflict is recognized by either party involved.
- Attempts are made by the two parties involved to resolve the conflict with as much direct communication as possible, or at least to mutually recognize that a conflict exists.
- Students may consult with (a) the student's advisor, (b) the PCS Director, (c) the Chair of Graduate Studies, and (d) the Department Chair, (e) any one (or more) member(s) of the clinical faculty, or (f) the whole PCS faculty if that would help (We recommend that concerns be expressed to faculty in the preceeding order. However, the choice resides with the student based on the situation.)
- If the conflict cannot be resolved informally, the Graduate Chair serves as a negotiator in the conflict.

10.2 DUE PROCESS AND GRIEVANCE PROCEDURES

For informal resolution of conflicts, students may contact the Psychology Department Graduate Chair. If students feel they would like support outside of the department, they may contact the Graduate Dean and the Associate Graduate Dean for additional counseling and guidance. See details here: https://manoa.hawaii.edu/graduate/informal-resolution/

If the issue can't be resolved through negotiation facilitated by the Graduate Chair (or Graduate Dean), a student may file an official grievance as the first of three Steps 1-3 of the Graduate Division Formal Grievance policy. See details here: https://manoa.hawaii.edu/graduate/formal-grievance/

If the conflict is related to graduate assistantship duties, the UH Academic Grievance procedures are followed. See details here: https://manoa.hawaii.edu/studentsuccess/academic-grievance/

If the conflict is related to grades, the Graduate Division GA Grievance policy/procedures are followed. See details here: https://manoa.hawaii.edu/graduate/content/ga-grievance

Formal grievance procedures are available through the Department Governance Guidelines and University Sexual Harassment Policy and Procedural Guidelines, Student Handbook, and the Academic Grievance Procedures in the Office of Student Affairs.

In line with clearly established University policy, retribution based on student complaints or grievances will not be tolerated.

Through these processes, students are responsible for checking their e-mail on a regular basis, as this is the Program's primary means of communication. All communication is sent via the student's Hawaii.edu e-mail account.

- More Details about grievance procedures can be accessed here: https://manoa.hawaii.edu/graduate/graduate-student-grievances/

Students may also refer to the APA website for guidance on how to pursue complaints about the program if they choose.

10.3 NONDISCRIMINATION POLICIES

All students in the Program should be aware of the Campus Policy against Discrimination and Sexual Harassment found:

- UH EEO/AA Policies (access to pdf document for discrimination complaints)
- UH Title IX Policy
- UH Systemwide Policy on Nondiscrimination and Affirmative Action
- UH Manoa Policies, Procedures and Guidelines (PPG) - M1 General Provisions (EP 1.202: University Statement of Nondiscrimination and Affirmative Action, EP 1.203: Policy on Consensual Relationships, EP 1.204: Interim Policy and Procedure on Sex Discrimination and Gender-Based Violence)

Students who believe that an affirmative action/equal opportunity violation has occurred (e.g., discriminatory practices) or has been a victim of sexual harassment may contact the Equal Opportunity and Title IX office. This office exists to ensure that you have the right to an education and to work and advance in employment on the basis of merit, ability, and potential without fear of discrimination.

10.4 ETHICAL KNOWLEDGE AND FUNCTIONING

Ethics in professional development include such issues as presenting yourself well in professional contexts, follow through, being able to work well with others (including in an interdisciplinary context), supporting your peers and the program, keeping abreast of new developments in the field, and being a responsible professional in training – including being aware of ethical standards.

The Department expects students to follow ethical standards set by the American Psychological Association in addition to Student Code of Conduct. Feedback on ethical considerations is included in the student's annual evaluation report (see attached outline of report). Ethical considerations are also included in both practicum and internship evaluation reports given periodically to students. Finally, ethical considerations are included in the final clinical evaluation report completed by the Clinical Training Committee.

Violations or suspected violations of the policies/guidelines, by oneself or others, should be reported to a faculty member or administrator in the department immediately. If a student is uncomfortable reporting within the Department, that person can contact the offices of the Dean of the Graduate School or the Dean of the College of Social Sciences.

If a student has violated the codes of conduct (e.g., APA Ethical Principles of Psychologists and Code of Conduct, Student Code, etc.), they may be placed on probation and/or terminated from the program and department depending on the severity of the violation.

10.5 RESEARCH ETHICS

As part of the research community, you are expected to comply with ethical policies of both UH Mānoa and APA. All graduate students should take the IRB-required online CITI Human Subjects education course within a few weeks after arriving on campus. This course is required prior to conducting any work with human subjects. HIPAA educational training also is required for any investigators using protected health information, that is, any identifiable health information relating to an individual's past, present or future physical or mental health condition.

No research with human subjects can be conducted until approval for the study has been obtained from the Institutional Review Board (IRB). The IRB website contains valuable guidance about all human subjects' research, e.g. even archived de-identified data sets need to be submitted to the IRB although ultimately they are likely to be designated as exempt research or Not Human Subjects.

Procedures for the ethical conduct of research are specified in the Office of Research Integrity Research Compliance's Policies & Resources . This policy sets out ethical aspirations as well as minimum requirements that define grounds for discipline (e.g., falsification of data, plagiarism or abuse of confidentiality, improprieties of authorship, administrative and financial responsibility, violation of federal, state, or university research rules, and inappropriate behavior in the relationship of misconduct).

In addition, APA Ethical Principles Sections 6.02 through 6.26 are pertinent to conducting research and disseminating findings.

10.6 PROFESSIONAL ORGANIZATIONS

Students are encouraged to join professional organizations in psychology and/or in their specialty and to establish at least one membership by the end of the first year. Student membership provides the benefits of regular membership (e.g. journals, newsletters, notices of meetings, reduced registration at meetings). Examples of such organizations include: APS, ABCT, SBM, etc. Information about student memberships can be found on-line.

10.7 PROFESSIONAL CONFERENCES AND WORKSHOPS

Students are encouraged to attend professional conferences and workshops to supplement the material presented in classes, to become active members of the psychology community, to develop habitual ways of updating and refining knowledge, and to meet other professionals in the field. Attending conferences is a great way to learn about the most recent developments in specific fields of interest, as well as to expand into new interests. There are many conferences locally, as well as nationally.

Presenting research at professional conferences is an excellent way to get feedback from others in the field, to move research to completion, and to become known in broader professional circles. Several resources are available to students. The UH Mānoa Graduate Student Organization provides funding for students who present their own research at conferences. A number of organizations, including APA, provide student travel grants to conferences or hire students to work at conferences. NRSA grants as well as faculty members' grants also might include travel funds.

Advisors can provide information about relevant conferences and advice about writing an abstract. Students typically practice presentations or show early versions of their posters to colleagues in their labs or in the department.

Report the list of conferences/workshops attended on your annual student progress form. Also keeping this list may be useful in the internship application process and is a professional behavior increasingly required for licensure.

10.8 SPEAKERS/COLLOQUIA/JOB TALKS/BROWN BAGS

Every effort should be made to attend all clinical area and departmental colloquia and presentations. Each year there are several colloquia presented in our department. These colloquia and presentations provide special learning opportunities. Plus, observing others is your best training for learning how to present your own work. It is expected that students attend all Program Meetings and associated brown bags.

10.9 PERSONAL THERAPY

A common way of dealing with personal problems and high levels of stress or sorting out reactions to seeing clients (beyond what is dealt with in supervision) is to enter into therapy as a client oneself. This is not a requirement of our program; however, we do see value in students' decisions to experience the treatment relationship as a client if they choose to do so.

The Director of Clinical Training can help you find clinicians in the community who are good therapy referrals – many of which are willing to provide significantly reduced cost therapy for students of our program. Your work with the clinician would be confidential to the same degree as any other client in psychotherapy. Other than providing you names, the DCT would have no involvement or contact with your therapist.

10.10 PERSONAL PROBLEMS AND THEIR INTERFERENCE IN CLINICAL WORK

It occasionally happens that personal problems interfere with one's ability to function as a psychologist. The important issue, however, is how to deal with such problems. In line with Standard 1.13 of the APA Guidelines, it is the student's responsibility to be alert for and to recognize if personal problems are interfering with effectiveness in clinical work. It is the student's responsibility to refrain from activities if her/his performance is impaired and patients/colleagues/students may be harmed. As a trainee, a first step would be to discuss the possible impact of personal problems with a clinical supervisor and/or academic advisor. There are a variety of avenues to explore, including obtaining assistance with personal problems, suspending/postponing training in direct service, or taking a leave of absence from the program. A student can elect to refrain from clinical work for a semester or two but that decision can affect competitiveness for an internship and may require taking on higher clinical load during another year.

We (faculty and students) collectively share a responsibility to take action if we believe that a student's personal problems may be harmful to clients. The appropriate action would be to bring concerns to the attention of the trainee whom you believe to be impaired. If that does not result in a corrective response and you still perceive a risk, it would be appropriate to consult with a member of the faculty.

If there is sufficient evidence supporting a student's impairment due to an emotional, neuropsychological, or substance abuse condition, the faculty may recommend or require that: (a) the student take a leave of absence until the student no longer is impaired or (b) the student discontinue the program. Examples of behaviors that

would elicit a recommendation for a leave from the program include irresponsible or erratic behavior with clients (e.g., being late for sessions, poor record keeping, flirtatious or belligerent behavior with a client, repeatedly acting in a manner that is detrimental to the client even after receiving supervision about the behavior).

If the plan is for a temporary leave from client-related work or from the program more generally, that decision should be made in consultation between the student, the faculty advisor, and the DCT. The goal will be to generate a specific plan that includes actions for amelioration or rehabilitation. Returning from the leave will be conditional on demonstrating that the plan has been enacted and has had the intended effect. Prior to taking the leave, the student's advisor and the DCT will create a written statement that documents: (a) length and reason for leave; (b) plans for remediation; and (c) how it will be determined that the student is fit to return; and (d) plans for monitoring the student after returning.

In compliance with the Rehabilitation Act and the Americans with Disabilities Act (ADA), UH Mānoa offers equal access to its degree programs to academically qualified applicants with physical, psychological or learning disabilities. The Disability Resource Center offers excellent support for students and is dedicated to maintaining an environment that ensures all students with documented disabilities have equal access to its educational programs, activities and facilities. Accommodations are designed to level the playing field for students with disabilities, while maintaining the integrity and standards of our academic program. For more information, please visit the UH Kokua Program.

10.11 ACADEMIC INTEGRITY

We assume that all members of our clinical area function with the highest regard for academic integrity. The following, however, is provided as a means of avoiding incidents that may reflect unfavorably upon the student, the program, and the university.

Academic integrity violations are spelled out in detail in the Student Code of Conduct as well as in the APA Ethical Guidelines.

These include, but are not limited to,: (a) fabrication of data; (b) plagiarism; (c) the acquisition of papers or other assignments and representing them as one's own; and (d) cheating on an examination.

Additional issues that raise questions of academic integrity include: (a) submitting a paper in fulfillment of a class or research requirement if that paper, or one similar to it, was submitted in fulfillment of any other requirement; and (b) duplicate publication or republishing data. If you are uncertain about the boundaries of these issues (and sometimes these boundaries are difficult to define), be sure to seek advice and consultation from your research advisor or other faculty members.

10.12 GRADUATE STUDENT ORGANIZATION

The UH Mānoa Graduate Student Organization represents all graduate students and promotes the welfare and interests of the graduate students at the University of Hawai'i at Mānoa. For more information, please visit the Graduate Student Organization webpage.

10.13 GRADUATE SCHOOL POLICY ON LEAVES OF ABSENCE

A Leave of Absence is a temporary cessation of study and may be granted for up to one (1) year for medical reasons and other emergencies. A Leave of Absence allows students in good academic standing to postpone

their studies for a definite period of time, normally not to exceed one (1) year, in the event of unavoidable circumstances (e.g. documented medical reasons, active military duty, etc.).

A student who wishes to request a leave should submit a Petition for Leave of Absence form which requires the endorsement of the Graduate Chair. The leave of absence form is first approved at the department and then processed at the Graduate Division. The student's record is updated for the designated dates and this allows the student to enroll and regain access to all university resources upon return from the approved leave of absence. An official Leave of Absence begins only after the student receives a copy of the request with the Graduate Dean's signature confirming final approval of the Leave of Absence.

Students receiving funding of any kind should be aware of certain consequences of a Leave of Absence. Of course, a student on leave may not hold a Graduate Assistantship. For students receiving federal financial assistance, the U.S. Department of Education regulations require the University to report enrollment status to lenders and guarantee agencies as "WITHDRAWN" when students take a leave of absence for a semester or more. This results in the beginning of the Federal Stafford Loan grace period and/or the starting of repayment of the Federal Supplemental Loan for Students. Upon returning to active status as a student, new loan applications must be submitted and an in-school deferment form must be filed with lenders.

10.14 GUIDELINES FOR STUDENT EMPLOYMENT

Financial considerations may necessitate that students seek paid employment in the community. Often, students obtain positions that involve the administration of psychological services, such as the provision of psychotherapy, the administration and interpretation of psychological tests, or research activities. Indeed, such time limited employment activities may provide valuable experiences for the growth of the student.

Prior to acceptance of **any** outside employment involving psychology related activities, students must notify in writing and consult with their advisor **and** the Director of Clinical Training (DCT). This process is intended to protect the student from employment situations in which the lack of appropriate supervision or the requirement for conducting tasks beyond the student's level of training could place the student in ethical or legal jeopardy.

This process is **not** intended to impede or prevent student employment. Notification by students and approval regarding any employment **is required** prior to registration (See Form in APPENDIX R: Form for Outside Employment for Students).

10.14.1 Liability coverage for student employment

Students are advised to check with their employer about whether the employer's practice insurance will cover them for liability insurance. APA has resources for student liability insurance if the practice does not provide coverage for students:

- Read more about the issues here: https://www.apa.org/monitor/2017/07-08/psychology-students
- The Trust insurance company insures students. Learn more here: https://www.trustinsurance.com/Insurance-Programs/Student-Liability

10.15 STUDENT SUPPORT SERVICES

There are a number of student support services available to students throughout the University.

Students who so desire can seek individual therapy at the UHM Counseling and Student Development Center. Given potential privacy concerns due to PCS students working in the CSDC, the Coordinator of Clinical

Services, Dr. Khaddouma, is the point of contact for those who want to seek MH services through the UHM Counseling & Student Development Center and works with PCS students to ensure they get the help they need while ensuring their privacy.

Other University services include:

- Campus Resource and Service Center
- KOKUA Program (Office for Students with Disabilities)
- Human Studies Program
- International Student Services
- Center for Teaching Excellence(TA training, teaching evaluations, individual consultations, and innovative teaching spaces (available to faculty too))
- Office of Title IX
  Americans with Disabilities Act (ADA) Coordinator
- Equal Employment Office/ Affirmative Action Office
- Lesbian, Gay, Bisexual, Transgender & Queer+ (LGBTQ+) Center
- Women's Center
- Prevention, Awareness, and Understanding (PAU) Violence Program
- Civil Rights Counselor
- Mānoa Advocate (sexual or gender-based discrimination or sexual misconduct))
- Mānoa Human Resources
- Office of Student Conduct
- Student Basic Needs Program
- Financial Aid
- University Health Services Mānoa
- Fitness Center
- Hawaii English Language Program (HELP)
- Native Hawaiian Student Services (NHSS)
- Student Equity, Excellence & Diversity (SEED)
- Student Parents at Mānoa (SPAM)
- UH Department of Psychology Diversity Committee

11. STUDENT EVALUATIONS

Doctoral students are evaluated by the program faculty at least once per year on their academic progress, research development, clinical competence, and compliance with program standards, typically at the end of Spring semester each year. First-year students are evaluated twice (at the end of each semester in the first year). If concerns about a student arise between scheduled evaluation periods, the Director of Clinical Training or program faculty may convene additional review meetings as needed.

Evaluations are based on academic achievement and program progress and progress in meeting APA-defined Profession-wide Standards (see Appendix V) and as described in the Technical Standards below. In this process, academic grades, program milestones, ethical behavior, research, clinical skills, professional responsibility, and extracurricular activities such as attendance at colloquia, conferences and publication of research papers are all evaluated. Student evaluations are completed in accordance with the Psychology Department Standards and Evaluations for students. In addition, the Psychology Department PhD Learning Objectives, the Graduate Division Grades & Regulations, Student Conduct Code, and Office of Research Integrity Research Compliance's Policies & Resources serve as guidelines for evaluations.

Evaluations by academic advisors, course instructors, practicum supervisors, and research supervisors are all considered, as is feedback from TA or GA supervisors. Faculty members complete the PCS End of Year Student Evaluations (Appendix N) that evaluates development across all competencies evaluated with a focus on both areas of strength as well as areas that may need improvement. All Evaluation of Practicum Student Form (Appendix D) completed by clinical supervisors are reviewed as well.

To facilitate student evaluations, students must update their PCS Student Progress Form (Appendix I) by April 7th of each year and review this material with their advisor prior to the faculty evaluation meeting.

Letters of evaluation will be written by the PCS Director to each student; the letter will be reviewed by each student's advisor, and a revised letter will be given to the student.

Students who do not meet program standards will be notified in writing. In these letters, students will receive specific feedback related to all domains evaluated but will also be provided an overall evaluation rating that summarizes student students' development across domains (see Section 11.2 STUDENT EVALUATION RATING CRITERIA below). Where appropriate, when receiving "Satisfactory with Concerns", "Unsatisfactory", or "Probation" status a student will be required to develop a formal remediation plan in collaboration their advisor and the Director of Clinical Training. Remediation plans specify the nature of the deficit, the steps required to address it, the timeline for reassessment, and the consequences of failing to remediate. Students who are unable to meet program standards despite remediation efforts may be recommended for dismissal from the program, consistent with the policies set forth in the Clinical Program Handbook and applicable University procedures. These students will be evaluated each semester until a "Satisfactory" rating is again achieved.

Note: whenever a student earns a grade of 'C+' or lower in any required graduate course, that person will be placed on unsatisfactory status until the course is re-taken and a satisfactory grade is obtained. A grade of 'B-' or better is necessary for a course to fulfill a requirement.

NOTE: Evaluation letters will be sent via UH FileDrop via e-mail. Accordingly, it is the student's responsibility to check e-mail on a regular basis.

11.1 TECHNICAL STANDARDS

Obtaining a degree from the Psychological Clinical Science Program requires mastery of a cohesive body of knowledge and skills. Doctoral candidates must develop substantial competence in clinical psychology in accordance with the American Psychological Association (APA) Standards of Accreditation (including areas related to Assessment, Intervention, Supervision, Consultation and Interprofessional skills, Research Methods, Ethics, Communication and Interpersonal Skill, and Individual and Cultural Diversity, as well as Professional Values, Attitudes, and Behaviors). Graduate students must demonstrate the ability to engage appropriately with clients or patients, fellow students, faculty and staff members, and other healthcare professionals. Performing these functions requires a combination of cognitive, behavioral, emotional, intellectual, and communication abilities. These competencies and functions are not only critical for the successful completion of the Psychological Clinical Science Program but also vital to the health and safety of clients or patients, fellow students, faculty and staff members, and other healthcare providers.

In addition to required academic achievement and proficiency, the Technical Standards below set forth non-academic qualifications the Psychological Clinical Science Program considers essential for successful completion of its curriculum. These competencies are requirements of the profession and of this program, not merely aspirational guidelines. Therefore, to progress successfully through, to be approved for internship, and to qualify for graduation from the Psychological Clinical Science Program, students must satisfy these Technical Standards.

Students who encounter difficulties meeting these standards are encouraged to work proactively with their advisor, the Director of Clinical Training, and, where appropriate, university support services. Students seeking reasonable accommodations for physical, mental, or emotional disabilities should contact the University's disability services office. The office will determine a student's eligibility and recommend appropriate accommodations and services. An accommodation is not reasonable if it poses a direct threat to the health or safety of the student or others, requires a substantial modification of an essential element of the curriculum, lowers academic or professional standards, or imposes an undue administrative or financial burden. Students who are unable to meet these standards may be recommended for remediation or terminated from the program, consistent with University policies.

I. Attitudinal, Behavioral, Interpersonal & Emotional Attributes

As a human, behavior-centered discipline, clinical psychology requires a strong understanding of and genuine appreciation for the complexity of issues relating to diversity. Doctoral students must be able to relate to clients/patients, fellow students, faculty and staff members, and other health care providers with honesty, integrity, and dedication, and in a non-discriminatory manner. They must be able to understand and use the power, special privileges, and trust inherent in the psychologist–client/patient relationship for the client/patient's benefit, and to know and actively avoid behaviors that constitute misuse of this power.

Professional Integrity & Ethical Conduct

Doctoral students must demonstrate the capacity to examine and deliberate effectively on the social and ethical questions that define psychologists' roles and to reason critically about them. They must be able to identify personal reactions and responses, recognize multiple points of view, and integrate them appropriately into clinical decision-making. In research teams, doctoral students must demonstrate the ability to interact appropriately with research participants, other students, and faculty and staff. Doctoral students must be able to collaborate effectively with others on joint projects (e.g., by effectively accepting and providing input).

Interpersonal & Collaborative Skills

A doctoral student must be able to use their intellectual abilities fully, exercise good judgment, complete client/patient care responsibilities promptly, and relate to clients/patients, families, fellow students, faculty and staff members, and other health care providers with courtesy, compassion, maturity, and respect for safety and dignity. The ability to participate collaboratively and flexibly as a member of an interprofessional team is essential. Doctoral students must display this professional conduct despite multiple and varied academic, teaching, and research responsibilities, as well as clinical training expectations.

Doctoral students must strive to collaborate with others in the classroom, laboratory, clinic, and all other academic or professional settings. They must convey genuine interest in others and demonstrate empathic engagement, showing respect for diverse viewpoints and opinions. Doctoral students must be able to modify their behavior in response to constructive criticism and be open to examining personal attitudes, perceptions, and stereotypes—especially those that may negatively impact client/patient care and professional relationships. They must take responsibility for their behavior, including being open to feedback from supervisors, academic instructors, and research advisors.

Doctoral students must be able to advocate for their own needs in the workplace without being inappropriately aggressive and must seek the resources and build the relationships needed to advance their academic and professional careers.

Emotional Regulation, Maturity & Stamina

Doctoral students must demonstrate sufficient emotional health to fully use their intellectual abilities and to engage in clinical and research work in a manner consistent with professional standards. This includes:

- Demonstrating affect tolerance: appropriately managing and containing emotions in academic and professional settings
- Tolerating uncertainty and ambiguity as an inherent part of conducting research and providing clinical care
- Remaining emotionally mature and intellectually open when receiving feedback, including critical or corrective feedback
- Displaying professional conduct and emotional stability in the face of multiple concurrent academic, research, teaching, and clinical demands

The study and ongoing practice of clinical psychology often involve heavy workloads and the need to manage stressful situations effectively. Doctoral students must have the physical and emotional stamina to maintain a high level of functioning amid multiple and varied demands on their time and energy. Students are expected to monitor their well-being and proactively seek support when personal difficulties begin to interfere with academic, research, or clinical responsibilities.

A doctoral student with a diagnosed psychiatric disorder or other physical, mental, or emotional disability may participate in the Psychological Clinical Science Program so long as the condition is sufficiently managed—with or without reasonable accommodation—to permit the student to meet the requirements of the program, including these Technical Standards. In the event of deteriorating function, it is essential that a doctoral student be willing and able to acknowledge the need for professional help before the condition poses a danger to the student, clients/patients, other students, faculty and staff members, or research participants. Students seeking reasonable accommodations for disabilities must contact the University's designated disability services office, which will determine eligibility and recommend appropriate accommodations and services.

II. Intellectual & Critical Thinking Skills

Doctoral students must possess a range of intellectual skills that enable them to master the broad and complex body of knowledge that comprises clinical psychology education. At the doctoral level, students are expected to take primary ownership of their learning. This means proactively identifying gaps in their knowledge and skills, independently seeking out resources, literature, and mentorship to address those gaps, and not relying solely on structured coursework or supervisor direction to guide their professional development. The doctoral degree signals independent scholarly expertise, and students must demonstrate the initiative and self-direction consistent with that standard.

Research & Scholarly Competencies

Doctoral students must be able to critically evaluate their own and others' research, including the ability to:

- Identify limitations in the research literature or in the design of a specific study
- Critique a manuscript as an ad hoc reviewer
- "Make psychological sense" of their own data and draw appropriate empirical conclusions
- Use theory to inform the conceptualization, design, and interpretation of research
- Generate novel hypotheses and design studies that follow systematically from those hypotheses
- Effectively understand the theoretical literature in their identified substantive research area
- Discuss the theoretical literature appropriately in individual and group lab meetings
- Integrate their understanding of the literature into scientific writing and presentations

Doctoral students must be able to analyze and synthesize information from a wide variety of sources and demonstrate sophisticated critical thinking skills. They must be able to learn effectively through diverse modalities, including but not limited to classroom instruction, clinical supervision, small group discussion, independent study of materials, independent literature review, and preparation and presentation of written and oral reports, as well as the use of computer-based technology.

Clinical Application of Theory

Consistent with APA Standards of Accreditation, doctoral students are expected to use theory to inform not only their research but also their clinical work. Specifically, doctoral students must be able to:

- Apply theoretical frameworks and empirical evidence to the conceptualization of individual clinical cases, including the integration of biological, psychological, social, and cultural factors
- Use theory-informed case conceptualizations to guide the selection, planning, and adaptation of evidence-based treatments
- Critically evaluate the fit between a theoretical model and a given client's presentation, and revise their conceptualization in response to new clinical information
- Articulate their clinical reasoning in supervision, case presentations, and written documentation in a manner that reflects integration of theory and evidence

Self-Directed Learning

Because the breadth of knowledge required in clinical psychology continues to expand, doctoral students must develop and sustain habits of self-directed lifelong learning. This includes:

- Independently monitoring their own knowledge and skill development across research, clinical, and didactic domains
- Proactively identifying areas where additional learning is needed and taking concrete steps to address those gaps—through independent reading, consultation, additional supervision, or other means—without waiting to be directed to do so
- Demonstrating intellectual curiosity and scholarly initiative, including engaging substantively with

literature and ideas beyond what is directly assigned
- Seeking mentorship and professional development opportunities that support their growth as independent scholars and clinicians

Ethical & Legal Knowledge

Because the practice of psychology is governed by the ethical principles set forth in the current APA Ethics Code and by current state and federal laws, including the Hawai‘i Revised Statutes and Hawai‘i Administrative Rules governing the practice of psychology, a doctoral student must have the capacity to learn and understand these ethical standards and legal requirements and to perform consistently with those principles and mandates throughout their training. Students are responsible for independently staying current with developments in professional ethics and applicable law and for proactively seeking guidance when they encounter situations in which the ethical or legal path is unclear.

III. Communication Skills

Doctoral students must be able to ask effective questions, receive answers perceptively and with comprehension, record client/patient information accurately, and provide effective psychoeducation to clients/patients. They must be able to communicate effectively and efficiently with clients/patients, their families, fellow students, faculty and staff members, clinical supervisors in varied practicum settings, and other members of the health care team. All communication must be assertive but not aggressive or argumentative. Communication competency encompasses verbal and nonverbal modalities, including the interpretation of facial expressions, affect, and body language. Mastery of both written and spoken English is required; students' written and verbal communication must demonstrate the ability to perform necessary integrative and interpretive functions. Applications from students with hearing and speech disabilities will be given full consideration. In such cases, the use of a trained intermediary or communications aide may be appropriate only if that intermediary functions solely as an information conduit and does not serve integrative or interpretive functions.

IV. Commitment to Non-Discrimination and Inclusion

The University is committed to equal educational opportunity and to cultivating a culture of acceptance and inclusion in which diversity is integral, authentic, intrinsically valued, and visible. The University prohibits discrimination based on grounds protected under federal and Hawai‘i state law, including Hawai‘i Revised Statutes Chapter 489 (Discriminatory Practices) and applicable University of Hawai‘i Board of Regents policies. University programs, activities, and facilities are available to all without regard to race, color, sex, gender identity or expression, sexual orientation, marital status, age, national origin, political affiliation, physical or mental disability, religion, protected veteran status, genetic information, personal appearance, or any other legally protected class.

Doctoral students must be able to relate to clients/patients, students, faculty, and other providers in a non-discriminatory manner and must demonstrate a strong understanding of and appreciation for the complexity of issues related to diversity across intersecting demographics, attitudes, beliefs, and values. The program is committed to training students who are competent to work with individuals from all backgrounds, and students are expected to actively develop cultural humility and multicultural competence throughout their training.
In our program, we are committed to a training process that ensures graduate students develop the knowledge, skills, and attitudes needed to work effectively with members of the public who embody intersecting demographics, attitudes, beliefs, and values. When graduate students' attitudes, beliefs, or values create tensions that negatively affect the training process or their ability to treat members of the public effectively, program faculty and supervisors are committed to a developmental training approach designed to support the acquisition

of professional competence. We support graduate students in finding a belief- or value-congruent path that allows them to work in a professionally competent manner with all clients/patients. Ultimately, however, to complete the program successfully, all graduate students must be able to work with any client placed in their care in a beneficial manner. Professional competencies are determined by the profession for the benefit and protection of the public; consequently, students do not have the option to avoid working with particular client populations or to refuse to develop professional competencies because of conflicts with their personal attitudes, beliefs, or values.

Further reading

American Psychological Association (2017). Ethical principles of psychologists and code of conduct. Retrieved from https://www.apa.org/ethics/code/
American Psychological Association (2015). Standards of accreditation for health service psychology. Retrieved from https://www.apa.org/ed/accreditation/
Hawaii Revised Statutes § 465 – Psychologists
Hawaii Administrative Rules § 16-98 – Board of Psychology
Hawaii Revised Statutes Chapter 489 – Discriminatory Practices
University of Hawai‘i Board of Regents Policy on Non-Discrimination and Affirmative Action

11.2 STUDENT EVALUATION RATING CRITERIA

The following criteria were approved by faculty and serve as operational guidelines for evaluations.

1. Certificate of Commendation

   This status is the highest evaluative rating that can be assigned by the PCS faculty. It is assigned to students who meet the following performance standards. It will be awarded only in those rare instances in which student performance is truly exceptional:

   A. Academics: Uniformly outstanding academic achievement in coursework
   B. Progress: Timely progress toward the completion of a degree
   C. Research: Excellence in research and scholarly skills and abilities as reflected through high quality work and participation in research activities beyond those needed for the degree
   D. Presentations: Presentations at scientific and professional meetings
   E. Publications: Publications in scientific and professional outlets and forums
   F. Clinical Work: Excellence in clinical skills in assessment, diagnosis, therapy and/or consultation as reflected through practicum and internship experiences
   G. Professional: Positive professional demeanor and presentation in interpersonal relations and professional activities with faculty, peers, and colleagues
   H. Adjustment: Positive personal and professional behaviors such as self-confidence, maturity, sensitivity, responsibility, cooperation, etc.
   I. Ethics: Personal behaviors that reflect adherence to APA Code of Ethics

2. Outstanding

   This status is assigned to those students whose performance is clearly above average, but who have not yet achieved the level and breadth of excellence to warrant criteria used in the certificate of commendation section.

3. Very Good

This status is assigned to those students whose performance is clearly satisfactory, but not yet distinguished in its levels and productivity and/or achievement. It is however, a positive evaluation level and is the most typical evaluation given to students in the PCS program. It reflects timely progress toward completion of the degree and the maintenance of expected academic and professional standards.

4. Satisfactory

   This status is assigned to students whose performance is generally adequate and does not reflect a clearly problematic difficulty, but is marginally acceptable in one or more ways. For example, a generally adequate performance with little indication of enthusiasm for or investment in graduate training might receive this rating.

5. Satisfactory with Concerns

   This status is assigned to those students whose performance is nearly or barely adequate, and whose achievements are more limited and, in some cases, problematical because of personal, professional, and/or academic difficulties. Recommendations for addressing and resolving the problematic areas will be made by PCS faculty. **Students placed in this category are required to meet with their advisor to develop a plan to make improvements and return to a rating of satisfactory or higher. The plan must use the form in Appendix S of this manual titled, "Competency Remediation Plan" which must include clear, behaviorally anchored actions, observable progress/outcome measures, supports needed, and a proposed timeline to address all problematic areas noted by the PCS faculty. Regular evaluations of that plan must also be included and then documented using the form in Appendix T titled, "Periodic review of Competency Remediation Plan."**

   The PCS faculty will then review any plan and provide feedback and/or recommended changes. Failure to develop an acceptable plan or failure to make improvements in a timely manner will put students at risk of probation or termination from the program.

   Students who have been placed in this category during the annual evaluation meeting during the Spring semester will be reviewed again at the next mid-year evaluation meeting (usually held in January) and will receive an updated letter at that time.

   Failure to make improvements as outlined in the developed plan in a timely manner may result in the student being assigned unsatisfactory status. One of the most common reasons for assignment to this status is a lack of timely progress toward the completion of the degree.

6. Unsatisfactory

   This status is assigned to those students whose performance is inadequate and unacceptable in either academic, personal, and/or professional areas of functioning. This status is often assigned to students who have failed to demonstrate timely progress toward completion of a degree, though it can be given for other forms of unacceptable performance. It signals the presence of a serious problem that must be resolved.

   Recommendations for addressing and resolving the problematic areas will be made by PCS faculty.

   Students placed in this category are required to meet with their advisor to develop a plan to make improvements and return to a rating of satisfactory or higher. The plan must use the form in Appendix S of this manual titled, "Competency Remediation Plan" which must include clear, behaviorally anchored actions, observable progress/outcome measures, supports needed, and a proposed timeline to address all problematic areas noted by the PCS faculty. Regular evaluations

of that plan must also be included and then documented using the form in Appendix T titled, "Periodic review of Competency Remediation Plan."

The PCS faculty will then review any plan and provide feedback and/or recommended changes. Failure to develop an acceptable plan or failure to make improvements in a timely manner will put students at risk of probation or termination from the program.

If a student cannot meet the conditions for remediation in a timely manner, the student may appeal for an extension of the unsatisfactory rating by submitting to the PCS faculty a new plan for remediating inadequate or unacceptable performance. The student must submit the appeal before the deadline specified in the plan. The appeal will be considered at the next faculty review of students. At that meeting the faculty will decide to either extend the unsatisfactory rating or place the student on probation.

In all instances, when this status is assigned, the PCS faculty will offer guidelines and recommendations for its removal through effective and positive student action. Students failing to meet faculty guidelines and recommendations in a prompt and judicious manner will be recommended for probation.

Students who have been placed in this category during the annual evaluation meeting during the Spring semester will be reviewed again at the next mid-year evaluation meeting (usually held in January), and will receive an updated letter at that time.

7. Probation

This status is assigned to those students whose performance has failed to meet expectations and standards for performance in academic, personal, and/or professional areas of functioning. Depending on the seriousness of the issue, a student may be assigned this status even without having been assigned to an "unsatisfactory" status prior.

In all instances, when this status is assigned, the PCS faculty will offer guidelines and recommendations for its removal through effective and positive student action noted.

Students placed in this category are required to meet with their advisor to develop a plan to make improvements and return to a rating of satisfactory or higher. The plan must use the form in Appendix S of this manual titled, "Competency Remediation Plan" which must include clear, behaviorally anchored actions, observable progress/outcome measures, supports needed, and a proposed timeline to address all problematic areas noted by the PCS faculty. Regular evaluations of that plan must also be included and then documented using the form in Appendix T titled, "Periodic review of Competency Remediation Plan."

The PCS faculty will then review any plan and provide feedback and/or recommended changes. Failure to develop an acceptable plan or failure to make improvements in a timely manner will put students at risk termination from the program.

Probation status is reported to the office of the Graduate Division, which will place the student on academic probation for one semester. At the end of the semester, students who have failed to show adequate improvement will be dismissed from the University. In other words, designation of probation status reflects the faculty's decision to dismiss the student after one semester unless significant and measurable improvements in agreed-upon student behaviors are noted.

It is the intention of the current standards to inform students that the issuing of probation status is an extremely serious matter and that every effort must be made to meet the conditions for its removal. The presence of probation status in the pre-doctoral candidacy phase of the student's career could lead to rejection of an application for doctoral candidacy.

As noted in the Graduate Division Disciplinary Actions "A student may be placed on academic probation only once. A student who has already been on probation will be dismissed if he or she again fails to meet the minimum required academic standards in any subsequent semester...Academic probations and dismissals are noted on the transcripts."

8. Dismissal Letter

A letter recommending dismissal from the program is made by PCS faculty to those students who have failed to meet the minimally acceptable standards of performance in either academic, professional, and/or personal areas of functioning. In most cases, a dismissal letter will be sent after the student has been placed on probationary status and has failed to follow the recommended guidelines to remediate the problem. Dismissal is also possible when there is a gross violation of professional standards of behavior. Students who wish to appeal a dismissal decision may do so through the Academic Grievance procedures for Graduate Division.

11.3 LEVEL OF TRAINING INVOLVEMENT

Doctoral training in clinical psychology involves an intensive investment of time and energy. Students are expected to devote full time to their graduate studies until they obtain their Ph.D. During the first 3-4 years, this involves enrolling for at least 10 credit hours during each regular academic semester. Students are also expected to devote full time to the completion of their Theses and Dissertations. A sequence of courses is presented in Appendix A. This sequence does not include Dual-specialty options. Expected progress guidelines for completion of milestones (thesis, comps, dissertation, internship) are listed in the next section.

11.4. PROGRESS MILESTONES

Milestone	*Expected Within*	*Status Review & Meeting with DCT*	*Full Faculty Review*
MA proposal accepted	1.5 yrs.	2 yrs.	2.5 yrs.
MA defense passed	2.5 yrs.	3 yrs.	4 yrs.
Comp Exam proposal	3.0 yrs.	4 yrs.	4.5 yrs.
Comp Exam passed	4.5 yrs.	5 yrs.	5.5 yrs.
PhD proposal accepted	4.5 yrs.	5 yrs.	6 yrs.
PhD defense passed	6 yrs.	7 yrs.	8 yrs.
Internship application	4.5 yrs.	6 yrs.	6.5 yrs.

For each milestone, the number of years expected from entry into the program to complete the milestone is listed in the first column. If students fail to complete the milestone by the time of the year-end evaluation listed in the second column, the faculty will consider whether the student's rating should reflect unsatisfactory progress and, if so, a meeting will be scheduled for the student, advisor, and DCT to discuss the student's progress. If milestones are not completed by the evaluation periods listed in third column, the full PCS faculty will review the student's progress and will consider a recommendation for dismissal from the program.

Note that these progress guidelines will be adjusted individually for students who enter the program with a MA

degree.

11.5. DUAL RELATIONSHIP CAUSING CONFLICTS OF INTEREST

While completing the program, some dual relationships will occur (e.g., faculty mentors teaching classes, etc.). If a student, faculty member, or clinical supervisor feels that a dual relationship creates a substantive conflict of interest that may affect the assignment of grades or specific aspects of student evaluations in the program or during their training, that person must bring it to the attention of the student, faculty member, or clinical supervisor involved in order to develop a plan for assessing student performance related to that evaluation that is agreeable to all parties. The plan must list the activities evaluated, associated evaluation criteria, and a process for reviewing the evaluation before grades are submitted. Plans must be finalized before grades are provided, preferably at the beginning of the semester in which this may occur.

If the conflict of interest involves an external practicum supervisor, the Associate DCT is responsible for finalizing the plan with all involved parties. If the Department Chair, DCT, or Associate DCT has potential conflicts due to their oversight roles, the plan must be finalized with the Graduate Chair. If the potential conflict of interest involves another faculty member, the DCT will finalize the plan with all involved. If a student feels a plan must be developed, they may consult the Associate DCT, DCT, Department Chair, or Graduate Chair, as appropriate, to develop the plan as needed to address the potential conflict of interest.

12. STUDENT FILES

Prior to Fall 2020, all student file material is maintained in physical files. As of the Fall of 2020, all student records have been maintained in electronic student records. The student files usually contain, but are not limited to, the following documents: admissions application documents (GRE score report, copies of transcripts, recommendation letters, personal statement, curriculum vita, acceptance letter); thesis, comprehensive exam, and dissertation committee forms; changes to committee forms; student progress forms; graduate assistantship assignments; student review letters, letters of commendation; and internship completion forms. Evaluations of students, including their departmental evaluations (conducted each semester), practicum evaluations, internship evaluations, and any remediation plans or correspondence from the DCT are also included. Records of students are kept indefinitely to allow for degree verification and letters of support later in a person's career. Students are required to keep a file of all the syllabi of their courses to assist with licensing applications throughout their careers.

Electronic records.

Students' grades, demographics, and enrollment records are stored in secure, password-protected University software called Bannerweb. Students have access to unofficial transcripts and demographic information through this system. Core faculty can access student transcripts through this software. Hiring information for Graduate Assistantships are similarly stored in NeoGov. Application records, including GRE score reports, official undergraduate transcripts, recommendation letters, personal statements, curriculum vita, and formal notice of acceptance, are stored within University software called CollegeNet's ApplyWeb software. Core faculty and program staff have access to these records during the admissions process.

Student Progress Forms and annual faculty evaluations of students are administered via Qualtrics through the DCT's secure account affiliated with the University of Hawai'i at Mānoa's license. Copies of these forms, signed by students, are kept in student physical (prior to Spring 2020- see below) or electronic files stored in a UH Enterprise Dropbox folder accessible to the DCT and the Psychological Clinical Science Program Specialist (since Fall 2020). UH Enterprise Dropbox is intended for the storing, managing, and sharing of Sensitive or Regulated information as defined in UH Executive Policy 2.214 (UH Institutional Data Classification Categories).

Physical files:

In the Psychology Department, the current and former graduate students' files are maintained in the Admin & Fiscal Support Specialist's office (C403), which is a separate room from the front office. The room doors are kept locked, and the cabinets are locked during non-operation hours. Keys are limited to the Psychological Clinical Science Program Specialist, the Admin & Fiscal Support Specialist, the DCT, and the Department Chair.

Students must request access to their student file.

All records are maintained in accordance with FERPA statutes.

13. ACADEMIC ADVISING

Students are assigned to an advisor at the time of admission. This will normally be the faculty member with whom the student is most strongly affiliated through a research association or through proposed work on a Thesis or Dissertation. Students are free to change advisors if their research and clinical interests change to resemble more closely those of another faculty member. Students may affiliate with more than one faculty member. Each student should keep his or her advisor informed about progress through the program and other training-relevant activities. In addition, if a student's adviser leaves the Program, then the student is required to find a new PCS adviser. Under certain circumstances, a student may continue working with a faculty member who leaves the Program to finish up projects begun under his or her supervision. In these situations, however, the student is also required to have an on-site advisor who is an active member of PCS program.

With reference to working with more than one faculty member simultaneously, it should be noted that individual faculty members have the right to expect a reasonable ongoing time commitment from all students involved in research groups or on particular projects; the definition of “reasonable” will obviously vary from project to project and role to role. A faculty member may inform students that if they are unable to maintain that reasonable commitment of time and effort for any reason (because of competing demands from practicum training, coursework, outside job, personal life, or work with another faculty member), they should readjust commitments so that the work does not suffer or should withdraw from the project. However, it would not be appropriate for a faculty member to assume in advance that involvement with other research activities would impair the student’s ability to contribute to ongoing projects or to prohibit such involvement on that basis; it would not be appropriate for a faculty member to treat competing demands from other research activities differently from competing demands from other activities in making assessments of the “reasonable commitment” expected for continued participation.

It is generally desirable for students to inform both (or all) faculty members with whom they are working about their involvement in multiple projects; it is basic courtesy for students to inform their current advisers about an intended switch to a different adviser prior to making that change.

It should be noted that different conditions do apply to changing advisors or committee members once a formal Thesis and Dissertation proposal meeting has been held. In such circumstances, there must be compelling reason(s) for making the change; however, it is recognized that these do exist in specific instances and can be examined through petition to the Graduate Chair and Graduate Division.

14. PSYCHOLOGICAL CLINICAL SCIENCE FACULTY

Psychological Clinical Science program faculty members have diverse academic backgrounds and research interests and provide theoretically integrative training with applied-empirical, modern behavioral and biopsychosocial orientations. In addition to teaching and research, the clinical faculty provides service to the community, including assessment and therapy, program evaluation, external grant activity, and agency consultation. Many also serve on editorial boards and are active in professional organizations.

Patrick K. Goh (Ph.D., University of Kentucky): Advanced statistics and longitudinal research methods, risk markers for ADHD, heterogeneity in ADHD phenotypes, ADHD-internalizing disorder co-morbidity, cultural and contextual factors in symptom expression

Cassandra L. Hendrix (Ph.D., Emory University): Fetal programming; developmental origins of psychopathology; adversity; prenatal mental health; neurodevelopment.

Janet D. Latner (Ph.D., Rutgers University): Obesity and eating disorders; stigmatization, self-help treatments.

Akihiko Masuda (Ph.D., University of Nevada, Reno): Clinical Respecialization Coordinator. Contextual Behavioral Science (CBS); Acceptance- and Mindfulness-Based Psychotherapies; Zen Buddhism account of health and wellness; Sociocultural diversity.

Brad Nakamura (Ph.D., University of Hawai‘i at Mānoa): Director, Center for Cognitive Behavior Therapy (CCBT). Youth treatment outcome, mechanistic, and modularity issues within cognitive-behavioral interventions; youth assessment and diagnostic issues; internalizing disorders; dissemination concerns as they relate to diffusing evidence-based practices into community-based settings.

Anthony Papa (Ph.D., Teachers College, Columbia University): Director of Clinical Training. Adjustment to adverse life events, diagnostic issues and treatment development related to bereavement; the effect of identity discontinuity on wellbeing.

Santiago Papini (Ph.D., University of Texas at Austin): Developing targeted prevention and intervention strategies for addiction, anxiety, and stress-related psychopathology using machine learning prediction models to guide scalable interventions, data-adaptive methods to improve estimation of intervention effects, and generative AI to enhance clinical and experimental protocols.

Affiliate Faculty (Clinical)

Charlene Baker (Ph.D., Georgia State University): Chair, Department of Psychology. Community and culture, violence and PTSD. - Community, Cultural, and Developmental Program

Jack Barile (Ph.D., Georgia State University): Associate Dean for Research & Director, Social Science Research Institute (SSRI). Neighborhood environments; social determinants of health; quality of life; program evaluation. - Community, Cultural, and Developmental Program

Yiyuan Xu (Ph.D., University of Southern California): Chair, Psychology Graduate Studies. Shyness/social withdrawal; Aggression and peer victimization; Acculturation, ethnic identity, and adjustment of immigrant children; Peer relationship in varying cultural contexts. - Community, Cultural, and Developmental Program

Emeritus Faculty (Clinical)

Frank J. Floyd (Ph.D., Bowling Green State University): Family relationships, developmental disabilities, gay and lesbian youth

Stephen N. Haynes (Ph.D., University of Colorado)

Elaine M. Heiby (Ph.D., University of Illinois at Chicago)

Velma Kameoka (Ph.D., University of Hawaii at Manoa)

Charles W. Mueller (Ph.D., Iowa State University): ADHD and disruptive behavior disorders; family violence; child and family mental health service delivery; evidence-based services.

Other Department of Psychology Faculty

Sakaria Laisene Auelua-Toomey (Ph.D., Stanford University): Psychology of racism and colonization; perceptions of oppression; socioecological frameworks. - Cognition, Neuroscience, and Social Program
Patricia A. Couvillon (Ph.D., University of Hawai‘i at Mānoa): Behavioral neuroscience; comparative analysis of learning. - Cognition, Neuroscience, and Social Program
Krista A. Haapanen (Ph.D., Vanderbilt University): Behavioral neuroscience; comparative analysis of learning. - Community, Cultural, and Developmental Program
I sak Kim (Ph.D., University of Hawai‘i at Mānoa): Affordance perception, embodied cognition, motor expertise, virtual reality.
Arkadiy Maksimovskiy (Ph.D., Boston University): Positive Emotion, Mirth, Anhedonia, EEG
Ashley E. Maynard (Ph.D., University of California, Los Angeles): Developmental trajectory of children's teaching abilities; interacting roles of culture and cognitive tools (e.g., books, media, or weaving tools) in the development of thinking; the impact of historical change and changing cultural models on child socialization; and the role of siblings in cognitive and social development. - Community, Cultural, and Developmental Program
Christina Moyer (Ph.D., Montana State University-Bozeman): Sexuality, Mating, Gender
Kristin J. Pauker (Ph.D., Tufts University): Social perception and intergroup relations; racial ambiguity; development of stereotyping and prejudice; lay theories about race. - Cognition, Neuroscience, and Social Program
Joni Y. Sasaki (Ph.D., University of California, Santa Barbara): Diversity in social cognition and social behavior; effects of religion and culture on cognition, emotion, relationships and health; interplay of religion, culture and biology, including gene-environment interactions. - Cognition, Neuroscience, and Social Program
Scott Sinnett (Ph.D., Universidad de Barcelona): Chair, Psychology Undergraduate Studies. Cognitive psychology, mechanisms of attention and perception. - Cognition, Neuroscience, and Social Program
Jonas Vibell (Ph.D., Oxford University): Brain imaging, perception, attention, multisensory integration, and altered states of mind in normal and clinical populations. - Cognition, Neuroscience, and Social Program

Emeritus Faculty (Department)

Caroline Blanchard (Ph.D.) - Cognition, Neuroscience, and Social Program
John G. Carlson (Ph.D., University of Minnesota)
Robert E. Cole (Ph.D., University of Hawai‘i)
Adrian Dunn (Ph.D., University of Cambridge) - Cognition, Neuroscience, and Social Program
Richard Dubanoski (Ph.D., University of Minnesota)
Elaine C. Hatfield (Ph.D., Stanford University) - Cognition, Neuroscience, and Social Program
Clifford O'Donnell (Ph.D., University of Kentucky) - Community, Cultural, and Developmental Program
Samuel I. Shapiro (Ph.D., Pennsylvania State University)
Catherine Sophian (Ph.D., Michigan) - Cognition, Neuroscience, and Social Program

Cooperating Graduate Faculty

Dharm Bhawuk, Ph.D. – culture and community
Richard W. Brislin, Ph.D. – social-personality
P. W. Dowrick, Ph.D. – video research
Michael Endres, Ph.D. – cognition and psychopathology
E. S. Hishinuma, Ph.D. – health, cross-cultural
J. K. Kaholokula, Ph.D. - Native Hawaiian Health

P. E. Nachtigall, Ph.D. – marine mammal behavior
Lois A. Yamauchi, Ph.D. – educational psychology

Affiliate Graduate Faculty

Adam Cohen, Ph.D. – Research and Planning Division, Judiciary
Daniel Landis, Ph.D. – Psychology
Kelsey H. Okamura, Ph.D. – Youth mental health service systems
Anna S. Pruitt, Ph.D. – Community Psychology

Clinical Affiliates

A. Aukahi Austin, Ph.D., I Ola Lahui, Honolulu, HI
Cara Cox Coleman, Psy.D., Tripler Army Medical Center, Honolulu, HI
Eric L. Daleiden, Ph.D., PracticeWise, LLC, Satellite Beach, FL
Kristen Eliason, Ph.D., VA Pacific Islands Health Care System, Honolulu, HI
Raymond Folen, Ph.D., Executive Director, Hawaii Psychological Association
George Hanawahine, Ph.D., Tripler Army Medical Center, Honolulu, HI
Puanani Hee, Ph.D., State of Hawaii Child & Adolescent Mental Health Division, Lihue, HI
David Jackson, Ph.D., State of Hawaii Child & Adolescent Mental Health Division, Honolulu, HI
Duckhyun Jo, PH.D., City University of Hong Kong
Ian Lynch, Psy.D., Tripler Army Medical Center, Honolulu, HI
Meghan McBrearty, Ph.D., Hawaii State Hospital, Honolulu, HI
Lucas Morgan, Ph.D., I Ola Lahui, Honolulu, HI
Kelsie Okamura, Ph.D., The Baker Center for Children and Families, Honolulu, HI
Jill Oliveira Cabbab, Ph.D., Tripler Army Medical Center, Honolulu, HI
Trina E. Orimoto, Ph.D., State of Hawaii Child & Adolescent Mental Health Division, Honolulu, HI
Kristy Sakai-Costigan, Psy.D., Waianae Coast Comprehensive Health Center, Waianae, HI
Scott Shimabukuro, Ph.D. , State of Hawaii Child & Adolescent Mental Health Division, Honolulu, HI
Samuel Spencer, Ph.D., Postdoctoral Fellow, Baylor College of Medicine, Houston, TX
Julie Takishimi-Lacasa, Ph.D., Manakai O Malama Integrative Care Group and Rehabilitation Center, Honolulu, HI
Daniel Wilkie, Ph.D., Center for Cognitive Behavior Therapy, Honolulu, HI
Jennifer Yamashita, Ph.D., Private Practice, Honolulu, HI

15. CLINICAL STUDENTS
(2026-2027)

Dgheim, Danielle (4) – B.A., American University; M.A., New York University
Donaldson, Tristan (1) – B.S., New York University
Hanano, Maria (2) – B.A., University of California at Los Angeles; M.S. Palo Alto University
Henwood, Callum (2) – B.S., Utah State University
Higashi, Dorian (3) – B.S., University of Hawai‘i at Mānoa
Jang, Jooyoung (1) – B.A. & M.A., Sungkyunkwan University
Kratovic, Layla (5) – B.S., University of Houston
Lin, Lu Yen (5) – B.A., San Jose State; M.S. Eastern Michigan University
Lou, Raissa (3) – B.S., Yale University
Martin, Neera (4) – B.A., University of Toledo; M.A., The New School
Matsui, Marina (adv) – B.S., University of Hawai‘i at Mānoa; M.A., University of Hawai‘i at Mānoa
Mellor, Grace (3) – B.S., University of California, Santa Barbara
Minami, Marissa (7) – B.S., University of Hawai‘i at Mānoa; M.A., University of Hawai‘i at Mānoa
Moux, Evanne (5) – B.A., University of California at Los Angeles
Nagra, Deepinder (2) – B.A. & MPH, University of California at Davis; M.A., Northwestern University
Ng, Andrea (7) – B.A., University of California at Los Angeles; M.A., University of Hawai‘i at Mānoa
Nishimura, Emily (5) – B.A., Pomona College; M.A., University of Hawai‘i at Mānoa
Okada, Lorie (3) – B.A., University of Hawai‘i at Mānoa
Rapadas, Cerila (3) – B.A., University of Notre Dame
Shao, Sara (1) – B.S., Duke University
Sun, Jinke (4) – B.A., Michigan State University; M.A., Columbia University
Takemoto, Sydney (2) – B.S., Vanderbilt University
Uchimura, Kyani (3) – B.A., University of Hawai‘i at Mānoa
Venus, Joshua (5) – B.S., University of North Texas; M.A., University of Hawai‘i at Mānoa
Ward, Rachel (3) – B.A., Grinnell College
Wickham, Alana (2) – B.S., Trinity University
Wolpert, Madison (2) – B.S., University of Washington
Wong, Ashlyn (5) – B.A., Syracuse University; M.A., University of Hawai‘i at Mānoa
Yao, Jassy (1) – B.S., University of Illinois, Urbana-Champaign; M.S., University of Southern California
Zhou, Olive (1) – B.S., New York University; M.S., University of Pennsylvania

(1) = First year student
(2) = Second year student
(3) = Third year student
(4) = Fourth year student
(5) = Fifth year student
(6) = Sixth year student
(7) = Seventh year student
(adv) = Advanced student

Appendices

APPENDIX A: Approximate PCS Program Course Schedule

SUGGESTED COURSE SEQUENCE ¶		
Number	***Title***	***Credits***
YEAR 1		
FALL (SEMESTER 1)		
670	Introduction to Clinical Psychology	3*†
671	Introduction to Assessment I	3*†
610	Regression	3†
779 ‡	Directed Research	3†
	Total semester credit hours (Cumulative credit hours)	***12***
SPRING (SEMESTER 2)		
672	Introduction to Assessment II	3*†
771?	CBT techniques and delivery	3*†
675	Treatment Research	3†
676	Psychopathology	3*†
779‡	Directed Research	3†
	Total semester credit hours (Cumulative credit hours)	***15(27)***
Summer		
499	History and Systems	3 † ***(30)***
YEAR 2		
FALL (SEMESTER 3)		
PSY613/EDEP 625	Structural Equation Modeling	3
773-775	Advanced Seminar 1 (required first or second semester 2nd year)	3
XXX	DSK Course 1	3†
699	Thesis Research	3
677-679	Child, Adult, or External Practicum	3
	Total semester credit hours (Cumulative credit hours)	***15 (45)***
SPRING (SEMESTER 4)		
XXX	DSK Course 2	3†
775	Proseminar	3
PSY619/EDEP 612	Multilevel Modeling	3
699	Thesis Research	3
677-679	Child, Adult, or External Practicum	3
	Total semester credit hours (Cumulative credit hours)	***15 (60)***
YEAR 3		
FALL (SEMESTER 5)		
773-775	Advanced Seminar 2 (required first or second semester 3rd year)	**3**
XXX	DSK Course 3	3
779	Research in Clinical Psychology	3
677-679	Child, Adult, or External Practicum	3
	Total semester credit hours (Cumulative credit hours)	***12 (72)***
SPRING (SEMESTER 6)		
XXX	Optional Advanced stats course or extra advanced seminar	
779	Research in Clinical Psychology	3
677-679	Child, Adult, or External Practicum	3
	Total semester credit hours (Cumulative credit hours)	***6 (78)***
YEAR 4		

FALL (SEMESTER 7)		
XXX	DSK Course 4	3
XXX	Optional advanced seminar, stats course or another elective	3
677-679	Optional Child, Adult, or External Practicum	
779	Research in Clinical Psychology	3
	Total semester credit hours (Cumulative credit hours)	**6 (84)**
SPRING (SEMESTER 8)		
XXX	DSK Course 5	3
XXX	Optional advanced seminar, stats course or another elective	
677-679	Optional Child, Adult, or External Practicum	
779	Research in Clinical Psychology	3
	Total semester credit hours (Cumulative credit hours)	***6 (90)***
YEAR 5		
778	Internship in Clinical Psychology (1 credit in Fall, 1 credit in Spring)	2
800 §	Dissertation (Repeatable. Total of 1 cr. required in semester of completion – see PCS Program Manual for further details)	1
	Total semester credit hours (Cumulative credit hours)	***3 (93)***

* Required before practicum placement (except for Respecialization students). 771 can be taken concurrently with externship.

† Required for master's degree. See Section 3 of this manual.

‡ 699 credits will be converted to 700 to fulfill the six required credits for awarding a master's degree. You must notify the Graduate Chair upon final defense of your thesis.

§ 800 can only be taken after you defend your dissertation. At least one credit of 800 is required in the semester of dissertation completion, BUT 800 is repeatable. One credit of 800 is equivalent to full-time enrollment at an in-state tuition rate even if you didn't qualify for in-state tuition before. Thus, after you defend your dissertation, you don't have to take any more 779 classes or other classes to get to 6 credits per semester to be considered a full-time student. NOTE: 6 credits are full-time for graduate assistants not receiving financial aid. ALSO NOTE: 8 credits are required for international students unless other approval has been given.

¶ Dual-specialty optional courses are not included and are scheduled following consultation with PCS program and specialty advisors.

APPENDIX B: Clinical Practicum Experience Log

We encourage students to use an electronic tracking system to track clinical hours, such as Time2Track, available through APPIC.

CLINICAL PRACTICUM EXPERIENCE LOG

Student's name: _____
Semester: _____
Practicum site(s) : _____
Approved clinical job site(s) : _____
PCS program supervisor(s) : _____
Site supervisor(s) : _____
Date of log submission: _____

All PCS students are required to maintain this Log documenting experience in therapy and other psychological interventions. Because this Log is a general form, it lists a large number of experiences one might have had. No student is expected to have experience in all or even most of these areas. See the last two pages for definitions of terms.

1. Therapy Experience: See Definition Page to complete.

		Total # of hours face-to-face	# different individuals, couples, families, or groups
a.	Individual Therapy		
	1. Adults		
	2. Adolescents		
	3. School-Age		
	4. Pre-School Age		
	5. Infants/Toddlers		

b. Group Therapy: Provide number of groups conducted with each of the following populations (Count each group as one unit. For example a group with 12 adults is counted as 1 in #1. Adults, below.)

1. Adults
2. Adolescents
3. School-Age
4. Pre-School Age
5. Infants/Toddlers

c. Family Therapy (Count each family as one unit---see explanation in group therapy above.)

d. Couples Therapy (Count each couple as one unit---see explanation in group therapy above.)

TOTAL of Therapy Hours (a-d): _____

e. List types of therapy provided (e.g., systematic desensitization, behavior rehearsal, problem-solving, cognitive behavioral therapy)

2. Other Experience

Total # of hours for each activity

a. Psychodiagnostic Testing** _____
b. Interview/observation-based assessment _____
c. Sports Psychology/Performance Enhancement _____
d. Career counseling _____
e. Medical/Health-related interventions _____
f. Supervision of other students _____
g. Teaching _____
h. Experience with Manage Care Providers (yes/no) _____
i. Consultation* _____
j. Presentations/Programming* _____
k. Program Development _____
l. Outcome Assessment _____
m. Systems Intervention _____
n. Performance Improvement/Quality Improvement _____
o. Other (specify) _____
p. List types of groups led or co-led:

q. List specialized practicum experiences (e.g., neuropsychological assessment, sports psychology, behavioral medicine, career counseling, etc.):

*Describe psychoeducational programs, consultation activity, and supervision of practicum fully in your vita.

**See Test Administration Forms (both Adult and Child/Adolescent) for documentation of number of tests administered.

3. Support Activities:

a. Number of practicum hours spent in activities supporting direct intervention (e.g., chart review, literature review, consulting with other professionals about cases, video/audio tape review of your own cases, etc.):

b. Number of practicum hours spent reviewing charts, scoring, interpreting, and writing reports for psychological assessment purposes:

TOTAL OF SUPPORTING HOURS (a-b): _____

4. Treatment Setting:

a. Please indicate the number of the following types of therapy clients seen in each of the following settings:

TYPE OF SETTING

Type of Client	CMHC	Hospital Inpatient	Hospital Outpatient	University Counseling Center	Dept/School Psychology Clinic	Other
Individuals						
Couples						
Families						
Groups						
Elderly (65+)						
Adults (18-64)						
Adolescents (13-17)						
Children						
Infants/Toddlers						
Men						
Women						

5. Supervision you received:

a. Number of hours spent in one-on-one, face-to-face supervision:
b. Number of hours of group/class supervision:
c. Number of hours of peer supervision and case discussion on specific cases:

Check if you have audio or videotaped clients and reviewed these tapes with your clinical supervisor:
Audiotape review Videotape review

TOTAL SUPERVISION HOURS: _____.
TOTAL THERAPY HOURS: _____.
TOTAL SUPPORT HOURS: _____.
TOTAL SUPERVISION HOURS: _____.
TOTAL PRACTICUM HOURS AS OF (GIVE DATE) _____.
TOTAL PRACTICUM HOURS AS OF (GIVE DATE) _____.

6. Diversity Experience:

a. Languages spoken in addition to English (including American Sign Language):

b. Level of fluency: (Are you fluent enough to conduct psychotherapy/assessment in this language?)

c. Please describe (within 100 words) your experience and training in work with diverse populations. Please include in your discussion the way an awareness of multicultural/diversity issues influences your clinical practice and case conceptualization:

d. Indicate your degree of clinical experience with the following diverse populations:

0 = (None) 1 = (1 to 5) patients seen 2 = (6 to 20) patients seen 3 = (20+) patients seen

African-American		0		1		2		3		
Asian-American (total)	0		1		2		3			
Japanese-American		0		1		2		3		
Chinese-American		0		1		2		3		
Korean-American		0		1		2		3		
Vietnamese-American	0		1		2		3			
Singapore-American	0		1		2		3			
Thai-American		0		1		2		3		
Cambodian-American	0		1		2		3			
Clients with Disabilities	0		1		2		3			
Gay/Lesbian/Bisexual	0		1		2		3			
Latino-a/Hispanic		0		1		2		3		
Hawaiian/Part Hawaiian	0		1		2		3			
Other Pacific Islander	0		1		2		3			
Native American		0		1		2		3		
Mixed			0		1		2		3	
Other (specify)		0		1		2		3		

7. Other Clinical Experiences: (Please describe settings and activities)
This includes professional work experience separate from practica. Identify using the same criteria for therapy hours, support hours, and supervision hours. This form may be duplicated to provide that information.

ADULT TEST ADMINISTRATION
(Indicate all instruments used by you in your assessment experience, excluding "practice administration." To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns.)

Instruments	# Administered & Scored	# Reports Written
16 PF		
Aphasia Screening Exam		
BASC		
Beck Depression Inventory		
Bender Gestalt		

Benton Facial Recognition		
Benton Judgment of Line Orientation		
Benton Visual Retention Test		
Boston Diagnostic Aphasia Examination (BDAE)		
Campbell Interest and Skill Survey		
Category Test (Short or Halstead)		
Controlled Oral Word Association Test		
Draw-A-Person/H-T-P		
Edwards Personal Preference		
GATB		
Gorham's Proverbs		
Halstead-Reitan Neuropsychology Battery (#Brief, #Full)		
Jackson Personality Inventory		
Luria Nebraska Neuropsychology Battery		
Mattis Dementia Rating Scale		
MicroCog (Computer Battery)		
Millon Behavioral Health Inventory		
Millon Clinical Multi-Axial Inventory (Any version)		
MMPI		
Myers-Briggs Type Indicator		
NEO		
Personality Assessment Inventory (PAI)		
Rey Complex Figure Test		
Rorschach (indicate scoring system used)		
Rotter Incomplete Sentences Blank		
Self-Directed Search (SDS)		
Shipley-Institute of Living Scale		

Instruments (continued)	# Administered & Scored	# Reports Written
Strong Interest Inventory		
TAT		
Trail-Making Test		
WAIS		
Wechsler Memory Scale		
Wide Range Achievement Test		
Wisconsin Card Sorting Test		
Other:		

How many carefully supervised integrated psychological reports have you written? These would include: 1) history; 2) interview; 3) objective personality tests; 4) possibly projective personality tests, and 5) intellectual/cognitive/neuro-screening tests:

Total # Adult Integrated Reports: _____

CHILDREN AND ADOLESCENT TEST ADMINISTRATION (Indicate all instruments used by you in your assessment experience, excluding "practice administration." To indicate that you administered, scored, interpreted, and wrote a report for a test, count in both columns.)

Instrument	# Administered & Scored	# Reports Written
Adaptive Behavior Scales		
Batelle Developmental Inventory		
Bayley Infant Neurodevelopmental Screener (BINS)		
Bayley Scales of Infant Development – Second Edition (BSID-II)		
Behavioral Assessment Scale for Children (BASC)		
Benton Tests of Neuropsychological Abilities		
California Verbal Learning Test (CVLT)		
CAT		
Childhood Autism Rating Scale – Revised		
Children's Behavior Checklist (CBCL)		
Children's Category Test (CCT)		
Children's Depression Inventory		
Children's Problem Checklist		
Clinical Evaluation of Language Functions (CELF)		
Cognitive Functions Checklist		
Connors Scales (ADD Assessment)		
Continuous Performance Tests (Indicate scoring system used)		
Curriculum-Based Mathematics Assessment		

Curriculum-Based Reading Assessment		
Curriculum-Based Writing Assessment		
Denver Developmental Inventory		
Developmental Test of Visual-Motor Integration		
Diagnostic Interview for Children and Adolescents (DICA)		
Diagnostic Interview Schedule for Children (DISC)		
Differential Ability Scales (DAS)		
Direct Observation Scale		
Expressive One Word Picture Vocabulary Test-Revised		
Finger Tapping Test		
Goodman Lock Box		
Grip Strength Test		
Halstead-Reitan		
Kaufman Assessment Battery for Children (K-ABC)		
Kaufman Brief Intelligence Test (K-BIT)		
Kaufman Test of Educational Achievement (K-TEA)		
Kinetic Family Drawing		
Learning Disabilities Evaluation Scale		
Leiter International Performance Scale – Revised		
Luria Nebraska Children's Revision		
Matching Familiar Figures		
McCarthy Scales		
Millon Adolescent Personality Inventory		
Minnesota Child Development Inventory		
MMPI-A		
Parenting Stress Index		
Peabody Picture Vocabulary Test		
Personality Inventory for Children-Revised		
Purdue Pegboard		
Raven’s Matrices		
Reitan-Indiana		
Revised Children’s Manifest Anxiety Scales (RCMAS)		
Rey Auditory Verbal Learning		
Reynolds Adolescent Depression Scale (RADS)		
Roberts Apperception Test for Children		
Rorschach (indicate scoring system used)		
School Consultation		
School Observation		
SCL-90		
Seashore Rhythm Test		
Sentence Completion Instruments		
Social Skills Rating System		
Speech-Sounds Perception Test		
Stanford Binet Intelligence Scale		
Stroop Color-Word Test		
Structured Behavioral Assessment		
Symbol Digit Modalities Test		

Symbolic Play Test		
Tell Me A Story (TEMAS)		
Vineland Adaptive Behavior Scales		
Visual Motor Integration Test		
WAIS		
Wechsler Individual Achievement Test (WIAT)		
Wide Range Assessment of Memory and Learning (WRAML)		
WISC		
Woodcock Johnson Revised Cognitive Scales		
Woodcock Reading Mastery Tests-Revised		
Woodcock-Johnson Revised Tests of Achievement		
WPPSI		
Other:		

How many carefully supervised integrated psychological reports have you written? These would include: 1) history; 2) interview; 3) objective personality tests; 4) possibly projective personality tests, and 5) intellectual/cognitive/neuro-screening tests:

Total # Child/Adolescent Integrated Reports: _____

DEFINITION OF TERMS FOR DOCUMENTING PRACTICUM EXPERIENCE. Only count hours for which you received formal academic training and credit or program-sanctioned training experience (e.g., VA summer traineeship).

Practicum hour - A practicum hour is a clock hour. This may actually be a 50-minute client/patient hour, but is calculated by actual hours, not quarter hours, or semester hours.

1. Therapy Experience – These are actual clock hours in direct service to clients/patients. Hours should not be counted in more than one category. These divisions are meant to be mutually exclusive and hours should not be double counted across sections. The sum of all the subdivisions should equal the Subtotal of Direct Service Hours. Time spent gathering information about the client/patient but not in the actual presence of the client/patient is recorded as Supporting Activities (3).

   This section is subdivided by:

   1a-d) Direct face-to-face intervention by number of client(s) (i.e., individuals, couples, families, or group units). Count a couple, family, or group as one (1) unit, rather than counting a couple as two or a group as six.

2. Other Experience – Formal consultation and primary prevention services rendered which includes outreach and psychoeducational activities.

3. Supporting Activities – For students in training, the time spent outside the counseling/therapy hour focused on the client/patient is vital learning time. Whether the activity is chart review, process notes or video/audio tape review, the time spent contemplating the client and planning interventions is necessary for a rich learning process.

   3a) Document the more quantifiable activities of informal consultation with other professionals on specific cases and video/audio tape review.

4. Treatment Setting – This section delineates types of treatment modalities (e.g., individual/group and setting in which they were seen.

5. Supervision – Supervision is broken into one-to-one, group, and peer supervision.

   5a) Hours are defined as regularly scheduled, face-to-face individual supervision with specific intent of dealing with psychological services rendered by the student.

   5b-c) The hours recorded in the group supervision category should be actual hours of group focus on specific cases. Many excellent practicum courses incorporate both didactic and experiential components in the course activity. While the didactic portion is excellent training, it should not be recorded as supervision activity. This may necessitate breaking the hours spent in a practicum course into intervention, supervision, and didactic activities by actual course hours. For example, if you present on the "Psychosocial Issues of HIV Infection" using examples of cases, it is didactic activity. Grand Rounds that consists of in-service education on specific topics would not be considered supervision for the purposes of documenting practicum hours. These are highly valued activities, but will not count as supervision.

   Supervision is one of the common activities for psychologists regardless of setting. Training in supervision is becoming a more common practicum experience. Count the hours of supervised supervision rendered by the applicant to less advanced students in the context of teaching supervision skills. Time spent in supervision of other students should be counted in the section "Other experience 2f"

Total Practicum Hours should be the sum of the three subtotals listed that section (1, 3 and 5). These will be the total practicum completed for the semester indicated.

APPENDIX C: Proposed Clinical Position Form

This form must be completed by all PCS graduate students prior to beginning an outside (non-practicum) job related to the professional activities of clinical psychology (therapy, assessment, evaluation, supervision, teaching, training, research). PCS students should not accept such positions without obtaining program approval. Completed forms should be turned into the Director of Clinical Training.

Student Name: _____ Date: _____

Proposed Position Title: _____

Agency or Employer: _____

Duties involved (please be specific – e.g., population with which you will be working, measures you will be administering, type of therapy/training you will be providing, evaluations/reports you will be producing, etc.):

_____

_____

_____

_____

_____

Supervision you will be receiving (please specify names, degrees, and license status of supervisors, and note approximate structure/extent of supervisory oversight):

_____

_____

_____

_____

_____

Approximate hours you will be working:

_____

Training/experience (through PCS program or elsewhere) that you consider relevant background toward your qualification for this position:

_____

_____

_____

_____

APPENDIX D: Evaluation of Practicum Student Form

UH MĀNOA PSYCHOLOGICAL CLINICAL SCIENCE
Evaluation of Practicum Student Form

Please complete this form for each practicum student you supervise. The form and supervisory feedback should be reviewed and discussed by the supervisor and student together at the end of each semester. This evaluation will be reviewed by the Director and Associate Director of the Psychological Clinical Science program. Your open-ended comments are particularly valuable; they are used to help guide each student's progress and to anonymously provide required data to APA. Thank you.

Name of Student _____
Name of Supervisor _____
Agency _____
Evaluation Period: F Sp 20____

Student is currently in what semester number of practicum? (circle one): 1st 2nd 3rd 4th 5th+

Supervisor's Context for Evaluation (check all that apply):

____ Supervision ____ Audio recording ____ Other _____
____ Co-therapy ____ Observation
____ Video recording ____ Seminar

Did the supervisor directly observe, either live or videotaped, the student working with a client at least once this term (i.e., at least a 15-minute sample of a treatment or assessment session)? *Note: This is an APA requirement for all sites as of January 2017.*

____ Yes ____ No How was observation performed, live or video?_____

PLEASE SELECT THE MOST APPROPRIATE RATING BELOW, using as your reference group pre-doctoral graduate students in training.

FB= Falls below (FB) expectations on regular basis; level is lower than what should be seen in a student beginning this practicum.

BS= Generally meets expectations but not consistently; performance typical of beginning student (BS) in practicum. This is a student who requires more active and structured supervision because s/he exhibits clinical skills expected of a novice clinician in the early stages of training.

CIS= Exceeds expectations most of the time, performance generally consistent with a competent intermediate student (CIS) in practicum. This is a student who has developed a moderate level of proficiency in clinical skills and self-awareness of supervisory needs, such that s/he can function with some level of independence.

CAS= Significantly exceeds expectations on a consistent basis, performance generally consistent with a highly competent advanced student (CAS); displaying readiness for internship.* This is a student who has developed an advanced level of proficiency in clinical skills and self-awareness of supervisory needs, such that s/he can work competently and largely independently in highly complex clinical situations while simultaneously being active, assertive, and effective in utilizing supervision.

N/A = Not Ascertained

Intervention	FB	BS	CIS	CAS	NA
Establish and maintain effective relationships with patients.	□	□	□	□	□
Develop evidence-based intervention plans specific to the service delivery goals.	□	□	□	□	□
Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	□	□	□	□	□
Demonstrate the ability to apply the relevant research literature to clinical decision making.	□	□	□	□	□
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	□	□	□	□	□
Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	□	□	□	□	□

Comments:

Assessment	FB	BS	CIS	CAS	NA
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics;	□	□	□	□	□
Collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	□	□	□	□	□
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	□	□	□	□	□
Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	□	□	□	□	□

Comments:

Ethical and legal standards	FB	BS	CIS	CAS	NA
Conforms to the current version of the APA Ethical Principles and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.	□	□	□	□	□
Able to recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.	□	□	□	□	□
Conduct self in an ethical manner in all professional activities.	□	□	□	□	□

Comments:

Individual and cultural diversity	FB	BS	CIS	CAS	NA
An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	□	□	□	□	□
Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	□	□	□	□	□
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	□	□	□	□	□
Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	□	□	□	□	□

Comments:

Professional values, attitudes, and behaviors	FB	BS	CIS	CAS	NA
Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	□	□	□	□	□
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.	□	□	□	□	□
Actively seek and demonstrate openness and responsiveness to feedback and supervision.	□	□	□	□	□
Prepare for supervision; cases reviewed; questions formulated; case notes written	□	□	□	□	□
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.	□	□	□	□	□

Comments:

Communications and interpersonal skills	FB	BS	CIS	CAS	NA
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	□	□	□	□	□
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	□	□	□	□	□

Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	□	□	□	□	□

Comments:

Consultation and interprofessional/interdisciplinary skills	FB	BS	CIS	CAS	NA
Demonstrate knowledge and respect for the roles and perspectives of other professions.	□	□	□	□	□
Demonstrates knowledge of consultation models and practices.	□	□	□	□	□

Comments:

Supervision	FB	BS	CIS	CAS	NA
Demonstrate knowledge of supervision models and practices.	□	□	□	□	□

Comments:

OVERALL COMMENTS

Please contribute comments; open-ended comments are particularly valuable as they are used to help guide each student's progress. If students are involved in other domains, such as consultation, interdisciplinary team work, etc., please feel free to comment here.

A. STUDENT'S STRENGTHS

B. RECOMMENDATIONS FOR STUDENT'S PROFESSIONAL GROWTH

_____ _____

Signature of Practicum Student Date

_____ _____

Signature of Practicum Supervisor Date

I hereby verify that I have met face-to-face with my student and reviewed this form.

Please send a copy of this form to:

Akihiko Masuda, Ph.D.
Associate DCT, Psychological Clinical Science
Department of Psychology, University of Hawai'i at Mānoa
2530 Dole Street, Sakamaki C400
Honolulu, HI 96822-2294
amasuda4@hawaii.edu

APPENDIX E: Practicum Site Evaluation

UH MĀNOA PSYCHOLOGICAL CLINICAL SCIENCE
Evaluation of Practicum - Student Form

Please fill out this form and return it to the Associate Director. The purpose of this form is to monitor the practicum experiences of students and to aid the Psychological Clinical Science program in future practicum placement decisions. This form will be turned in only to the Associate Director and no copy will be given to your site supervisor.

Date _____

Name _____ Practicum Site_____

Did the supervisor directly observe you working with a client at least once each term (i.e., at least a 15-minute sample of a treatment or assessment session, preferably a whole session, either live or videotaped)? *Note: This is an APA requirement for all sites as of January 2017.*

____ Yes ____ No How was observation performed, live or video?_____

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) _____
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 _____

Please use the following scale in answering questions 12-16

1	***2***	***3***	***4***	***5***
not at all		***adequately***		***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 page).

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 page).

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 use an additional sheet.

APPENDIX F.1: Letter for Waiving Non-DSK Courses

Date _____

Dear Director of Psychological Clinical Science Program:

I have examined the materials, including the attached syllabus, provided me by

_____ and have found that this course satisfies the
(Student's Name)

requirements for _____ offered at the University of Hawai‘I at Mānoa.
(UH Course Number & Title)

Sincerely,

_____
(Instructor)

Approved:

_____
(Director, Psychological Clinical Science)

_____
(Chair, Graduate Studies)

APPENDIX F.2: Domain Specific Knowledge Substitution Approval Form

Request to use an <u>advanced</u> undergrad class, a non-UNR graduate class, GRE Subject Test subscale score, or an unlisted UH graduate course to fulfill DSK requirements.

STUDENT NAME: _____

Name and course number of class requested to be applied to domain OR GRE subtest score OR name of other Evaluated Educational Experience	Grade	Foundational, Graduate or Integrated? (circle all that apply)	Date Taken	Institution where class was taken	Approved? Y/N
History and Systems of Psychology					
_____	_____		_____	_____	_____
_____	_____		_____	_____	_____
Affective Basis of Behavior					
_____	_____	F G I	_____	_____	_____
_____	_____	F G I	_____	_____	_____
Biological Aspects of Behavior					
_____	_____	F G I	_____	_____	_____
_____	_____	F G I	_____	_____	_____
Cognitive Aspects of Behavior					
_____	_____	F G I	_____	_____	_____
_____	_____	F G I	_____	_____	_____
Developmental Aspects of Behavior					
_____	_____	F G I	_____	_____	_____
_____	_____	F G I	_____	_____	_____
Social Aspects of Behavior					
_____	_____	F G I	_____	_____	_____
_____	_____	F G I	_____	_____	_____

Approved by:

_____ _____

Advisor Signature & Date DCT
Signature & Date

<u>This form must be included in student file with approved syllabi/score sheet attached for credit to be applied</u>

APPENDIX G1: Advisor Evaluation of Master‘s and Dissertation Oral Defense

Student: _____ Observer: _____ Date:_____

This was a (circle one): Master‘s Thesis Proposal Defense Master‘s Thesis Defense

Dissertation Proposal Defense Dissertation Defense

Please rate the speaker for each of the statements:	*Very Strongly Agree*	*Strongly Agree*	*Agree*	*Disagree*	*Strongly Disagree*	*Very Strongly Disagree*	*Not Applicable*
Speaker was well prepared	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker presented the material in a clear and organized manner	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker demonstrated appropriate mastery of subject matter for level of training	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker displayed enthusiasm for material	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker encouraged interaction and discussion	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker encouraged and tolerated differences in opinion	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker repsonded to questions and concerns well	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Presentation materials were appropriate in content and designed	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							

NOTE: A passing grade requires that the student obtain ratings of at least "3, Agree" during the second observation on all items.

General notes/comments for student:

APPENDIX G2: Psychology Department Dissertation & Thesis Evaluation Form

8/9/2017

- FYI ONLY -

DISTRIBUTED DIRECTLY TO COMMITTEE MEMBERS BY THE GRADUATE CHAIR

1. **Student's Program Area** *Mark only one.*

- ☐ Behavioral Neuroscience
- ☐ Clinical Psychology
- ☐ Cognitive Psychology
- ☐ Community and Cultural Psychology
- ☐ Developmental Psychology
- ☐ Experimental Psychopathology
- ☐ Social Psychology
- ☐

2. **Date of Defense:** _____

3. **Time of Defense:** _____

4. **Type of Defense:** *Mark only one*

- ☐ Thesis Proposal
- ☐ Thesis Final Defense
- ☐ Dissertation Proposal
- ☐ Dissertation Defense

Rubric Components

Please rate the student's work (either proposal or final product depending on the type of defense) in each of the following areas:

5. **Literature Review; Statement of Research Question** *Mark only one*

- ☐ Unacceptable: Research question is unclear. Question is not feasible or broad enough in scope for a thesis or dissertation. The practical or scholarly significance for psychology is not discussed.
- ☐ Marginal: Research question is somewhat clear, but needs major adjustments to be appropriate for a thesis or dissertation. The practical or scholarly significance for psychology is only partially addressed.
- ☐ Satisfactory: Research question is mostly clear but needs minor adjustments to be appropriate for a thesis or dissertation. The practical or scholarly significance for psychology is addressed but needs additional discussion to be sufficient.

- □ Excellent: Research question is clear and appropriate. The practical or scholarly significance for psychology is thoroughly addressed.

6. **Research Methodology** *Mark only one*

- □ Unacceptable: Study methods and analyses are not appropriate to answer the research question(s).
- □ Marginal: Study methods and analyses are somewhat appropriate to answer the research question(s).
- □ Satisfactory: Study methods and analyses are mostly appropriate to answer the research question(s).
- □ Excellent: Study methods and analyses are fully appropriate to answer the research question(s).

7. **Ethical Research** *Mark only one*

- □ Unacceptable: Research has many flaws ethically.
- □ Marginal: Research has some flaws ethically.
  (3) Satisfactory: Research has minor flaws ethically.
- □ Excellent: Research is ethically sound.

8. **Writing Conventions** *Mark only one oval.*

- □ Unacceptable: Many errors of APA style and other writing conventions. Discussion of the findings was not coherent and did not incorporate previous work in the field.
- □ Marginal: Some errors of APA style and other writing conventions. Discussion of findings was somewhat coherent and incorporated some previous work in the field.
- □ Satisfactory: Few errors of APA style and other writing conventions. Discussion of findings was mostly coherent and incorporated much of the previous work in the field.
- □ Excellent: No errors of APA style and other writing conventions. Discussion of findings was coherent and fully incorporated the previous work in the field.

9. **Presentation** *Mark only one*

- □ Unacceptable: Oral presentation of the research study was unclear. Did not answer committee questions related to the research thoroughly and in a professional manner.
- □ Marginal: Oral presentation of the research study was somewhat clear. Minimally answered committee questions related to the research. Was somewhat unprofessional during the presentation and/or during the question and answer period.
- □ Satisfactory: Oral presentation of the research study was mostly clear. Mostly answered committee questions related to the research. Was mostly professional during the presentation and/or during the question and answer period.
- □ Excellent: Oral presentation of the research study was clear. Thoroughly answered committee questions related to the research. Was professional and thoughtful during the presentation and/or during the question and answer period.

10. **Broader Impact of the Study** *Mark only one*

- □ Unacceptable: Did not demonstrate an understanding of the broader impact of the research study on research and practice. No presentation of the importance of generalizability of research findings and/or sensitivity to cultural diversity.

- □ Marginal: Some understanding of the broader impact of the research study on research and practice. Limited presentation of the importance of generalizability of research findings and/or sensitivity to cultural diversity.
- □ Satisfactory: Mostly understands the broader impact of research and practice. Needed some additional prompting on the importance of generalizability of research findings and/or sensitivity to cultural diversity.
- □ Excellent: Full understanding of the broader impact of the research study on research and practice. Thorough presentation of the importance of generalizability of research findings and/or sensitivity to cultural diversity.

11. **Additional Comments:**

APPENDIX H: Petition for Admission to the Ph.D. Program Template

Date

Dear Dr _____ *(DCT)*:

I am writing to petition the Psychological Clinical Science program faculty and the Department faculty for admission to the Ph.D. program. Attached is a copy of my curriculum vitae and my current Student Progress Form for review.

I entered the Psychological Clinical Science program in _____ (semester and year). I have now completed all requirements for my Master's Degree. *List how you have met requirements listed in Section 3.1 Master's Degree Credit Requirements of this manual), including course work, practica (list sites, dates, grades, & briefly summarize evaluations), and thesis _____ (title and defense date, supervisor). Add a brief statement of your accomplishments while earning the master's degree (e.g. publications, professional presentations, GPA, awards, positive evaluations)*

My major area of interest, and one I hope to pursue during doctoral candidacy, is _____. I am particularly interested in _____ and I plan to make this a part of my dissertation studies. *Briefly describe your plans for doctoral studies including dissertation, advanced training, developing professional competencies, etc. Describe a timeline you intend to follow, including comprehensive exams, dissertation and internship.*

In summary, I think my prior accomplishments and my plans for doctoral study prepare me well for success as a doctoral student. Thank you for your consideration and review of this petition.

Sincerely,

(Student Name)

APPENDIX I: Student Progress Form

NOTE:
During Spring semester students will be provided with a URL link to complete or update this form online. This hard copy is for information only; students must submit online.

STUDENT PROGRESS FORM

Current Academic Year

- □ 2020-21
- □ 2021-22
- □ 2022-23
- □ 2023-24
- □ 2024-25
- □ 2025-26

Background Information:

Name _____
Address _____
Address 2 _____
City _____
State _____
Postal Code _____
Phone(h) _____
Phone (w) _____
Cell Phone/Other: _____
UH Email Address _____
Alternate Email Address _____
Advisor(s) _____
Optional Dual Specialty/Concentration _____
Dual Specialty/Concentration Advisor _____

What year did you enter the psychology doctoral program (select):

- □ 2009
- □ 2010

- □ 2011
- □ 2012
- □ 2013
- □ 2014
- □ 2015
- □ 2016
- □ 2017
- □ 2018
- □ 2019
- □ 2020
- □ 2021
- □ 2022
- □ 2023
- □ 2024

University Status:

- □ Full time
- □ Full time, away at clinical internship
- □ Part time
- □ Leave of absence
- □ Graduated with MA in the current academic year
- □ Graduated with PhD in the current academic year
- □ Other _____

When do you anticipate graduating?

Note: Academic year (AY) includes Fall, Spring, +Summer terms in that order. So AY 2020-21 = Fall 20, Spring 21 + Summer 21

	Fall	Spring	Summer	Academic Year
Approximate date	□	□	□	_____

Are you a respecialization student?

□ Yes

□ No

Were you a first year student this year?

□ Yes

□ No

FOR FIRST YEAR STUDENTS ONLY

Gender Identification

_____

Foreign National?

□ Yes

□ No

Undergraduate Institution Name:

_____

Undergraduate Degree Earned (e.g. BA (or BS) in Psychology)

_____

Year you earned your undergraduate degree _____

Undergraduate GPA (4.0 scale): _____
(Use a 4.00 scale. If international student, consult your registrar's office for conversion formula.)

Did you earn a Graduate Degree(s)?

- ○ Yes
- ○ No

Graduate institution name(s)

_____

Graduate degree(s) earned with date(s) completed

_____

_____

_____

_____

_____

Did you take the GRE Psychology Subject Test?

- □ Yes
- □ No

GRE Psychology Subject Test Scores

	Score	Percentile
Total Score		
Biological Subscore		
Cognitive Subscore		
Social Subscore		
Developmental Subscore		
Clinical Subscore		
Measurement/Methodology/Other Subscore		

Do you consider yourself subject to the American Disabilities Act?

□ Yes

□ No

Ethnic Identity: _____

COURSE WORK COMPLETED

Clinical Courses:

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived
670 Intro to Clinical Psychology	□	□	_____	□	□	□	□	□	□	□	□	□
671 Intro to Assessment I	□	□	_____	□	□	□	□	□	□	□	□	□
672 Intro to Assessment II	□	□	_____	□	□	□	□	□	□	□	□	□
675 Treatment Research	□	□	_____	□	□	□	□	□	□	□	□	□
676 Psychopathology	□	□	_____	□	□	□	□	□	□	□	□	□
677 Child Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
677 Child Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
677 Child Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
677 Child Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 Adult Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 Adult Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 Adult Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 Adult Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 External Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 External Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 External Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
678 External Practicum	□	□	_____	□	□	□	□	□	□	□	□	□
771 Child Treatment	□	□	_____	□	□	□	□	□	□	□	□	□
772 Adult Treatment: CBT	□	□	_____	□	□	□	□	□	□	□	□	□
778 Internship in Clinical Psych	□	□	_____	□	□	□	□	□	□	□	□	□

Clinical Elective Courses:

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived
773 Sem in Psychopathology	□	□	_____	□	□	□	□	□	□	□	□	□
773 Sem in Psychopathology	□	□	_____	□	□	□	□	□	□	□	□	□
774 Sem in Clinical Psyc	□	□	_____	□	□	□	□	□	□	□	□	□
774 Sem in Clinical Psyc	□	□	_____	□	□	□	□	□	□	□	□	□
775 Sem in Psyc Therapies	□	□	_____	□	□	□	□	□	□	□	□	□
775 Sem in Psyc Therapies	□	□	_____	□	□	□	□	□	□	□	□	□
776 Health Psychology	□	□	_____	□	□	□	□	□	□	□	□	□

Methodology & Statistics Courses:

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived
600 Methodological Foundations	□	□	_____	□	□	□	□	□	□	□	□	□
610 Intro to Regression	□	□	_____	□	□	□	□	□	□	□	□	□
611 Design & Analysis Psy Expts	□	□	_____	□	□	□	□	□	□	□	□	□
612 Multiple Regression	□	□	_____	□	□	□	□	□	□	□	□	□
613 Structural Equation Modeling	□	□	_____	□	□	□	□	□	□	□	□	□
614 Multivariate Methods	□	□	_____	□	□	□	□	□	□	□	□	□
616 Measurement in Education and Social Sciences	□	□	_____	□	□	□	□	□	□	□	□	□

Other Methods/Stats Courses:

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived	Write in Course # and Title or other experience description
Course1	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 2	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 3	□	□	_____	□	□	□	□	□	□	□	□	□	_____

Discipline Specific Knowledge Courses:

- This section only applies to students who entered the program AFTER January 1, 2019 –

	Undergrad / Foundational-level requirement met?		Class(es) took to meet Graduate-level requirements or other approved experience (Write in Course # and Title or other experience description)	Fall	Spring	YEAR	Grade	Waived (as documented by Domain Specific Knowledge Substitution Approval Form)
Biological Bases	**Y**	**N**	_____	□	□	_____	_____	□
Cognitive Bases	**Y**	**N**	_____	□	□	_____	_____	□
Developmental Bases	**Y**	**N**	_____	□	□	_____	_____	□
Social Bases	**Y**	**N**	_____	□	□	_____	_____	□
History and Systems	**Y**	**N**	_____	□	□	_____	_____	□

Discipline Specific Knowledge Integrated Course(s) (only one is required)

- This section only applies to students who entered the program AFTER January 1, 2019 –

	Fall	Spring	YEAR	Grade	Waived (as documented by Domain Specific Knowledge Substitution Approval Form)	Class(es) took to meet Graduate-level requirements or other approved experience (Write in Course # and Title or other experience description)
Course 1	□	□	_____	_____	□	_____
Course 2	□	□	_____	_____	□	_____
Course 3	□	□	_____	_____	□	_____

Four Corners Courses:

- This section only applies to students who entered the program BEFORE January 1, 2019 -

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived
622 Principles of Learning	□	□	_____	□	□	□	□	□	□	□	□	□
626 Cognitive Psychology	□	□	_____	□	□	□	□	□	□	□	□	□
634 Behavioral Neuroscience	□	□	_____	□	□	□	□	□	□	□	□	□
640 Developmental Foundations	□	□	_____	□	□	□	□	□	□	□	□	□
650 Social Psychology	□	□	_____	□	□	□	□	□	□	□	□	□
670 Clinical Psychology	□	□	_____	□	□	□	□	□	□	□	□	□
680 Cultural Community Psychology	□	□	_____	□	□	□	□	□	□	□	□	□

Dual-Specialty Courses (if applicable):

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived	Write in Course # and Title or other experience description
Course 1	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 2	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 3	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 4	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 5	□	□	_____	□	□	□	□	□	□	□	□	□	_____
Course 6	□	□	_____	□	□	□	□	□	□	□	□	□	_____

Research Credits

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Supervisor Name	PSY 699 or 799
1	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
2	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
3	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
4	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
5	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
6	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
7	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
8	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
9	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
10	□	□	_____	□	□	□	□	□	□	□	□	_____	_____

THESIS, DISSERTATION, AND COMP PROGRESS

MASTERS THESIS

	Fall	Spring	Academic Year
Passed Thesis Proposal Meeting	□	□	_____
Passed Final Thesis Defense	□	□	_____

Name of thesis advisor: _____

Title of thesis:

_____

_____

PH.D. CANDIDACY

	Fall	Spring	Academic Year
Date Ph.D. Candidacy was approved by full Psychology faculty	□	□	_____

DISSERTATION

	Fall	Spring	Academic Year
Passed Dissertation Proposal Meeting	□	□	_____
Passed Final Dissertation Defense	□	□	_____

Name of dissertation advisor: _____

Title of dissertation:

_____

_____

COMPREHENSIVE EXAMINATION

	Fall	Spring	Academic Year
Date dossier proposal was approved by doctoral committee	□	□	_____
Date dossier proposal was approved by clinical faculty	□	□	_____

List members of doctoral committee:

Chair _____

Clinical Member _____

Clinical Member _____

Clinical Member _____

Non-Clinical Member _____

Non-Clinical Member _____

Non-Clinical Member _____

University Representative _____

Indicate the date each Behavioral Objective was passed by the doctoral committee for 3 of 4 Professional Activity Domains

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Waived	Behavioral Objective	
Domain A - Research (Required)	□	□	_____	□	□	□	□	□	□	□	□	□	1	2
Domain B - Government Proposals & Policy	□	□	_____	□	□	□	□	□	□	□	□	□	1	2
Domain C - Teaching	□	□	_____	□	□	□	□	□	□	□	□	□	1	2
Domain D - Clinical Practice & Consultation	□	□	_____	□	□	□	□	□	□	□	□	□	1	2

PRACTICUM / EXTERNSHIP PLACEMENTS

NOTE: This does NOT refer to the APPIC Internship program that you will apply for at the end of your degree

	Fall	Spring	YEAR	A+	A	A-	B+	B	B-	C	Inc	Placement Name	Setting*
1	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
2	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
3	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
4	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
5	□	□	_____	□	□	□	□	□	□	□	□	_____	_____

6	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
7	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
8	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
9	□	□	_____	□	□	□	□	□	□	□	□	_____	_____
10	□	□	_____	□	□	□	□	□	□	□	□	_____	_____

* Settings:

1 Community Mental Health Center
2 Health Maintenance Organization
3 Medical Center
4 Military Medical Center
5 Private General Hospital
6 General Hospital
7 Veterans Affairs Medical Center
8 Private Psychiatric Hospital
9 State/County Hospital
10 Correctional Facility
11 School District/System
12 University Counseling Center/Clinic
13 University Teaching Facility
14 Independent Practice
15 Consortium
16 State DOH-AMHD special programs
17 State DOE/DOH-AMHD subcontracts
18 Other

INTERNSHIP

Did you apply for your pre-doctoral internship though APPIC this year?

NOTE: this refers to the APPIC Internship program that you will apply for at the end of your degree.This does NOT refer to your practicum / externship placements.

Only click YES if you have been matched through the National Matching System via APPIC.

□ Yes

□ No

If you applied to internship:

Did you Match?

□ Yes

□ No

Internship Information

NOTE: The next several questions refer to the APPIC Internship program that you will apply for at the end of your degree.

They do NOT refer to your practicum / externship placements. Only fill them out if you have been matched through the National Matching System via APPIC.

Please provide the *name* of your internship training setting:

Name of internship: _____

INTERNSHIP program dates: From _____ / _____ / _____ To _____ / _____ / _____

Internship facility's funding

- □ Private-for-profit
- □ Private-not-for-profit
- □ State/county
- □ VA
- □ Military
- □ Other federal

Internship training setting(s): (Choose all that apply)

- □ Community Mental Health Center
- □ Health Maintenance Organization Medical Center
- □ Military Medical Center
- □ Private General Hospital
- □ General Hospital
- □ Veterans Affairs Medical Center
- □ Private Psychiatric Hospital
- □ State/County Hospital
- □ Correctional Facility
- □ School District/System
- □ University Counseling Center/Clinic
- □ Medical School
- □ Consortium
- □ Independent Practice
- □ Other (e.g., consulting) please specify: _____

Internship Characteristics

	Yes	No
Is the internship APA accredited?	□	□
Do / did you receive a stipend?	□	□
Do / did you receive training in empirically-based assessment/intervention?	□	□
Are / were you involved in research?	□	□
Is / was the internship full time?	□	□
Is / was it a one-year program?	□	□
Did you match for an internship the first time you applied?	□	□

PROFESSIONAL ACTIVITIES

	# This Academic Year	Cumulative #
Journal articles	_____	_____
Book chapters	_____	_____
Books	_____	_____
Technical reports	_____	_____
Conference posters/presentations	_____	_____
Colloquia	_____	_____
Workshops	_____	_____
Talks	_____	_____

Colloquia, Workshops, Talks, Conference Presentations, etc. – ATTENDED THIS ACADEMIC YEAR

	Fall	Spring	YEAR	Name of talk	Meeting name
1	□	□	_____	_____	_____
2	□	□	_____	_____	_____
3	□	□	_____	_____	_____
4	□	□	_____	_____	_____
5	□	□	_____	_____	_____
6	□	□	_____	_____	_____
7	□	□	_____	_____	_____
8	□	□	_____	_____	_____
9	□	□	_____	_____	_____
10	□	□	_____	_____	_____
11	□	□	_____	_____	_____

12	□	□	_____	_____	_____
13	□	□	_____	_____	_____
14	□	□	_____	_____	_____
15	□	□	_____	_____	_____

Teaching Experience

	Fall	Spring	YEAR	Course # and Title	Was this an online course?	
1	□	□	_____	_____	**Y**	**N**
2	□	□	_____	_____	**Y**	**N**
3	□	□	_____	_____	**Y**	**N**
4	□	□	_____	_____	**Y**	**N**
5	□	□	_____	_____	**Y**	**N**
6	□	□	_____	_____	**Y**	**N**
7	□	□	_____	_____	**Y**	**N**
8	□	□	_____	_____	**Y**	**N**
9	□	□	_____	_____	**Y**	**N**
10	□	□	_____	_____	**Y**	**N**
11	□	□	_____	_____	**Y**	**N**
12	□	□	_____	_____	**Y**	**N**
13	□	□	_____	_____	**Y**	**N**
14	□	□	_____	_____	**Y**	**N**
15	□	□	_____	_____	**Y**	**N**

Membership in Professional Organizations

ORGANIZATION NAME

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

In the last year, did you present a psychological topic to a lay or community audience?

□ Yes

□ No

Clinical Service Activities

Please provide a brief description and indicate time of involvement.

	From Month:	From Year:	To Month:	To Year:	Brief Description
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____

FUNDING

Please describe how you were funded for each year (for this year only - in the future this will only ask for the current year).

Please be sure to list **ALL** Teaching Assistantship (TA), Merit Scholarship/Tuition Waiver, Lectureship, Graduate Assistantship (GA), Research Assistantship (RA), Practicum Stipend, Grants or Awards, Other Scholarships. Loans, Outside jobs.

Please include what was the source funding, the approximate amounts received from each source, and how much time you spent on each (if any).

This will help us understand the adequacy of funding sources and how much time is required in addition to academic and clinical training

For example:

> **First year:** *TA for Dr. Y (full student stipend amount, 20 hours/wk), student loan ($20K)*
>
> **Second year:** *TA for Dr. Z (full student stipend amount, 20 hours/wk), student loan ($20K), APA Early Graduate Student Researcher Award ($1000, no time)*, *waiting tables (~12k, 5-10 hours per week)*
>
> **Third year**: *RA (Dr. X's research grant, $40K, 20 hrs/wk), the ACME grad student scholarship ($5K, no time), student loan ($10K), consulting on stats (~$2500, ~40 hours total over the year), outside clinical job ($10K, 5 hrs/week)*

How did you pay for school this year? Please describe each source of funding and where it came from

First year

Second year

Third year

Fourth year

Fifth year

Sixth year

Seventh year

Eighth year

Ninth year

Tenth year

Anticipated funding

Please indicate ONLY the funding that you have secured for upcoming academic years. If you are unsure about your future funding status, select the "Not yet determined" option.

	Academic Year (e.g. 2021-2022)	Teaching Assistant (TA)	Tuition Waiver (Merit Scholarship)	Lectureship	Graduate Assistant (GA)	Research Assistant (RA)	Practicum Stipend	Other	Brief Description
1	_____	□	□	□	□	□	□	□	_____
2	_____	□	□	□	□	□	□	□	_____
3	_____	□	□	□	□	□	□	□	_____
4	_____	□	□	□	□	□	□	□	_____
5	_____	□	□	□	□	□	□	□	_____
6	_____	□	□	□	□	□	□	□	_____
7	_____	□	□	□	□	□	□	□	_____
8	_____	□	□	□	□	□	□	□	_____
9	_____	□	□	□	□	□	□	□	_____
10	_____	□	□	□	□	□	□	□	_____

HONORS/AWARDS

	Academic Year (e.g. 2021-2022)	Brief Description
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____

10 _____ _____

11 _____ _____

12 _____ _____

13 _____ _____

14 _____ _____

15 _____ _____

SELF -EVALUATION

Please indicate the extent to which you believe you have fulfilled the following Student Learning Objectives this academic year.

	(Not at all fulfilled)				(Fulfilled to largest degree possible)
Demonstrate comprehensive knowledge in one or more general subject areas related to, but not confined to, your area of interest.	1	2	3	4	5
Demonstrate understanding of research methodology and techniques specific to your field of study.	1	2	3	4	5
Apply research methodology and/or scholarly inquiry techniques specific to your field of study.	1	2	3	4	5
Critically analyze, synthesize, and utilize information and data related to your field of study.	1	2	3	4	5
Proficiently communicate and disseminate information in a manner relevant to your field and your intended audience.	1	2	3	4	5
Conduct research or projects as a responsible and ethical professional, including consideration of and respect for other cultural perspectives.	1	2	3	4	5
Interact professionally with others.	1	2	3	4	5

GOALS

What are your goals for the next academic year? (e.g. submit NSF grant, publish 2 papers, etc.)

_____

_____

SIGNATURES

Student signature: _____ Date:_____

Advisor signature: _____ Date:_____

After hitting ">>" below you will be given a summary of your answer that you can save for your records.

You will also receive an email sent to your UH email with a link to complete an anonymized survey to give your feedback to concentration directors and the department. You can also click on or copy and paste this link into your browser: https://goo.gl/forms/sg3gDGP0M04P7RpE2

These answers will not be linked to the evaluation and are completely anonymous. Your feedback is valuable to the department.

FOR PCS STUDENTS:
1) You must download a PDF of your responses by clicking on the "Download PDF" link at the top of your survey response summary to save/print in order to go over it with your advisor.
2) When you have reviewed it with your advisor, please sign it and return it to Claire Wood with an updated copy of your CV.

MAHALO!

APPENDIX J: Clinical Comprehensive Examination: PROPOSAL OF BEHAVIORAL OBJECTIVES

		Proposed Behavioral Objective
DOMAIN A: RESEARCH (REQUIRED)		
A1	Write a review or a theoretical article	
A2	Submit for publication an empirical article to a peer-reviewed journal	
DOMAIN B: GOVERNMENT PROPOSALS AND POLICY		
B1	Write and submit a grant proposal that conforms to federal guidelines	
B2	Track a mental health related bill at the Hawai‘i State Legislature – attend hearings, submit and present testimony, and provide an analysis of the bills impact and progress	
DOMAIN C: TEACHING		
C1	Teach one undergraduate course in psychology or a related discipline	
C2	Prepare and give 10 presentations; can include guest lectures, conference posters or presentations, and psychology workshops	
DOMAIN D: CLINICAL PRACTICE AND CONSULTATION		
D1	Prepare a written and oral clinical case conceptualization that includes a relevant literature review and measurement devices	
D2	Prepare a written proposal to develop and evaluate a treatment/prevention program	

Student Name: _____

I approve the above proposal of the three Professional Activity Domain behavioral objectives for fulfillment of the clinical comprehensive dossier requirements.

Print Name _____ Signature _____

Date _____

APPENDIX K: Clinical Comprehensive Examination - EVALUATION FORM

For each Professional Activity Domain (PAD), please:

1) Specify the PAD **and** Behavior Objective Option that was met (see next page for a summarized list of options),
2) Have committee members indicate rating, followed by their signature and date,
3) Make one copy to keep for your own records, and
4) Submit the original form to the DCT.

Name of Student:				**Date:**
1) Professional Activity Domain:				
Behavioral Objective Option:				
Typed or Printed Name of Committee Member	(Check one): Pass	Fail	Signature of Committee Member	Date
2) Professional Activity Domain:				
Behavioral Objective Option:				
Typed or Printed Name of Committee Member	(Check one): Pass	Fail	Signature of Committee Member	Date
3) Professional Activity Domain:				
Behavioral Objective Option:				
Typed or Printed Name of Committee Member	(Check one): Pass	Fail	Signature of Committee Member	Date

Note: The comps committee should consist of at least two clinical faculty members, preferably those who will serve on the dissertation committee.

Summary Listing of Dossier Format Options

The dossier involves successful completion one of the two Behavioral Objective Options (work products) for three of four Professional Activity Domains (PADs). The PADs are: A) Research; B) Government Proposals and Policy; C) Teaching; and D) Clinical Practice and Consultation. One PAD of the dossier must include the Research Domain.

The PADs and the two Behavioral Objective Options (work products) for each are as follows:

Professional Activity Domain (PAD):	Behavioral Objective Option:
A. Research (required)	A1: Review/Theoretical Article-Submitted A2: Empirical Article - Submitted
B. Government Proposals and Policy	B1: Grant Proposal B2: MH Legislation Bill
C. Teaching	C1: Undergrad Course C2: (10) Presentations
D. Clinical Practice and Consultation	D1: Clinical Case Conceptualization D2: Treatment/Prevention Program Proposal

APPENDIX L: Clinical Comprehensive Examination - ORAL PRESENTATION EVALUATION FORM

PAD C Teaching/Behavioral Objective C2: Prepare and Give 10 Presentations

Speaker: _____ Observer: _____ Date:_____

Course/Conference/Agency: _____ Location: _____

Please rate the speaker for each of the statements:	*Very Strongly Agree*	*Strongly Agree*	*Agree*	*Disagree*	*Strongly Disagree*	*Very Strongly Disagree*	*Not Applicable*
Speaker was well prepared	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker presented the material in a clear and organized manner	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker demonstrated mastery of subject matter	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker displayed enthusiasm for material	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker communicated respect for students	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker motivated and inspired students to learn	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker encouraged class interaction and discussion	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker encouraged and tolerated differences in opinion	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Speaker supported and reinforced students	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Class material will be useful for future scientific and professional activities and responsibilities	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							
Handouts/readings were interesting and valuable	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							

Assignments/exercises were reasonable in their time demands	**5**	**4**	**3**	**2**	**1**	**0**	**n/a**
Comments:							

NOTE: A passing grade requires that the student obtain ratings of at least "3, Agree" during the second observation on all items.

COMMON STUDENT PETITIONS: ROUTING

PETITION FOR:	1 Advisor(s)	2 Respective Instructor	3 Doctoral Committee	4 CSP Associate Director	5 CSP Director	6 CSP Faculty	7 Dept Faculty	8 Psychology Graduate Chair
Archival Data (Thesis/Dissertation)	X				X	X*		
Comprehensive Exam Proposal	**X**				X	X*		
Comprehensive Exam Defense	**X**		**X**		X			
Course Waiver[1]	X	**X**			**X**			**X**
Doctoral Candidacy	X				X	X	X	**X**
Dual-Specialty Proposal	X				X	X*		
Leave of Absence[2]	X				X	X*		**X**
Non-APA Accredited Internship	X				X	X		
Non-standard Sequence of Core Courses	X				X			
Outside Clinical Activity	X			X	X			
Program-"sanctioned" practicum	X			X	X			
Readmission to CSP[3]	X				X	X		
Other	X				X	X		

X = Signature required

*Indicates initial CSP Faculty review will be conducted via e-mail. If no concerns are raised within a week from when the petition is distributed via e-mail, then the petition is assumed to be approved and the CSP-D will inform the student of its approval. If concerns should arise, then the petition will be brought to the next CSP faculty meeting for further review and discussion.

[1]Does not apply to PSY 610/611. Waivers for these courses should follow procedures for "Other," since students do not need instructor's approval.

[2]Leave of absence is approved by the UH Graduate Division, so this is solely to inform CSP and to allow faculty to make suggestions to the student and advisor.

[3]This refers to internal or program-level readmission. If a student is dismissed from CSP, he/she has the option of petitioning for readmission prior to official dismissal from the UH Graduate Division. Students who are dismissed by the graduate division must regain admission through the usual graduate admissions process.

Note: All routing goes from left to right.

APPENDIX N: PCS End of Year Student Evaluations

Name of Student _____

Name of Evaluator _____

ACADEMIC LEVEL OF TRAINING

Year in Program

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8 or higher

Trainee Status

- ☐ Pre-masters
- ☐ Post-masters
- ☐ Respecialization

POSITIVE ACCOMPLISHMENTS CHECKLIST

Please indicate accomplishments of this student by checking those that apply. Add comments as indicated. One or more accomplishments will be included in the annual or mid-year evaluation letter to student.

COURSEWORK

- ☐ Unsatisfactory
- ☐ Satisfactory with concerns
- ☐ Satisfactory
- ☐ Good
- ☐ Excellent

PRACTICUM

- Positive remarks from supervisors

INTERNSHIP

- Success on securing an APA-approved internship
- Positive remarks from supervisors
- Successful completion of internship

COMPS

- Timely completion of PROPOSAL
- Timely completion of DEFENSE

THESIS

- Timely completion of PROPOSAL
- Timely completion of DEFENSE

DISSERTATION

- Timely completion of PROPOSAL
- Timely completion of DEFENSE

RESEARCH

- Contributions to research other than as RA or own thesis/dissertation
- Good progress on program of research

SCHOLARLY ACTIVITIES

- Membership (active involvement) in professional organizations
- Recent/continuing scholarly productivity (e.g. papers, pubs)
- Participation in other scholarly activities (e.g. journal reviewer)
- Honors/awards/grants

COLLEGIALITY

- Helpful support for other students (e.g. peer support, mentoring, etc)
- Helpful contribution to the functioning of the department (e.g. committee work)

PERSONAL/PROFESSIONAL CONDUCT & DEVELOPMENT

- □ Positive attitude toward graduate school and own learning
- □ Nice integration of science and practice
- □ Ability to productively incorporate feedback
- □ Continued progress after earlier difficulties
- □ Efforts to advance education via attending talks, workshops, conferences, colloquia
- □ Multi-cultural sensitivity and competence

MISC./OTHER

- □ Good development as a teacher
- □ Strong performance as graduate assistant
- □ Good progress on dual specialty
- □ Other (please specify) _____

Comments:

_____
_____
_____
_____
_____

PROFESSION WIDE COMPETENCIES EVALUATION

CLINICAL LEVEL OF TRAINING

Apprentice Level: is a first year doctoral student with little to no clinical experience

Beginning Level Clinician: is a student who is expected to require more active and structured supervision because s/he exhibits clinical skills expected of a novice clinician in the early stages of training.

Mid-Level Clinician: is a student who is expected to possess a moderate level of proficiency in clinical skills and self-awareness of supervisory needs, such that s/he can function with some level of independence while also being active, assertive, and effective in utilizing supervision. Mid-Level clinicians are typically approved by the clinical program to accept placements at external practicum sites.

Advanced Level Clinician: is a student who is expected to possess an advanced level of proficiency in clinical skills and self-awareness of supervisory needs, such that s/he can work competently and largely independently in highly complex clinical situations while simultaneously being active, assertive, and effective in utilizing supervision. Advanced level clinicians are typically approved by the clinical program to apply for internship.

PLEASE EVALUATE STUDENT'S LEVEL:

- ☐ Apprentice Level
- ☐ Beginning Level Clinician
- ☐ Mid-Level Clinician
- ☐ Advanced Level Clinician

IN THE FOLLOWING SECTIONS, Please use the following ratings to evaluate each competency element in the context of the student's academic and clinical levels of professional development.

Unsatisfactory: Fails to meet expectations for this competency at expected level of development and there is no evidence that skills are progressing toward meeting the competency

Area of Concern: Does not meet expectations for this competency at expected level of development and there is limited evidence that skills are progressing toward meeting the competency

Emerging Skill: Does not meet expectations for this competency at expected level of development but there is sufficient evidence that skills are progressing toward meeting the competency

Meets Expectations: Meets expectations for this competency given the expected level of development

Exceeds Expectations: Exceeds expectations for this competency relative to expected level of development

Surpasses Expectations: Functions well beyond expected level of development

RESEARCH - PROFESSION WIDE COMPETENCIES

Context of Evaluation**: (Mark all that apply)**

- ☐ Master's Thesis
- ☐ Dissertation
- ☐ Research Assistant
- ☐ Independent Research Project

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Demonstrate the substantially independent ability to formulate research or other scholarly activities (e.g., critical literature reviews, dissertation, efficacy studies, clinical case studies, theoretical papers, program evaluation projects, program development projects) that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.	☐	☐	☐	☐	☐	☐
Conduct research or other scholarly activities.	☐	☐	☐	☐	☐	☐
Critically evaluate and disseminate research or other scholarly activity via professional publication and presentation at the local (including the host institution), regional, or national level.	☐	☐	☐	☐	☐	☐
Ability to function independently	☐	☐	☐	☐	☐	☐
Knowledge of research designs	☐	☐	☐	☐	☐	☐
Research supervisory abilities	☐	☐	☐	☐	☐	☐
Research Ethics	☐	☐	☐	☐	☐	☐
Competence in data reduction and analysis	☐	☐	☐	☐	☐	☐
Timely progress (thesis, dissertation)	☐	☐	☐	☐	☐	☐
Degree of research interest, enthusiasm	☐	☐	☐	☐	☐	☐
Writing skills	☐	☐	☐	☐	☐	☐
Collegiality	☐	☐	☐	☐	☐	☐
Reliability, responsibility	☐	☐	☐	☐	☐	☐
Knowledge of content area	☐	☐	☐	☐	☐	☐
Takes initiative	☐	☐	☐	☐	☐	☐
Knowledge of specific methods used (e.g., measures, procedures)	☐	☐	☐	☐	☐	☐
Integrates multi-cultural perspective in research	☐	☐	☐	☐	☐	☐
Amenability to supervision	☐	☐	☐	☐	☐	☐
Intellectual Maturity	☐	☐	☐	☐	☐	☐
Professionalism	☐	☐	☐	☐	☐	☐

Strengths or particular achievements:

_____
_____
_____
_____
_____

Area(s) of growth or concern(s) from above ratings:

_____
_____
_____
_____
_____

ETHICAL AND LEGAL STANDARDS - PROFESSION WIDE COMPETENCIES

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Be knowledgeable of and act in accordance with each of the following: The current version of the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and Relevant professional standards and guidelines.	☐	☐	☐	☐	☐	☐
Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.	☐	☐	☐	☐	☐	☐
Conduct self in an ethical manner in all professional activities.	☐	☐	☐	☐	☐	☐

Comments:

_____
_____
_____
_____
_____

INDIVIDUAL AND CULTURAL DIVERSITY - PROFESSION WIDE COMPETENCIES

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and	☐	☐	☐	☐	☐	☐

interact with people different from themselves.						
Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	□	□	□	□	□	□
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.	□	□	□	□	□	□
Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in their professional work.	□	□	□	□	□	□

Comments:

_____
_____
_____
_____
_____

PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	□	□	□	□	□	□
Engage in self-reflection regarding one's personal and professional functioning;	□	□	□	□	□	□
Engage in activities to maintain and improve performance, well-being, and professional effectiveness	□	□	□	□	□	□
Actively seek and demonstrate openness and responsiveness to feedback and supervision	□	□	□	□	□	□

Comments:

_____
_____
_____
_____
_____

COMMUNICATIONS AND INTERPERSONAL SKILLS

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	☐	☐	☐	☐	☐	☐
Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.	☐	☐	☐	☐	☐	☐
Demonstrate effective interpersonal skills and the ability to manage difficult communication well.	☐	☐	☐	☐	☐	☐

Comments:

_____
_____
_____
_____
_____

ASSESSMENT

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	☐	☐	☐	☐	☐	☐
Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	☐	☐	☐	☐	☐	☐

Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	□	□	□	□	□	□
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	□	□	□	□	□	□
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	□	□	□	□	□	□
Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.	□	□	□	□	□	□

Comments:

_____
_____
_____
_____
_____

INTERVENTION

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Establish and maintain effective relationships with the recipients of psychological services.	□	□	□	□	□	□
Develop evidence-based intervention plans specific to the service delivery goals.	□	□	□	□	□	□

Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	☐	☐	☐	☐	☐	☐
Demonstrate the ability to apply the relevant research literature to clinical decision making	☐	☐	☐	☐	☐	☐
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	☐	☐	☐	☐	☐	☐
Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.	☐	☐	☐	☐	☐	☐

Comments:

_____
_____
_____
_____
_____

SUPERVISION

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Demonstrate knowledge of supervision models and practices.	☐	☐	☐	☐	☐	☐

Comments:

_____
_____
_____
_____
_____

CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

	Unsatisfactory	*Area of Concern*	*Emerging skill*	*Meets expectations*	*Exceeds Expectations*	*Surpasses Expectations*
Demonstrate knowledge and respect for the roles and perspectives of other professions.	☐	☐	☐	☐	☐	☐
Demonstrates knowledge of consultation models and practices.	☐	☐	☐	☐	☐	☐

Comments:

_____

APPENDIX O: Sample Petition of Dual-specialty

Date

Dear Psychological Clinical Science program faculty:

I am writing this letter to petition the Psychological Clinical Science program faculty for approval in the dual-specialty training option in the specialty of Serious Mental Illness/Psychosocial Rehabilitation (SMI/PSR). This specialization and petition is under the supervision and support of Stephen Haynes, Ph.D.

Goals of the SMI/PSR Specialty

The SMI/PSR specialty training focuses on adults with Serious Mental Illnesses. The goal of the training is that through clinical practice and research, students will gain expertise in the assessment and treatment of these individuals as well as achieve an in-depth understanding in conducting research with this population.

Requirements for the Specialty

The requirements for this specialty include a minimum of three content courses (9 credit hours) specific to the specialty, a minimum of two research courses (6 credit hours), and the completion of two years practicum experience with the Adult Mental Health Division (AMHD).

Content Course Requirement. With respect to the course requirement, I have completed the required 3 seminars that focused on the topic of SMI/PSR. Specifically, I completed PSY 774 Culture and Psychology in Public Mental Health (Deborah Altschul, Ph.D.) and PSY 774 Forensic Clinical Psychology (Keith Claypoole, Ph.D.) These courses provided insight into factors that should be taken into consideration when working with adults with Serious Mental Illnesses. In particular, Dr. Altschul's course focused on the importance of culture (our own as well as the consumer's) when working within the public mental health system. We had the opportunity to attend various cultural events and examined specific cultures with respect to the conceptualization of mental health as well as treatment. Dr. Claypoole's course provided an overview of forensic issues that many consumers face. The course also highlighted specific programs that target consumers with legal issues (e.g., Mental Health Court). We also had the opportunity to complete a forensic risk assessment with an AMHD consumer. The third seminar I completed was PSY 731 Psychopharmacology (Adrian Dunn, Ph.D.). This course provided an overview of psychiatric medications and highlighted the mechanisms of action behind medications often prescribed to consumers (e.g., anti-depressants, mood stabilizers, atypical antipsychotics). Continuing my interest in this specialty, I am currently enrolled in PSY 774 Program Evaluation (John Steffen, Ph.D.), a research-based course that focuses on the application of evaluation methods.

Research Course Requirement. Upon admission to the Psychological Clinical Science program in August, 2002, I worked closely with the AMHD, specifically the Mental Health Services Research, Evaluation, and Training Program (MHSRET), and faculty who held joint appointments with the AMHD and the PCS program including, Deborah Altschul, Ph.D. (faculty advisor), John Steffen, Ph.D., and A. Michael Wylie, Ph.D. I have completed 21 credit hours of directed research (PSY 699) and 6 hours of thesis research (PSY 700). This research was completed with the MHSRET Program under the advisement of Deborah Altschul, Ph.D. I completed by Master's thesis, which involved conducting a fidelity assessment on a local Supported Employment program. I was also involved in writing technical reports and supervised the Consumer Assessment Team in a project that assessed consumers' knowledge of Hawaii's Mental Health Advance

Directive law. I also authored a federally-funded grant that brought funds to Hawaii for a conference that focused on Evidence-Based Practices.

Practicum Experience in the Adult Mental Health Division. I completed 3 years of clinical practicum with the AMHD, with 2 years at the Hawaii State Hospital (HSH) and one year at the Diamond Head Community Mental Health Center (CMHC). During my first year at HSH (2003-2004), under the supervision of Frederic Manke, Ph.D. and Kim Meyer, Ph.D., I was involved in co-facilitating courses in the treatment mall. These courses involved occupational therapy, as I am interested in employment for consumers, and symptom and medication management. During the second semester, I was involved with the Behavioral Assessment Team, a referral-based program that uses assessment, intervention development, and implementation to decrease problem behaviors displayed by hospital patients. During my second year at HSH (2004-2005), I was involved in neuropsychological assessments under the supervision of Daryl Fujii, Ph.D. These assessments involved patient assessment, test scoring, and completion of comprehensive reports that included test results and treatment recommendations. I also co-facilitated cognitive remediation groups in the acute unit. During my third year of practicum (2006-2007), I worked at the Diamond Head CMHC. Under the supervision of Marcia Deaton, Ph.D., I conducted eligibility assessments, co-facilitated a Dialectical Behavioral Therapy group, and provided individual therapy. Eligibility assessments consisted of interviewing individuals who were interested in receiving mental health services from the State. The assessments involved determining eligibility for services (i.e., meeting a diagnosis of a serious and persistent mental illness), and writing a report with the eligibility decision and relevant background information.

I believe these opportunities have provided me with invaluable experience and knowledge in the areas of Serious Mental Illness and Psychosocial Rehabilitation. This training option requires 3 seminars, 6 credits of directed research, and 2 years of practicum with the AMHD. As outlined above, I have completed the requirements necessary for this option and respectfully ask the PCS faculty to consider my petition for dual-specialization in the area of SMI/PSR. Thank you for your time and consideration.

Sincerely,

(Student's Name)

c: (Name of Advisor)

APPENDIX P: Professional Licensure

The Psychological Clinical Science program in the Department of Psychology at UH Mānoa is designed to prepare students for licensure as a psychologist in Hawai'i. Our program's curriculum is also likely to lead to licensure eligibility in many other states as well.

Every US state and territory has the jurisdiction to determine what constitutes acceptable education and training for licensure as a psychologist and has constituted a regulating body (usually a licensing board) to determine acceptable levels of education and training to apply for licensure in their jurisdiction. For this reason, you may encounter variability between the licensure requirements for each state.

If you intend to pursue licensure outside of Hawai'i, we HIGHLY advise you to contact the applicable state licensing board to familiarize yourself with its specific requirements and determine its eligibility criteria well in advance of when you intend to apply. For more information, please see the Association of State and Provincial Psychology Boards (ASPPB) webpage for licensure requirements by jurisdiction, as well as contact information for every state licensing board.

The determination of whether applicants' education meets minimum standards for applying for licensure as a psychologist in most states is usually (but not always) contingent on the accreditation status of the program from which the applicant obtained their degree. The doctoral program in clinical psychology at UH Mānoa is accredited by the American Psychological Association (APA). APA accreditation is recognized in MOST states as providing required education for psychology license eligibility.

Although most states recognize graduating from an APA-accredited program to be sufficient evidence that an educational curriculum completed by an applicant for licensure meets requirements for licensure in their jurisdiction, some state boards of psychology have requirements that are not aligned with APA accreditation standards. These divergent standards may include: (1) specific topics not typically covered in an APA-accredited curriculum, such as training in recognizing victims of human trafficking, or (2) use metrics that can be hard to interpret, such as requirements for a specific number of quarter hours when most universities are on a semester schedule. Therefore, determining whether or not the program at UH Mānoa meets the curricular requirements for licensure can be complex for the minority of states that do not accept a Ph.D. from an APA-accredited program as sufficient to meet the educational requirement for licensure.

However, education or training to meet specific requirements could be completed while enrolled in the Psychological Clinical Science program. Students who wish to get licensed in these states could tailor their electives to meet these additional training requirements or attend community training events in Hawai'i that are available for students to assist them in preparing for licensure in these jurisdictions.

Furthermore, like every APA-approved program in clinical psychology, completion of the doctoral program in clinical psychology at UH Mānoa does not lead to licensure immediately upon graduation. Many jurisdictions have licensure requirements, in addition to education requirements for the doctoral degree, that go beyond curricular requirements. For example, Hawai'i and many other states require postdoctoral supervised experience (e.g., after graduation) and passing a national licensing exam (i.e., Part 1 of the Examination for Professional Practice in Psychology (EPPP) – note there are other jurisdictions that require Part 1 and Part 2 of the EPPP) and completing a pre-doctoral internship program that is in itself accredited by the APA. Other jurisdictions may require passing state/territory specific jurisprudence exams prior to becoming licensed as a clinical psychologist, and some states may further require that applicants for licensure as a psychologist complete some form of provisional licensure before being able to apply for full licensure as a psychologist (e.g., Texas).

Nevertheless, the professional preparation you receive in the Psychological Clinical Science program will assist you in pursuing licensure as a psychologist. Our most recent data indicate that 78% of our alumni who graduated between 2010 and 2020 are licensed. Our graduates who did not become licensed typically are in positions that do not require licensure (e.g., teaching faculty positions or research positions).

We will do our best to assist you in your career planning, but during your enrollment in the program, we suggest you visit the website of The Association of State and Provincial Psychology Boards (ASPPB) where they maintain a list of licensure requirements for each jurisdiction in the US and Canada (http://psybook.asppb.org), and if you are planning to pursue professional licensure or certification, it is strongly recommended that you contact the appropriate licensing entity in that state to seek information and guidance regarding licensure or certification requirements before beginning an academic program as regulations and requirements can change over time.

Below is a state-by-state disclosure of our determination regarding whether completion of a doctoral degree in the Psychological Clinical Science program at UH Mānoa satisfies the curricular requirements for licensure in each state, along with the website of the relevant State Professional Association or License Authority, where available. **We make every effort to ensure state licensure or certification information is current, but state requirements may change since this form was last updated. YOU MUST CONTACT THE RELEVANT STATE LICENSING BOARD TO VERIFY THE INFORMATION BELOW.**

The following state licensing boards have indicated that graduation from an APA accredited program is sufficient to meet educational requirements to apply for licensure as a psychologist.

Alabama Board of Examiners in Psychology http://psychology.alabama.gov/
Alaska Board of Psychologists and Psychological Associate Examiners
https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofPsychologists.aspx
Arizona Board of Psychologist Examiners https://psychboard.az.gov/verification-license
Arkansas Psychology Board https://www.ark.org/abep/index.html\
Colorado Department of Regulatory Agencies Division of Professions and Occupations
https://dpo.colorado.gov/Psychology
Connecticut State Department of Public Health. https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Psychology/Psychologist-Licensure
Delaware Division of Professional Regulation Board of Examiners of Psychologists
https://dpr.delaware.gov/boards/psychology/
District of Columbia Health Board of Psychology https://dchealth.dc.gov/node/160282
Florida Board of Psychology https://floridaspsychology.gov/
Georgia Board of Psychology. https://sos.ga.gov/index.php/licensing/plb/44
Guam Board of Allied Health Examiners
https://guamhplo.org/boards-commissions/hplo/guam-board-allied-health-examiners
Hawaii Department of Commerce and Human Affairs Professional & Vocational Licensing Division Board of Psychology http://cca.hawaii.gov/pvl/boards/psychology/
Idaho Board of Psychologist Examiners https://ibol.idaho.gov/IBOL/BoardPage.aspx?Bureau=PSY
Illinois Clinical Psychologists Licensing and Disciplinary Board
https://www.idfpr.com/profs/Boards/PSY.asp
Indiana State Psychology Board https://www.in.gov/pla/psych.htm
Iowa Board of Psychology https://idph.iowa.gov/Licensure/Iowa-Board-of-Psychology
Kansas Behavioral Sciences Regulatory Board https://ksbsrb.ks.gov/
Kentucky Public Protection Cabinet Office of Occupations and Professions Board of Psychology
http://psy.ky.gov/Pages/default.aspx
Louisiana State Board of Examiners of Psychologists http://www.lsbep.org/
Maine Board of Examiners of Psychologists
https://www.maine.gov/pfr/professionallicensing/professions/psychologists/index.html
Maryland Department of Health Board of Examiners of Psychologists
https://health.maryland.gov/psych/Pages/home.aspx
Massachusetts Board of Registration of Psychologists
https://www.mass.gov/orgs/board-of-registration-of-psychologists
Minnesota Board of Psychology https://mn.gov/boards/psychology/

Mississippi Board of Psychology https://www.psychologyboard.ms.gov/Pages/default.aspx
Missouri Division of Professional Registration Committee of Psychologists
https://pr.mo.gov/psychologists.asp
Montana Department of Labor & Industry Board of Psychology http://boards.bsd.dli.mt.gov/psy
Nebraska Department of Health & Human Services Psychology
http://dhhs.ne.gov/licensure/Pages/Psychology.aspx
Nevada Board of Psychological Examiners http://psyexam.nv.gov/
New Hampshire Board of Psychologists https://www.oplc.nh.gov/psychologists/
New Mexico Board of Psychologist Examiners
http://www.rld.state.nm.us/boards/Psychologist_Examiners.aspx
North Carolina Psychology Board http://www.ncpsychologyboard.org/
Ohio Board of Psychology https://psychology.ohio.gov/
Oklahoma State Board of Examiners of Psychologists https://www.ok.gov/psychology/
Oregon Board of Psychology. https://www.oregon.gov/psychology/pages/index.aspx
Pennsylvania State Board of Psychology
https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Psychology/Pages/default.aspx
Rhode Island Department of Health: Psychology https://health.ri.gov/licenses/detail.php?id=241
South Carolina Labor Licensing Regulation Board of Examiners in Psychology
https://llr.sc.gov/psych/
South Dakota Board of Examiners of Psychologists
https://dss.sd.gov/licensingboards/psych/psych.aspx
Tennessee Department of Health: Board of Examiners of Psychology
https://www.tn.gov/health/health-program-areas/health-professional-boards/psychology-board.html
Texas State Board of Examiners of Psychologists https://www.tsbep.texas.gov/
Utah Department of Commerce Division of Occupational and Professional Licensing: Psychology
https://dopl.utah.gov/psych/
U.S. Virgin Islands Board of Psychology Examiners http://usvipsychologyboard.com/
Vermont Board of Psychological Examiners
https://governor.vermont.gov/boards_and_commissions/psychological_examiners
Virginia Department of Health Professions Board of Psychology
https://www.dhp.virginia.gov/Psychology/
Washington Examining Board of Psychology
https://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/Psychologist/BoardInformation
West Virginia Board of Examiners of Psychologists https://psychbd.wv.gov/Pages/default.aspx
Wisconsin Department of Safety and Professional Services: Psychologist
https://dsps.wi.gov/Pages/Professions/Psychologist/Default.aspx
Wyoming Mental Health Professions Licensing Board https://mentalhealth.wyo.gov/home

The following state licensing boards have requirements that we have identified where graduation from an APA-accredited program is NOT sufficient to meet educational requirements to apply for licensure as a psychologist. This list may change. **Again, please be sure to check with the individual boards as to requirements as you plan.**

California Board of Psychology https://www.psychology.ca.gov/

Completion of a doctoral program in clinical psychology accredited by APA may not meet California educational requirements to apply for licensure as a psychologist, depending on the courses, training, and experiences the student completes while enrolled in the program.

California accepts APA accredited programs to meet educational degree requirements, but California also requires the following additional specific coursework, experience or continuing education prior to licensure:

- 6 Hours in suicide risk assessment and intervention
- 10 hours of training in human sexuality
- 7 hours of training in child abuse assessment
- 15 hours in spousal/partner abuse
- 15 hours in substance abuse
- 10 hours in aging and long-term care

Maine Board of Examiners of Psychologists -
https://www.maine.gov/pfr/professionallicensing/professions/board-examiners-psychologists

Maine accepts APA accredited programs to meet educational degree requirements, but also requires 3 hours of course work in family or intimate partner violence screening and referral and intervention strategies, including knowledge of community resources, cultural factors, evidence-based risk assessment and same-gender abuse dynamics

Michigan Department of Licensing and Regulatory Affairs Board of Psychology
https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_27529_27552---,00.html

Michigan accepts APA accredited programs to meet educational degree requirements, but also requires additional training in identifying victims of human trafficking before being approved for licensure.

New Jersey Division of Consumer Affairs State Board of Psychological Affairs
https://www.njconsumeraffairs.gov/psy/Pages/default.aspx

Completion of a doctoral program in clinical psychology accredited by APA may not meet New Jersey educational requirements to apply for licensure as a psychologist, depending on the courses, training, and experiences the student completes while enrolled in the program.

New Jersey accepts APA accredited programs to meet educational degree requirements, but New Jersey also requires the coursework in these programs to include 6 doctoral credit hours in the following domains:

- Personality Theory and Human Development Theory
- Learning Theory and/or Physiological Psychology
- Psychopathology

Depending on the electives taken, graduates of the Psychological Clinical Science program may need additional credit hours of coursework beyond the minimum requirements in some of these areas (e.g., personality/human development).

New York Office of the Professions: Psychology https://www.op.nysed.gov/psychology

Completion of a doctoral program in clinical psychology accredited by APA may not meet New York educational requirements to apply for licensure as a psychologist, depending on the courses, training, and experiences the student completes while enrolled in the program.

New York accepts APA accredited programs to meet educational degree requirements, but New York also has specific requirements regarding coursework in research, ethical and legal standards, individual and cultural diversity, professional values, attitudes and behaviors, communication and interpersonal skills, assessment and diagnosis, intervention, supervision, consultation and interprofessional/

interdisciplinary skills. New York also has an additional Child Abuse Identification Reporting requirement by completing coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law.

Depending on the electives taken, graduates of the Psychological Clinical Science program may need additional credit hours of coursework beyond the minimum requirements in some of these areas. Students intending to apply for licensure in New York are advised to work closely with the Psychological Clinical Science program's Director of Clinical Training and the NY Board to choose electives or independent study available that will meet New York's requirements.

North Dakota State Board of Psychology Examiners http://www.ndsbpe.org/index.html

Completion of a doctoral program in clinical psychology accredited by APA meets North Dakota educational requirements to apply for licensure as a psychologist. However, North Dakota has specific requirements as the nature of clinical supervision hours accepted as applying to licensure related to ratios of telesupervision to face-to-face supervision and individual versus group supervision requirements.

Puerto Rico Board of Psychologist Examiners: (787) 723-2885

Puerto Rico requires regional accreditation of the institution granting the PhD degree. The University of Hawai'i at Mānoa (UHM) has been accredited by the Senior College and University Commission of the Western Association of Schools and Colleges (WASC) since 1955 (https://www.wscuc.org/institutions). WSAC is one of six regional accrediting agencies recognized by the U.S. Department of Education, and evaluates and accredits institutions in California, Hawai'i, and the Pacific Islands. UHM was last given 10-year accreditation in 2021 and is up for renewal in 2031 (see https://manoa.hawaii.edu/wasc / for renewal status). Thus, it is likely that the curriculum offered by the Psychological Clinical Science program is sufficient, but it would be important to confirm this with the Puerto Rico Board of Psychologist Examiners.

APPENDIX Q: Non-APA-accredited Internship applications.

Petitions for approval of non-accredited internships must be submitted and approved by the PCS faculty prior to accepting the internship. The petition should address each of the criteria listed in the APA Accreditation Guidelines and at a minimum address the issues outlined below:

Domain A: Eligibility

The proposed internship must be consistent with the goals and principles of APA accreditation guidelines (see https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf and https://www.apa.org/ed/accreditation/section-c-soa.pdf).

The internship must be pursued in institutional settings appropriate for the education and training of professional psychologists. The following guidelines

1. The program offers internship education and training in psychology, one goal of which is to prepare students for the practice of professional psychology.

2. The program is sponsored by an institution or agency, which has among its primary functions the provision of service to a population of recipients sufficient in number and variability to provide interns with adequate experiential exposure to meet its training purposes, goals, and objectives.

3. The program is an integral part of the mission of the institution in which it resides and is represented in the institution's operating budget and plans in a manner that enables the program to achieve its goals and objectives.

4. The program requires of each intern the equivalent of 1-year full-time training to be completed in no less than 12 months and no more than 24 months.

5. The program engages in actions that indicate respect for and understanding of cultural and individual diversity. This is reflected in the programs policies for the recruitment, retention, and development of staff and interns and in didactic and experiential training that fosters an understanding of cultural and individual diversity as they relate to professional psychology.

Domain B: Program Philosophy, Objectives, and Training Plan

The program has a clearly specified philosophy of training, compatible with the mission of its sponsor institution and appropriate to the practice of professional psychology. The internship is an organized professional training program with the goal of providing high quality training in professional psychology. The training model and goals are consistent with its philosophy and objectives. The program has a logical training sequence that builds upon the skills and competencies acquired during doctoral training.

1. The program's philosophy must also be consistent with the following two principles of the discipline:

   (a) Psychological practice is based on the science of psychology which, in turn, is influenced by the

professional practice of psychology; and

(b) Training for practice is sequential, cumulative, and graded in complexity.

2. The program specifies education and training objectives in terms of the competencies expects of its graduates. Those competencies must be consistent with:

   (a) The program's philosophy and training model; and

   (b) The substantive area(s) of professional psychology for which the program prepares its interns for the entry level of practice.

3. The internship is an organized program. It consists of a properly administered, planned, structured, and programmed sequence of professionally supervised training experiences that are characterized by greater depth, breadth, duration, frequency, and intensity than practicum training. The training program includes the following:

   (a) The program's training activities are structured in terms of their sequence, intensity, duration, and frequency as well as planned and programmed in the modality of the training activities and their content;

   (b) The primary training method is experiential (i.e., service delivery in direct contact with service recipients). The experiential training component includes socialization into the profession of psychology and is augmented by other appropriately integrated modalities, such as mentoring, didactic exposure, role modeling and enactment, observational/vicarious learning, supervisory or consultative guidance;

   (c) Intern supervision is regularly scheduled and sufficient relative to the intern's professional responsibility assuring at a minimum that a full-time intern will receive four hours of supervision per week, at least two hours of which will include individual supervision;

   (d) The content of internship training activities addresses the application of psychological concepts and current scientific knowledge, principles, and theories to the professional delivery of psychological services to the consumer public; professional conduct and ethics; and standards for providers of psychological services;

   (e) The program has an administrative structure and process which systematically coordinates, controls, directs, and organizes the training activity and resources; and

   (f) The program has a designated leader who is a doctoral psychologist, appropriately credentialed (i.e., licensed, registered, or certified) to practice psychology in the jurisdiction in which the internship is located and who is primarily responsible for directing the training program.

4. In achieving its objectives, the program requires that all interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in the areas of:

   (a) Ethical and legal standards

   (b) Theories and methods of assessment and diagnosis and effective intervention (including empirically supported treatments);

(c) Professional values, attitudes, and behaviors

(d) Communication and interpersonal skills

(e) Theories and/or methods of consultation, evaluation, and supervision;

(f) Strategies of scholarly inquiry; and

(g) Issues of cultural and individual diversity that are relevant to all of the above.

5. The program has the responsibility to further the training experiences of its interns and to promote the integration of practice and scholarly inquiry. Consistent with these responsibilities, the program should:

   (a) Demonstrate that intern's service delivery tasks and duties are primarily learning oriented and that training considerations take precedence over service delivery and revenue generation; and

   (b) Ensure that the intern's educational and practicum experiences are consistent with the program's model, philosophy, and training goals and are appropriate for doctoral training in professional psychology.

   Furthermore, given its stated goals and expected competencies, the program is expected to provide information regarding the minimal level of achievement it requires for interns to satisfactorily progress through and complete the internship program, as well as evidence that it adheres to the minimum levels it has set.

Domain C: Program Resources

The program demonstrates that it possesses resources of appropriate quality and sufficiency to achieve its training goals and objectives.

1. The program has formally designated intern training supervisors who:

   (a) Function as an integral part of the site where the program is housed and have primary responsibility for professional service delivery;

   (b) Are sufficient in number to accomplish the program's service delivery and supervision of training activities and goals;

   (c) Are doctoral-level psychologists who have primary professional (clinical) responsibility for the cases on which they provide supervision, and are appropriately credentialed (i.e., licensed, registered or certified) to practice psychology in the jurisdiction in which the internship is located;

   (d) Are responsible for reviewing with the interns the relevant scientific and empirical bases for the professional services delivered by the interns;

   (e) Are of appropriate quality for the program's philosophy or training model and goals;

(f) Participate actively in the program's planning, its implementation, and its evaluation; and

(g) Serve as professional role models to the interns consistent with the training goals and objectives.

In addition to the designated intern training staff, the program may include appropriately qualified adjunct staff/supervisors to augment and expand intern's training experiences, provided these adjuncts are integrated into the program and are held to standards of competence appropriate to their role/contribution within the program (as in 1 d, e & g above).

2. The program has the necessary additional resources required to achieve its training goals and objectives. The program works with the administration of the sponsor institution to develop a plan for the acquisition of those additional resources that may be necessary for program development. These should include:

   (a) Financial support for its intern stipends, staff, and training activities;

   (b) Clerical and technical support;

   (c) Training materials and equipment;

   (d) Physical facilities and training settings; and

   (e) Training settings appropriate to the program's training model

3. An internship program may consist of, or be located under, a single administrative entity (institution, agency, school, department, etc.) or may take the form of a consortium. A consortium is comprised of multiple independently administered entities that have, in writing, formally agreed to pool resources to conduct a training or education program. Written consortia agreements should articulate the specific role of each participating agency/institution in the internship.

Domain D: Cultural and Individual Differences and Diversity

The program recognizes the importance of cultural and individual differences and diversity in the training of psychologists.

1. The program has a thoughtful and coherent plan to provide interns with relevant knowledge and experiences about the role of cultural and individual diversity in psychological phenomena and professional practice. It engages in positive efforts designed to ensure that interns will have opportunities to learn about cultural and individual diversity as they relate to the practice of psychology. The avenues by which these goals are achieved are to be developed by the program.

Domain E: Intern-Staff Relations

The program demonstrates that its education, training, and socialization experiences are characterized by mutual respect and courtesy between interns and training staff and that it operates in a manner that facilitates intern's training and educational experiences.

1. The program recognizes the rights of interns and staff to be treated with courtesy and respect. In order to maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and staff should be collegial and conducted in a manner that reflects the highest standards of the profession (see APA "Ethical Principles of Psychologists and Code of Conduct" American Psychologist, December 1992). The program has an obligation to inform interns of these principles and of their avenues of recourse should problems arise.

2. Program staff is accessible to the interns and provide them with a level of guidance and supervision that encourages successful completion of the internship. The staff provides appropriate professional role models and engages in actions that promote the intern's acquisition of knowledge, skills, and competencies consistent with the program's training goals.

3. The program shows respect for cultural and individual diversity among their interns by treating them in accord with the principles contained in Domain A, Section 5 of this document.

4. At the time of admission, the program provides interns with written policies and procedures regarding program requirements and expectations for interns' performance and continuance in the program and procedures for the termination of students. Interns receive, at least semiannually, written feedback on the extent to which they are meeting these requirements and performance expectations. The feedback should address the interns' performance and progress in terms of professional conduct and psychological knowledge, skills and competencies in the areas of psychological assessment, intervention, and consultation. Such feedback should include:

   (a) Timely written notification of all problems that have been noted and the opportunity to discuss them;

   (b) Guidance regarding steps to remediate all problems (if remediable); and

   (c) Substantive written feedback on the extent to which corrective actions are or are not successful in addressing the issues of concern.

   The student should supply to the PCS Director a letter from the sponsoring agency/institution outlining important commitments encoded in the above guidelines: e.g., type and extent of client contact, hours of training and service, hours of supervision per week, resources and facilities made available to the intern, personnel, orientation. Vitae from supervisors should be supplied.

APPENDIX R: Form for Outside Employment for Students

It is the PCS program's policy to require in writing, requests for permission to accept employment involving psychological services prior to acceptance of any outside employment (See Section 10.14 in PCS Program Handbook for details).

Please complete the information requested, get your advisor's signature on the forms and submit to the DCT for consideration by the PCS faculty at their next scheduled meeting.

Name of Student: _____

What is the start date for this employment? _____

Name of employer: _____

Name of person supervising you: _____

License type and number of Supervisor: _____

Does the employer's practice insurance will cover you for liability insurance) **Y N (Circle one)**

Address of employer:

Description of Responsibilities:

Days & Times:

In addition to information regarding outside employment above, please also provide all paid position(s) you hold at UH Mānoa.

Position I: _____ Department: _____ Supervisor: _____

Days/Hours: _____

Position II: _____ Department: _____ Supervisor: _____

Days/Hours: _____

Student Signature: _____ Date:_____

Faculty Advisor Signature: _____ Date:_____

Director of Clinical Training: _____ Date:_____

APPENDIX S: Competency Remediation Plan

Competency Remediation Plan

Date of Competency Remediation Plan Meeting:	
Name of Trainee:	
Primary Supervisor/Advisor:	
Names of All Persons Present at the Meeting:	
All Additional Pertinent Supervisors/Faculty:	
Date for Follow-up Meeting(s):	

Circle all competency domains in which the trainee's performance does not meet the benchmark:

Foundational Competencies:

Professionalism, Reflective Practice / Self-Assessment / Self-care, Scientific Knowledge and Methods, Relationships, Individual and Cultural Diversity, Ethical Legal Standards and Policy, Interdisciplinary Systems

Functional Competencies:

Assessment, Intervention, Consultation, Research/evaluation, Supervision, Teaching, Management-Administration, Advocacy

Description of the problem(s) in each competency domain circled above:

Date(s) the problem(s) was brought to the trainee's attention and by whom:

Steps already taken by the trainee to rectify the problem(s) that was identified:

Steps already taken by the supervisor(s)/faculty to address the problem(s):

Competency Remediation Plan *

(use a separate sheet for each separate problem)

Brief description of problem from above:	
Competency Domain/ Essential Components:	
Problem Behaviors:	
Expectations for Acceptable Performance:	
Trainee's Responsibilities/ Actions:	
Supervisors'/ Faculty Responsibilities/ Actions:	
Timeframe for Acceptable Performance:	
Assessment Methods:	
Dates of Evaluation:	
Consequences for Unsuccessful Remediation:	

* Refer to: Vacha-Haase, T., Elman, N. S., Forrest, L., Kallaugher, J., Lease, S. H., Veilleux, J. C., & Kaslow, N. J. (2019). Remediation plans for trainees with problems of professional competence. *Training and Education in Professional Psychology, 13*(4), 239–246. https://doi.org/10.1037/tep0000221

I, _____, have reviewed the above competency remediation plan with my primary supervisor/advisor, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above decision (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

_____
Trainee Name Date

Trainee's comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

_____
Supervisor/Advisor Date

_____
Training Director Date

APPENDIX T: Periodic Evaluation of Competency Remediation Plan

Periodic Evaluation of Competency Remediation Plan

Date of Competency Remediation Plan Meeting:	
Name of Trainee:	
Primary Supervisor/Advisor:	
Names of All Persons Present at the Meeting:	
All Additional Pertinent Supervisors/Faculty:	
Date for Follow-up Meeting(s):	

PROBLEM1

(copy and paste new table for each problem)

Brief description of problem from above:	
Competency Domain/ Essential Components	
Expectations for Acceptable Performance	
Outcomes Related to Expected Benchmarks (met, partially met, not met)	
Next Steps (e.g., remediation concluded, remediation continued and plan modified, next stage in Due Process Procedures)	
Next Evaluation Date (if needed)	

I, _____, have reviewed the above summative evaluation of my competency remediation plan with my primary supervisor(s)/faculty, any additional supervisors/faculty, and the director of training. My signature below indicates that I fully understand the above. I agree/disagree with the above outcome

assessments and next steps (please circle one). My comments, if any, are below. (*PLEASE NOTE: If trainee disagrees with the outcomes and next steps, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

_____

Trainee Date

Trainee's comments (Feel free to use additional pages):

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

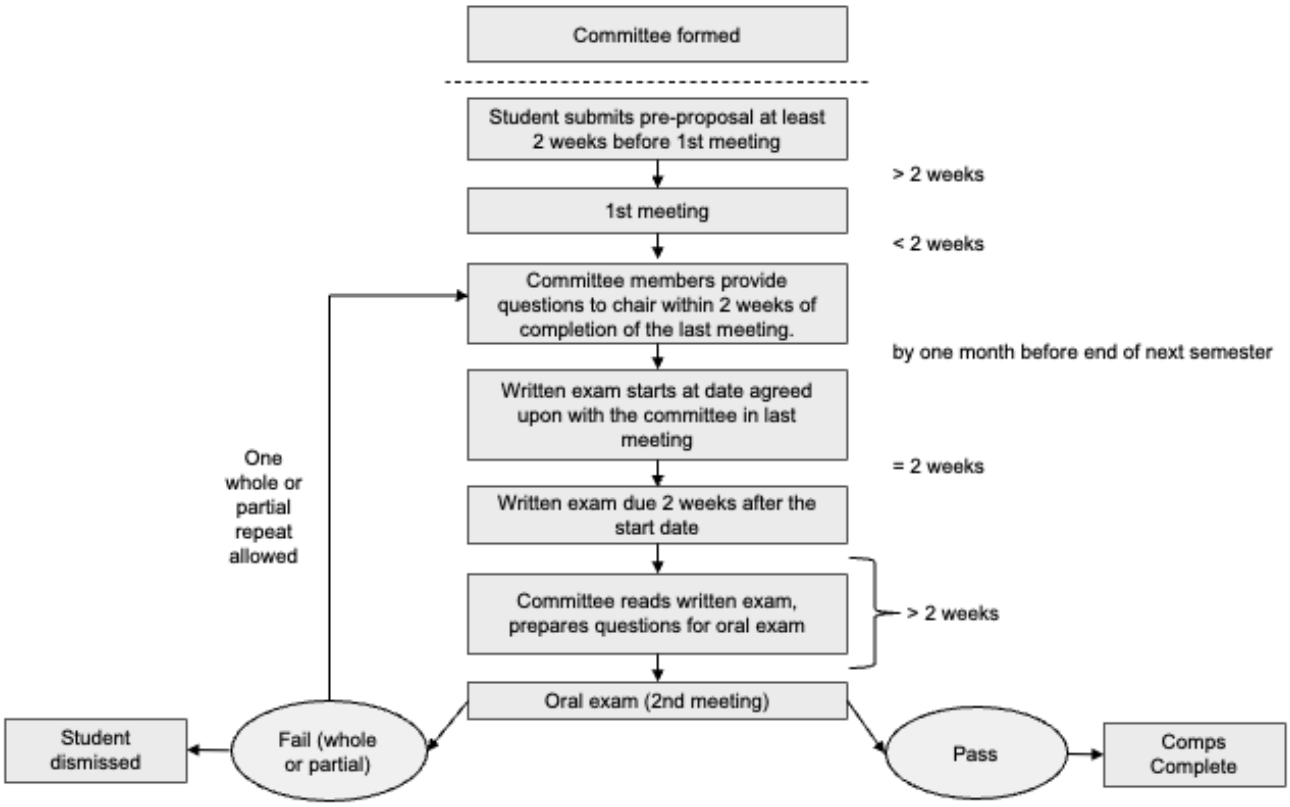
_____

Supervisor/Advisor Date

_____

Training Director Date

APPENDIX U: Comprehensive Exam Timeline Flowchart



APPENDIX V: APA-defined Profession-Wide Competencies

C-8 D Profession-Wide Competencies

(Commission on Accreditation, October 2015; revised, July 2017, November 2020, April 2021, February 2022, February 2026)

Introduction

The Commission on Accreditation (CoA) requires that all trainees who complete accredited training programs, regardless of substantive practice area, degree type, or level of training, develop certain competencies as part of their preparation for practice in health service psychology (HSP). The CoA evaluates a program's adherence to this standard in the context of the SoA sections that articulate profession-wide competencies at the doctoral (Section II.B.1.b), internship (Section II.A.2), and post-doctoral (Section II.B.1) levels.

This Implementing Regulation refers specifically to aspects of a program's curriculum or training relevant to acquisition and demonstration of the profession-wide competencies required in all accredited programs at the doctoral level. The CoA acknowledges that programs may use a variety of methods to ensure student competence, consistent with their program aim(s), degree type, and level of training. However, all programs must adhere to the following training requirements:

- ***Consistency with the professional value of individual and cultural diversity*** (SoA Introduction, Section II.B). Although Individual and Cultural Diversity is a profession-wide competency, the CoA expects that appropriate training and attention to diversity will also be incorporated into each of the other profession-wide competencies, consistent with the SoA Introduction, Section II.B.2.a.

- ***Consistency with the existing and evolving body of general knowledge and methods in the science and practice of psychology*** (SoA Introduction, Section II.B.2.d). The CoA expects that all profession-wide competencies will be grounded, to the greatest extent possible, in the existing empirical literature and in a scientific orientation toward psychological knowledge and methods.

- ***Level-appropriate training***. The CoA expects that training in profession-wide competencies at the doctoral level will provide preparation for entry level independent practice and licensure (SoA Introduction, Section II.B.2.b).

- ***Level-appropriate expectations***. Training in profession-wide competencies (PWCs) at the doctoral level will provide preparation for internship. For each PWC, readiness for internship is generally defined as: Demonstrates capacity to integrate and apply PWCs with increasing professional autonomy and effectiveness across a broad and increasingly more complex range of clinical and professional activities in cooperation and collaboration with supervision, consultation, and training.

  Following internship, doctoral programs are also responsible for ensuring that all students achieve readiness for entry level practice on all profession-wide competencies upon graduation (successful completion of an APA accredited internship is sufficient evidence that this has occurred).

- ***Evaluation of trainee competence***. The CoA expects that evaluation of trainees' competence ineach required profession-wide competency area will be an integral part of the curriculum, with evaluation methods and minimum levels of performance that are consistent with the SoA (e.g., for clinical competencies, evaluations are based at least in part on direct observation; evaluations are consistent with best practices in student competency evaluation).

I. Research

Doctoral students must demonstrate competency in the integration of science and practice.

The CoA recognizes science as foundational to HSP. In order to successfully complete programs accredited in HSP, doctoral students must demonstrate competency through knowledge, skills, and competence sufficient to produce new knowledge, to critically evaluate and use existing knowledge to solve problems, and to disseminate research. This area of competence requires substantial knowledge of scientific methods, procedures, and practices. At a minimum, doctoral students are expected to:

- Demonstrate the substantially independent ability to conduct research or other scholarly activities that are of sufficient quality and rigor to have the potential to contribute to the scientific, psychological, or professional knowledge base.
- Critically evaluate and disseminate research or other scholarly activity via professional publication or presentation at the local (including the host institution), regional, or national level.

II. Ethical and legal standards

Doctoral students must act in a manner consistent with current ethical and legal standards of the field. At a minimum this requires competency in each of the following areas:

- Be knowledgeable of and act in accordance with each of the following:
  - the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
  - relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
  - relevant professional standards and guidelines.
- Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
- Conduct self in an ethical manner in all professional activities.

III. Individual and cultural diversity

Effectiveness in health service psychology requires that students develop the ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Therefore, trainees must demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individuals and communities who embody a variety of cultural and personal background and characteristics. The Commission on Accreditation defines cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. The CoA recognizes that development of competence in working with individuals of every variation of cultural or individual difference is not reasonable or feasible. Doctoral students are expected to at a minimum to:

- demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves;
- demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service; and
- demonstrate the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in articulating an approach to working effectively with diverse individuals and groups.
- demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ with their own.

IV. Professional values and attitudes
Doctoral students must demonstrate a commitment to professional values and attitudes consistent with professional standards. At a minimum, students are expected to:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, the integration of science and practice, professional identity, accountability, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.

V. Communication and interpersonal skills
Doctoral students must demonstrate effective communication and interpersonal skills. At a minimum, students are expected to:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Manage difficult communication well.

VI. Assessment
Doctoral students must demonstrate competence in conducting evidence-based assessment consistent with the scope of health service psychology. At a minimum, students are expected to:

- Demonstrate current knowledge and application of knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity considerations and contextual influences (e.g., family, social, societal, and cultural) of the service recipient.
- Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

VII. Intervention
Doctoral students demonstrate competence in evidence-based interventions consistent with the scope of health service psychology. Intervention is being defined broadly to include but not be limited to psychotherapy. Interventions may be derived from a variety of theoretical orientations or approaches. The level of intervention may include those directed at an individual, a family, a group, an organization, a community, a population, or other systems.

At a minimum this includes the ability to:
- Establish and maintain effective relationships with the recipients of psychological services.
- Develop and implement evidence-based intervention plans specific to the service delivery goals informed by the current scientific literature, assessment findings, diversity considerations, and contextual variables.

This includes the ability to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing progress evaluation.

VIII. Supervision

The CoA views supervision as grounded in science and integral to the activities of health service psychology. At a minimum, doctoral students are expected to:

- Demonstrate knowledge of supervision models and practices.
- Demonstrate knowledge of contemporary evidence-based supervision literature

IX. Consultation and interprofessional/interdisciplinary skills

The CoA views consultation and interprofessional/interdisciplinary interaction as integral to the activities of health service psychology. Consultation and interprofessional/interdisciplinary skills are reflected in the intentional collaboration of professionals in health service psychology with other individuals or groups to address a problem, seek or share knowledge, or promote effectiveness in professional activities. At a minimum, doctoral students are expected to:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Demonstrates knowledge of consultation models and practices.

APPENDIX W: INTERNSHIP CLINICAL READINESS EVALUATION

PCS INTERNSHIP CLINICAL READINESS EVALUATION

Student name: _____

To be completed by PSC faculty committee the September before a student applies for pre-doctoral internship.

Student is ready for internship application in that:
1. Student has achieved expected competency in **ethical knowledge and decision making in clinical work** (based on review of relevant coursework, practica evaluations during time in program, pass on ethics portion of qualifying exam, consultation with student advisor and faculty input)

Pass_____ No Pass_____

Comments:

2. Student has achieved expected competency in knowledge of **diversity issues and incorporation into clinical work** (based on review of relevant coursework, practica evaluations during time in program, pass on ethics portion of qualifying exam, consultation with student advisor and faculty input, annual reviews)

Pass_____ No Pass_____

Comments:

3. Student has achieved expected level of competency in **Clinical interventions** (as determined by cumulative practica evaluations, relevant course grades and annual reviews)

Pass_____ No Pass_____

Comments:

4. Student has participated in adequate provision of **clinical assessments and successful interpretation** and meets expected competency.

Pass____ No Pass_____

Comments: Comments:

5. Student has participated in **clinical supervisory experiences** (including successful completion of course content in Supervision and Consultation class) and achieved expected level of competency as determined by practica evaluation forms and other supervisee feedback (assignments in Supervision and Consultation class)

Pass____ No Pass_____

Comments:

6. Student has achieved expected level of competency to **apply for internship/enter the profession in clinical theoretical knowledge and application**, as determined by qualifying exam, as well as practica and relevant coursework.

Pass_____ No Pass_____

Comments:

7. Student has successfully completed an adequate **number of hours** towards internship application (review Time to Track sheet submitted by student).

Pass_____ No Pass_____

Comments:

8. Student has achieved expected competency in **overall level of professionalism and appropriate clinical behavior** (as determined by annual reviews, practica evaluations, relevant coursework).
Pass_____ No Pass_____

Comments:

Overall clinical readiness for Internship:
_____ Has met clinical competencies and ready to apply for internship
_____ Needs to engage in the following activities before applying for internship (describe in detail and discuss with student):

Signature:

_____
Director of Clinical Training

Date discussed: _____