

Hawai'i  
Psychology  
Internship  
Consortium



*hui no pono*

A scenic photograph of a tropical coastline. In the foreground, a sharp, green, rocky point juts into a deep blue ocean. The water transitions from dark blue to a lighter turquoise near the shore. In the background, steep, green cliffs rise from the water's edge under a blue sky with scattered white clouds.

**2025-2026**  
**Internship Handbook**





Dear 2025-2026 HI-PIC Interns,

Welcome to the Hawai'i Psychology Internship Consortium (HI-PIC)! The existence of HI-PIC is the result of the determined efforts of many individuals dedicated to creating high-quality psychology internship training in Hawai'i. The faculty of HI-PIC is excited to support your development as psychologists, and we look forward to a successful training year. The next year is an opportunity for you to further enhance your skills and gain knowledge as a psychologist in training, utilizing the resources of HI-PIC. This program is designed to build on your current knowledge through your work with your on-site supervisors, community psychologists, local mental health experts, and each other. We hope that you will reach out to us and to each other throughout your internship year.

Sincerely,

Michael J. Taylor, PhD  
Program Director  
Hawai'i Psychology Internship Consortium

[WWW.HI-PIC.ORG](http://WWW.HI-PIC.ORG)





## Orientation Agenda

### July 16-18 2025

#### Wednesday, July 16

8:00 am	Arrive at Honolulu airport (Oahu Interns will pick up outer island interns) <ul style="list-style-type: none"> <li>Kauai: Flight HA 154 8:30am-9:09am</li> <li>Hilo: Flight HA 131 7:49am-8:45am</li> <li>Kona: flight HA 147 8:00 am- 8:51am</li> </ul>
10:00 am -10:30 am	Arrive at Hilton Waikiki Garden Inn (2330 Kūhiō Ave., Honolulu, HI 96815)
10:30 am -12:00 pm	HR Paperwork with Deirdre Coulter (WICHE) Kuhio I Conference Room
12:00 pm	Lunch and Ice Breaker
1:00 pm – 3:00 pm	Orientation Binder/Policy Review
3:00 pm	Free Time
6:00 pm	Dinner at Liliha Bakery (2330 Kalākaua Ave Suite 326)

#### Thursday, July 17

	Breakfast (provided vouchers for café)
9:00 am	Orientation Binder/Policy Review
12:00 pm	Lunch
1:00 pm	Dolly Tatofi, MSW, LCSW (Pouhana O Na Wahine) Cultural Didactic
3:00 pm	Talk story with Supervisor/Free time
6:00 pm	Dinner at Monkeypod (2169 Kālia Rd unit 111, Honolulu, HI 96815)

#### Friday, July 18

	Breakfast (provided vouchers for café)
9:30 am	Orientation Binder Jeopardy Review
11:00am	Check out
3:00 pm	Outer Island interns fly home <ul style="list-style-type: none"> <li>Kauai HA 363 3:36pm-4:18pm</li> <li>Hilo HA 372 4:00 pm - 4:54pm</li> <li>Kona HA 368 3:55pm - 4:41 pm</li> </ul>

WWW.HI-PIC.ORG





## HI-PIC Supervising Faculty Contact Sheet

Kauai Sites		
DOE-Kauai Complex		
Training Director & Site Director: Mike Taylor, PhD Waimea High School <a href="mailto:Mike.Taylor@k12.hi.us">Mike.Taylor@k12.hi.us</a> 808-378-8736 (c)	Site Supervisor: Jade Heffern, PhD, Kapa'a Middle School <a href="mailto:jade.heffern@k12.hi.us">jade.heffern@k12.hi.us</a> 808-651-8524 (c)	Site Supervisor: Toyo Suzuki, PhD Kauai High School <a href="mailto:Toyoichiro.Suzuki@kas.hi.us">Toyoichiro.Suzuki@kas.hi.us</a> 808-651-2823 (c)
Big Island Sites		
DOE- West Hawaii Complex	DOE-Hilo Waiakea Complex	DOH: East Hawai'i Family Guidance Center
Site Director/Sup.: Katlyn Hale, PsyD Konawaena High School <a href="mailto:Katlyn.Hale@k12.hi.us">Katlyn.Hale@k12.hi.us</a> 808-747-7860 (c) 808-987-7431 (work cell)	Site Director/Sup.: Jessica Carroll, PhD Email: <a href="mailto:Jessica.Carroll@k12.hi.us">Jessica.Carroll@k12.hi.us</a> Phone: 808-430-5426 (c)	Site Director/Supervisor: Mei-Lin Lawson, PsyD <a href="mailto:MeiLin.Lawson@doh.hawaii.gov">MeiLin.Lawson@doh.hawaii.gov</a> 808-765-7722 (c)  Assistant Training Director and Adjunct Supervisor: Alexandria King, PsyD <a href="mailto:Alexandria.King.intern@doh.hawaii.gov">Alexandria.King.intern@doh.hawaii.gov</a> 808-425-3955 (c)
Oahu Sites		
DOE: Windward Complex	DOH: Hawai'i Youth Correctional Facility	DOH: Adult Mental Health Division
Site Director/Sup.: Tod Casey Takeuchi, PsyD <a href="mailto:Tod.Takeuchi@k12.hi.us">Tod.Takeuchi@k12.hi.us</a> 808-220-3904 (w)	Site Director/Supervisor: Canaan Higa, PsyD <a href="mailto:Canaan.Higa@doh.hawaii.gov">Canaan.Higa@doh.hawaii.gov</a> 808-294-8989 (c)  Adjunct Supervisor: Jodie Gerson, PsyD <a href="mailto:Jodie.gerson.nsw@doh.hawaii.gov">Jodie.gerson.nsw@doh.hawaii.gov</a> 808-291-1458 (c)	Site Director/Supervisor: Meghan McBrearty, PhD <a href="mailto:Meghan.McBrearty@doh.hawaii.gov">Meghan.McBrearty@doh.hawaii.gov</a> 808-236-8576 (c)  Adjunct Supervisor: Stanley Luke, PhD <a href="mailto:Stanley.Luke@doh.hawaii.gov">Stanley.Luke@doh.hawaii.gov</a> 808-927-4928 (c)  CEB Rotation Sup.: Brenda Bauer-Smith, PsyD <a href="mailto:Brenda.Bauer-Smith@doh.hawaii.gov">Brenda.Bauer-Smith@doh.hawaii.gov</a> 808-306-8095 (c); 808 - 832-5620 (o)



## HI-PIC Aim and Competencies

### Program Aim:

*The Hawai'i Psychology Internship Consortium's (HI-PIC) mission is to prepare and retain psychologists to provide culturally competent public mental health care for the diverse children, adolescents, and adults of Hawai'i.*

### Profession-Wide Competencies and Learning Elements

#### **Overarching Goals:**

The Hawai'i Psychology Internship Consortium (HI-PIC) represents the collaborative effort of three Hawai'i state agencies and the Western Interstate Commission for Higher Education, WICHE, to share resources and faculty for the purpose of providing a broad and general educational program for psychology interns.

Our program offers one-year, full time internship positions at treatment centers across four of Hawai'i's islands- Kaua'i, O'ahu, Maui, and the Big Island of Hawai'i. It is expected that by the conclusion of the internship year, interns will have achieved intermediate-to-advanced competence in APA's nine Profession Wide Competencies and associated Learning Elements. For a comprehensive list of all required Learning Elements, please see the HI-PIC Intern Evaluation. The following represents a list of all required competencies and a general summary of associated learning elements:

#### **Competency 1:**

Interns will achieve competence appropriate to their professional developmental level in the area of intervention.

*Learning Elements related to this competency include the following:*

- Case conceptualization and treatment planning
- Implementation of therapeutic interventions informed by the current evidence base
- Crisis intervention
- Therapeutic skills

#### **Competency 2:**

Interns will achieve competence appropriate to their professional developmental level in the area of Assessment.

*Learning Elements related to this competency include the following:*

- Diagnostic skill
- Instrument selection, administration, and scoring



- Test interpretation
- Clinical formulation
- Communicating results

### **Competency 3:**

Interns will achieve competence appropriate to their professional developmental level in the area of Interprofessional and Interdisciplinary Consultation.

*Learning Elements related to this competency include:*

- Knowledge of the roles and perspectives of other professionals
- Engagement in interdisciplinary consultation and collaboration

### **Competency 4:**

Interns will achieve competence appropriate to their professional developmental level in the area of Supervision.

*Learning Elements related to this competency include the following:*

- Theories and methods of supervision
- Effective provision of supervision (direct or simulated)

### **Competency 5:**

Interns will achieve competence appropriate to their professional developmental level in the area of Cultural and Individual Diversity.

*Learning Elements related to this competency include the following:*

- Cultural awareness of self and others
- Effective navigation of cultural differences
- Effects of cultural considerations on clinical activities
- Evidence-informed approach to cultural considerations

### **Competency 6:**

Interns will achieve competence appropriate to their professional developmental level in the area of Research.

*Learning Elements related to this competency include the following:*

- Evaluation and/or dissemination of research or other scholarly activities
- Application of scientific knowledge to practice

### **Competency 7:**

Interns will achieve competence appropriate to their professional developmental level in the area of Ethical and Legal Standards.

*Learning Elements related to this competency include the following:*

- Knowledge of ethical, legal, and professional standards
- Recognition of ethical dilemmas
- Adherence to ethical principles and guidelines

### **Competency 8:**

Interns will achieve competence appropriate to their professional developmental level in the area of Professional Values, Attitudes, and Behaviors.

*Learning Elements related to this competency include the following:*

- Professional awareness and growth
- Interpersonal relationships
- Effective use of supervision
- Self-awareness and self-reflection



- Clinical documentation
- Case management

### Competency 9:

Interns will achieve competence appropriate to their professional developmental level in the area of Communication and Interpersonal Skills.

*Learning Elements related to this competency include the following:*

- Effective communication (oral, nonverbal, and written)
- Effective interpersonal skills

## Evaluation Scoring

The scoring rubric for intern evaluations uses a 5-point Likert scale, with the following rating values:

1= **Significant Development Needed;** the intern does not understand or is unable to effectively demonstrate the element

2= **Some Development Needed;** the intern has a basic foundation in the element and moves toward acquiring competence in it

3= **Nearing Mastery of Element;** the intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element

4= **Mastery of Element;** Intern is functioning at an entry level of professional psychology

5= **Significantly Exceeds Expectations;** the intern has a well-established competence in the element and could practice independently

## Minimal Levels of Achievement

The minimum level of achievement (MLA) on each evaluation changes over the course of the training year, reflecting expected growth in competence. The MLAs are as follows:

3-month evaluation: MLA is a score of 2

7-month evaluation: MLA is a score of 3

Final, 12-month evaluation: MLA is a score of 4

If an intern receives a score of less than 2 at the 3-month evaluation period or a score of less than 3 at the 7-month evaluation period on any component of any evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, a remediation plan is put into place, as described in the Due Process and Grievance Procedures. The Due Process guidelines can be found in the Orientation binder and on [www.hi-pic.org](http://www.hi-pic.org).

At the final evaluation period, interns must achieve a rating of "4" for each competency, reflecting their readiness to practice at an entry level. Thus, all interns must receive a rating of 4 or above on all training elements by the final evaluation to complete the program successfully.



Additionally, all HI-PIC interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement, attending required training experiences (e.g., didactic seminar), and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Interns will earn 25% of their total 2000 hours in face-to-face contact (200 hours in supervision and 96 hours in didactic training experiences).



# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments  
to Introduction and Applicability  
and Standards 1.02 and 1.03,  
Effective June 1, 2010)

With the 2016 Amendment  
to Standard 3.04

Adopted August 3, 2016

Effective January 1, 2017



# ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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#### AMENDMENTS TO THE 2002 "ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT" IN 2010 AND 2016



## INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

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The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
- American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
- American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
- American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
- American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
- American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
- American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
- American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
- American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
- American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
- American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.



The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

## **PREAMBLE**

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

## **GENERAL PRINCIPLES**

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

### **Principle A: Beneficence and Nonmaleficence**

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

### **Principle B: Fidelity and Responsibility**

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

### **Principle C: Integrity**

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of



psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

### **Principle D: Justice**

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

### **Principle E: Respect for People's Rights and Dignity**

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

## **ETHICAL STANDARDS**

### **1. Resolving Ethical Issues**

#### **1.01 Misuse of Psychologists' Work**

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

#### **1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority**

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

#### **1.03 Conflicts Between Ethics and Organizational Demands**

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

#### **1.04 Informal Resolution of Ethical Violations**

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

#### **1.05 Reporting Ethical Violations**

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

#### **1.06 Cooperating with Ethics Committees**

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.



### **1.07 Improper Complaints**

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

### **1.08 Unfair Discrimination Against Complainants and Respondents**

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

## **2. Competence**

### **2.01 Boundaries of Competence**

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

### **2.02 Providing Services in Emergencies**

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

### **2.03 Maintaining Competence**

Psychologists undertake ongoing efforts to develop and maintain their competence.

### **2.04 Bases for Scientific and Professional Judgments**

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

### **2.05 Delegation of Work to Others**

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

### **2.06 Personal Problems and Conflicts**

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)



### **3. Human Relations**

#### **3.01 Unfair Discrimination**

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

#### **3.02 Sexual Harassment**

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

#### **3.03 Other Harassment**

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

#### **3.04 Avoiding Harm**

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

#### **3.05 Multiple Relationships**

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

#### **3.06 Conflict of Interest**

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

#### **3.07 Third-Party Requests for Services**

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

#### **3.08 Exploitative Relationships**

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-



cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

### **3.09 Cooperation with Other Professionals**

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

### **3.10 Informed Consent**

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

### **3.11 Psychological Services Delivered to or Through Organizations**

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

### **3.12 Interruption of Psychological Services**

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

## **4. Privacy and Confidentiality**

### **4.01 Maintaining Confidentiality**

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

### **4.02 Discussing the Limits of Confidentiality**

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

### **4.03 Recording**

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)



#### **4.04 Minimizing Intrusions on Privacy**

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

#### **4.05 Disclosures**

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

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

#### **4.06 Consultations**

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

#### **4.07 Use of Confidential Information for Didactic or Other Purposes**

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

### **5. Advertising and Other Public Statements**

#### **5.01 Avoidance of False or Deceptive Statements**

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

#### **5.02 Statements by Others**

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

#### **5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs**

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

#### **5.04 Media Presentations**

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,



they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

### **5.05 Testimonials**

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

### **5.06 In-Person Solicitation**

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

## **6. Record Keeping and Fees**

### **6.01 Documentation of Professional and Scientific Work and Maintenance of Records**

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

### **6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work**

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

### **6.03 Withholding Records for Nonpayment**

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

### **6.04 Fees and Financial Arrangements**

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

### **6.05 Barter with Clients/Patients**

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

### **6.06 Accuracy in Reports to Payors and Funding Sources**

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)



## **6.07 Referrals and Fees**

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

## **7. Education and Training**

### **7.01 Design of Education and Training Programs**

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

### **7.02 Descriptions of Education and Training Programs**

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

### **7.03 Accuracy in Teaching**

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

### **7.04 Student Disclosure of Personal Information**

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

### **7.05 Mandatory Individual or Group Therapy**

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

### **7.06 Assessing Student and Supervisee Performance**

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

### **7.07 Sexual Relationships with Students and Supervisees**

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

## **8. Research and Publication**

### **8.01 Institutional Approval**

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

### **8.02 Informed Consent to Research**

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-



ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

### **8.03 Informed Consent for Recording Voices and Images in Research**

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

### **8.04 Client/Patient, Student, and Subordinate Research Participants**

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

### **8.05 Dispensing with Informed Consent for Research**

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

### **8.06 Offering Inducements for Research Participation**

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

### **8.07 Deception in Research**

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

### **8.08 Debriefing**

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.



(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

### **8.09 Humane Care and Use of Animals in Research**

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

### **8.10 Reporting Research Results**

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

### **8.11 Plagiarism**

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

### **8.12 Publication Credit**

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

### **8.13 Duplicate Publication of Data**

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

### **8.14 Sharing Research Data for Verification**

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

### **8.15 Reviewers**

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

## **9. Assessment**

### **9.01 Bases for Assessments**

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-



tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

## **9.02 Use of Assessments**

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

## **9.03 Informed Consent in Assessments**

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable

capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

## **9.04 Release of Test Data**

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

## **9.05 Test Construction**

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

## **9.06 Interpreting Assessment Results**

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)



## **9.07 Assessment by Unqualified Persons**

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

## **9.08 Obsolete Tests and Outdated Test Results**

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

## **9.09 Test Scoring and Interpretation Services**

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

## **9.10 Explaining Assessment Results**

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

## **9.11 Maintaining Test Security**

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

# **10. Therapy**

## **10.01 Informed Consent to Therapy**

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

## **10.02 Therapy Involving Couples or Families**

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

## **10.03 Group Therapy**

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.



#### **10.04 Providing Therapy to Those Served by Others**

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

#### **10.05 Sexual Intimacies with Current Therapy Clients/Patients**

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

#### **10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients**

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

#### **10.07 Therapy with Former Sexual Partners**

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

#### **10.08 Sexual Intimacies with Former Therapy Clients/Patients**

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

#### **10.09 Interruption of Therapy**

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

#### **10.10 Terminating Therapy**

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.



# AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

## 2010 Amendments

### Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

### 1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority, Under no circumstances may this standard be used to justify or defend violating human rights.~~

### 1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code; take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

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## 2016 Amendment

### 3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.









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## Acknowledgment for Site Supervisors

Please sign this acknowledgment page and return to the Program Director

I acknowledge that I have received and reviewed the general principles and ethical standards/policies of the American Psychological Association's (APA's) 2017 Ethical Principles of Psychologists and Code of Conduct, as well as the HI-PIC Policies and Procedures contained in the 2025-2026 Orientation Binder. I have been provided with a copy of these documents to keep on file. I agree to abide by the Principles, Standards, and spirit of the APA Ethics Code and the 2025-2026 HI-PIC Policies and Procedures:

- ☐ APA Ethics Code
- ☐ Code of Conduct
- ☐ Due Process Procedures
- ☐ Diversity & Non-Discrimination Policy
- ☐ Video Conference Supervision Policy
- ☐ Dissertation Policy
- ☐ Intern Publication Policy
- ☐ Outside Employment Policy
- ☐ Didactic and Intern Group Attendance Policy
- ☐ Process Group Guidelines
- ☐ Intern Evaluation Procedures
- ☐ Intern Reimbursement Policy

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Supervisor Signature  
Hawai'i Psychology Internship Consortium

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Print Name

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Date



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## Acknowledgment of the APA ethics code

Please sign this acknowledgment page and return to the Program Director.

### Acknowledgment for Interns

I acknowledge that I have received and reviewed the American Psychological Association's (APA's) 2017 Ethical Principles of Psychologists and Code of Conduct. I agree to abide by the Principles, Standards, and spirit of the Ethics Code. I have been provided with a copy of the document to keep on file.

I have been provided with a copy of this document to keep in my files, and the code is also stored in the Dropbox files of the Hawai'i Psychology Internship Consortium.

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Signature

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Print Name

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Date



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## HI-PIC Code of Conduct

In addition to making progress towards the HI-PIC Goals and Competencies during the training year, it is expected that all interns follow the HI-PIC Code of Conduct at all times during the year. Failure to meet these requirements will result in the initiation of the HI-PIC Due Process Procedures.

### Hawai'i Psychology Internship Consortium Code of Conduct

1. Compliance with the APA 2017 Ethical Principles and Code of Conduct
2. Compliance with all HI-PIC policies and expectations
3. Honesty and integrity in all professional interactions
4. Respectful and professional behavior toward all HI-PIC faculty members, interns, agency staff, guests, and clients both within and outside of standard work hours
5. Support of and contribution to the betterment of the HI-PIC training program
6. Active and meaningful participation as a member of the internship cohort
7. Willingness to be supervised, including following supervisors' directives, and accept constructive criticism
8. Acceptance of responsibility for one's own actions
9. Pursuit of problem resolution through appropriate channels
10. Submit necessary documentation within specified timeframes

## Acknowledgment

I acknowledge that I have received and reviewed the HI-PIC Code of Conduct. I agree to abide by the code during my training year with HI-PIC. I have been provided with a copy of the document to keep in my files.

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Signature

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Print Name

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Date



## Due Process and Grievance Policies and Procedures

### **DUE PROCESS- Intern Performance Issues**

For situations in which a supervisor or other faculty member raises a significant concern about the performance or behavior of a psychology intern.

### **Definition of Problem Behavior**

For purposes of this document, intern problem behavior is defined broadly as an interference in professional functioning, which is reflected in one or more of the following ways:

1. an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
2. a failure to acquire or demonstrate professional skills in order to reach a minimum level of competency and/or
3. a failure to control personal stress, psychological dysfunctions, and/or excessive emotional reactions that significantly interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic versus being of concern. Trainees may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Problems typically become identified as significant issues when they include one or more of the following characteristics:

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



## **Administrative Hierarchy and Definitions**

HI-PIC's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the intern or training program. Faculty roles included herein are defined as follows:

- **Supervisor:** Any faculty member who provides direct supervision or teaching to an intern.
- **Assistant Program Director:** A supervisor who functions as a site-level director of training, serves as a voting member of the Training Committee, and assists the Program Director in program administration duties (if applicable).
- **Program Director:** The psychologist who functions as the program-level director of internship training. They lead the Training Committee and serves as a voting member. The training site that houses the Program Director does not additionally house an Associate Program Director.

### Use of Videoconference

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of Hawai'i when an in-person meeting isn't feasible in a timely manner.

### Informal Review

When a supervisor believes that an intern's behavior is or may likely become problematic, the first step in addressing the issue is to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This process should be documented in writing but will not become part of the intern's professional file. The supervisor may seek input from the Program Director or other TC faculty during this phase.

### Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below a "2" within a supervisory evaluation at the time of the first formal intern evaluation, a rating below a "3" within a supervisory evaluation at the time of the second formal intern evaluation, or below a "4" at the time of the final evaluation, the following process is initiated:

- A. The supervisor will meet with the Program Director (PD) and intern within 10 working days to discuss the problem and determine what action needs to be taken to address the issue. If the Program Director is the intern's direct supervisor, an Assistant Program Director or another TC faculty will be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to their response to the problem.
- C. After discussing the problem and the intern's response, the supervisor, and Program Director, and Assistant Training Director if appropriate may:
  1. Issue an "Acknowledgement Notice" which formally acknowledges a) that the faculty is aware of and concerned with the problem, b) that the problem has been brought to the attention of the intern, c) that the faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating, and d) that the problem is not significant enough to warrant further remedial action at this time. This notice will be issued within 5 working days of the meeting.
  2. Place the intern on "Probation" which defines a relationship such that the faculty, through the supervisors and PD, actively and systematically monitor, for a specified length of time, the



degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisors and PD. The probation is a written statement to the intern and the Director of Clinical Training at the trainee's graduate institution and includes:

- a. the actual behaviors or skills associated with the problem and those expected as a part of remediation,
- b. the specific recommendations for rectifying the problem,
- c. the time frame for the probation during which the problem is expected to be ameliorated, and
- d. the procedures designed to ascertain whether the problem has been appropriately rectified.

This Probation Plan will be issued within 5 working days of the decision. At the end of this probation period, the Program Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will also be shared with the intern and sent to the Director of Clinical Training at the intern's graduate institution.

3. In special cases, the intern may be moved to another training site within HI- PIC. This option would be applicable in situations in which it is believed that the intern's difficulties are the result of a poor "fit" between the intern and the training site, and that the intern could be successful in a different placement. This option would require a meeting of a review panel convened by the Program Director and consisting of themselves (or an Assistant Program Director, if appropriate), the intern's primary supervisor, and at least two other members of the Training Committee. Additional parties who are knowledgeable about the intern's abilities may be involved in order to inform decision making. This meeting, if deemed necessary by the Program Director, will be convened within 10 working days of the original meeting discussed in step A.
  4. Document the problem and take no further action.
- D. If the problem is not rectified through the above processes, or if the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within HI-PIC may be terminated. The decision to terminate an intern's placement would be made by the entire Training Committee and would represent a discontinuation of participation by the intern within every aspect of the consortium. The Training Committee would make this determination during a meeting convened within 10 working days of the original meeting discussed in step A or from the last day of any probation period or other remedial planning, or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The Program Director may decide to temporarily suspend an intern's clinical activities during this period prior to a final decision being made, if warranted.



## **Hearing/Appeal**

If the intern wishes to challenge or appeal the decisions made from previous Due Process steps, or if they wish to formally challenge ratings received on a formal evaluation, a “Hearing” before the Training Committee may be requested. This request must be made in writing to the PD and the supervisor- an email will suffice- to the Program Director within 5 working days of notification regarding the decision made in step C or D above, or within 10 days after receiving a formal evaluation. If requested, the Hearing will be conducted by a review panel convened by the Program Director and consisting of themselves (or an Assistant Program Director, if appropriate), the intern’s primary supervisor, one other member of the Training Committee and one agency administrator within 10 working days. The intern may request a specific member of the Training Committee or agency administrator to serve on the review panel. The Hearing will be held within 10 working days of the intern’s request. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them.

The review panel has final discretion regarding outcome.

- A. If either the Acknowledgment Notice or the Probation action occurs, the PD will inform the intern's sponsoring university within 5 working days, indicating the nature of the problem and/or the inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.
- B. Once the Acknowledgment Notice or Probation is issued by the PD, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty and the intern, the sponsoring university and other appropriate individuals will be informed, and no further action will be taken.

## **GRIEVANCES BY INTERNS**

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

### Informal Review

First, the intern should raise the issue as soon as feasible with the involved supervisor, staff member, other trainee, or Program Director in an effort to informally resolve the problem. If the issue cannot be resolved with the involved party, the intern should raise the issue informally with the Program Director if they have not done so in the first step.

### Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing to the Program Director. If the Program Director is the object of the grievance, the grievance should be submitted to an Assistant Program Director, if appropriate, or another Training Committee member. The individual being grieved will be asked to submit a response in writing. The Program Director (or Assistant PD, if applicable) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Program Director or Assistant PD may wish to meet



with the intern and the individual being grieved separately first. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include a) a description of the behavior or circumstances associated with the grievance, b) the specific steps to rectify the problem, c) and procedures and a timeline designed to ascertain whether the problem has been appropriately rectified. The Program Director or Assistant Program Director will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Program Director or Assistant PD in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action fails, the Program Director or Assistant Program Director will convene a review panel consisting of themselves and at least one other member of the Training Committee and one agency administrator within 10 working days. The intern may request a specific member of the Training Committee or agency administrator to serve on the review panel. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel has final discretion regarding the outcome.

If the review panel determines that a grievance against a staff member cannot be resolved internally or is not appropriate to be resolved internally, then the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract. If the review panel determines that the grievance against the staff member can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above. The process and outcome of the panel meeting will be documented by the Program Director or Assistant Program Director. The intern and the individual being grieved will again be asked to report back in writing regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working days to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

#### Use of Videoconference

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of Hawai'i.



## Acknowledgment

Please sign this acknowledgment page and return it to the Program Director.

I acknowledge that I have received and reviewed the Due Process and Grievance Policies and Procedures of the Hawai'i Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep on file.

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Signature

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Print Name

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Date



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## Diversity and Non-Discrimination Policy

The Hawai'i Psychology Internship Consortium strongly values diversity and strives to create an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. HI-PIC makes every effort to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and attainable. HI-PIC strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. HI-PIC's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in culturally sustaining practices

HI-PIC welcomes applicants from diverse backgrounds. The Consortium believes that a diverse training environment contributes to the overall quality of the program. HI-PIC provides equal opportunity to all prospective interns and does not discriminate because of a person's race, ethnicity, culture, national origin, immigration status, color, gender, gender identity and expression, sexual orientation, socioeconomic status, religion or spirituality, language, age, disability, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.



## HI-PIC General and Videoconference Supervision Policy

### **General Supervision Policy**

HI-PIC recognizes the rights of interns and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, training supervisors, and faculty/staff are collegial and conducted in a manner that reflects the highest standards of the profession. HI-PIC faculty inform interns of these principles and of their avenues of recourse should problems arise through policies that are available at [hi-pic.org](http://hi-pic.org) and in the HI-PIC Intern Orientation Binder.

HI-PIC faculty regularly schedule supervision and are accessible for consultation to interns when they are providing clinical services. HI-PIC faculty provide interns with a level of observation, guidance and supervision that encourages successful completion of the internship. Faculty serve as professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the HI-PIC's training aims.

One licensed psychologist serves as primary clinical supervisor for each intern. Interns receive a minimum of two (2) hours of individual supervision each week from a licensed psychologist. Supplemental weekly individual supervision may be provided by other appropriately credentialed professionals at the training site. Two (2) hours of weekly group supervision will be required and conducted with all interns across consortium sites via distance technology. Group supervision may focus on legal/ethical issues and clinical topics. All interns will receive a total minimum of 4 hours per week of supervision, totaling 200 hours of supervision at the end of the year.

### **Videoconference Supervision Policy**

The Hawaii Psychology Internship Consortium uses videoconferencing to provide weekly group supervision to all interns. This format is utilized in order to promote interaction and socialization among interns and faculty. Interns and faculty meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Group supervision in this format is required for all current HI-PIC interns for two (2) hours each week, at a regularly scheduled time. This supervision group is led by each member of the HI-PIC training faculty, on a rotating basis. HI-PIC places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings.

HI-PIC recognizes the importance of supervisory relationships. Group supervision is led by each member of the core HI-PIC training faculty on a rotating basis, in order to provide all interns with the opportunity to experience a breadth of supervisory relationships beyond their primary supervisor. Given the geographical distance between training sites, this model allows the interns to form greater connection to



the entire training faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during HI-PIC's orientation, such that interns will have formed relationships with the entire training faculty prior to engaging in videoconference group supervision. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern clinician's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately.

All HI-PIC videoconferencing occurs over a secure network using a State-administered videoconferencing system. Supervision sessions using this technology are never recorded. All interns are provided with instructions regarding the use of the videoconferencing equipment at the outset of the training year.

Technical difficulties that cannot be resolved on-site are directed to the State-administered videoconferencing Administrator.







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## Dissertation Policy

The Hawai'i Psychology Internship Consortium is an intensive program that seeks to provide comprehensive training to doctoral interns. To this end, interns must complete the entirety of the 2000 required training hours without exception. While interns are welcome to utilize paid time off (PTO) days for work on their dissertations, HI-PIC does not permit additional time off beyond what is allowable in their employment contract for this purpose. Reasonable accommodations will be made for interns who must utilize leave time to complete their dissertation defense, provided that this leave does not prevent the intern from completing the 2000-hour training requirement.





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## Intern Publication Policy

HI-PIC interns are encouraged to pursue academic and research-related activities as an essential aspect of professional development throughout their internship and career. HI-PIC faculty are to be informed of any research activities that interns are participating in during the intern year. It is expected interns will not identify themselves as representing HI-PIC on published works. If the research occurred as a direct product of the internship training program, the affiliation is with the site organization, approved by the Site Director, and in compliance with the site's research/publication policies. Interns conducting research outside of the internship training can utilize their university as an affiliation.





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## Outside Employment Policy

Due to training and schedule demands during the internship year, we discourage outside employment. If an intern wishes to obtain or maintain employment outside of HI-PIC, this must be disclosed to the Training Committee in advance. Please notify us immediately about any outside employment. If an intern has outside employment during the training year, the following policies must be followed:

- HI-PIC is the priority place of employment- see APPIC agreement for further information.
- Interns cannot work on outside employment at the agency or during work hours.
- Outside employment cannot be counted toward internship hours.
- Outside employment cannot impact work at HI-PIC.
- Interns need to consider how their outside employment may impact their work at HI-PIC. For example, there may be an ethical dilemma or conflict of interest, and interns need to be open to processing these concerns with supervisors and the Training Director.
- Please refer to the Due Process Procedures (e.g., Definition of Problematic Behavior) and the supervision agreement for additional expectations.
- Internship schedules and commitments change, and outside employment cannot be a barrier to completing all HI-PIC trainings and engagements.
- Complete the attached Outside Employment form.



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## Outside Employment Conflict of Interest Disclosure Form

Please complete this form and return to the Program Director.

1. Name of Employer(s)
2. Number of Hours/Week and Days/Times Expected to Work
3. Description of Job Responsibilities.
4. Are you conducting clinical work outside of your internship? If so, please explain supervision coverage and work responsibilities.
5. How will outside employment affect job performance and HI-PIC duties (e.g., hours impacted, emergencies in other job duties, etc.)?
6. Are there any potential conflicts of interest with your outside employment and HI-PIC? Please explain.
7. What could be potential ethical dilemmas completing this work while employed as a HI-PIC Doctoral Psychology Intern? Please describe.

\_\_\_\_\_  
Doctoral Psychology Intern

\_\_\_\_\_  
Training Director

\_\_\_\_\_  
Primary Supervisor

\_\_\_\_\_  
Date





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## Intern Training Schedule

The training sites of HI-PIC are committed to providing a unified, comprehensive training program for our interns. The training curriculum comprises three major areas of training emphasis: Behavioral Health Intervention, Assessment; and Systems Collaboration and Consultation. Across training sites, interns will engage in activities related to Behavioral Health Intervention for approximately 10-15 hours per week; Assessment activities for approximately 10-15 hours per week; and Systems Collaboration and Consultation activities for approximately 6-8 hours per week. In addition, interns will participate in didactic training and elective training activities each for 3-5 hours per week.

Additionally, interns will also be required to complete a minor rotation in Cultural Diversity and the Self. The Cultural Diversity rotation will be completed during a 2 ½ -day mid-year rotation with multiple faculty members and all interns together, typically on the Island of Hawai'i (Big Island).

Interns will also be required to complete a one-day mock trial experience, where the provision of expert witness testimony and opinions on specific psycholegal issues will be observed by all interns. Interns may take part in the proceedings based on their level of experience and interest. Volunteer attorneys and judges from the community participate in direct and cross examination of select interns, and a subsequent debriefing session is held, where all parties involved can discuss the testimony and the case.

The training director will provide you with more information about rotations as they get closer.



## Didactic and Intern Group Attendance and Etiquette Policy

Attendance at the weekly Didactic seminar and other scheduled group training activities is mandatory for all interns in the Hawai'i Internship Consortium and is required for successful completion of the internship. Attendance at these scheduled activities, either in person or by videoconferencing, should **take priority over other site obligations each week**. Site supervisors are aware of these activities and their requirement for interns.

A schedule for the didactic seminar will be distributed at the beginning of the internship year and is updated throughout the year. Attendance at each seminar meeting is tracked by the HI-PIC consortium. An intern is permitted no more than **three** absences during the calendar year. After the second absence, interns will receive a reminder from the Program Director. After the fourth absence, the Program Director will initiate the HI-PIC Due Process procedures.

Interns may use only three of their allotted vacation and/or professional development days on Fridays. The Program Director must be notified in advance of planned absences. Absences related to extenuating circumstances will be decided on a case-by-case basis. Interns who miss a meeting of the didactic seminar or other group because of a serious emergency or for a serious illness should alert their Site Director and the Program Director as soon as possible. **For all didactic absences, interns must review a research article related to the didactic topic and submit a 1-2 page review of the article, or if the intern misses didactic for another training, the intern can submit a 1- 2 page review of the training that they attended. This review must be submitted to the Program Director and their site supervisor and is due one week from the absence.**

Interns are expected to join all Friday training activities either from their site or their home. It is not allowed to be driving, at the airport or public location during Friday training activities. Interns need to participate via videoconferencing. Calling into a didactic presentation by phone is discouraged. Interns are allowed to call into a didactic presentation by phone a maximum of two times during the training year. If the intern plans to call into a didactic presentation, they must let the speaker (or faculty member in charge if an outside speaker is scheduled), and the Program Director know at least one week in advance. If an intern calls into a didactic presentation by phone more than two times during the training year, the Program Director will initiate the HI-PIC Due Process Procedures.

During didactics, or any internship videoconferencing function, professional and attentive etiquette is expected at all times. **Turn video on, sit in a well-lit area and give the screen your undivided attention.** Be aware of what you are doing while on video (i.e., drawing, looking at your phone, eating, etc.), if you would not do those things in front of a live presenter when in person then you should not be doing it while on video. Do not use the computer to go on the internet, email, or do other work. Be seated in an appropriate setting.



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## Acknowledgment

I acknowledge that I have received and reviewed the Didactic Attendance Policy of the Hawai'i Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep in my files.

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Signature

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Print Name

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Date





## HI-PIC Didactic Evaluation Form

The Didactic Evaluation form is a Google Form. A link will be sent to everyone at the start of the internship. You will complete this form weekly. It is a requirement for graduation.

### Sample Form

1. Email address \*
  - a. Your email
2. Your Name \*
  - a. Choose
3. Didactic Date \*
4. Didactic Title \*
  - a. Choose
5. I was... (if either are checked please go to end and click submit)
  - a. Absent
  - b. Presented the didactic
6. Skill and responsiveness of the presenter (Strongly disagree to Strongly Agree)
  - a. Instructor was an effective lecturer/demonstrator
  - b. Presentations were clear and organized
  - c. Instructor stimulated intern interest
  - d. Instructor effectively used time during didactic
  - e. Instructor was available and helpful
  - f. Instructor was an effective lecturer/demonstrator
  - g. Presentations were clear and organized
  - h. Instructor stimulated intern interest
  - i. Instructor effectively used time during didactic
  - j. Instructor was available and helpful
7. Didactic content (strongly disagree to strongly agree)
  - a. Learning objectives were clear
  - b. Didactic content was organized and well planned
  - c. Didactic organized to allow all interns to participate fully
  - d. Learning objectives were clear
  - e. Didactic content was organized and well planned
  - f. Didactic organized to allow all interns to participate fully
8. What aspects of this didactic were most useful or valuable?
  - a. Your answer
9. How would you improve this didactic?
  - a. Your answer
10. Level of effort (Poor to Excellent)
  - a. Level of effort you put into the didactic
  - b. Level of effort you put into the didactic





## HI-PIC Supervisor Didactic & Case Presentation Evaluation Form

Interns will give Didactic and Case Presentations throughout the year. These activities are an important part of professional development, since psychologists are frequently required to present to a variety of audiences and consult with other professionals.

To help evaluate these competencies, the supervisor facilitating a Didactic or Case Presentation will complete an evaluation using the prompts below. Data will be shared with the intern's direct supervisor to inform periodic formal evaluations.

### Domains rated include:

- Preparation – Demonstrated thoughtful planning and organization
- Clarity of Communication – Ideas and clinical points were communicated clearly and effectively
- Responsiveness to Questions – Fielded questions with thoughtfulness and accuracy
- Audience Engagement – Maintained interest, invited discussion, or facilitated dialogue
- Use of Clinical or Conceptual Knowledge – Applied relevant theories, frameworks, or clinical understanding
- Professionalism – Demonstrated respectful, ethical, and collaborative behavior
- What did this intern do particularly well?
- Any suggestions for growth or development?



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## HI-PIC Group Supervision Outline

Every intern will present 4-5 case presentations to their cohort and a supervisor over the course of internship. The presentation will need to be a PowerPoint presentation that includes the following information. The intern will have 60 minutes to discuss their case and receive feedback. Please email your presentation to your cohort and the faculty supervisor prior to group supervision.

Please save your file as:

Last Name, First Name\_Case Presentation 1.ppt

### **Group supervision Outline:**

5 min: Identify additional issues to be discussed after case presentation

45 min: Case Presentation

10 min: Discussion of additional issues

### **Case Presentation:**

- I. Identifying Info (e.g., age, grade, school, gender, ethnicity, presenting problems, culture, diversity, and/or individual differences)
- II. Identify Consultation Questions (e.g., diagnostic clarification, ethical issues, counter transference, treatment barriers, self-improvement)
- III. Basic Background (predisposing, precipitation, perpetuating, and protective factors)
- IV. Crisis Issues/Safety Issues
- V. Treatment History
- VI. Current Treatment Approach (e.g., goals + intervention strategies)
- VII. Facilitated Discussion/Reflective Processing
- VIII. Feedback (e.g., how was this helpful for you?)



<b>INTERN PRESENTATION SCHEDULE 2024-2025</b>		
<u>Date</u>	Case Presenter(s)	Intern Didactic Presenter
7/25	NO GROUP SUPERVISION	
8/1	Tiffanie Ah Loo	
8/8	Matthew Moschella	
8/15	Statehood Day	
8/22	Pearl Wongserbchart	
8/29	Kendall Autry	Jay de la Garza
9/5	Courtney Quiroz	Maya Misaki
9/12	James Cho	Melissa Grobler
9/19	Jay de la Garza	Danee Garcia
9/26	Maya Misaki	Matthew Moschella
10/3	Melissa Grobler	Courtney Quiroz
10/10	Danee Garcia	Kendall Autry
10/17	Tiffanie Ah Loo	James Cho
10/24	Matthew Moschella	Pearl Wongserbchart
10/31	Pearl Wongserbchart	Tiffanie Ah Loo
11/7	Kendall Autry	
11/14	Veteran's Day	
11/21	Courtney Quiroz	
11/28	Thanksgiving Week	
12/5	James Cho	
12/12	Jay de la Garza	
12/19	Maya Misaki	
12/26	Winter Holidays	
January 2	Winter Holidays	
1/9	Melissa Grobler	
1/16	Danee Garcia	
1/23	Tiffanie Ah Loo	
1/30	Cultural Rotation	
2/6	Matthew Moschella	
2/13	Pearl Wongserbchart	
2/20	Kendall Autry	
2/27	Courtney Quiroz	
3/6	James Cho	



3/13	Jay de la Garza	
3/20	Maya Misaki	
3/27	Melissa Grobler	Tiffanie Ah Loo
4/3	Good Friday Holiday	
4/10	Danee Garcia	Matthew Moschella
4/17	Tiffanie Ah Loo	Pearl Wongserbchart
4/24	Matthew Moschella	Courtney Quiroz
5/1	Pearl Wongserbchart	James Cho
5/8	Kendall Autry	Jay de la Garza
5/15	Courtney Quiroz	Maya Misaki
5/22	James Cho	Kendall Autry
5/29	Jay de la Garza	Melissa Grobler
6/5	Mock Trial	
6/12	Maya Misaki	Danee Garcia
6/19	Melissa Grobler	
6/26	Danee Garcia	
7/3	Independence Day	
7/10		



## HI-PIC Process Group Supervision Guidelines

**Purpose:** Process Group Supervision provides an opportunity to examine and define the way we work together as a group of committed learners and future professionals. Process groups are designed to provide a safe, supportive, and open-ended space for HI-PIC psychology interns to:

1. **Discuss clinical cases** and receive feedback.
2. **Reflect on their clinical work** and professional development.
3. **Share internship-related challenges** and seek peer support.
4. **Foster a sense of community** and mutual learning among group members.

**Structure:** Under the leadership of a licensed psychologist affiliated with the HI-PIC internship program in a minimally evaluative role, interns are provided the opportunity to process their internship and related experiences on an interpersonal, group, and systems level. The Process Group leader provides a framework for discussion. Concepts and themes related to the group include the cognitive-behavioral concept of valuing the present and future, the value of collegiality in the modern world, the ability to collaborate against the odds, mental modeling, and complaint versus commitment.

Through Process Group supervision, interns can come together as a group to discuss issues such as the intern and graduate student experience, navigating their internship site, and professional development issues such as preparing for licensure under the mentorship of a licensed psychologist.

The discussions that occur in Process Group are expected to be kept private by the group leader and the intern participants. The group leader will be required to report to the Training Committee or help facilitate the interns' report to the Training Committee if information is shared that relates to 1) direct harm or the threat of direct harm to any individual, 2) a process or incident that is resulting or could result in a significant negative impact on the level of training that interns are receiving through HI-PIC, 3) a process or incident that has the potential to negatively impact the reputation, public perception, or accreditation of the internship program.





## Intern Evaluation Procedures and Records Retention Policy

The Hawai'i Psychology Internship Consortium requires that interns demonstrate minimum levels of achievement across all training competencies, as reflected in the Intern Evaluations. Interns are formally evaluated by their primary supervisor three times annually, in October, February, and June. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the Learning Elements and intern performance regarding all of HI-PIC's expected training competencies and the related objectives. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback. If interns complete an elective rotation under the supervision of someone other than their primary supervisor, the primary and adjunct supervisors should discuss the intern's performance before each evaluation period, and the primary supervisor should incorporate feedback from the adjunct supervisor into the intern's formal evaluation. The adjunct supervisor should also share ongoing verbal feedback directly to the intern throughout the training year. If an intern disagrees with the evaluation ratings that they receive, this disagreement should first be discussed with their primary supervisor. If a resolution cannot be reached, the intern may request a formal hearing, following the hearing processes laid out in the HI-PIC Due Process Procedures.

### Evaluation Scoring

The scoring rubric for intern evaluations uses a 5-point Likert scale, with the following rating values:

- 1= Significant Development Needed; the intern does not understand or is unable to effectively demonstrate the element
- 2= Some Development Needed; the intern has a basic foundation in the element and moves toward acquiring competence in it
- 3= Nearing Mastery of Element; the intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element
- 4= Mastery of Element; Intern is functioning at an entry level of professional psychology
- 5= Significantly Exceeds Expectations; the intern has a well-established competence in the element and is seen as expert regarding this element

### Minimal Levels of Achievement

The minimum level of achievement (MLA) on each evaluation changes over the course of the training year, reflecting expected growth in competence. The MLAs are as follows:

- 3-month evaluation: MLA is a score of 2



- 7-month evaluation: MLA is a score of 3
- Final, 12-month evaluation: MLA is a score of 4

If an intern receives a score of less than 2 at the 3-month evaluation period or a score of less than 3 at the 7-month evaluation period on any component of any evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, a remediation plan is put into place, as described in the Due Process and Grievance Procedures. The Due Process guidelines can be found in the Orientation binder and on [www.hi-pic.org](http://www.hi-pic.org). At the final evaluation period, interns must achieve a rating of "4" for each competency, reflecting their readiness to practice at an entry-level. Thus, all interns must receive a rating of 4 or above on all training elements by the final evaluation to complete the program successfully.

Additionally, all HI-PIC interns are expected to complete 2000 hours of training during the internship year. Meeting the hours requirement, attending required training experiences (e.g., didactic seminar), and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program.

### **Communication with Graduate Training Programs**

Feedback to the interns' home doctoral program is provided throughout the internship year at each evaluation period and as necessary, and copies of each intern evaluation are sent. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program. If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will also be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by HI-PIC as a result of the Due Process procedures, up to and including termination from the program.

### **Additional Evaluations**

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning and end of the internship. Self-evaluations are conducted to guide training plans, progress, and goals; low scores do not trigger due process. Additionally, interns will complete an evaluation of their supervisor three times a year concurrent with the formal evaluations conducted by their supervisors (October, February, and June), as well as a program evaluation at the end of the year. This information provides feedback that will inform any changes or improvements in the training program. All evaluation forms can be located in the Orientation binder and on [www.hi-pic.org](http://www.hi-pic.org). Evaluations will be submitted through Time2Track.

### **Maintenance of Intern Records**

Record maintenance procedures: Information about interns' training experiences, evaluations by supervisors, attendance at required training activities, and certificates of completion are maintained indefinitely in a secure digital file by the HI-PIC Training Director for future reference and credentialing purposes.



# Acknowledgment of the Evaluation Procedures and Record Retention

Please sign this acknowledgment page and return to the Training Director

## **Acknowledgment**

I acknowledge that I have received and reviewed the Evaluation procedures of the Hawai'i Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep on file.

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Signature

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Print Name

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Date



### **HI-PIC Intern Self-Evaluation:**

*To be completed by intern twice annually- at the beginning and end of internship*

**Intern:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Dates of Evaluation:** \_\_\_\_\_ to \_\_\_\_\_

#### **Scoring Criteria:**

- 1= Significant Development Needed; the intern does not understand or is unable to effectively demonstrate the element
- 2= Some Development Needed; the intern has a basic foundation in the element and moves toward acquiring competence in it
- 3= Nearing Mastery of Element; the intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element
- 4= Mastery of Element; Intern is functioning at an entry level of professional psychology
- 5= Significantly Exceeds Expectations; the intern has a well-established competence in the element and is seen as expert regarding this element

<b>N/A--Not Applicable/Not Observed/Cannot Say</b>
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**Self-evaluations are conducted to guide training plans, progress, and goals. Low scores do not trigger due process. As described in HI-PIC policies, the Minimum Level of Achievement (MLA) on the Intern Evaluation completed by supervisors changes over the course of the training year, reflecting expected growth in competence. The MLAs are as follows:**

**3-month evaluation: MLA is a score of 2**

**7-month evaluation: MLA is a score of 3**

**Final, 12-month evaluation: MLA is a score of 4**

<b>Intervention</b>
Establishes and maintains effective relationships with recipients of psychological services Develops evidence-based intervention plans Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, & contextual variables Demonstrates the ability to apply the relevant research literature to clinical decision making Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking Evaluates intervention effectiveness and adapts goals and methods consistent with ongoing evaluation Appropriately assesses for risk of harm to self or others Demonstrates capacity to manage high-risk clinical situations effectively and ethically Demonstrates skill in multiple treatment modalities
<b>AVERAGE SCORE FOR BROAD COMPETENCY</b>
<b>Goals:</b>
<b>Assessment</b>
Selects and applies assessment methods that draw from the best available empirical literature & that reflects the science of measurement and psychometrics Collects data using multiple sources and methods appropriate to the identified goals and questions of the assessment and relevant diversity characteristics of the service recipient Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective Communicates findings in an accurate and effective manner to a range of audiences Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including the context to the assessment and/or diagnostic process Applies knowledge of client strengths and psychopathology to assessment process with sensitivity to diversity
<b>AVERAGE SCORE FOR BROAD COMPETENCY</b>
<b>Goals:</b>
<b>Interprofessional and Interdisciplinary Consultation</b>
Demonstrates knowledge and respect for the roles and perspectives of other professions Applies knowledge about consultation in direct and/or simulated consultation
<b>AVERAGE SCORE FOR BROAD COMPETENCY</b>



Goals:
<b>Supervision</b>
Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals).
Applies the supervisory skill of observing in direct or simulated practice
Applies knowledge of supervision in direct or simulated practice
Applies the supervisory skill of evaluating in direct or simulated practice
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice
AVERAGE SCORE FOR BROAD COMPETENCY
Goals:
<b>Cultural and Individual</b>
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity
Integrates knowledge of individual and cultural differences in the conduct of professional roles
Demonstrates the ability to independently apply knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, and/or worldview differ from one's own
Considers individual and cultural diversity issues in case conceptualization and diagnosis
AVERAGE SCORE FOR BROAD COMPETENCY
Goals:
<b>Research</b>
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)
Disseminates research and other scholarly activities (e.g., case conference, presentations, publications) at the local (including the host institution), regional, or national level
Utilizes supervision to discuss how to apply scientific knowledge in work with clients
AVERAGE SCORE FOR BROAD COMPETENCY
Goals:
<b>Ethical and Legal Standards</b>
Demonstrates knowledge of and acts in accordance with APA Ethical Principles and Code of Conduct
Demonstrates knowledge of and acts in accordance with all organizational, local, state, regional, and federal laws, regulations, rules, and policies relevant to health service psychology
Demonstrates knowledge of and acts in accordance with all professional standards and guidelines
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes
Conducts self in an ethical manner in all professional activities
Consults with supervisor on ethical issues or potential issues in clinical work
AVERAGE SCORE FOR BROAD COMPETENCY
Goals:
<b>Professional Values, Attitudes, and Behaviors</b>
Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
Engages in self-reflection regarding personal and professional functioning, including engaging in effective self-care
Actively seeks and demonstrates openness and responsiveness to feedback and supervision
Responds professionally in increasingly complex situations with a greater degree of independence as one progresses across levels of training
Demonstrates awareness of internship setting and systemic functioning, and works appropriately within that setting
Attends and engages in scheduled appointments, training activities, and meetings consistently and on-time
Demonstrates appropriate physical conduct, including attire, consistent with context
Completes all required documentation in a timely manner
Follows proper procedure in protecting client information and case files
Respectfully communicates supervision needs and preferences
Seeks supervision to address challenges and barriers in clinical work
Arrives adequately prepared for supervision
AVERAGE SCORE FOR BROAD COMPETENCY



Goals:

**Communication and Interpersonal Skills**

Develops and maintains effective relationships with a wide range of individuals

Demonstrates a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well- integrated

Demonstrates effective interpersonal skills

Communicates with clients, supervisors, and others in a professional and respectful manner

AVERAGE SCORE FOR BROAD COMPETENCY

Goals:

**OVERALL RATING (average of broad competency scores)**

Goals for Intern's overall performance:

Supervisor's Signature

Date

Intern's Signature

Date



**HI-PIC Intern Evaluation:***To be completed by supervisor three times annually (Oct., Feb., June)*

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

**This evaluation is based on the following sources of information (check all that apply):**

☐ Direct observation    ☐ Discussions in meetings    ☐ Audio/Video tape    ☐ Feedback from others  
☐ Participation in meetings    ☐ Review of clinical records    ☐ Individual supervision    ☐ Group supervision

**Scoring Criteria:**

- 1= Significant Development Needed; the intern does not understand or is unable to effectively demonstrate the element
- 2= Some Development Needed; the intern has a basic foundation in the element and moves toward acquiring
- 3= Nearing Mastery of Element; the intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element
- 4= Mastery of Element; Intern is functioning at an entry level of professional psychology
- 5= Significantly Exceeds Expectations; the intern has a well-established competence in the element and is seen as expert regarding this element

N/A--Not Applicable/Not Observed/Cannot Say

**As described in HI-PIC policies, the Minimum Level of Achievement (MLA) on each evaluation changes over the course of the training year, reflecting expected growth in competence. The MLAs are as follows:**

**3-month evaluation: MLA is a score of 2****7- month evaluation: MLA is a score of 3****Final, 12- month evaluation: MLA is a score of 4**

<b>Intervention</b>	<b>Score</b>
Establishes and maintains effective relationships with recipients of psychological services	
Develops evidence-based intervention plans	
Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, & contextual variables	
Demonstrates the ability to apply the relevant research literature to clinical decision making	
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking	
Evaluates intervention effectiveness and adapts goals and methods consistent with ongoing evaluation	
Appropriately assesses for risk of harm to self or others	
Demonstrates capacity to manage high-risk clinical situations effectively and ethically	
Demonstrates skill in multiple treatment modalities	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Assessment</b>	<b>Score</b>
Selects and applies assessment methods that draw from the best available empirical literature & that reflects the science of measurement and psychometrics	
Collects data using multiple sources and methods appropriate to the identified goals and questions of the assessment and relevant diversity characteristics of the service recipient	
Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective	
Communicates findings in an accurate and effective manner to a range of audiences	
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors, including the context to the assessment and/or diagnostic process	
Applies knowledge of client strengths and psychopathology to assessment process with sensitivity to diversity	
AVERAGE SCORE FOR BROAD COMPETENCY	



Comments:	
<b>Interprofessional and Interdisciplinary Consultation</b>	<b>Score</b>
Demonstrates knowledge and respect for the roles and perspectives of other professions	
Applies knowledge about consultation in direct and/or simulated consultation	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Supervision</b>	<b>Score</b>
Applies supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals	
Applies the supervisory skill of observing in direct or simulated practice	
Applies knowledge of supervision in direct or simulated practice	
Applies the supervisory skill of evaluating in direct or simulated practice	
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Cultural and Individual</b>	<b>Score</b>
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases may affect how one understands and interacts with people different from oneself	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to diversity	
Integrates knowledge of individual and cultural differences in the conduct of professional roles	
Demonstrates the ability to independently apply knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship	
Demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, and/or worldview differ from one's own	
Considers individual and cultural diversity issues in case conceptualization and diagnosis	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Research</b>	<b>Score</b>
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conference, presentation, publications)	
Disseminates research and other scholarly activities (e.g., case conference, presentations, publications) at the local (including the host institution), regional, or national level	
Utilizes supervision to discuss how to apply scientific knowledge in work with clients	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Ethical and Legal Standards</b>	<b>Score</b>
Demonstrates knowledge of and acts in accordance with APA Ethical Principles and Code of Conduct	
Demonstrates knowledge of and acts in accordance with all organizational, local, state, regional, and federal laws, regulations, rules, and policies relevant to health service psychology	
Demonstrates knowledge of and acts in accordance with all professional standards and guidelines	
Recognizes ethical dilemmas as they arise and applies ethical decision-making processes	
Conducts self in an ethical manner in all professional activities	
Consults with supervisor on ethical issues or potential issues in clinical work	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Professional Values, Attitudes, and Behaviors</b>	<b>Score</b>
Behaves in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	
Engages in self-reflection regarding personal and professional functioning, including engaging in effective self-care	
Actively seeks and demonstrates openness and responsiveness to feedback and supervision	



Responds professionally in increasingly complex situations with a greater degree of independence as one progresses across levels of training	
Demonstrates awareness of internship setting and systemic functioning, and works appropriately within that setting	
Attends and engages in scheduled appointments, training activities, and meetings consistently and on-time	
Demonstrates appropriate physical conduct, including attire, consistent with context	
Completes all required documentation in a timely manner	
Follows proper procedure in protecting client information and case files	
Respectfully communicates supervision needs and preferences	
Seeks supervision to address challenges and barriers in clinical work	
Arrives adequately prepared for supervision	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>Communication and Interpersonal Skills</b>	<b>Score</b>
Develops and maintains effective relationships with a wide range of individuals	
Demonstrates a thorough grasp of professional language and concepts; produce, comprehend, and engage in	
Demonstrates effective interpersonal skills	
Communicates with clients, supervisors, and others in a professional and respectful manner	
AVERAGE SCORE FOR BROAD COMPETENCY	
Comments:	
<b>OVERALL RATING (average of broad competency scores)</b>	<b>Score</b>
Comments on Intern's overall performance:	

Supervisor's Signature

Date

Intern's Signature

Date



## HI-PIC Supervisor Evaluation

To be completed by intern at mid-point and end of the training year and discussed with supervisor

Intern: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_ to \_\_\_\_\_

### Scoring Criteria:

1= Significant Development Needed; Significant improvement is needed to meet expectations

2= Development Needed; Improvement is needed to meet expectations

3= Meets Expectations

4= Exceeds Expectations; Above average experience

5= Significantly Exceeds Expectations; Exceptional experience

N/A--Not Applicable/Not Observed/Cannot Say

NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

### General Characteristics of Supervisor

\_\_\_\_ Was consistently accessible for discussion, questions, etc.

\_\_\_\_ Allotted sufficient time for supervision and scheduled supervision meetings appropriately

\_\_\_\_ Kept sufficiently informed of case(s)

\_\_\_\_ Was interested in and committed to supervision

\_\_\_\_ Set clear objectives and responsibilities throughout supervised experience

\_\_\_\_ Was up-to-date in understanding of clinical populations and issues

\_\_\_\_ Presented as a positive role model

\_\_\_\_ Maintained appropriate interpersonal boundaries with patients and supervisees

\_\_\_\_ Provided constructive and timely feedback on supervisee's performance

\_\_\_\_ Encouraged appropriate degree of independence

\_\_\_\_ Demonstrated concern for and interest in supervisee's progress, problems, and ideas

\_\_\_\_ Communicated effectively with supervisee

\_\_\_\_ Maintained clear and reasonable expectations for supervisee



- \_\_\_\_ Encouraged supervisees in timely and successful completion of internship
- \_\_\_\_ Treated patients, staff, and supervisees with courtesy and respect
- \_\_\_\_ Encouraged the use of empirical literature to guide/inform interventions and assessments
- \_\_\_\_ Provided a level of case-based supervision appropriate to supervisee's training needs

Comments:

### **Development of Clinical Skills**

- \_\_\_\_ Assisted in coherent conceptualization of clinical work
- \_\_\_\_ Assisted in translation of conceptualization into techniques and procedures
- \_\_\_\_ Effectively assisted in developing short-term and long-range goals for patients
- \_\_\_\_ Effectively assisted in the navigation of individual and cultural diversity, including any differences that created tension
- \_\_\_\_ Provided effective training in Intervention
- \_\_\_\_ Provided effective training in Assessment
- \_\_\_\_ Provided effective training in Interprofessional and Interdisciplinary Consultation
- \_\_\_\_ Provided effective training in Supervision
- \_\_\_\_ Provided effective training in Individual and Cultural Diversity
- \_\_\_\_ Provided effective training in Research
- \_\_\_\_ Provided effective training in Ethical and Legal Standards
- \_\_\_\_ Provided effective training in Professional Values, Attitudes, and Behaviors
- \_\_\_\_ Provided effective training in Communication and Interpersonal Skills

Comments:

**Describe how the supervisor contributed to your learning:**

**Describe how supervision or the training experience could be enhanced:**

**Any other suggestions/feedback for your supervisor?**



## Time2Track

We will use Time2Track.com for intern hours tracking and evaluations.

### Login or create a new account

#### Instructions for Time2Track Members with an Account:

1. Go to <https://time2track.com/> and sign in using your current login & password.
2. Once logged in, click the gear icon in the upper right corner of your screen, then select "Subscription" from the dropdown menu.
3. Enter Authorization Key which will be provided during Orientation, check Your School in your Profile to make sure it is: **Hawaii Psychology Internship Consortium (HIPIC)**
4. After you have added your subscription using the Authorization Key, Click Submit.

Refer to our [Help Center](#) for assistance with your Time2Track account.

If you run into any problems, please contact Time2Track at [time2trackinfo@liaisoncas.com](mailto:time2trackinfo@liaisoncas.com) or 617-612-2886.

#### Instructions for New Time2Track Members:

1. [Click here](#) and click the "sign up" link at the top right of the page.
2. Enter Authorization Key which will be provided during Orientation
3. Click "Finish".

Our [Quick Start Guide](#) will help you with the basics of getting started with Time2Track. Also, visit our [Help Center](#) for further assistance with using your Time2Track account.

#### Other Important information:

1. **Program Level**
  - a. Internship
2. **Program Start Date**
  - a. July 16, 2025
3. **Placements**
  - a. **Level** – Internship
  - b. **Course** – HI-PIC Internship
  - c. **Term** – 2025-2026
  - d. **Faculty** – Select your supervisor or Dr. Taylor if on Kaua'i
  - e. **Preferred Supervisor** – Select your supervisor



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# Quick Start Guide and FAQs for Trainees with Group Subscriptions

This page applies to Time2Track trainees.

This guide is designed for trainees who are required by their academic program or training site to use Time2Track and who have been given an authorization key or have been instructed to purchase their own subscription. The guide outlines the key steps you need to complete to accurately set up your Time2Track account. We recommend you bookmark this page for future reference. If you have any questions or need technical support or assistance, contact [customer service](#).

Review the video below for a quick overview of Time2Track and why you're required to track your activities. You can use the menu to skip to specific topics.

Media, iframe, embed and object tags are not supported inside of a PDF.

Step	Action	Notes/Considerations	Subscription Type
1	Create your Group Account as a <a href="#">new user</a> (i.e., you have never used Time2Track) or an <a href="#">existing user</a> (i.e., you have used or are using a Time2Track subscription)	<p>You can create a Time2Track account in either the mobile or web apps.</p> <p>If your program is paying for your subscription, you'll need to use the program authorization key that was provided to you. If you're paying for your own subscription, you'll submit payment when you set up your account.</p> <p>If you've previously used Time2Track, follow the instructions for existing accounts; if you forgot your password, you can reset it.</p>	All subscriptions



Step	Action	Notes/Considerations	Subscription Type
2	<a href="#">Configure Your Placement(s)</a>	You must set up a placement before you log any activities. Placements tell Time2Track where to route your activities for approval and your forms and evaluations for completion.	<ul style="list-style-type: none"> <li>• Gold subscriptions</li> <li>• Platinum subscriptions</li> </ul>
3	<a href="#">Log Your Activities</a>	Activities provide the details of your day-to-day experiences. <a href="#">Watch this video</a> for a summary of how to log activities.	All subscriptions
4	<a href="#">Submit Activities for Approval</a>	If your institution requires your activities to be approved, you'll need to submit them to your supervisor(s). You can check the approval status of your activities at any time.	<ul style="list-style-type: none"> <li>• Gold subscriptions</li> <li>• Platinum subscriptions</li> </ul>
5	<a href="#">Complete or Send Forms and Evaluations</a>	<p>Your program may ask you to initiate or complete forms and evaluations in Time2Track. Form workflows can be initiated in two ways:</p> <ol style="list-style-type: none"> <li>1. Forms can be sent <a href="#">by the institutional administrator</a>. In this case, you'll receive an email alerting you</li> </ol>	Platinum subscriptions



Step	Action	Notes/Considerations	Subscription Type
		<p>that a form needs to be completed.</p> <p>2. Institutional administrators can <a href="#">attach forms to placements</a>. In this case, you are responsible for initiating the workflow.</p> <p>Check with your program for details about how they use the forms and evaluations feature.</p>	
6	<p>Review Time2Track Features:</p> <ul style="list-style-type: none"> <li>• <a href="#">Configure Clients</a></li> <li>• <a href="#">Track Assessments</a></li> <li>• <a href="#">Treatment Settings</a></li> <li>• <a href="#">Custom Activity Types</a></li> <li>• <a href="#">Tags</a></li> <li>• <a href="#">Backlog Hours</a></li> <li>• <a href="#">Reports</a></li> </ul>	<p>Time2Track has many features that make it easy for you to track the required components of your activities. We recommend you familiarize yourself with each of these features to ensure you meet your program's tracking expectations.</p>	All subscriptions
7	Download the Mobile App	Visit the iPhone App Store or Google Play to download the app.	All subscriptions



## Frequently Asked Questions (FAQs)

Account	Log Your Activities	Submit Activities and Forms for Approval
<p><b>I no longer have access to my old email address and can't change my Time2Track password.</b></p> <p>Contact the <a href="#">customer service team</a> and we can help you access your account.</p> <hr/> <p><b>What happens when my account expires?</b></p> <p>Time2Track never deletes data. If your account expires, you can still access and print your activities, but you can't add or edit any information. You can renew your account at any time.</p> <hr/> <p><b>How do I switch from a group account to an individual account?</b></p> <p>Under Settings, click <b>Profile</b> to change your account type. Select <b>No</b> for the <b>Is your academic program, training site or work place requiring you to use Time2Track?</b> question, and then complete the remaining fields. Review the <a href="#">Best Practices for Professional and Postgraduate Hours</a> guide for more information.</p> <hr/> <p><b>How do I switch from an individual account to a group account?</b></p> <p>Under Settings, click <b>Profile</b> to</p>	<p><b>How do I track my training site and supervisor in Time2Track?</b></p> <p>If your program uses Online Approval, <a href="#">create a placement</a> for each training site and link the activities to the applicable placement.</p> <hr/> <p>If your program doesn't use Online Approval, <a href="#">create custom treatment settings</a> to track each training site and supervisor. Then link the activities to the applicable treatment setting.</p> <hr/> <p><b>I have two (or more) placements this semester. How do I separate the activities in Time2Track?</b></p> <p>If your program uses Online Approval, <a href="#">create a placement</a> for each training site and link the activities to the applicable placement.</p> <hr/> <p>If your program doesn't use Online Approval, <a href="#">create custom treatment settings</a> to track each training site and supervisor. Then link the activities to the applicable treatment setting.</p> <hr/>	<p><b>My supervisor can't see my activities.</b></p> <p>First, make sure the correct <a href="#">supervisor is linked</a> to your activities. Next, <a href="#">submit your activities</a> to your supervisor using Online Approval; they can't see your activities until you do this.</p> <hr/> <p><b>My supervisor hasn't received my form or evaluation.</b></p> <p>First, confirm that the form was sent and the preceding user in the form workflow completed their steps. If your supervisor still can't see the form, then contact your institutional administrator to confirm that the form workflow was set up correctly.</p> <hr/> <p><b>Why is the form requiring me to complete a section that's assigned to another user?</b></p> <p>If you're required to complete a section of a form that looks like it should be completed by another user, it may be related to how the institutional administrator assigned the form workflow. Contact <a href="#">customer service</a> so they can review the form workflow and confirm the issue.</p> <hr/>



Account	Log Your Activities	Submit Activities and Forms for Approval
<p>change your account type. Select <b>Yes</b> for the <b>Is your academic program, training site or work place requiring you to use Time2Track?</b> question, and then complete the remaining fields.</p> <hr/> <p><b>Why can't I add an authorization key to my existing account?</b></p> <p>Your account type must be correct for the authorization key to work. Additionally, you can only add authorization keys in the web app. Review <a href="#">Update an Existing Account</a> to learn how to change your account type and add an authorization key.</p> <p>Additionally, be sure that there are no spaces before or after the key, and that you haven't previously used the same key (keys can only be used once).</p> <hr/>	<p><b>I can't find my training site or supervisor on the list when adding a placement.</b></p> <p>The training sites and supervisors are added by your program. If you can't find a training site or supervisor when creating a placement, contact your training director to have them added.</p> <hr/> <p><b>Activities in my placements aren't adding up correctly. How do I find the problem and fix it?</b></p> <p>Typically this means that your activities aren't linked to the correct placement, level, or treatment setting. Review your activities under the <b>Activities</b> section, <b>List</b> view, or run the <b>Activity Details</b> report. <a href="#">Edit the activities</a> individually or in batch to make any corrections.</p> <hr/> <p><b>How do I know which activity type to select?</b></p> <p>When entering activities, you must select an activity type. Available activity types are dependent on your level and program. Consider the duties you performed and choose the category that you think best fits the experience. Your activity's individual job description and responsibilities should determine</p> <hr/>	



Account	Log Your Activities	Submit Activities and Forms for Approval
	<p>the category you select. You can also contact your program administrator, training director, or supervisor for guidance. Note that your program can create custom activity types for you to select. If necessary, you can also create your own custom activity type.</p> <p>-----</p>	



# APPIC Activity Types

**Account Requirement:** *Individual (Doctoral Psychology)*

The APPIC Application for Psychology Internships (AAPI) states that it is your responsibility to choose which activity type best describes your experience. One of the most frequent questions we get is "Which activity type do I choose?" Since APPIC does not provide definitions for their activity types, we've put together some guidelines of our own.

Please let us know if you feel that any of the below information is inaccurate, or if there is anything else that we should include.

## DISCLAIMER

This document is provided as a tool to help you find the category of best fit for your hours. Keep in mind that these should be used as **guidelines**, not APPIC-sanctioned definitions. If in doubt, don't take our word for it – always consult with your DCT or supervisor as they may have specific ways that they prefer you to categorize your hours. Time2Track is not responsible for mis-categorization or misrepresentation of hours.

## Intervention: Activities involving direct face-to-face contact with a client.

**Career Counseling:** Providing direction or guidance on career opportunities.

**Client Consultation:** Interview to assess the client, their needs, and goals for treatment.

**Co-Therapy:** Psychotherapy conducted with more than one therapist present.

**College Prep / Guidance:** Assisting students with college preparation activities.

**Couples Therapy:** Helping couples resolve conflicts and improve their relationship.

**Crisis Intervention:** Emergency psychological care assisting individuals in a crisis situation.

**Family Therapy:** Involves a whole family, or several family members, all meeting with a therapist together.

**Group Counseling:** Involves one or more therapists working with several people at the same time.



**Individual Therapy:** Working one-on-one with a client.

**Intake Interview:** The first appointment with a therapist, in which the therapist asks questions in order to understand the client's situation and presenting problem.

**Structured Interview:** An interview with a client in which all questions are presented in the same order to ensure that answers can be reliably compared between individuals or groups.

**Medical/Health Related:** Medical or health related psychological interventions.

**Milieu Therapy:** Form of therapy in which patients are part of a therapeutic community.

**Outcome Assessment of Programs or Projects:** Assessing the outcome of any programs or projects.

**Program Development / Outreach Programming:** Create and offer programs or outreach activities designed for the education and prevention of psychological concerns.

**School (Direct Intervention):** A direct intervention in a school setting.

**School (Other):** Other activities in a school setting.

**School Consultation:** Interview to assess the client, their needs, and goals for treatment in a school setting.

**Sport Psychology / Performance Enhancement:** Therapy that helps athletes or other performers with performance enhancement.

**Substance Abuse Intervention:** Process involved in confronting an addict about the impact of his or her negative habit.

**Supervision of Other Students:** Supervising other students.

### **Systems Intervention / Organizational Consultation / Performance Improvement**

**Systems Intervention:** Eliminate system limitations by prioritizing needs, specify outcomes, and design an intervention program.

**Organizational Consultation / Performance Improvement:** Consult with an organization in order to improve the performance and well-being of its employees.

**Treatment Planning with Client:** Planning a course of treatment with a client.

## **Assessment: Administering psychological tests or assessments.**



**Neuropsychological Assessment:** An assessment of how a client's brain structurally functions. Include intellectual assessment in this category only when it was administered in the context of neuropsychological assessment involving evaluation of multiple cognitive, sensory and motor functions.

**Psychodiagnostic Test Administration:** Using oral, written, or projective methods as a diagnostic procedure. Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment. Include symptom assessment, projectives, personality, objective measures, achievement, intelligence, and career assessment. Also includes providing feedback to clients/patients.

## **Support: Activities involving indirect, or non-face-to-face, contact with a client.**

**Assessment Report Writing:** Writing reports on administered assessments.

**Case Conferences:** Bring together key parties in order to mutually agree upon goals and strategies to achieve them.

**Case Management:** A collaborative process of assessment, care planning, facilitation, and advocacy for options and services to meet an individual's mental health needs.

**Chart Review:** Reviewing patient or client charts.

**Clinical Writing / Progress Notes:** Writing treatment progress notes, or other clinical writing.

**Coordinate Community Resources:** Assisting a client in locating and/or securing community resources.

**Grand Rounds:** Presenting the medical problems and treatment of a particular patient to an audience.

**Observation:** Observing other trained individuals perform therapeutic activities.

**Phone Session:** Psychotherapy conducted over the phone.

**Professional Consultation:** Consulting with another professional regarding a case or client.

**Psychoeducational Group / Workshop:** Group that focuses on educating clients about their disorders and ways of coping.

**Psychological Assessment Scoring / Interpretation:** Scoring and/or interpreting psychological assessments.

**Seminars / Didactic Training:** Any training involving seminars or lectures.

**Video-Audio-Digital Recording Review:** Reviewing video or audio recordings.



# Supervision: Individual or group supervision meetings with a professional or peer.

*Last updated on July 30, 2018*

## RELATED ARTICLES

 [Choosing an Activity Type \(/article/215-choosing-an-activity-type\)](/article/215-choosing-an-activity-type)

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## Authorization to Exchange Information

Please sign this acknowledgment page and return to the Training Director

The Commission on Accreditation and the Office of Program Consultation and Accreditation of the American Psychological Association (APA) encourage close working relationships between internship programs and graduate programs in professional psychology. Doctoral programs and internship centers share a responsibility to communicate about trainees. More specifically, communication is required regarding preparation for training experiences and progress and status in programs.

This form is intended to facilitate communication between the internship and doctoral program of the intern named below. Please provide the information in the spaces below. By signing this form, you are providing permission for your doctoral program and this internship to communicate about your functioning in both programs.

### Doctoral Program Information

Doctoral Program Name: \_\_\_\_\_

Director Name: \_\_\_\_\_

Address: \_\_\_\_\_

Director Phone: \_\_\_\_\_

Director e-mail: \_\_\_\_\_

I grant permission to the Hawai'i Psychology Internship Consortium and the doctoral program listed above to exchange information pertinent to my internship, training, and professional development.

\_\_\_\_\_  
Intern Signature

\_\_\_\_\_  
Intern Name

\_\_\_\_\_  
Date



---

## Intern Travel Reimbursement

### Travel Reimbursement

The Consortium provides funding for reimbursement for internship related personal vehicle mileage and expenses incurred during mandatory inter-island internship travel. Major expenses, such as flight and hotel costs, will be paid for in advance by the training site or by WICHE.

**Interns are not expected to pay out-of-pocket for any significant travel expense.** It is likely that some minor travel expenses may be incurred, however, and interns may submit documentation for reimbursement of certain out-of-pocket expenses while traveling for required HI-PIC activities. Interns are provided a \$92 per day (\$20 for breakfast, \$22 for lunch, and \$50 for dinner) allowance for meals while traveling for minor rotations and other group experiences.

**This applies only to purchasing meals that are not made available to the intern by HI-PIC, and only during required HI-PIC travel.**

HI-PIC will not reimburse for alcohol. Interns may also be reimbursed for necessary public transportation expenses, such as taxis to and from the airport during required internship travel.

Electronic signatures on the reimbursement form are allowed, if the travel forms are emailed to WICHE from an institution email address (not personal accounts e.g., Gmail). Interns should plan to pay separately when dining together. All expenses for a trip should be emailed together and sent with the completed reimbursement form. Please use a separate form for each trip. If an expense is prepaid by WICHE or a faculty member but the intern is provided with the receipt, interns should include the expense on your reimbursement form, include the receipt, and note in the comments section on the form the name of the person who paid for the expense. Receipts are required for reimbursement. To be reimbursed for meals and transportation, interns must save their original receipts and scan and email them to WICHE along with the travel reimbursement form.

**Travel vouchers must be submitted within 30 days after the trip to guarantee reimbursement.**



## Mileage Reimbursement

The current mileage reimbursement rate is \$0.70 per mile. To be reimbursed for personal vehicle mileage, interns must submit the mileage tracking form to WICHE; the exception for this rule is mileage accrued during June must be submitted by June 30th, and mileage accrued in July must be submitted by 12p HST the day following graduation (please use a separate mileage tracking form for each month). Note that you must claim an **adjusted rate** if beginning your day at a site other than your assigned office location. To determine an **adjusted rate**, you must deduct your commuter miles (personal residence to assigned office location from your first meeting of the day at another site).





## NON-STAFF

### WICHE Travel Reimbursement Summary

#### Documentation

- Travel voucher must be submitted within 30 days after the trip to guarantee reimbursement.
- Only ONE trip per travel voucher. (One trip is considered travel starting from your home base and then returning to your home base.)

#### Accommodations

- Only lodging expenses are covered. Travelers are responsible for other incidental charges.

#### Airline or Train

- Economy or coach travel is reimbursable.
- Advanced approval is required for unusual travel requirements (seat upgrades, travel insurance, etc).

#### Transportation

- Travelers are encouraged to use the least expensive option available – Complimentary hotel shuttles, airport shuttles, public transportation, or taxi, if necessary

#### *Rental Car*

- WICHE will reimburse rental car expenses only if they are the least expensive option available.
- Rental car insurance, car upgrades, and pre-paid refueling expenses are not reimbursable.

#### *Personal Vehicle*

- Reimbursement for personal vehicle mileage is 70 cents per mile (the current Federal mileage rate).

#### Meals

- WICHE will not reimburse for alcohol expenses.
- Meals cannot be claimed for meals that were provided by the event or purchased for you by another individual.

#### *Individual*

- Current individual meal limits are: Breakfast \$20, Lunch \$22, Dinner \$50, including taxes and tips.
- Meal receipts are required for reimbursement.
- If a meal is skipped, the skipped meal allowance may be used for another meal on the same day.

#### *Group*

- Travelers cannot purchase group meals unless PRIOR written approval is received from a WICHE Vice President or Director.
- Written approval must be attached to the travel voucher.

#### Miscellaneous Expenses

- Expenses related to WICHE business are reimbursable (such as registration fees, luggage, and tips).
- All receipts are required EXCEPT for tips (to bellmen, shuttle drivers, etc.) and tolls.

#### Lost Receipts

- WICHE will accept a copy of your credit card statement for lost receipts. Be sure the statement includes your name, the vendor name, date of charge, and amount.

**Receipts are required** – legible copies are acceptable.

**Please note: If receipt copies and electronic signatures are NOT legible, they will not be accepted.**

**For a complete travel guideline, questions, or to submit your travel voucher, please contact:**

**Madison Dupre at MDupre@wiche.edu**



### WICHE Travel Booking Form

**DIRECTIONS: PLEASE FILL IN ALL YELLOW CELLS.** If an area does not apply to your trip, insert "NA" into the cell. Please return this form to Janell Daly (jdaly@wiche.edu) a **MINIMUM Of 15 business days** before the start of your travel.

<b>Traveler Full Name:</b>						
<b>Phone number:</b>						
<b>Email Address:</b>						
<b>Traveler DOB:</b>						
<b>Trip Name:</b>						
<b>Meeting Dates</b>						
<b>From:</b>						
<b>To:</b>						
<b>Flight Info</b>	<b>Date:</b>	<b>Departure City:</b>	<b>Arrival City:</b>	<b>Airline:</b>	<b>Departure Time:</b>	<b>Flight No :</b>
<b>Leave:</b>						
<b>Return:</b>						
<b>Seat Preference:</b>						
<b>Frequent Flyer Number:</b>						
<b>Hotel Info</b>	<b>Hotel Name:</b>	<b>Address:</b>	<b>City:</b>	<b>Date In:</b>	<b>Date Out:</b>	
<b>Car Rental Info</b>						
<b>Rental Location :</b>						
<b>Pick Up Date:</b>		<b>Pick Up Time:</b>				
<b>Return Date:</b>		<b>Return Time:</b>				

**Please Note:** Hotel and car rental bookings are reservations only and are not pre-paid unless pre-payment by WICHE is specifically requested at the time of submitting this form.





*WICHE travel vouchers must be submitted within 30 days of travel.*

Name and mailing address (please print)	Telephone number	Email address

Departure Date and Time (when you leave from home or office)	Purpose or title of Meeting	Meeting City/State	Return Date and Time (when you return to home or office)

**TRANSPORTATION EXPENSES**-Receipts are required for airfare, lodging, and registration. Personal vehicle mileage will be reimbursed according to current WICHE Travel Expense Reimbursement Guidelines at \$.67/mile.

Dates	Airport/City	Airline or mode of travel	Amount

**Taxis and Limousines**-please itemize and explain

Dates	City	Destination and mode of travel	Amount

**Hotel/Lodging**-please list different rates separately

Dates	# of nights	Hotel Name	Room rate per night (include tax)	Amount

**INDIVIDUAL Meals ONLY** -meals covering 2 or more individuals on one receipt must be placed in the group meal section. WICHE does not reimburse for meals provided by the hotel, conference, or others. Write "Provided" for those. WICHE will only carry over unused portions of one meal to the next within a single day. Write the amount of the meal in the appropriate box or \$0 if skipped. Meal maximums are B=\$18, L=\$20, D=\$40.

**RECEIPTS ARE REQUIRED FOR REIMBURSEMENT.**

Dates	Breakfast	Lunch	Dinner	Comments	Day Total

**GROUP MEALS**-please list all people present and SELECT type of meal (Breakfast/Lunch/Dinner) . You must attach PRIOR written approval from a WICHE Vice President or Director to receive reimbursement for group meals. **RECEIPTS ARE REQUIRED FOR REIMBURSEMENT.**

Date	People in attendance	Select Meal Type			Amount
		<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> D	
		<input type="checkbox"/> B	<input type="checkbox"/> L	<input type="checkbox"/> D	

**Miscellaneous**-please see instructions and itemize

Date	Item	Description	Amount

**TOTAL COST OF TRAVEL TO BE CHARGED TO THE PROGRAM UNIT**

**\$0.00**

**Shaded areas below are for staff use only**

<b>LESS ANY ADJUSTMENTS</b>	
<b>TOTAL REIMBURSEMENT</b>	<b>\$0.00</b>

**CERTIFICATE:** I hereby certify this to be a true statement of reasonable and necessary travel expenses incurred in the performance of official duties for the Western Interstate Commission for Higher Education.

Signed by traveler/date

Please print name:

WICHE approved/date

Please print name:

Areas below are for staff use only.

Meeting Description	Account Number(s)	Amount
	46. -00-5300	
<b>Vendor #</b>	<b>Date Paid</b>	



MILEAGE TRACKING FORM

NAME:

TITLE:

LOCATION:

PERIOD:

to



DATE	Starting Place	Destination	MILES	Total Reimbursement
TOTAL MILES			0.00	\$ -

Note: Please attach MapQuest/Google mileage for backup support.



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## Stipend, Benefits, and Resources

The annual stipend across HI-PIC training sites will be \$33,875.00. Interns will be employees of the Western Interstate Commission for Higher Education (WICHE) and will receive health benefits, as well as paid time off, through their employer. Questions regarding specific benefits packages can be directed to WICHE's Human Resources department.

HI-PIC interns have access to numerous resources. Funding for inter-island travel within the state of Hawaii is provided in order for interns to complete required training experiences. Each training site provides assessment and other training materials. Additional materials that may be needed can be purchased using consortium funding, subject to Training Committee approval. Each intern additionally has access to administrative and IT support through their primary training site and through WICHE.





### TIME OFF REQUEST FORM

*Instructions: Interns should fill in this form electronically and submit to their supervisor for consideration. If approved, the intern should email a copy of this form to the Assistant Training Director. Supervisors and interns should retain a copy for their records. Interns must log all time off in the HI-PIC Monthly Activity Log.*

Name:

Primary Training Site:

Primary Supervisor:

Requested time off: \_\_\_\_\_ to \_\_\_\_\_

Date of request:

Comments:

Total hours requested off:

Total hours of time off taken to date (NOT including this request) from Activity Log:

*\*\*Note: interns are allotted 15 days (120 hours) of time off during the internship year.*

### SUPERVISOR APPROVAL

Supervisor approval of leave: ☐ approved ☐ not approved

Supervisor Comments:

Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_





## HI-PIC Family & Medical Leave Policy

- 1. Family & Medical Leave:** The Western Interstate Commission for Higher Education (WICHE) provides interns with up to 12 work weeks of unpaid, job-protected leave within a 12-month period, and provides health benefits during the leave (up to 12 weeks). Unpaid leave may be granted in the following circumstances: intern serious health condition or pregnancy-related disability, non-birth parent's attendance at birth of child, parent's care of newborn, if completed within 12 months following birth of child, placement of a child with intern for adoption or foster care, serious health condition of intern's child under 18 years, or older child if disabled, or serious health condition of staff member's spouse or parent.
- 2. Requesting Leave:** Whenever possible, interns must notify WICHE human resources at least 30 days prior to the leave of absence. Requests for leaves should be made in writing to human resources, stating the reason for the leave, the starting date, and the planned date for return to work.
- 3. Health Insurance:** If an intern is currently covered by WICHE's insurance plans, these benefits continue for interns on medical and family leave. WICHE will pay for intern (and any eligible dependents) insurance premiums while on unpaid leave. If the intern is able but does not return to work after the expiration of the leave, the intern will be required to reimburse WICHE for payment of insurance premiums during the leave. Children may be added to the intern's health insurance policy if coverage is elected within 30 days of the birth or adoption.
- 4. Return to Work:** Interns must contact WICHE human resources at least two days before their first day of return from leave. If the leave is for an intern's own serious health condition, the intern must provide medical certification verifying ability to return to work. Failure to return to work on the day after the expiration of leave will normally result in termination of employment. If an intern is unable to return to work, the intern must provide medical certification no less than two days before the anticipated return date.
- 5. Hours Supplementation:** Interns are required to complete a 12 month, 2000 hour internship. The number of workdays taken off during a leave of absence will be added as an extension to the training year. The intern should work closely with their site supervisor and the HI-PIC training director to develop a plan to complete all required training experiences upon return from leave. The intern must complete the full 12 months of training, achieve 2000 training hours, and receive satisfactory ratings on the final Intern Evaluation Form in order to complete the internship.
- 6. Maximum Length:** Interns must complete all requirements for graduation of the internship no later than 18 months after the start of the internship.

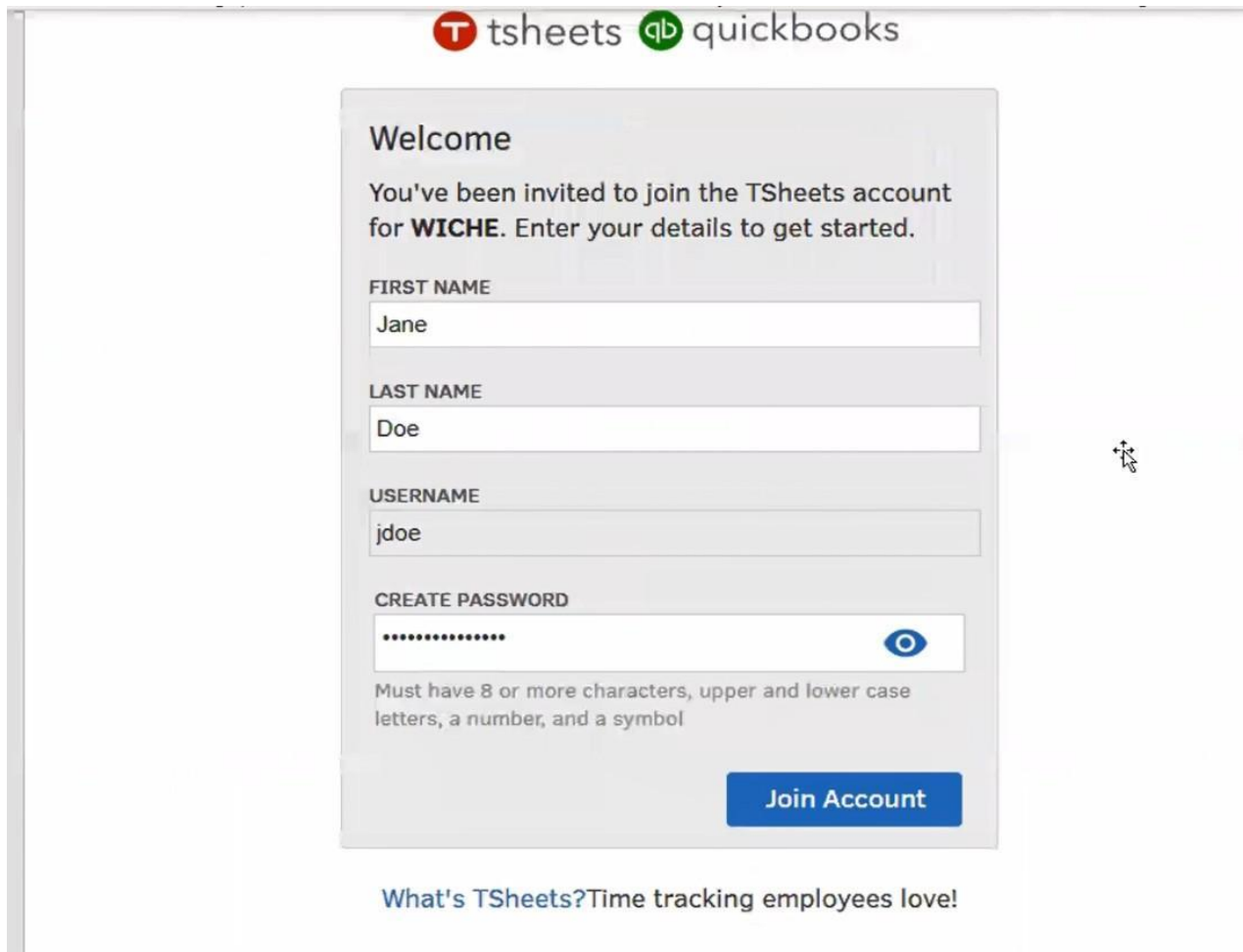


## T-SHEETS WICHE PAYROLL SYSTEM

Interns will receive an email invitation from the WICHE payroll specialist Diane Haslett to register for an account in T-Sheets.

Click the Accept Invitation Button to Register for an account. The WICHE Behavioral Health Program will provide you with a Video Tutorial on how to submit your hours twice per/month. With the significant time difference between Hawaii and WICHE, **Time Sheets must be submitted at close of business on the last working day, one day ahead of the WICHE timesheet deadline (15th/last day of the month).**

*Note that payday is the 7th and 22nd of each month, or the Friday prior if the 7th or 22nd falls on a weekend or holiday.*



tsheets quickbooks

Welcome

You've been invited to join the TSheets account for **WICHE**. Enter your details to get started.

FIRST NAME

Jane

LAST NAME

Doe

USERNAME

jdoe

CREATE PASSWORD

.....

Must have 8 or more characters, upper and lower case letters, a number, and a symbol

Join Account

What's TSheets? Time tracking employees love!

### WICHE T-Sheets Tutorial Video:

<https://www.dropbox.com/s/5gtc5t9wai2x2ny/23a.%20WICHE%20T-Sheets%20Tutorial%20for%20Interns.mp4?dl=0>



## Late Timesheet Policy

Interns are responsible for submitting timesheets on time each time period. Although they may seem like minor paperwork, submitting timely and accurate timesheets is considered part of being a professional and will be evaluated along with other elements of professional competencies.

Late timesheets create an unnecessary burden on the staff at WICHE. The fact that WICHE is located in Colorado, in the Mountain Time Zone, makes late timesheets even more challenging.

Timesheets must be submitted to WICHE by close of business (5 pm Hawaii Time) on the last working day of the pay period; one day ahead of the WICHE timesheet deadline, which falls on the 15<sup>th</sup> or the last day of the month.

In the event of a late timesheet, the following procedures will be followed:

The first late timesheet will result in a warning sent via email from the Training Director with the intern's supervisor copied. That warning will require a response from both the intern and supervisor indicating their receipt and understanding that late timesheets are unacceptable.

A second late timesheet will result in another warning, and the infraction will be included on the intern's evaluation under professionalism. The supervisor will be required to include in writing the issue of timeliness with timesheets.

Any further late timesheet will result in initiating due process using the procedures set forth by HI-PIC.



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## Acknowledgment of Late Timesheet Policy

Please sign this acknowledgment page and return to the Program Director.

I acknowledge that I have received and reviewed the Late Timesheet Policy of the Hawaii Psychology Internship Consortium. I agree to abide by the procedures outlined in this document. I have been provided with a copy of the document to keep on file.

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Signature

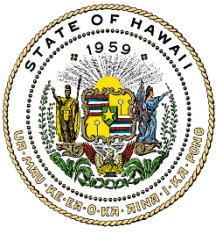
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Print Name

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Date





# STATE OF HAWAII

## Holidays to be observed in 2025 and 2026



### 2025 HAWAII STATE HOLIDAYS

<u>(Hawaii Rev. Statutes, Sec. 8-1)</u>	<u>Day Observed in 2025</u>	<u>Official Date Designated in Statute/Constitution</u>
New Year's Day.....	Jan. 01 Wednesday .....	The first day in January
Dr. Martin Luther King, Jr. Day.....	Jan. 20 Monday .....	The third Monday in January
Presidents' Day.....	Feb. 17 Monday .....	The third Monday in February
Prince Jonah Kūhiō Kalaniana'ole Day.....	Mar. 26 Wednesday.....	The twenty-sixth day in March
Good Friday.....	April 18 Friday.....	The Friday preceding Easter Sunday
Memorial Day.....	May 26 Monday.....	The last Monday in May
King Kamehameha I Day.....	June 11 Wednesday .....	The eleventh day in June
Independence Day.....	July 4 Friday .....	The fourth day in July
Statehood Day.....	Aug. 15 Friday .....	The third Friday in August
Labor Day.....	Sept. 1 Monday .....	The first Monday in September
Veterans' Day.....	Nov. 11 Tuesday.....	The eleventh day in November
Thanksgiving.....	Nov. 27 Thursday .....	The fourth Thursday in November
Christmas.....	Dec. 25 Thursday.....	The twenty-fifth day in December

### 2026 HAWAII STATE HOLIDAYS

<u>(Hawaii Rev. Statutes, Sec. 8-1)</u>	<u>Day Observed in 2026</u>	<u>Official Date Designated in Statute/Constitution</u>
New Year's Day.....	Jan. 01 Thursday .....	The first day in January
Dr. Martin Luther King, Jr. Day.....	Jan. 19 Monday .....	The third Monday in January
Presidents' Day.....	Feb. 16 Monday .....	The third Monday in February
Prince Jonah Kūhiō Kalaniana'ole Day.....	Mar. 26 Thursday .....	The twenty-sixth day in March
Good Friday.....	April 3 Friday.....	The Friday preceding Easter Sunday
Memorial Day.....	May 25 Monday.....	The last Monday in May
King Kamehameha I Day.....	June 11 Thursday .....	The eleventh day in June
Independence Day.....	July 3 Friday .....	The fourth day in July
Statehood Day.....	Aug. 21 Friday .....	The third Friday in August
Labor Day.....	Sept. 7 Monday .....	The first Monday in September
General Election Day .....	Nov. 3 Tuesday.....	The first Tuesday in Nov. following the first Monday of even numbered years. (Hawaii State Constitution, Article 2 – Section 8)
Veterans' Day.....	Nov. 11 Wednesday.....	The eleventh day in November
Thanksgiving.....	Nov. 26 Thursday .....	The fourth Thursday in November
Christmas.....	Dec. 25 Friday .....	The twenty-fifth day in December

**FOOTNOTES:** For use solely by State government agencies. Federal government and local banking holidays may differ. For State agencies that operate on other than Monday-Friday 7:45 AM to 4:30 PM schedules, also refer to appropriate collective bargaining agreements. Created by the Department of Human Resources Development 01/02/2024 subject to change.





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## Intern Feedback- Orientation 2025

Please complete via Google Forms link below

[Intern Orientation Feedback](#)

Please describe the aspects of the orientation that you liked and would suggest continuing in future years.

Please describe any aspects of the orientation that you disliked or would suggest changes to for future years.

Please provide any other feedback that you feel would be useful in planning orientation for future HI-PIC cohorts.