

# **Policy and Procedure Manual**

## **Psychology Practicum Externship and Social Work, Marriage & Family Therapy and Counseling Pre-Master's Internship Programs 2021-2022**

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**PSYCHOLOGY PRACTICUM EXTERNSHIP AND  
SOCIAL WORK, MARRIAGE AND FAMILY THERAPY AND COUNSELING  
PRE-MASTER'S INTERSHIP PROGRAMS  
  
POLICY AND PROCEDURE MANUAL**

## **1. MENTAL HEALTH TRAINING PROGRAM OVERVIEW**

The Psychology Practicum Externships, and Social Work, Marriage and Family Therapy and Counseling Pre-Master's Internships are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The programs are comprised of ten clinical psychology externship sites, two neuropsychology externship site and five pre-master's internship sites located within the northern California region. The part-time positions (16 to 20 hours/week) begin in early September and are designed to be completed in 9 to 12 months.

This manual provides the policies and procedures that are applicable to trainees and faculty. It is posted on the Regional Mental Health Training Programs website at <https://mentalhealthtraining-nca.kaiserpermanente.org/>, the official bulletin board of the training programs. This website contains information such as the history of our programs, descriptions of training sites and rotations, faculty profiles and regional seminar schedules.

### **1.01 Mission Statement**

Kaiser Permanente is an integrated managed care consortium, based in Oakland, California, founded in 1945 by industrialist Henry J. Kaiser and physician Sidney Garfield. Kaiser Permanente operates in eight states and the District of Columbia and is the largest managed care organization in the United States, serving over 12 million members nationally, including 4.5 million members in northern California. Care for members and patients is focused on total health and is guided by personal physicians, specialists and teams of caregivers.

Kaiser Permanente's stated mission is to provide efficient, affordable, high-quality, evidence-based, health care while supporting continuous quality improvement. The organization is dedicated to care innovation, clinical research, health education and improving community health.

The psychology practicum externships' and pre-master's mental health internships' mission statements declare a commitment "to training graduate students within an integrated health care system, in order to prepare them for dynamic roles as practicing mental health professionals in the health care system of the future."

## **1.02 Program Admission Requirements**

Psychology Practicum Externs must be enrolled in a Ph.D., Psy.D, or Ed.D. program accredited by the American Psychological Association and must be in their third or fourth year of graduate studies.

Pre-Master's Social Work, Marriage and Family Therapy and Counseling Interns must be matriculated at an accredited academic institution and in their second year of training. Social Work Interns should be enrolled in a graduate program accredited by the Council on Social Work Education (CSWE) and should be following a clinical practice specialization.

KPNC site training directors work with the graduate schools' field placement coordinators to recruit appropriate candidates. The Training Programs encourage applications from individuals who come from diverse, underserved or disadvantaged backgrounds. Site directors ensure that all applicants who meet general criteria for the program are included in the selection pool. All trainees must have had prior experience delivering outpatient psychotherapy in their school's onsite clinic or in a mental health agency or hospital setting.

Applications are reviewed by the training faculty and qualified candidates are identified and invited for interview. Interviews take place in early spring for the term beginning in September. Psychology Practicum Externs must participate in the Bay Area Practicum Information Collaborative (BAPIC) electronic matching process.

KPNC Trainees are paid an annual stipend for their service provision. The current stipend amount is posted on the Regional Mental Health Training Programs website.

## **1.03 Rights of Mental Health Trainees**

1. To be informed of the expectations of the training program
2. To be trained by professionals who behave in accordance with the ethical guidelines of their profession
3. To have individual training needs identified and documented
4. To receive ongoing evaluation that is specific, respectful, and pertinent
5. To engage in evaluation of the training experience
6. To utilize due processes to challenge program decisions
7. To utilize grievance procedures to resolve disputes
8. To be granted privacy and respect for one's personal life, including respect for one's uniqueness and differences

## **1.04 Mental Health Trainee Policy Adherence Expectation**

Psychology Practicum Externs and Pre-Master's Mental Health Interns are subject to KPNC's general policies and procedures which are presented during the orientation period. Trainees may also access this information through the KPNC website, located as a link at <https://vine.kp.org/wps/portal/kpvineportal/workspace> and/or by contacting their local KPNC Human Resources consultant. Policies pertaining to professional appearance/dress code and social media use are located in sections 8.03 and 8.04 of this manual and should be reviewed.

Trainees are strongly encouraged to affiliate with a professional association according to their mental health discipline and are required to refer to and abide by the professional association's

code of ethics. These organizations include the American Psychological Association (APA), the National Association of Social Workers (NASW), the American Association of Marriage and Family Therapists (AAMFT), the California Association of Marriage and Family Therapists (CAMFT) and the American Counseling Association (ACA). In addition, trainees are expected to understand and comply with all training program policies, departmental policies and state and federal laws.

## **2. PROGRAM CURRICULUM**

### **2.01 Training Schedule Overview**

In creating a schedule for the trainee, the site director works closely with the trainee and the department managers. Major and minor rotations include Outpatient Psychiatry, the Intensive Outpatient Program (IOP), the Eating Disorders team, the Emergency Department, Addiction Medicine Recovery Services (AMRS) and Behavioral Medicine. Requirements vary between departments; however, trainees are not typically scheduled to work at night or on the weekends. Exceptions can be made if the trainee prefers to work outside of normal business hours if appropriate supervision is available and if the rotation is in keeping with a specific training goal. For example, AMRS may offer weekend training hours, but in no case shall a trainee be scheduled to work more than the hours agreed upon weekly by the KPNC site training director and the trainee's educational institution.

Services provided by trainees may include but are not limited to intake evaluations, individual and family psychotherapy, co-facilitation of treatment groups and psychological assessment (the latter for psychology practicum externs only). The remaining hours are spent in activities such as weekly individual and group supervision, didactic seminars and departmental/team meetings. Each trainee should have no less than two hours of Indirect Patient Care (IPC) hours per week in their schedule for patient charting and administrative duties.

As their academic and training schedule permits, trainees are invited to attend regional seminars held in Oakland. Current seminar schedules and a list of speakers and topics can be found on the Regional Mental Health Training Programs website.

### **2.02 Administrative Support and Office Resources**

Each of the medical centers has its own clerical and technical support staff to assist trainees during their tenure at the assigned clinic. Administrative support staff can be utilized to help schedule patient appointments, respond to phone messages, track patient paperwork, and provide assistance with other tasks as needed. The individual departments offer trainees the use of translation services, copy machines, telephones, computers and technical support.

Every trainee has a computer workstation that provides access to the internet, electronic periodicals, KPNC's intranet, as well as a variety of online medical and psychological databases. These online databases include Medline, Micromedix (an internal medical database search engine), PsycInfo, and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence and other treatment areas. KPNC's information technology support is accessible to all trainees through a telephone help line. Office software such as word processing and slide-show presentation programs are also available.

At all training sites, trainees are provided with offices to meet with patients, receive and answer phone messages and schedule appointments within a confidential setting. Larger rooms are available to provide group or family therapy. Trainees working with children have access to

playrooms and/or offices equipped with toys and games. Additional training resources (which vary by site) include one-way mirrors and audio and video recording equipment.

Each medical center campus is equipped with conference rooms, a cafeteria and in some locations exercise rooms. Conference rooms for training seminars are also available at the Kaiser Regional headquarters in Oakland. Each medical center has its own medical library, with librarians available for research assistance. The Regional library service includes access to KPNC's inter-library loan service which is connected to all the major university and research institution libraries, both domestic and foreign.

### **2.02.01 Equipment Provided by Local Medical Centers**

Local medical centers are asked to provide equipment to all trainees at the start of the training year. While this may include desktop computers, the Mental Health Training Programs request that all trainees be provided with Kaiser Permanente issued laptops to facilitate their working across multiple departments and to accommodate the changing dynamics in healthcare. Many of our trainees rotate through various departments in our medical centers, and travel to other medical centers for didactics and trainings. Therefore, laptops are needed to help facilitate this flexible schedule and to support working remotely when appropriate.

### **2.03 Diversity, Inclusion and Culturally Competent Care**

Diversity issues are considered in every aspect of training as each medical center and clinic serves diverse and unique member populations that include differences in age, disability status, race, ethnicity, immigration experiences, gender, gender identity and expression, sexual orientation, religion and spirituality, socioeconomic status and family life. Through targeted seminar topics, supervision and clinical work, trainees are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The Regional Mental Health Training Program's Equity, Inclusion and Diversity Committee organizes advanced trainings that promote cultural competency and cultural sensitivity. The trainings are designed to support all trainees and provide them with a safe space to reflect on their experiences without judgment. Prior to each regional seminar, a diversity forum is held with expert speakers from the community and from within Kaiser Permanente on topics impacting trainees' clinical work and professional development. Forum topics have included immigration, micro-aggressions, unconscious bias and gender-affirming care.

### **2.04 Psychotherapy Training**

All trainees are required to sign the Kaiser Permanente Mental Health Training Programs' Values Statement (Appendix A) at the beginning of the year, indicating that they are willing to work with any patient who presents for treatment, except in cases where the trainee's personal physical safety is actively threatened or where the clinical competence of both the trainee and the supervisor would compromise patient care.

Trainees are taught evidence-based psychotherapy practices through didactic seminars and case supervision. In addition, they are trained in Feedback Informed Care (FIC), an innovative approach to mental health treatment in which patients and therapists use patient reported information to track treatment progress and outcomes as well as the therapeutic alliance. This approach has been found to significantly improve outcomes.

At each visit, patients' complete questionnaires from Tridium, an electronic behavioral health platform. These questionnaires cover important clinical domains such as psychiatric symptoms,



subjective wellbeing, functional disability, medication adherence and treatment response. The information gathered allows therapists and patients to assess whether to continue a current therapy or whether to modify treatment.

## **2.05 Mandatory Skills Acquisition Sequence for Pre-Master's Interns**

There are three distinct, graduated phases of skills acquisition which pre-master's Interns follow during the training year. The date of completion of each phase is documented by the supervisor and this documentation is placed in the student's file.

### Phase I

1. Shadowing of licensed staff members
2. Orientations: PARRS; HealthConnect; Departmental orientations; Policy and Procedure Manual
3. Graduate program's Training/Learning Agreement completed
4. Supervisor and site director to ensure that the following competencies are met before the student begins treating patients by completing the Prerequisites Checklist (Appendix B):
  - Mental Status Examination
  - Mandated Reporting (CPS, APS, etc.)
  - Suicide/Homicide/Danger Assessment (Tarasoff, etc.)
  - Ethics (i.e., confidentiality, professional boundaries, etc.)
  - Psychopathology, Abnormal Psychology
  - Theories and Practices of Psychotherapy
  - Personality and Psychological Development
  - Domestic Violence
  - Chemical Dependency

### Phase II:

1. Sitting in or co-facilitating groups; documenting the group notes and discussing notes with supervisor
2. Sitting in or co-performing intakes; documenting the intake and discussing documentation with supervisor
3. Pre-master's intern's readiness to see clients individually will be determined by the supervisor. This determination will be based on a) training faculty completion of the prerequisites checklist; and b) information gathered by any evaluation tool that the educational institutions have provided to supervisors to assess whether the student has attained a satisfactory level of skill.

### Phase III

1. Patients are screened in-person by licensed therapists, who then assign cases to pre-master's interns based on their judgment that the case will not exceed the interns' competence ("warm cases"); OR pre-master's interns perform intakes after cases are vetted by the supervisor ("lukewarm cases")
2. Pre-master's interns and supervisors perform weekly reviews of active cases, including risk management
3. Pre-master's interns are directed to immediately escalate concerns about risk to a

supervisor (or designee).

4. If there is a question of self-harm, harm to others, or serious psychological decompensation, the procedure will be as follows: for patients in office, an urgent evaluation will be performed by a licensed clinician; for patients out of office, patient will be contacted and asked to come in for an urgent evaluation to be performed by a licensed clinician
5. Pre-master's interns will only co-facilitate groups with permanent staff members; they will not lead groups alone.
6. Pre-master's interns will complete process recordings, or make audio or video recordings of therapy sessions to present to supervisor

## **2.06 Psychological Assessment Training for Psychology Practicum Externs**

Training in psychological assessment involves understanding referral questions, selecting assessment methods, collecting background information, administering, scoring and interpreting measures, formulating hypotheses, assigning diagnoses and recommending interventions. Psychology Practicum Externs will observe supervisors administering psychological testing batteries before administering batteries to patients independently.

Psychology Practicum Externs will only conduct assessments in which they have appropriate training. Specialized assessments, such as neuropsychological testing for diagnostic purposes, for example, should only be performed and interpreted under the supervision of individuals who are privileged as neuropsychologists at the local medical center. Assessments which are specific to various Health Psychology applications, such as in primary care settings, should only be conducted and interpreted under the direction of supervisors who have appropriate training. Psychological Assessment supervisors are to abide by the regulations established by the APA Ethical Principles of Psychologists and Code of Conduct Sections 9.01-9.11 on Assessment.

Testing materials are available at each site and include standard psychometric and neuropsychological measures as well as computer programs to aid in the scoring of tests. In addition, externs have access to commonly used paper and pencil measures. The psychological assessment supervisor is responsible for training the extern in testing procedures and determining the appropriate measures to be used in each case.

Each extern is required to obtain written informed consent from the patient for psychological assessment (Appendix C) which states that the extern is in training and working under the license of a staff psychologist supervisor.

## **3. SUPERVISION OF CLINICAL TRAINING HOURS**

### **3.01 Supervisor Training Requirements**

Although the California Board of Psychology (BOP) and the California Board of Behavioral Sciences (BBS) have no formal jurisdiction over the supervision of graduate students, the KPNC Regional Mental Health Training Programs require that supervisors of graduate students adhere to the same licensing and continuing education requirements as KPNC supervisors of psychology postdoctoral residents, psychology doctoral interns, associate social workers (ASWs), associate marriage and family therapists (AMFTs) and associate professional clinical counselors (APCCs).

The BOP requires that primary supervisors of doctoral interns and postdoctoral residents complete a six- hour continuing education course in supervision each licensing cycle (every two years). The BBS requires all licensed master's-level mental health professionals supervising

ASWs to complete a one-time fifteen-hour course in supervision prior to the commencement of supervision. All licensed master's-level mental health professionals supervising AMFTs and APCCs must complete a six-hour continuing education course in supervision within 60 days of the commencement of supervision, and during each license renewal cycle (every two years). All supervisors of master's-level trainees must have been licensed and must have been practicing psychotherapy for two out of the last five years prior to the commencement of supervision. LPCCs who supervise AMFTs must provide AMFTs with written confirmation from the BBS verifying that they are qualified to assess and treat couples and families.

### **3.02 Graduate School Training Agreement**

A training agreement provided by the graduate school must be signed and dated by the KPNC site director and/or primary supervisor and/or school field placement coordinator and/or trainee before training commences. KPNC supervisors must meet the training agreement requirements for supervisors of the trainee's educational institution.

### **3.03 Supervised Clinical Experience Log**

It is the responsibility of the trainee to keep a weekly supervised clinical experience log with hours verified by the supervisor's signature to document program participation.

### **3.04 Methods of Supervision**

Psychology Practicum Externs will receive regularly scheduled, face-to-face, individual supervision of no less than one hour per week by a licensed psychologist throughout the year. Pre-Master's Interns will receive regularly scheduled, face-to-face, individual supervision of no less than one hour per week by an LCSW, LMFT or LPCC throughout the year. Supervisors must provide two hours of individual supervision for every 20 hours of trainee service provision, at minimum. Psychology Practicum Externs may receive supplemental, tiered, individual supervision from Psychology Post-Doctoral Residents, who are themselves under the supervision of licensed psychologists.

The functions of the supervisor include monitoring patient welfare, enhancing the trainee's clinical skills, promoting professional growth, evaluating their progress and providing feedback. The supervisor serves as both mentor and monitor/guide for the trainee's clinical work and professional development during their tenure at KPNC. Each trainee has access to their supervisor (or designee) at all times, via phone or pager, in case of emergency. The trainee will be expected to adjust his/her/their scheduled time off in accordance with the availability of the supervisor.

All trainees will receive one hour per week of group supervision facilitated by a licensed clinician. Topics of group supervision may include case consultation, professional development, interdisciplinary communication and systems issues, and multicultural competence and diversity awareness.

Evaluation of trainee professional competencies must be based on direct observation at least once each quarter and/or during each rotation. Direct observation by the supervisor may be completed live and in-person (e.g., in-room co-therapy with patient, co-led group therapy, in-room observation of an intake evaluation, one-way mirror observation), or by audio-video streaming, or through audio or video recording. If requested to audiotape, videotape, or otherwise record a patient session, trainees should download the Consent and Authorization form to be signed by trainee and patient, from the "Resources" section of the following web page: <https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit>

### **3.05 Supervisor Evaluation of Trainee Competencies**

In order to ensure that trainees meet all of the program's goals and requirements, each trainee will be formally evaluated by their supervisor quarterly or semiannually in accordance with the requirements of the educational institution. The trainee's graduate school will provide KPNC supervisors with evaluation forms which should be utilized according to the school's field placement policies.

The supervisor should provide the trainee with information regarding their progress during regularly scheduled, weekly individual supervision meetings. If a concern arises regarding a trainee's behavior or performance, the supervisor should provide such feedback during these meetings, enabling the trainee to focus their attention on the specified area(s) of concern. Significant performance deficits may lead the supervisor and site training director to alert the graduate school field placement coordinator and to initiate remedial and/or corrective action.

### **3.06 Mental Health Trainee Evaluation of Supervisors**

Each trainee evaluates their supervisors quarterly or semi-annually based on rotations using the Supervisor Evaluation form (Appendix H). Data from this form is reviewed by the Site Training Director and is kept confidential; however, ratings of "1" (Does Not Meet My Expectations") or "2" ("Needs Improvement") will be brought to the supervisor's attention. Trainees and supervisors should review the Supervisor Evaluation form at the beginning of the training year to ensure a common understanding of the supervisory standards of the program. They are then encouraged to use the criteria on this form as a guide for discussion throughout the training year, and especially at the time of the trainee's performance evaluations.

## **4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION**

### **4.01 Patient Rights and Safety**

A patient's rights and responsibilities, as outlined in the KPNC local policies and procedures manual, shall be observed at all times. Psychology Practicum Externs should review the California Board of Psychology's Patient Bill of Rights, by going to:

[http://www.psychology.ca.gov/forms\\_pubs/consumer\\_guide.pdf](http://www.psychology.ca.gov/forms_pubs/consumer_guide.pdf).

A patient's safety should be of utmost concern to all trainees and staff. For more information, go to: <http://kpnet.kp.org:81/california/qmrs/ps/>

### **4.02 Provision of Services by Externs and Pre-Masters Interns and Patient Consent**

The title of a Pre-Doctoral Psychology Extern is "Psychology Practicum Extern." The title of a Pre-Master's Intern in Social Work is "Social Work Intern." The title of a Pre-Master's Intern in Marriage and Family Therapy is "Marriage and Family Therapy Intern." The title of a Pre-Master's Intern in Counseling is "Counseling Intern." Each trainee must clearly identify their title at the first meeting with any patient or potential patient. The trainee must also inform the patient or patient's guardian of the trainee's last day of training and name of supervisor.

The trainee must then document in the patient's electronic chart that the patient received the information, and that the patient gave (or refused to give) their consent to be seen by the trainee. The "dot phrase" to be used to note this in the patient's electronic chart is ". traineeinformedconsent". This dot phrase signifies that "*The patient was informed that the undersigned (\*\*\*) is a trainee working under the supervision of \*\*\* and other licensed staff members in the Dept. of \*\*\*, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned.*"

In addition to the above electronic charting, the trainee may complete a "Notice of Provision of Mental Health Treatment Services" by a Psychology Practicum Extern or Pre-Master's Mental Health Intern (Appendices F and G) and provide it to the patient and/or guardian for their reference.

Patients may refuse therapy or request to be seen by a licensed staff member. In such cases, the trainee must document the patient's refusal in the electronic chart, noting that treatment was explained, alternative treatment options were offered, and the consequences of declining treatment were discussed.

#### **4.03 Notification to Supervisor Regarding Treatment of a Minor**

Pursuant to California AB 1808, as an unlicensed provider, a mental health trainee is required to notify their supervisor before or after any visit in which the trainee treats a minor aged 12-17 years old, individually or in a group session, regardless of whether the minor is accompanied by a parent or guardian. This notification must occur within 24 hours, in writing, unless the trainee believes the minor to be a danger to self or others. If a danger is present, the trainee must notify their supervisor verbally during the session or immediately after the session. Management will determine an appropriate workflow to ensure that this requirement is met, and the trainee is expected to adhere to department guidelines.

#### **4.04 Signing Legal Documents as Witnesses for Patients**

Trainees may not sign wills, power of attorney forms, or other legal documents as witnesses for patients or their families. A request to act as a witness to a document should be courteously, but firmly, refused. In addition, trainees may not sign forms, such as state disability forms, which require the signature of a licensed psychologist or psychiatrist.

#### **4.05 Responding to Legal Documents**

Receipt of a subpoena, a summons from a court, a request to examine a patient's medical record or otherwise obtain information from it, or a letter from a lawyer concerning a patient, should be reported immediately to the site training director and the trainee's supervisor. Trainees are not to respond to any requests for documents without explicit instructions from the supervisor(s) and/or training director.

#### **4.06 Medical Record Confidentiality: CMIA and HIPAA**

All trainees must abide by standards set forth by the California Confidentiality of Medical Information Act (CMIA) and by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Obligations regarding confidentiality can be found at:

<https://onecompliance.kaiserpermanente.org/northern-california/policies-procedures/>.

Patient information is confidential and protected by law. Accessing the medical records of patients other than those treated by the trainee is strictly prohibited and grounds for termination. Medical record confidentiality laws also prohibit the trainee from accessing the chart(s) of their own family member(s).

Patient or chart information cannot be released to anyone without the consent of the patient or as authorized by law. The trainee should not discuss patient care matters with investigators or attorneys without notice to, and in the presence of, attorneys representing Kaiser Permanente. The KP Medical-Legal Department is available for consultation.

In the event of a privacy breach or potential breach, the trainee is expected to inform the supervisor, the training director and/or a department manager immediately. Failure to comply with this expectation may result in remedial or corrective action up to and including termination.

#### **4.07 Online Charting in KP HealthConnect**

All medical centers use the same database for online charting called KP HealthConnect. Through HealthConnect, trainees can access hospital records and perform online charting, as well as respond to consultation requests electronically. Trainees are expected whenever possible to incorporate Tridium behavioral health outcomes data, gathered electronically at each patient visit, into treatment planning. Trainees are responsible for receiving training in the use of these databases. Entries into the mental health record, for example, must include only approved abbreviations and symbols.

The patient's treatment progress is to be documented at each contact. The record should be sufficiently detailed and organized in accordance with departmental standards so that a staff member can provide appropriate and effective care to the patient. A well-maintained patient record allows a staff member, at a later date, to determine the patient's condition, as well as to review the diagnostic and therapeutic interventions that were implemented. Any changes in the condition of the patient and/or in the results of treatment must be documented. The record should enable another clinician to assume care of the patient at any time and allow for appropriate care coordination.

#### **4.08 Signing and Closing of Chart Notes by Supervisor**

All trainees should enter intake and progress notes into HealthConnect after each patient contact session and forward the notes to the trainee's supervisor by the end of the workday. The supervisor will review the trainee's notes and may make any needed recommendations to the trainee. If necessary, the trainee will modify the notes. After approving the notes, the supervisor will enter the CPT code and co-sign and close the notes no later than two business days from the date of patient contact.

### **5. REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS**

#### **5.01 Remediation and Corrective Action Overview**

There are several levels and types of remedial and corrective action that can be taken if a significant concern arises regarding a trainee's professional conduct, professional development or performance. The supervisor will consult with the site training director to determine the severity of the concern(s) and the appropriate level and type of action. The actions need not be sequential and may be taken concurrently. Additionally, the supervisor may refer to the trainees' educational institution's policies for guidance.

For all remedial and corrective actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired during the process, including any plans that were implemented, with timelines and outcomes. In response to the initiation of any such actions, the trainee may choose to file an appeal by following the Mental Health Trainee Due Process procedure.

#### **5.02 Types of Remedial Action**

The primary purpose of Remediation is to provide the trainee with additional training and supervision for any competencies in which their performance has been identified as sub-standard. The two components of Remediation - Focused Competency Guidance and Letter of Warning -

are conceptualized as responses to varying degrees of concern on the part of training faculty regarding a trainee's performance but not related to behaviors such as patient endangerment, professional misconduct or criminal behavior. See Corrective Action below, for the program's response to these behaviors. A trainee's performance deficits may be due to insufficient skill or knowledge or problematic behaviors that significantly impact their professional functioning.

Schedule modification is a time-limited, closely supervised period of training that is triggered by the initiation of either Focused Competency Guidance or a written Letter of Warning. Several possible and concurrent courses of action may be included in modifying a schedule, such as: (a) increasing the amount of supervision, either with the same or different supervisors; (b) changing the format, emphasis and/or focus of supervision; (c) recommending personal therapy; (d) reducing the trainee's clinical or other workload; and (e) requiring specific academic course work. The site training director will determine the length and nature of any period of schedule modification.

### **5.03 Focused Competency Guidance**

Focused Competency Guidance is *typically* triggered when a trainee demonstrates the need for improvement in any clinical competency domain(s). The trainee may be exhibiting a minor competency deficit(s) that can be easily ameliorated by added training. However, if during the third or fourth quarters of the training year, the trainee continues to exhibit competency deficits, the supervisor may choose to initiate either a Letter of Warning or Corrective Action.

After determining the need to initiate Focused Competency Guidance and recording their concerns in narrative format, the supervisor is responsible for meeting with the trainee. During this meeting, the supervisor should discuss the competency issue(s) fully, openly and candidly with the trainee and complete the Focused Competency Guidance Plan (Appendix D). The supervisor will identify the competencies to be targeted and recommend actions to be taken in the targeted competency area(s). The guidance plan will also include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next performance evaluation, an assessment is undertaken at the appointed time and follow-up remarks are detailed. This plan must be signed and dated by both parties during the initial and follow-up meetings. The supervisor will provide the trainee, the site director and the graduate school's field placement coordinator with copies of this plan and a copy will be kept in the trainee's file.

### **5.04 Letter of Warning**

A Letter of Warning (Appendix E) is *typically* triggered when a trainee fails to achieve timely and/or sustained improvement after completing a Focused Competency Guidance Plan and/or demonstrates a major competency deficit(s). If a trainee exhibits a major competency deficit(s) during the third or fourth quarter of the training year, the supervisor may initiate Corrective Action.

The following components are included on a Letter of Warning form:

1. Description of trainee's unsatisfactory performance
2. Identification of the targeted clinical competency area(s)
3. Outline of measures to be undertaken to remediate trainee performance including but not limited to: schedule modification, provision of opportunities for the trainee to receive extra supervision and/or to attend additional seminars and/or other training activities, and/or recommendations of training resources
4. Expectations for successful outcome
5. Consequences for unsuccessful outcome (which may include the initiation of Probation)

6. Notification that the Letter of Warning may impact whether the trainee's supervised hours will be found to be satisfactory
7. Timeline for completion

After the supervisor completes the Letter of Warning, the supervisor and site director meet with the trainee to review the information outlined in the component sections of the form and obtain the necessary signatures. The supervisor must provide the trainee, the site director and the graduate school's field placement coordinator with copies of the Letter, which will also be placed in the trainee's file. Within the time frame outlined in the Letter, the supervisor will re-evaluate the trainee and record their findings in the outcomes section of the Letter. If the supervisor and site director determine that insufficient progress has been made and that further action is needed, they may together submit a written explanation of their concerns to the trainee and to the field placement coordinator. In addition, they may place the trainee on probation.

### **5.05 Types of Corrective Action**

The three types of corrective action (Probation, Suspension and Termination) are conceptualized as responses to varying degrees of concern on the part of training faculty and departmental management about a trainee's performance and/or behavior. The training faculty, in conjunction with departmental management, is directed to initiate any of these processes as their first response. The severity of the concern will determine the starting point.

### **5.06 Probation Policy**

Trainees who are in jeopardy of not successfully completing the requirements of the program due to serious competency-related concerns, or who have not corrected these concerns after a Focused Competency Guidance Plan or a Letter of Warning, may be placed on probation by the site training director and department manager. The probationary period will include more closely scrutinized supervision conducted by the supervisor in consultation with the site training director. The site training director will monitor for a specified length of time the trainee's progress in changing or improving the behavior(s) of concern.

The site training director, in conjunction with the supervisor and department manager, will compose a letter to the trainee outlining the program's concerns. This letter will also describe the consequence(s) of the trainee's failure to show immediate and substantial improvement within the planned time frame. The site training director and supervisor will discuss their concerns with the field placement coordinator then meet with the trainee to ensure that the trainee fully understands the terms of the probation. The trainee's supervisor and the graduate school field placement coordinator will be provided with copies of the notice, and a copy will be placed in the trainee's file.

When drafting the probationary notice, the site director should take the following into consideration:

1. Description of the reasons for probation to include the following, if applicable:
  - a. Severity of the violation
  - b. Number of violations and the dates that the violations occurred
  - c. Whether the violation was part of a pattern or practice of inappropriate behavior
  - d. Trainee's history of non-compliance
  - e. Whether the trainee should have known the rules
  - f. Whether the violation was intentional or negligent
  - g. Whether the action was committed for personal gain



2. Identification of the targeted competency area(s) and behavioral anchors
3. Notification that this probationary action may impact whether the trainee's supervised hours will be found to be satisfactory
4. Any required schedule modification
5. Criteria for determining whether the problem has been adequately addressed
6. Consequences of an unsuccessful outcome (may include extension of the probationary period, suspension and/or termination)
7. Timeline for completion

### **5.07 Suspension Policy**

Suspension of a trainee is a decision made between the site training director and the department manager, with notice given to the graduate school field placement coordinator and the regional training director. As a result of this decision the trainee may be suspended from all or part of their usual and regular assignments in the training program.

Suspension, up to and including termination, of a trainee may be initiated as a result of the following:

1. The behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior
2. After the probationary period, the trainee has not met expectations for improvement in the identified competency domains
3. The trainee has failed to comply with state or federal law, KPNC and/or the training program's policies, or professional association guidelines
4. Removal of the trainee from the clinical service is in the best interests of the trainee, patients, staff and/or the training program

Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal.

The site training director, department manager and supervisor will submit a written letter to the trainee which addresses the following:

1. Description of trainee's unsatisfactory performance
2. Identification of any violation(s) of policies, regulations or guidelines.
3. Notice of Suspension and expected duration

Examples of factors to be considered when documenting patient endangerment, professional misconduct or criminal behavior on the part of the trainee include, but are not limited to, those listed in item (1) of the written Probationary Notice, above.

The site training director, department manager and supervisor will meet with the trainee to review the letter, voicing their concerns fully, openly and candidly. The trainee will be asked to respond to the letter and to the group's concerns. The site training director will take notes during the meeting documenting a clear record of the interaction.

Depending on the severity of the violation, the training faculty and departmental management may choose at this point, with or without warning, to notify the trainee that they have been suspended from the training program or to terminate the trainee from the program. The group will inform the

regional training director and the trainee's field placement coordinator of the proceedings of the meeting. A copy of the suspension letter will be placed in the trainee's file.

### **5.08 Termination Policy**

Termination of a trainee can be initiated immediately if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, professional misconduct and/or criminal behavior on the part of the trainee. Termination may also be invoked for any other egregious offense on the part of the trainee, including but not limited to:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which the imminent harm to a patient either physically or psychologically is a major factor
2. Serious violation of KPNC policies, including training program policies and procedures or professional association guidelines
3. Serious violation of the APA, NASW, AAMFT, CAMFT or ACA Codes of Conduct
4. Unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The trainee is unable to complete the program due to serious physical, mental or emotional illness
7. Serious or repeated act(s) or omission (s) compromising acceptable standards of patient care.

Termination involves the permanent withdrawal of all privileges associated with the KPNC Mental Health Training Program. The decision to dismiss a trainee is not made lightly and is made by the site training director and department manager, in consultation with the trainee's educational institution. The trainee will be notified of the decision in a letter that addresses the following:

1. Description of the trainee's unsatisfactory performance
2. Identification of violation(s), which may include details listed in the suspension letter
3. Notice of Termination

In the event that the trainee is dismissed from the program and does not wish to appeal the decision, the trainee may choose to resign.

### **5.09 Due Process Policy**

The primary purpose of due process is to provide a mechanism by which all decisions made by the training faculty regarding a trainee's evaluation, remedial or corrective action, as well as a trainee's status in the program, can be promptly and fairly reviewed. Trainees will not be subject to reprisal in any form as a result of participating in the due process procedure.

In order to appeal a training program decision, the trainee must notify both the site director and the regional training director, in writing, as soon as possible after receipt of the decision. The regional training director may choose to appoint/designate the assistant regional training director or a senior service area training director to review the appeal and render a decision.

The trainee's written notification shall include the following information:

1. Name of trainee
2. Current date

3. Date and description of decision under dispute
4. Explanation of trainee's disagreement with decision, including supporting information
5. Description of trainee's objective/goal for resolving the dispute

As soon as possible, but no later than ten (10) business days from receipt of the written notification, the regional training director (or designee) will meet with the trainee to discuss the issues involved. After the discussion, the regional training director (or designee) will, if necessary, conduct an investigation and respond to the trainee in writing within ten (10) business days.

Before responding to the trainee, the regional training director (or designee) may meet with the site training director, the supervisor and the trainee's graduate school field placement coordinator to gather information and discuss the appeal. After making a decision, the regional training director (or designee) will inform these individuals, as well as the trainee, of their response.

## **6.0 DISPUTE RESOLUTION POLICIES**

### **6.01 Mental Health Trainee Grievance Overview**

It is the goal of the Mental Health Training Programs to provide a learning environment that fosters congenial professional interactions among training faculty and trainees based on mutual respect. However, it is possible that situations will arise that cause trainees to file grievances. This policy is intended to facilitate the prompt resolution of a problem identified by a trainee as requiring attention. Trainees will not be subject to reprisal in any form as a result of utilizing this grievance procedure,

### **6.02 Verbal Grievance Communication**

If a trainee has any disagreement with a supervisor, another staff member, a fellow trainee or a matter of program policy, they will be encouraged to communicate openly with the person involved, if possible, or with their own supervisor first about the issue. At any time before or during this process, the trainee may discuss their concerns directly with the site training director and/or a department manager.

The trainee is responsible for communicating openly, specifically describing how they intend to gain satisfactory resolution to the problem. If the trainee has chosen to address the issue with their supervisor, the supervisor is responsible for exploring the issue fully with the trainee and offering ideas for resolving it. If the trainee is dissatisfied with the outcome of the verbal discussion, they are directed to follow the procedure for Written Grievance Communication as outlined below.

### **6.03 Written Grievance Communication**

If the Verbal Grievance Communication has been utilized and the issue has not been resolved to the trainee's satisfaction, the trainee may submit a written document to the site training director and/or department manager (or designee), describing the grievance in detail. However, in no case shall any staff member who has participated in the Verbal Grievance Communication also participate in the review of the Written Grievance Communication.

As soon as possible, but no later than ten (10) business days from receipt of the written grievance, the site training director and/or department manager(s) should meet with the trainee (and supervisor, if appropriate) to discuss the issue. After this discussion, the site training director and/or department manager(s) (or designee) will, if necessary, conduct an investigation and respond to the trainee's grievance in writing within ten (10) business days. If the trainee is

dissatisfied with the outcome of the review of the Written Grievance Communication, the trainee is directed to follow the procedure for Grievance Appeal as outlined below.

#### **6.04 Mental Health Trainee Grievance Appeal**

If the Verbal and Written Grievance Communication procedures have been utilized and the issue has not been resolved to the trainee's satisfaction, the trainee may file a written Grievance Appeal with the regional training director and/or department manager(s). The regional training director may choose to appoint/designate the assistant regional training director or a senior service area training director to review the appeal and render a decision.

The trainee's appeal shall include the following information:

1. Name of trainee and training location
2. Current date
3. Copy of the original written grievance
4. Explanation of trainee's disagreement with the decision and basis for appeal
5. Resolution sought

As soon as possible, but no later than ten (10) business days from receipt of the grievance appeal, the regional training director (or designee) and/or department manager(s) should meet with the trainee to discuss the issue. In no case shall any staff member who has participated in the grievance processes up to this point also participate in the review of the appeal. After the discussion, the regional training director (or designee) and/or department manager(s) will, if necessary, conduct an investigation and respond to the trainee's appeal in writing within ten (10) business days.

Before responding to the trainee, the regional director (or designee) will meet with the site training director and/or department manager and supervisor to review the dispute and discuss the issues involved. Additionally, before responding, the regional training director (or designee) will review their findings with the trainee's graduate school field placement coordinator and an HR consultant and/or KP legal counsel, as appropriate.

#### **6.05 Training Supervisor Dispute Resolution Overview**

KPNC provides processes to secure impartial and prompt resolutions of disputes among staff members. If a training supervisor has a disagreement with another supervisor, a trainee or wishes to dispute a matter of program policy, they should utilize the process outlined below. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

At any time, the training supervisor may discuss their concerns about the issue directly with a Human Resources consultant. If the issue pertains to the department but not to the training program, the supervisor is directed to follow KPNC policy and to contact their local HR consultant for guidance.

#### **6.06 Supervisor Dispute Resolution Procedure - Step 1**

The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The training supervisor is responsible for specifically describing how they intend to gain satisfactory resolution in the area identified.

If the initial discussion proves unsatisfactory to the supervisor, they should address the issue fully with the site director. The site director is responsible for offering ideas for resolving the issue and for providing the training supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The site director will then gather any information needed and respond to the training supervisor verbally or in writing. The response will be given in a timely manner, usually within ten (10) business days after the discussion.

### **6.07 Supervisor Dispute Resolution Procedure - Step 2**

If Step 1 has been completed and the issue has not been resolved to the training supervisor's satisfaction, the training supervisor may contact the department manager and the regional training director (or designee) and detail their concerns. The department manager and the regional training director (or designee) should follow the procedure outlined in Step 1, including meeting with the site supervisor, establishing a time frame for response, conducting any necessary investigation and responding to the training supervisor. The response should be given within twenty (20) business days after the discussion.

## **7. TRAINING FACULTY ROLES AND RESPONSIBILITIES**

### **7.01 Supervisor Qualifications and Responsibilities**

- Minimum of two (2) years of experience as a licensed psychologist, LCSW, LMFT or LPCC preferred
- Minimum of one (1) year of employment at the training site preferred
- Member of a professional association (i.e., APA, NASW, AAMFT, CAMFT, ACA)
- Relates to trainees, clinic colleagues, and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among trainees, including cultural or individual diversity issues
- Models ethical, professional behavior including recognition of and respect for differences among patients and colleagues
- Models commitment to the mission of Kaiser Permanente
- Models commitment to the mission and training model of the Mental Health Training Programs
- Maintains agreed upon times for supervision and consultation
- Clearly communicates expectations of trainees and gives appropriate timely feedback regarding their progress
- Consults regularly with other professional staff who may have contact with the trainees and provides knowledge about their competencies and general performance
- Contacts the training director when questions or concerns arise regarding trainees' program requirements
- Attends all program-related meetings and keeps abreast of any changes in the program that may impact the trainees and communicates these in a direct, timely fashion to reduce any inconvenience to the trainees
- Follows all outlined grievance policies and due processes if problems arise concerning trainees
- Supervisors must be in good standing within their department and must be approved by both the Training Director and departmental management

## **7.02 Site Training Director Qualifications**

- Must work a minimum of 32 hours per week and be on site at least 4 days per week
- Minimum of five (5) years of experience as a licensed professional preferred
- Minimum of two (2) years of experience as a primary supervisor preferred
- Minimum of one (1) year of employment at the training site preferred
- Member of a professional association (i.e., APA, NASW, AAMFT, CAMFT, ACA)
- American Board of Professional Psychology (ABPP) certification preferred for psychologists
- Evidence of effective, collaborative working relationships with trainees, training faculty, clinic management teams and KPNC local and regional administration
- Demonstrated abilities in leadership
- Commitment to ongoing learning and innovation in mental health treatment
- Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, trainee seminars, etc.)
- Department managers may advise on site training director appointments; however, the Regional Mental Health Training Director conducts the interviews and makes the final selection

## **7.03 Site Training Director Responsibilities**

- Reports to Northern California Regional Training Director
- Attends training program meetings, including regional meetings in Oakland, as well as teleconference regional meetings
- Coordinates and directs the training supervisors
- Ensures that program policies and procedures are followed and a high standard of training is maintained
- Ensures that support and resources for trainees and supervisors are provided
- Organizes the interview and selection process for new candidates
- Ensures timely quarterly or semi-annual performance evaluations of trainees
- Ensures timely evaluations of supervisors, utilizing the Trainee Evaluation of Supervisor
- Participates with department managers in decision-making on issues concerning trainee schedules, placements on teams and the candidate interview process
- Implements modifications to program per feedback from trainees and faculty

## **7.04 Administrative Hours for Training Faculty – Regional Standards**

- All supervisors are allocated a minimum of one hour per week for each trainee they supervise for chart review and note closing. This administrative time is in addition to the one hour face-to-face individual supervision time for each trainee.
- All training directors are allocated two hours per week of administrative time to manage their programs.
- Each training site receives administrative staff support hours funded by the Region

### **7.04.01 Training Director's Time for Interviews and Onboarding – Regional Standards**

As outlined above, Training Directors are allocated 3 hours per week for program administration, funded by the clinic and coded as "AD." However, we recognize that at certain points in the year, including for interviews and on-boarding, additional time may be required in order to successfully run these programs. During these unique instances, departmental management is asked to provide reasonable flexibility and accommodation to allow Training Directors to effectively

manage their programs. Conversely, Training Directors are asked to work closely with their departmental management to ensure minimal impact on patient care and are expected to continue engaging in their usual clinic duties as much as possible during these portions of the year.

### **7.05 Training Program Administrative Meetings**

The following training staff meetings occur regularly throughout the training year:

- Weekly  
Informal meetings among training director and supervisors.
  
- Monthly  
Formal Supervisor meetings among site training directors and supervisors to discuss the progress of the trainees, the curriculum and to develop plans and make decisions related to the administration of the program. Meeting minutes are recorded, distributed to attendees and stored electronically by program coordinators.
  
- Semi-Annually  
Regional meetings of all site training directors across the northern California region with the Regional Mental Health Training Director to discuss new program developments, curriculum changes and other program administrative matters.

### **7.06 Maintenance of Extern and Pre-Master's Intern Training Records**

The site training director and program coordinator should establish a file for each trainee and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely and stored securely for future reference and credentialing purposes. Files are maintained in either hard copy or in e-file format. If/when the training director and program coordinator run out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive.

The training file should include the following documents:

1. Letter of Intent
2. Resume
3. Letters of Recommendation
4. Values Statement signed by the trainee
5. Copy of the graduate school training agreement, signed by all parties
6. Prerequisites Checklist for Pre-Master's Interns
7. Graduate school evaluation forms
8. Copies of all completed/signed weekly summary of experience logs
9. Documentation of any grievances, remediation, corrective actions, or due processes filed by or on behalf of the trainee, including the conclusions of such actions
11. Any correspondence pertaining to the trainee
12. Redacted psychological assessments
13. Academic transcript

It is recommended that interview notes be kept in a separate file

Upon advance request, trainees may inspect their local training file in the presence of the site training director or a designated representative. The trainee may also request a correction or deletion of a record by submitting a request to the site training director who, in consultation with the department manager, will notify the trainee whether the request has been granted or denied.

The training director will work with the regional training director and follow the regional director's recommendations if the trainee expresses any dissatisfaction with their record. The training director may also consult the graduate school field placement coordinator.

## **8. KAISER PERMANENTE HUMAN RESOURCE POLICIES**

### **8.01 Finding Policies on inside KP and Contacting HRSC**

The following are a sampling of KPNC's HR policies that pertain to trainees. These and other policies are listed on inside KP under the Workspace tab and/or in KP's Principles of Responsibility (<https://wiki.kp.org/wiki/display/por/Home>). To speak to a representative directly about any KPNC policy, contact the Human Resources Services Center (HRSC), at 1-877-457-4772.

- Harassment-Free Work Environment
- Equal Employment Opportunity (EEO)
- Accommodation for Disabilities (ADA)
- Drug Free Workplace
- Social Media Policy

### **8.02 KP Non-Discrimination and Harassment-Free Workplace Policies**

The KPNC mental health training programs are based on merit, qualification and competence. Training practices are not unlawfully influenced or affected by a person's ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran's status, medical condition, marital status, age, gender or sexual identity. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of the residency. Additionally, it is the policy of KPNC to provide a work environment free of sexual and other forms of unlawful harassment. This policy applies to employees, applicants for employment and independent contractors, and includes managers, supervisors, physicians, co-workers and non-employees.

### **8.03 Professional Appearance Policy**

All mental health postdoctoral residents, doctoral interns, post-master's fellows, externs and pre-master's interns (herein after referred to as "trainees" or "trainee") who work in clinical and non-clinical areas are expected to follow the Professional Appearance policy and project a well-groomed, professional image in order to:

- Allow for identification by patients, visitors and other staff at your medical centers
- Provide safe patient care
- Protect staff from personal injury
- Demonstrate respect for Kaiser members and colleagues
- Represent Kaiser Permanente in a professional and business-like manner while recognizing we are a diverse community
- Enhance security within the medical centers and clinics

Exceptions to dress standards must be approved by senior leadership at each medical center and/or clinic.

Name Badges:



- Name Badges must be worn and displayed above the waist at all times and must be easily visible to patients, staff and other visitors to the medical centers and clinics.
- Name Badges must not be altered or covered and kept current and in good repair. No attachments or pins are allowed, unless they are KP or healthcare related.
- If you affix your badge to a necklace lanyard, the lanyard must be consistent with Kaiser Permanente's brand (i.e., Thrive, KP HealthConnect, etc.). No other branding is allowed (i.e., professional sports teams, political messages, schools, etc.).

### Workplace Professional Attire and Professional Appearance

- The general dress code for all services is "Workplace Professional." Informal clothing such as t-shirts, tank tops, shorts, sweatshirts, sweatpants, jogging clothes and hats are not permitted. Dress should be conservative and should not have the intentional or unintentional effect of distracting the patient from the task of therapy and assessment.
- Earrings and jewelry that pose a possible risk of injury, and excessive piercing (including facial piercings), are not permitted.
- Jeans (denim) of any kind or color are not permitted.
- Hospital-provided scrubs are acceptable only for direct patient care roles where required by job description.
- Strong fragrances are prohibited.
- Shoes which are inappropriate to the extent that they put an individual at risk for needle sticks, heavy objects falling on their feet or expose them to blood and body fluids, shall not be worn. Any individual involved in direct patient care may not wear shoes that expose their toes and/or heels.
- All staff must keep their hair clean and neat. Rainbow colored hair (i.e., blue, green, purple or any combination of color) is not permitted. Facial hair is to be clean, neat and well-groomed.
- If a laboratory coat is issued to a trainee, trainee should wear the coat when in the hospital, Emergency Department or other inpatient setting. Lab coats are to be returned at the end of the training year.
- If a pager is issued to a trainee, the trainee is expected to carry it at all times when on site or traveling between sites. Pagers are to be returned at the end of the training year.
- Local polices at each medical center or clinic may include demands on dress that exceed the above. Trainees are expected to follow the professional appearance code requirements in their respective medical center or clinic.

### Workplace Attire in Specialty Clinics

While working in certain departments (such as Behavioral Medicine), trainees who are placed in these departments are to be provided with the same attire as other mental health clinicians who work in these departments. For example, in departments where mental health staff typically wear white coats, trainees are asked to be provided with the same attire and apparel as their supervisory staff.

A trainee who does not meet the standards of Professional Appearance will be counseled and may be instructed to change clothing (including being sent home to change clothing, if necessary). If a trainee is counseled more than once about professional appearance, then the supervisor will inform the site training director who will begin remediation. Failure to follow the remediation plan may result in dismissal. Exceptions to this standard will be made for bona fide religious activities on a case-by-case basis.

### 8.04 Social Media Policy

Persons at any level of training who use social media (e.g., Instagram, Snapchat, Facebook, Twitter, etc.) and other forms of electronic communication should be mindful of how these communications may be perceived by clients, colleagues, faculty and others. Trainees should make every effort to minimize material that may be deemed inappropriate for a mental health professional in a training program. To this end, it is recommended that all trainees set their security settings to “private” and consider limiting the amount of personal information posted on these sites. Trainees should never include clients as part of their social network or include any information that might lead to the identification of a client or compromise client confidentiality in any way.

If a trainee reports doing or is depicted on a social media site or in an email as doing, something unethical or illegal, that information may be used by the training program to determine probation or possibly termination. In addition, greetings on voicemail services and answering machines used for professional purposes should be thoughtfully constructed as directed by supervisors.

### 8.05 HR Job Codes and Titles for Mental Health Trainees

The following chart shows the Primary HR Types for KPNC Mental Health Trainees. It is important that trainees are coded correctly, as the codes determine whether KP patients are charged co-pays for their treatment.

MHTP Trainee Job Code	MHTP Trainee Job Title	Primary HR Type Code	Primary HR Type “Job Title”
----	Psychology Practicum Extern	DU-Student	Psychologist Trainee
----	Pre-Master’s Mental Health Intern	DU-Student	Mental Health Trainee
025420	Psychology Doctoral Intern	BP	Psychologist Trainee
025430	Psychology Postdoctoral Resident	BP	Psychologist Trainee
025471	Neuropsychology Postdoctoral Resident	BP	Psychologist Trainee
025472	Associate Post Masters MH Intern [Associate Clinical Social Worker (ASW)]	CI	Psychiatric Social Worker Trainee
025472	Associate Post Masters MH Intern [Associate Marriage & Family Therapist (AMFT)]	DG	Marriage & Family Therapist Trainee
025472	Associate Post Masters MH Intern [Associate Professional Clinical Counselor (APCC)]	DG	Professional Clinical Counselor Trainee

## Appendix A

# Kaiser Permanente Mental Health Training Program Values Statement

Respect for diversity and values different from one's own is a core tenet of the Mental Health Training Program at Kaiser Permanente (KP). This value is also consistent with the guidelines set forth by the American Psychological Association's Ethical Principles and Code of Conduct (2002) and reflected in the Standards of Accreditation set forth by the APA (APA, 2016). Mental Health trainees within Kaiser Permanente provide services to a diverse patient population, often consisting of members of social groups different from their own. As such, we strive to ethically and effectively treat a wide range of patients from varying social backgrounds.

The Kaiser Permanente Mental Health Training Program (which includes postdoctoral residencies, doctoral internships, post-master's fellowships and psychology externships and pre-master's internships) exists within multicultural communities that contain people of diverse ethnic, racial and socioeconomic backgrounds; national origins; religious, spiritual and political beliefs; physical abilities; ages; genders; gender identities, sexual orientations, physical appearance and more. At KP, we believe that training programs are enriched by our collective openness to learning about others who are different from ourselves, as well as striving for acceptance of others. Mental health training faculty as well as trainees agree to work together to create training environments characterized by respect, trust and safety. Additionally, training faculty and trainees are expected to be supportive and respectful of all individuals, including patients, staff and peers, regardless of differences in background or worldviews.

The Kaiser Permanente Mental Health Training Program recognizes that no individual is free from all forms of prejudice or bias. Along these lines, we anticipate that each training environment will evidence a wide range of beliefs, behaviors and attitudes. All members of the training programs (staff and trainees alike) are expected to be committed to the values of respect, equity and inclusion. Furthermore, they are asked to demonstrate critical thinking and self-examination so that biases may be evaluated in light of scientific data and standards of the profession. Therefore, faculty and trainees alike are expected to exhibit a genuine desire to examine their own assumptions, attitudes, values and behaviors and to work effectively with "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" (APA Ethics Code, 2002, Principle E, p. 1063). In short, all members of the training program are expected to be willing to examine their own values and to gain knowledge and skills regardless of their beliefs, attitudes and values.

Over the course of the training year, training faculty will engage in and model self-disclosure and introspection with their trainees as appropriate. This can include discussions around personal experiences, attitudes, beliefs, feelings, opinions or personal histories. All members of the training program are committed to lifelong learning relative to multicultural competence. When deemed appropriate, self-disclosure is done in the service of optimizing patient care and improving professional knowledge, skills and attitudes.

In summary, all members of the Kaiser Permanente Mental Health Training Program are committed to a training process that facilitates the development of professionally relevant knowledge and skills focused on working effectively with all individuals inclusive of demographics, beliefs, attitudes and values. Members agree to engage in a mutually supportive process that examines the effects of one's beliefs, attitudes and values on one's work with all clients. Such training processes are consistent with Kaiser Permanente's core values, respect for diversity and for values similar and different from one's own.

As an incoming mental health trainee at Kaiser Permanente, it is the expectation that you:

- Show willingness to work with a wide range of patient populations and presentations often different from yourself
- Demonstrate respect for differing worldviews and value systems, even when they are in conflict with your own
- Work effectively and with respect with colleagues whose views may be different and/or in conflict with your own
- Within reason, you are expected to be willing to work with any patient who presents for treatment, except in cases where your personal physical safety is actively threatened or where *the clinical competence of both the trainee and the supervisor* would compromise patient care.
- Seek out supervision, consultation and training when issues around competency emerge pertaining to a particular population and/or presenting problem

I have read and agree to abide by Kaiser Permanente's Mental Health Training Program Values Statement.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(Adapted from the Counseling Psychology Model Training Values Statement Addressing Diversity, Council of Counseling Psychology Training Programs)*

## Appendix B



Mental Health Training Program  
Northern California

### PRE-MASTER'S INTERNSHIPS IN SOCIAL WORK, MARRIAGE AND FAMILY THERAPY AND COUNSELING PREREQUISITES CHECKLIST (rev. 8/2020)

Training Year: \_\_\_\_\_ Date: \_\_\_\_\_

Training Site: \_\_\_\_\_ Team: \_\_\_\_\_

Trainee Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Site Director Name: \_\_\_\_\_

Before any pre-master's intern sees patients in individual or group psychotherapy, they must have prior training in the areas listed below. The pre-master's intern, and supervisor and/or site training director will document that these competencies have been met by completing the following table. The site training director will then file the original of this form in the pre-master's intern's training file.

Training Area	Date(s) of Training	Location of Training
1. Mental Status Examination		
2. Mandated Reporting (CPS, APS, etc.)		
3. Suicide/Homicide/Danger Assessment (Tarasoff, etc.)		
4. Ethics (i.e., confidentiality, HIPAA, professional boundaries, etc.)		
5. Psychopathology, Abnormal Psychology		
6. Theories and Practices of Psychotherapy		
7. Personality and Psychological Development		
8. Domestic Violence		
9. Chemical Dependency		

Name of Training Faculty Member who completed this form: \_\_\_\_\_

## Appendix C



Mental Health Training Program  
Northern California

### **Confidentiality and Consent to Participate in Psychological Testing and Evaluation**

#### **Confidentiality**

Kaiser Permanente's Mental Health Services are strongly committed to your right to privacy and confidentiality. The results of your psychological evaluation and/or treatment will be written in a report and/or progress notes that will be sent to the provider who referred you for testing and will be filed in your electronic chart as a visible behavioral health record. This will make information from your psychological evaluation/treatment available to *other* Kaiser Permanente providers only on a need-to-know basis and/or when the information is pertinent to your direct clinical care. Because Kaiser psychologists, and psychology postdoctoral residents, doctoral interns, and practicum externs work as members of an integrated system of care, relevant information about your care will be exchanged among Kaiser Permanente providers as necessary. Your permission is not required to coordinate mental health services with providers within Kaiser Permanente. However, ordinarily we will discuss with you any necessary sharing of psychological information. When we share information, we only share that information which, in our professional judgment, we believe is needed for appropriate clinical care by that provider. Information about your psychological evaluation will not be exchanged with individuals or parties outside of the Kaiser Permanente medical system without your written authorization. A valid, HIPPA compliant authorization must specify the nature of the information to be released, identify the receiving party, and indicate when your authorization expires.

#### **Exceptions to Confidentiality Rules**

There are times when Federal and/or California law requires or permits the release of certain psychiatric or psychological information. If we become aware of such information during the psychological evaluation, we may be required to report this to police, governmental agencies or others. Examples of circumstances under which the law requires or permits us to release information without your permission include:

- Medical and psychiatric emergencies in which the information is essential to an individual's safety
- Disclosures of information to warn potential victims of violent acts
- Reports of physical, sexual, emotional abuse and/or neglect of children
- Reports of physical, sexual, emotional, fiduciary (financial) abuse and/or neglect of the elderly, or dependent adults
- Indications of a severe inability to take care of yourself
- Responses to court orders in which a judge has ruled that the information is necessary for the administration of justice (42 USC Section 290dd-2 for Federal laws and 42 CFR Part 2 for Federal regulations)
- Involvement in certain legal actions in which your emotional or mental state is an issue

#### **Risks, Benefits and Alternatives**

Most people who undergo psychological testing benefit from it by learning more about their cognitive and emotional functioning. Furthermore, the evaluation often gives the referring provider information that is helpful in planning a patient's care. Psychological evaluations and/or treatment can provide useful strategies to improve a patient's cognitive, emotional, and other functioning as well. However, there may

be certain kinds of risks involved. Assessment may require us to speak with someone (family member, partner, parent/guardian etc.) who knows you well because they may be able to provide important information about your condition or symptoms. Testing itself requires active effort on the part of the person being evaluated. It is important that the person participate willingly in the evaluation and with full effort. Lack of effort will invalidate the test results. Testing takes several hours and may require additional testing sessions to complete, which can be fatiguing for some patients. In addition, the test results may be somewhat disturbing in some cases because the results may include information about intellectual ability, intellectual disabilities, and/or psychiatric disorders. Treatment may also require active change in behavior which can be difficult. Sometimes talking about and working on psychological difficulties can bring out painful feelings. In addition, if you choose not to participate in the psychological testing, you will be referred back to the provider who requested these services and he or she may proceed without the potential benefits of the psychological evaluation.

**Termination**

You may decide to terminate your participation in the psychological evaluation and/or treatment at any time. Discontinuation of the evaluation before completion, however, may not allow for a full assessment of your condition and may limit the recommendations that the psychologist, and/or psychology postdoctoral resident, doctoral intern, or practicum extern is able to provide. A final session is recommended when discontinuing treatment to answer any final questions you may have and to provide better closure.

**Acknowledgement**

By signing your name below, you are acknowledging that you have talked to your clinician and read and understood the information provided in the Confidentiality and Consent to Participate in Psychological Testing and Evaluation document. You are also indicating that you voluntarily agree to participate in this procedure and understand the risks, benefits, and alternatives as well as what will happen if you say no to participating.

If the person receiving care is a minor, a parent or legal guardian acknowledges having read and understood this information and voluntarily agrees to the minor's participation. If the person receiving care is an adult who is not competent to give informed consent, a legally authorized representative or court-appointed conservator acknowledges having read and understood this information and agrees to the adult's participation in psychological testing services.

Kaiser Permanente's medical centers and clinics are teaching facilities. As such, this evaluation may be conducted by an unlicensed postdoctoral resident, doctoral intern or practicum extern in clinical psychology who will be supervised by \_\_\_\_\_ (PSY \_\_\_\_\_), a licensed clinical psychologist. If you have any questions, you may contact the above supervisor or resident, intern or extern for more information. With regard to timeline, it may take up to \_\_\_\_\_ weeks to receive the results of the evaluation, feedback, and/or a final copy of the report.

\_\_\_\_\_  
**Signature of Patient**

\_\_\_\_\_  
**Medical Record Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Responsible Party**

\_\_\_\_\_  
**Relationship to Patient  
(Parent, Guardian, Conservator)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Evaluator**

\_\_\_\_\_  
**Training Program Completion Date**



# Appendix D



Mental Health Training Program  
Northern California

## MENTAL HEALTH TRAINEE REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN (rev. 8/2020)

To be completed by the SUPERVISOR and signed by the SUPERVISOR and  
the MENTAL HEALTH TRAINEE

**Policy Statement:**

**Focused Competency Guidance** is *typically* triggered when a trainee demonstrates the need for improvement in any clinical competency domain(s). The trainee may be exhibiting a minor competency deficit(s) that can be easily ameliorated by added training. However, during the third or fourth quarter of the training year, if a trainee continues to exhibit competency deficits, the supervisor may choose to initiate either a Letter of Warning or Corrective Action.

After determining the need to initiate Focused Competency Guidance and recording their concerns in a narrative format, the supervisor meets with the trainee. During this meeting, the supervisor discusses the competency issue(s) fully, openly and candidly with the trainee and completes the Focused Competency Guidance Plan below. The supervisor will identify the competencies to be targeted and recommend actions to be taken. The guidance plan will include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next performance evaluation, an assessment is undertaken at the appointed time and follow-up remarks are detailed. This plan must be signed and dated by both parties during the initial and follow-up meetings with a copy provided to the trainee, the site director, and the graduate school's field placement coordinator.

**The trainee acknowledges that by signing this Focused Competency Guidance plan at the initial meeting, they understand that if Focused Competency Guidance is not successfully completed, some or all of the trainee's supervised hours may not be counted (i.e., will be found to be unsatisfactory) from the date of the commencement of this plan.**

<b>Performance Evaluation Quarter and Training Year, and/or Date</b>	
<b>Mental Health Trainee Name (print):</b>	
<b>Supervisor Name (print):</b>	

A. Competency Issues discussed at meeting:	B. Recommended Actions	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		

Focused Competency Guidance Plan		Page 3 of 3
A. Competency Issues discussed at meeting:	B. Recommended Actions (cont'd)	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		

Timeline / Date of Assessment	Mental Health Trainee Signature & Date	Supervisor Signature & Date
Initial Meeting		
Reassessment Meeting		
Reassessment Meeting		
Reassessment Meeting		

## Appendix E



Mental Health Training Program  
Northern California

### MENTAL HEALTH TRAINEE REMEDIATION: LETTER OF WARNING (rev. 8/2020)

**To be completed by the SUPERVISOR and signed by the SUPERVISOR and MENTAL HEALTH TRAINEE**

<p><b><u>Policy Statement:</u></b></p> <p>A <b>Letter of Warning</b> is typically triggered when a trainee fails to achieve timely and/or sustained improvement after completing a Focused Competency Guidance Plan and/or demonstrates a major competency deficit(s). If a trainee exhibits a major competency deficit(s) during the third or fourth quarter of the training year, the supervisor may initiate Corrective Action.</p> <p>To implement the Letter of Warning, the supervisor completes All sections of this form. The supervisor and the site director then meet with the trainee to review the information outlined in the component sections and obtain the necessary signatures. <b>The supervisor must provide copies to the trainee, the site director, and the graduate school field placement coordinator of the initialed and signed Letter, which will also be placed in the trainee's file.</b></p> <p>Within the time frame outlined in the Letter, the supervisor will re-evaluate the trainee, and record their findings in the outcome's sections of this form. If the supervisor and site director determine that insufficient progress has been made and that further action is needed, they may together submit a written explanation of their concerns to the trainee. In addition, they may place the trainee on probation.</p>			
<b>Performance Evaluation Quarter and Training Year, and/or Date:</b>			
<b>Mental Health Trainee Name (print):</b>			
<b>Supervisor Name (print):</b>			
Supervisor and/or Site Director have consulted with trainee's graduate school field placement coordinator about the remediation plan	YES	NO	Dates:
1. Notification that this Letter of Warning action may impact whether the trainee's supervised hours will be found to be satisfactory:	Trainee's Initials:	Supervisor's Initials:	

Component of Letter of Warning	Outcome
2. Description of mental health trainee's unsatisfactory performance	
3. Identification of targeted clinical competency area(s)	

**Component of Letter of Warning (cont'd)**

**Outcome**

- 4. Outline of measures to be undertaken to remediate mental health trainee performance, including but not limited to: schedule modification; provision of opportunities for the mental health trainee to receive additional supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources

<b>Component of Letter of Warning (cont'd)</b>		<b>Outcome</b>	
5. Expectations for successful outcome			
6. Consequences for unsuccessful outcome (which may include initiation of Probation)			
7. Timeline for completion			
	<b>Date</b>	<b>Mental Health Trainee</b>	<b>Supervisor</b>
<b>Initial Meeting: Signature</b>			

## Appendix F



### The Permanente Medical Group, Inc.

#### NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A PSYCHOLOGY PRACTICUM EXTERN

This is to inform you that the mental health services you are receiving are provided by an unlicensed Psychology Practicum Extern:

Extern Name: \_\_\_\_\_, MA/MS

Extern Contact #: \_\_\_\_\_

Externship Completion Date: \_\_\_\_\_

This Extern is working under the supervision of:

Supervisor Name: \_\_\_\_\_, PsyD/PhD

Supervisor License #: \_\_\_\_\_,

Supervisor Contact #: \_\_\_\_\_,

in addition to other licensed staff members in the Department of Psychiatry at Kaiser Permanente



## Appendix G



# The Permanente Medical Group, Inc.

### NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A PRE-MASTER'S MENTAL HEALTH INTERN

**This is to inform you that the mental health services you are receiving are provided by an unlicensed Pre-Master's Intern in:**

- Social Work
- Marriage and Family Therapy
- Counseling

Intern Name: \_\_\_\_\_, BA/BS

Intern Contact #: \_\_\_\_\_

Internship Completion Date: \_\_\_\_\_

This Intern is working under the supervision of:

Supervisor Name: \_\_\_\_\_,

Supervisor License #: \_\_\_\_\_,

Supervisor Contact #: \_\_\_\_\_,

in addition to other licensed staff members in the Department of Psychiatry at Kaiser Permanente.

# Appendix H



Mental Health Training Program  
Northern California

## PSYCHOLOGY PRACTICUM EXTERNSHIPS AND PRE-MASTER'S INTERNSHIPS IN SOCIAL WORK, MARRIAGE AND FAMILY THERAPY AND COUNSELING

### MENTAL HEALTH TRAINEE EVALUATION OF SUPERVISOR (rev. 8/2020)

Training Site/Team: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluation Period: Year: \_\_\_\_\_ Quarter \_\_\_\_\_  
Mid-Year/End-of-Year \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Status: \_\_\_\_\_ Individual Supervisor  
\_\_\_\_\_ Group supervisor - indicate which group:  
\_\_\_\_\_ Case Conference  
\_\_\_\_\_ Psychological Assessment  
\_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

Mental Health Trainee Name: \_\_\_\_\_

Please evaluate your supervisors using the criteria and rating scale below. The purpose of this evaluation is to inform the Training Program of your supervisors' strengths and weaknesses, and to help the supervisors improve in the practice of supervision. This evaluation process is optimally an ongoing part of the supervisory relationship and the criteria below can be used to guide discussion throughout the training year. Both supervisors and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improving.

Please indicate the degree to which the following behaviors are characteristic of your supervisor using the following rating scale:

Numerical Rating	Level of Satisfaction
1	Does Not Meet My Expectations
2	Needs Improvement
3	Meets My Expectations

#### Supervisor Provides Atmosphere for Professional Growth

- \_\_\_\_\_ Demonstrates a sense of support and acceptance
- \_\_\_\_\_ Establishes clear and reasonable expectations for my performance
- \_\_\_\_\_ Establishes clear boundaries (i.e., not parental, peer or therapeutic)
- \_\_\_\_\_ Makes an effort to understand me and my perspective
- \_\_\_\_\_ Encourages me to formulate strategies and goals without imposing his/her/their own agenda

- Recognizes my strengths
- Conveys an active interest in helping me to grow professionally
- Is sensitive to the stresses and demands of the internship
- Helps me to feel comfortable to discuss problems
- I feel comfortable talking to my supervisor about my reactions to him/her/they and the content of our meetings

**Supervisor’s Style of Supervision**

- Makes supervision a collaborative process
- Balances instruction with exploration, sensitive to therapists’ style and needs
- Encourages therapist to question, challenge, or doubt supervisor’s opinion
- Admits errors or limitations without undue defensiveness
- Openly discusses and is respectful of differences in culture, ethnicity, or other individual diversity
- Enables the relationship to evolve from advisory to consultative to collegial

**Supervisor Models Professional Behavior**

- Keeps the supervision appointment and is on time
- Is available when therapist needs to consult
- Makes decisions and takes responsibility when appropriate
- Makes concrete and specific suggestions when needed
- Assists therapist in integrating different techniques
- Addresses transference/countertransference/emotional reactions between therapist and patient
- Raises cultural and individual diversity issues in supervisory conversation

**Impact of Supervisor**

- Provides feedback that generalizes or transcends individual cases to strengthen therapist’s general skill level
- Shows concern for therapist’s personal development as well as program performance
- Facilitates therapist’s confidence to accept new challenges

The most positive aspects of this supervision are:

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The least helpful or missing aspects of this supervision are:

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This supervision experience might improve if:

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Adapted 2008 by L. Kittredge & K. Lenhardt & modified 2014 by R. Gelbard, Kaiser Permanente Northern California Postdoctoral Residency Program, from Supervisor Feedback Form by S. Hall-Marley (2001), in Falender & Shafranske. *Clinical Supervision: A Competency-Based Approach*. APA, 2004, pp 273-275.