

Policy and Procedure Manual

Doctoral Internship Programs

In Clinical Psychology

2026-2027

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DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY POLICY AND PROCEDURE MANUAL

1. DOCTORAL INTERNSHIP PROGRAMS OVERVIEW

The Doctoral Internship Programs in Clinical Psychology are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The Doctoral Internship Programs are comprised of 13 training sites located within the Northern California region. All interns work toward achieving the same set of core competencies in general clinical psychology through their training experiences. All KPNC internship programs start on August 24, 2026, and end August 20, 2027. The positions are full-time only (40 hours per week) and are designed to be completed in no less than one year. For the 2026-2027 training year, the stipend for all KPNC Doctoral Internships in Clinical Psychology is \$55,324. Interns who complete the training program successfully will be certified 2080 hours of supervised clinical activity.

This manual provides the policies and procedures that are applicable to interns and training faculty. It is posted on the Kaiser Permanente Northern California Mental Health Training Programs website at <https://mentalhealthtraining-ncal.kaiserpermanente.org/>, the official “bulletin board” of the training programs. The KPNC Mental Health Training Programs’ website also features links to the individual internship program webpages, which contain detailed, site-specific information such as descriptions of the individual training sites and their respective training rotations, training faculty profiles, and breakdowns of weekly training schedules.

All KPNC Doctoral Internship Programs adhere to the Association of Psychology Postdoctoral and Internship Centers (APPIC) policies and are current APPIC members. Website address: <https://www.appic.org/>.

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, healthcare while supporting continuous quality improvement. The organization is dedicated to care innovation, clinical research, health education, and improving community health.

The KPNC Doctoral Internship Programs’ mission statement declares a commitment “to training doctoral interns within an integrated healthcare system in order to prepare them for dynamic roles as practicing psychologists in the healthcare system of the future.”

2. PROGRAM CURRICULUM

2.01 Training Schedule Overview

In the beginning of the training year, the site training director will notify the intern's graduate school that the intern has successfully begun the internship program. In creating a schedule for the intern, the site training director works closely with the intern and departmental staff. Schedule requirements vary between departments and may include some evening and/or weekend work hours. For example, the Addiction Medicine & Recovery Services (AMRS) track in some programs may require weekend work hours, but in no case shall the intern be scheduled to work more than 40 hours a week. Interns are expected to be present and available during all scheduled hours.

Approximately one-half of the intern's schedule (a minimum of 19 hours per week) is spent providing direct services to patients. Services may include, but are not limited to, intake evaluations, individual and family psychotherapy, facilitation of psychoeducation and treatment groups, and psychological assessment. The remaining time is spent in activities such as weekly individual and group supervision, departmental/team meetings, research-based projects and meetings, didactic seminars and grand rounds, scholarly presentations to peers, and a service project in the community. In addition to the direct patient services described above, each intern also has blocks of Indirect Patient Care (IPC) in their schedule for patient charting and administrative duties as well as paid and unpaid breaks. The table below provides MHTP recommendations for hourly allotments per week for each schedule category:

# of Hours Scheduled Per Week	
Direct Patient Services ¹	19
IPC	5.5
Individual Supervision	2
Group Supervision	2
Didactics	2
Research-Based Training Activity	2
Clinical & Professional Enrichment ²	2
Community Partnership Project	1
Meetings & Consultation	2
Paid Breaks	2.5
Unpaid Meal Breaks (lunch) ³	2.5

¹Direct Patient Services includes psychological testing as well as group therapy or other minor clinical rotations

²Clinical & Professional Enrichment includes MHTP sponsored activities such as Equity, Inclusion, & Diversity forums and events, Wellness & Professional Development events, and Specialty Programming

³Unpaid Meal Breaks are required and are not part of the 40-hour paid work schedule

2.02 Onboarding and Program Orientation

Interns are informed of KPNC Doctoral Internship Programs' policies throughout the first and second weeks of the training year. During the onboarding period, interns receive an orientation to the internship program, which includes discussing due process and grievance procedures and providing a hard copy of the KPNC Doctoral Internship Programs Policy and Procedure Manual. The interns are also provided with direction on how to access the policy and procedure manual online, which they always have access to when working through the internet.

During the onboarding period, interns are oriented to the internship program's planned, programmed sequence of training experiences. The sequential aspects of internship training are primarily achieved through the evaluation process, the provision of direct patient care, supervision, and didactic seminars. With regard to the evaluation process, interns and supervisors collaborate on the Baseline Assessment of Doctoral Intern Competencies (Appendix A), which informs each intern's Individual Training Contract (Appendix B); this formal process ensures that internship training takes into account an intern's strengths and areas of growth at the beginning of the training year, with these documents serving as references for subsequent evaluation periods (evaluation of professional competencies is described in greater detail in Section 5). The sequential nature of internship training is also evident in the progression of direct patient care services; the size of interns' caseloads and the complexity of assessment referral questions increases as they progress through the training program. Furthermore, in supervision, interns are encouraged to continually be more process-oriented, with greater self-reflection as they progress through the internship. Lastly, the weekly didactic schedule contains topics that focus on strengthening core clinical skills in the earlier part of the internship and transitions to more in-depth didactic training on evidence-based protocols around the midpoint of the training year.

2.03 Administrative Support and Office Resources

Each of the medical centers has its own clerical and technical support staff to assist interns 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 interns the use of translation services, copy machines, telephones, computers, and technical support.

Every intern will be provided with a KP desktop or laptop computer to enable them to work on-site/in the office or remotely as their schedule requires. Interns can access 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 interns through a telephone help line. Office software, such as word processing and slide-show presentation programs, are also available.

At all training sites, interns 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. Interns 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. Each medical center has its own medical library, with librarians available for research assistance. The Northern California 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.

2.04 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, interns are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

The KPNC Mental Health Training Programs' Equity, Inclusion, and Diversity (EID) Liaisons organize advanced trainings that promote cultural competency and cultural sensitivity. The trainings are designed to support all interns and provide them with a safe space to reflect on their experiences without judgment. Prior to many Mental Health Training Program (MHTP) seminars, an optional diversity forum is held with expert speakers from the community and from within Kaiser Permanente on topics impacting interns' clinical work and professional development. Forum topics have included immigration, microaggressions, unconscious bias, and gender-affirming care.

The EID Liaisons also coordinate a voluntary Mentorship Program in which interested interns are matched with licensed clinicians. The licensed clinicians offer guidance and support separate from the supervision that is provided by the clinical supervisors. Mentorship combines the sharing of hands-on experience and thoughtful reflection with the underlying goal of promoting a training climate supportive of diversity. Mentors support mentees in their professional development by helping them prepare for entry-level career positions, define future goals, network, and hone work/life balance.

2.05 Psychotherapy Training

All KPNC Doctoral Internship Programs offer site-specific, clinical training opportunities within tracks and rotations. The most common tracks are Adult Outpatient Mental Health, Child and Family Outpatient Mental Health, Addiction Medicine & Recovery Services (AMRS), and Behavioral Medicine Services (BMS). Outpatient Mental Health services are typically offered within the Psychiatry department and feature opportunities to conduct psychodiagnostic intake assessments, individual psychotherapy, and group therapy. AMRS consists of group therapy, addiction-focused brief therapy, and case management as part of an interdisciplinary team. BMS is embedded within medical centers and outpatient medical offices of Family Medicine and other specialty departments and feature opportunities to provide behavioral health consultations and brief individual therapy. More detailed, site-specific information about training tracks and rotations is available on individual internship program webpages, which can be accessed from the KPNC Mental Health Training Program Doctoral Internships webpage by selecting a site from the "Find a program location" feature (<https://mentalhealthtraining-ncal.kaiserpermanente.org/doctoral-internship/>).

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

At each visit, patients complete a mental health questionnaire from Lucet, an online behavioral health platform and feedback software tool. 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 treatment progress and determine if adjustment to the treatment plan is indicated. In each clinic, interns join staff colleagues and specially trained FIC case conference leaders in

consultation groups to deepen their level of FIC expertise and to assist them in tailoring service delivery.

Interns have the opportunity to co-lead therapy groups with permanent staff members. At the discretion of the site training director, program faculty, department managers, and team leaders, an intern may facilitate a therapy group alone, provided that the following conditions are met:

- The intern's level of competence, as determined by observation of their clinical skill and evidence of previous experience, deems them appropriate to work alone
- The group is comprised of members who are appropriately treated by a single facilitator
- Supervision of the group and the closing of notes is assumed by an appropriate supervisor
- The primary purpose of facilitating a group alone is for training and professional development
- The intern never works alone in the clinic without a licensed staff member readily available for consultation or crisis assessment if necessary

2.06 Seminars and Didactic Training

Didactic trainings/seminars are organized by the KPNC Mental Health Training Programs (MHTP), take place weekly, and are a minimum of 2 hours in duration. MHTP coordinates weekly didactics, and the didactic schedule is divided into several series each organized around a central theme or topic. Intern attendance should be 85% at minimum. Interns are also expected to attend the MHTP Speaker Series seminars, which feature expert clinicians providing advanced-level training on a specific topic. The MHTP Speaker Series, which occurs on a monthly basis, takes the place of the regularly scheduled weekly didactic trainings. Current seminar schedules and a list of speakers and topics can be found on the KPNC Mental Health Training Programs website.

After the completion of each didactic series, or after each MHTP seminar, interns evaluate the training on such criteria as whether the course was appropriately challenging and relevant and whether the presenter was sufficiently prepared and attentive to questions. This evaluation form (Appendix H) is patterned after the Mandatory Continuing Education Provider evaluation. Interns' feedback guides the program in developing future didactic training and seminars.

2.07 Community Partnership Project

Reflecting Kaiser Permanente's core commitment to mental health and wellness in our communities, each intern is required to spend at least 32 hours during their training year on a Community Partnership Project that focuses on improving mental health in the local community beyond our Kaiser Permanente patient members. The scope and focus of the projects are site-specific, reflecting the unique opportunities available in each community to develop meaningful partnerships.

Projects are developed in conjunction with the site training director and can take a wide range of forms. Many Community Partnership Projects entail psychoeducational programs at local high schools or community centers, with emphases in such areas as mindfulness, stress reduction, parenting education, anger management, or communication. Other projects have involved staff consultation at county or non-profit agencies (e.g., homeless shelters, community mental health clinics, prisons, etc.).

2.08 Psychological Assessment Training

Psychological assessment, as defined by the American Board of Clinical Psychology (ABPP), is a continuum that ranges from “administration and interpretation of standardized tests to behavioral observations and clinical interviews. Assessment cases may be from any developmental level across the lifespan” (ABPP, 2023). Training in psychological assessment and testing involves understanding referral questions, selecting assessment methods, collecting background information, administering, scoring, and interpreting measures, formulating hypotheses, assigning diagnoses, and recommending interventions.

Interns will only conduct assessments in which they have appropriate training. Specialized assessments, such as neuropsychological testing or health psychology evaluations, will only be performed and interpreted under the supervision of individuals who have the appropriate training and credentials. 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. All assessments, write-ups, and feedback sessions should be completed within a timely and appropriate manner.

Testing materials are available at each site and include standard psychometric and neuropsychological measures. The psychological assessment supervisor is responsible for training the intern in test administration and scoring procedures and determining the appropriate measures to be used in each case.

Each intern is required to obtain written informed consent from the patient for psychological/neuropsychological testing and psychological evaluation (Appendix G), which states that the intern is in training and working under the supervision of a licensed psychologist.

2.09 Research Training

At the beginning of the training year, the site training director will work with each intern to determine which research-based training activity they will engage in over the course of the training year. Interns may choose to collaborate with local department staff to develop a site-specific program evaluation project, collaborate on a program evaluation project with the MHTP Evaluation and Quality Improvement Lab (EQI Lab), or join the MHTP Journal Club. Interns are allocated up to 2 hours per week for the chosen training activity.

Site-Specific Program Evaluation

Interns who choose to complete a site-specific program evaluation project are assigned a program evaluation supervisor from among the internship program’s training faculty for guidance and support throughout the training year. The question (or hypothesis) underlying program evaluation projects should be specifically focused, and the project itself should fall within the regular scope of departmental services. Projects may involve collecting and analyzing administrative data to improve operations, or they may be a quality improvement/assurance project whose purpose is to improve or assess Kaiser Permanente programs or procedures (e.g., evaluation of factors associated with treatment outcomes, an empirical needs assessment of a clinical area that would be enriched by psychological services, etc.). If the project is designed as a human subjects’ research investigation to develop or contribute to generalizable knowledge (i.e., new information that has relevance beyond the population or program from which it was collected) or is intended to be disseminated in a public forum outside of Kaiser Permanente (e.g., conference presentation, published article, etc.), then the project will require consultation with the medical center’s Local Research Chair and a formal IRB review. If the intern is uncertain as to whether the project meets

criteria for human subjects' research, the intern should consult with their program evaluation supervisor and if appropriate, submit a "Not Human Subjects Research Determination" form (available on the KPNC IRB website) to the IRB.

Once the project is defined, the intern will submit a proposal comprised of a literature review with references and an outline of the methodology to the program evaluation supervisor. Before data collection begins, the intern should consult with the program evaluation supervisor as to which data analyses are most appropriate. The intern will keep personally identifiable information (e.g., names, medical record numbers, etc.) about any project participant in a secure location in the office at all times. The intern will meet with their program evaluation supervisor throughout the training year for mentoring and to provide updates on their progress. Interns may also share their proposals and progress with peers in group supervision sessions.

Towards the end of the training year, the intern may prepare a final manuscript summarizing the entire project and/or will give an oral presentation of the results accompanied by a PowerPoint slide show to the target audience (i.e., department or team) who will most benefit from the information. For interns submitting a final manuscript, the structure and content should follow APA journal article standards (i.e., introduction, method, results, discussion, and references). Interns should obtain a copy of the most recent APA Publication Manual and refer to it for guidance on the elements of a manuscript. The final manuscript and/or slide deck will subsequently be placed in the intern's local training file and on any shared drives for future use. Each manuscript and/or slide deck should be accompanied by an abstract of the project in APA format. The table below provides guidance for project timelines to ensure timely completion of all program evaluation requirements:

Calendar Period	Training Timeline	Site-Specific Project Schedule
September to November	1 st Quarter	▪ Proposal ideas are discussed and developed ▪ Conduct literature review
December 1st	Start of 2 nd Quarter	▪ Written proposal is submitted
December & January	2 nd Quarter	▪ Written proposal is approved ▪ Planning period for project implementation
January to May	2 nd & 3 rd Quarters	▪ Project implementation and data collection period
June to July	4 th Quarter	▪ Data analysis ▪ Writing up the results and discussion ▪ Preparation of project presentation
August	End of 4 th Quarter	▪ Project presentation to team/department ▪ Final manuscript/slide deck submitted to program evaluation supervisor and site training director

Reminder: All research and intellectual property generated during the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP's Principles of Responsibility).

MHTP Research Lab

Interns who choose to join the MHTP Evaluation and Quality Improvement (EQI) Lab will collaborate on and contribute to a specific MHTP program evaluation project based on intern interest and MHTP needs. MHTP program evaluation projects are guided by quality improvement goals that extend beyond local, site-specific programs. Projects may focus on outcomes of training program models, the impact of MHTP specialty training, the effectiveness of MHTP-sponsored treatment programs, or the incorporation of outcomes measures into clinic workflows.

The EQI Lab holds weekly, 1-hour meetings throughout the training year to coordinate and monitor progress on MHTP program evaluation projects. During these weekly lab meetings, interns will receive consultation from MHTP clinical supervisors to ensure that their projects are relevant to current clinical work, integrated into clinical care, and appropriate for dissemination. Interns will also have opportunities to receive mentorship from subject matter experts who are invited to join lab meetings on a monthly basis. In addition to the EQI lab meetings, interns are allocated 2 hours per week to work on their assigned project. Interns will submit progress updates to the MHTP Clinical Supervisors at the end of each quarter. The table below provides quarterly guideposts for progress on MHTP program evaluation projects:

Calendar Period	Training Program Timeline	EQI Project Quarterly Goals
<i>September to November</i>	1 st Quarter	▪ Proposal ideas are discussed and developed ▪ Conduct literature review ▪ Written proposal submitted
<i>December to February</i>	2 nd Quarter	▪ Project implementation, data collection, and data organization period
<i>March to May</i>	3 rd Quarter	▪ Data analysis ▪ Create poster presentation ▪ Present at symposium
<i>June to August</i>	4 th Quarter	▪ Write up final manuscript ▪ Submit for publication if possible

Reminder: All research and intellectual property generated during the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP's Principles of Responsibility).

MHTP Journal Club

Research training in the MHTP Journal Club consists of reviewing and critically evaluating research within a select subfield of psychology and developing a didactic tool for other clinicians to use to augment their clinical practice during the delivery of services within KP Mental Health.

The primary expectations in the Journal Club are to prepare a cohesive presentation and actively participate in scholarly discussion. At the beginning of the first quarter, the MHTP clinical supervisor facilitating the Journal Club provides brief information sessions regarding presentation requirements and format. During the first quarter, interns will select a seed article, conduct a small-scale literature review, and critique the related research. Interns will also develop a presentation exploring the clinical applications of the research findings and create a self-contained, didactic tool designed to augment clinical practice. Beginning with the second quarter and extending through the end of the training year, interns will be scheduled to deliver their presentation at a Journal Club meeting. For all Journal Club presentations, interns are expected to read each presenter's seed article and generate discussion questions in advance of the meeting.

The didactic tools produced by interns in the Journal Club are collected and stored in the MHTP Resource Library for ongoing clinical reference (*all research and intellectual property generated during the course of employment at Kaiser Permanente is the property of Kaiser Permanente; 5.1.3 of KP's Principles of Responsibility*).

Interns who choose to join the MHTP Journal Club attend 1-hour monthly meetings facilitated by an MHTP clinical supervisor. This meeting may occur with greater frequency during the first quarter of the training year. During weeks when there is no scheduled Journal Club meeting,

interns are allocated the hour to work on their presentations or prepare to participate in other presentations by reading articles and generating discussion questions. In addition, interns are able to seek guidance and support from the MHTP clinical supervisor during the allocated hour as this time also serves as informal office hours for the Journal Club.

3. SUPERVISION OF PROFESSIONAL HOURS

3.01 BOP Supervisor Training Requirements

The KPNC Doctoral Internship Programs comply with supervision guidelines stipulated by the California Board of Psychology (BOP). The BOP requires that all primary supervisors complete a 6-hour continuing education course in supervision each licensing cycle (every 2 years).

3.02 BOP Supervision Agreement Form

The BOP Supervision Agreement form must be completed, signed, and dated by both the primary supervisor and the intern no later than the first day of the internship program. To print a copy of the BOP Supervision Agreement form, go to:

https://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf

The completed BOP Supervision Agreement form must be accompanied by KPNC's "Supplement to BOP Supervision Agreement" (Appendix P) when applying for licensure. On the second page of the Supervision Agreement form, the appropriate category to check for KPNC Doctoral Internship Programs is the third option, "BPC Section 2911—in a formal internship placement or formal post-doctoral residency program." The appropriate program category to select under this third option "BPC Section 2911" is either American Psychological Association (APA), Association for Psychology Postdoctoral and Internship Centers (APPIC), or California Psychology Internship Council (CAPIC), depending on the primary accreditation or membership status of the internship program.

3.03 Supervised Professional Experience Log

It is the responsibility of the intern to keep a weekly supervised professional experience log with hours verified by the supervisor's signature documenting program participation. Some doctoral programs require their students to use the Time2Track online tracking system. Interns who do not have access to Time2Track through their doctoral programs are encouraged to use the digital form provided by the California Board of Psychology (BOP) website:

https://www.psychology.ca.gov/forms_pubs/weekly_log.pdf

The California Board of Psychology requires 1500 hours of supervised professional experience at the doctoral level to qualify for licensure, while other states may require more hours.

3.04 BOP Verification of Experience

The California BOP Verification of Experience form, along with the Supervision Agreement form, is submitted to the BOP by the intern at the end of the training year. The APPIC member title must be indicated on both the Verification of Experience form and the Supervision Agreement form. Secondly, the medical center where the actual training took place must be indicated also. To print a copy of the BOP Verification of Experience form, go to:

https://www.psychology.ca.gov/forms_pubs/prior_verofexp.pdf

3.05 Methods of Supervision

All interns receive a minimum of 2 hours of regularly scheduled face-to-face, individual

supervision for 2 hours per week throughout the training year. Each intern receives individual supervision from two training supervisors, a primary supervisor and a delegated (secondary) supervisor, both of whom are licensed psychologists at the intern's work setting. In accordance with California state law, each intern has access to their primary or secondary supervisor at all times, via phone or pager, in case of emergency.

For most training tracks, the functions of both the primary and delegated (secondary) supervisors include monitoring patient welfare, enhancing the intern's clinical skills, promoting professional growth, evaluating the intern's progress, and providing feedback. The primary supervisor serves as both mentor and monitor/guide for the intern's clinical work and professional development during their tenure at KPNC. The secondary supervisor also monitors the intern's caseload and provides feedback and guidance. For certain training tracks with stable clinical rotations, the primary supervisor provides all the individual clinical supervision, which may include an additional hour of individual supervision per week with the intern for a total of 2 hours of individual supervision with the primary supervisor. When individual supervision of clinical work is handled solely by the primary supervisor, the delegated (secondary) supervisor assumes responsibility for psychological assessment training and supervision.

Interns spend 2 hours a week in group supervision facilitated by licensed psychologists who may be the site training director or primary, secondary, or specialty supervisors. Topics include case consultation, supervision training, psychological assessment, professional development, interdisciplinary communication and systems issues, and multicultural competence and diversity awareness.

Evaluation of intern professional competencies must be based on direct observation at least once each quarter. 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), by audio-video streaming, or through audio or video recording. If requested to audiotape, videotape, or otherwise record a patient session, interns should download the Consent and Authorization form to be signed by intern and patient, from the "Resources" section of the following web page: <https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit>

3.06 Telesupervision

KPNC Doctoral Internship Programs allow all 4 hours of supervision to be provided in real time (i.e., 1 hour of individual supervision by the primary supervisor, 1 hour of individual supervision by a delegated supervisor, and 2 hours of group supervision), which is defined as supervision conducted through in-person or synchronous audiovisual means, in compliance with federal and state laws related to patient health.

All KPNC Doctoral Internship Program supervisors are trained and experienced in the delivery of telehealth services as employees of Kaiser Permanente. Program supervisors, like all Kaiser Permanente staff psychologists, are also trained and experienced in the use of multiple HIPAA-compliant digital platforms utilized by the medical center departments where the training programs operate; this technology proficiency includes the primary digital platform within which telesupervision takes place. In addition to telehealth competencies, supervisors are also experienced in emergency management from a remote work location, and any changes to clinic workflows are reviewed with training faculty during supervisor meetings with the training director.

When the supervisor and intern are both onsite in the clinic, supervision is offered in-person to

allow for increased opportunities for professional socialization and observation as well as processing of subtle emotional or affective cues and interactions.

All interns are offered the opportunities for telesupervision at the onset of their training year and during initial discussions with their primary supervisors. No interns are denied access to telesupervision, and it is left to the primary or delegated supervisor to determine when in-person supervision is appropriate. If an intern indicates that they cannot secure a confidential and private location during remote work, supervision must be done in the clinic with their supervisor determining whether in-person or telesupervision is warranted. Kaiser Permanente telework policy also requires that supervisors and interns work in the clinic if their remote work location experiences a loss in internet connectivity or when technology issues interfere with their access to KP platforms essential for clinical work.

Hours provided for telesupervision are determined by the primary supervisor, delegated supervisor, and intern. There will be occasions for which in-person supervision is necessary. Examples of such occasions may include, but are not limited to, the initial supervision meeting to discuss training goals, supervision, and training expectations, initial co-testing with supervisor and intern, and quarterly evaluations.

The inclusion of telesupervision allows for geographical flexibility in supervision, which increases the diversity of supervision experiences for interns and allows increased access to high-quality training opportunities for interns who have financial and/or transportation limitations. Telesupervision opportunities further permit real-time access for supervisors, such as sharing their screens and reviewing patient medical records with the intern as well as observing intern and patient interactions without disrupting therapy sessions and psychological evaluations all while maintaining patient confidentiality.

Additionally, as interns are placed in different geographic locations, the primary practice of facilitating group supervision virtually reduces the need for travel between training sites, which could disrupt clinical time for the interns. Virtual group supervision is also equitable for interns who may choose to work remotely on the day that this supervision time is scheduled.

Supervisors, whether providing telesupervision or supervision in person, are expected to adhere to the highest standards of supervision practices. This includes maintaining training in current best practices for the delivery of telesupervision. For any supervisors new to telesupervision, KPNC Mental Health Training Programs offer a 2-hour asynchronous recorded training. This training reviews how telesupervision may be similar or different from face-to-face supervision, identifies best practices in telesupervision, and explores ethical and cultural considerations in telesupervision.

Telesupervision further adheres to the KPNC Doctoral Internship Programs' objectives of supporting interns to operate at an appropriate level of independence in the role of professional psychologist with respect to the nine profession-wide competencies; the internship program does so by providing interns opportunities for a broad range of supervised clinical experiences by having the ability to observe any available supervisor at any location virtually. Supervisors also have opportunities for direct observation of any intern regardless of the intern's and supervisor's physical location.

When supervisors engage in telesupervision from an off-site location, they must have a current

Telecommuting Agreement as required by Kaiser Permanente. Supervisors are required to conduct all supervision via VPN-protected intranet. Both supervisor and intern are provided with secure and protected laptops as well as IT resources and online trainings to ensure their understanding of the use of technology and how to continue to secure and maintain confidential information that is compliant with organization standards. All patient-related information reviewed during supervision is maintained through HIPAA-compliant electronic medical records and VPN-protected intranet.

The KPNC Mental Health Training Program routinely reviews intern and supervisor feedback on supervision practices, including satisfaction with telesupervision and in-person supervision experiences. This occurs formally during mid-year and end-of-year evaluations of the internship program as well as informally during weekly supervision with primary and delegated supervisors and during intermittent check-ins with the site training director. This allows ongoing monitoring of the supervisory relationship to address ruptures quickly. The facilitation and maintenance of telesupervision is initiated by the supervisor using virtual invites for supervision via an online platform (i.e., Microsoft Teams), maintaining a supervision log and notes related to supervision, and periodically reviewing electronic communications (e.g., Microsoft Teams chats).

3.07 Doctoral Intern Evaluation of Supervisors

Each intern evaluates their supervisors quarterly or semi-annually based on rotations using the Evaluation of Supervisor form (Appendix I). 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. Interns and supervisors should review the Evaluation of Supervisor 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 year to identify training needs, especially at the time of the intern's Competencies Evaluation.

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 facility policies and procedures manual, shall be observed at all times. In addition, interns and training faculty 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

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

4.02 Provision of Services by a Doctoral Intern and Patient Consent

The title of a doctoral intern in clinical psychology is "Psychology Doctoral Intern." Each intern will clearly identify their title at the first meeting with any patient or potential patient. The intern must also inform the patient or patient's guardian of the intern's last day of training and the name of the intern's primary supervisor. The intern must document in the patient's electronic record that the patient received this information and that the patient gave (or refused to give) their consent to be seen by the intern. The electronic medical record "dot phrase" used for documenting patient consent in clinical progress notes is ".traineeinformedconsent." This dot phrase signifies that:

- *“The patient was informed that the undersigned (***) is a (***) working under the supervision of *** and other licensed staff members in the Department of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned.”*

Interns are also required to document ongoing patient consent and must add the above dot phrase within all subsequent clinical progress notes.

In addition to the above electronic charting, the intern may complete a “Notice of Provision of Mental Health Treatment Services by a Doctoral Intern” (Appendix F) and provide it to the patient and/or guardian for their reference. A hard copy of this provision may be printed for office visits, or a digital copy may be sent electronically through the patient’s medical record secure message system.

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

Any misrepresentation of professional identification (for example, as a licensed practitioner) is a violation of California state law, Kaiser Permanente policy, and the ethics code.

Provision of Mental Health Services in Languages Other than English

Interns who are fluent in languages other than English and opt to provide mental health services in that language are required to establish competency in that language by taking the bilingual assessment through the NCAL Bilingual Employee Program at Kaiser Permanente. Interns are not eligible to receive bilingual pay differential.

Department managers can obtain the Request for Bilingual Assessment form by emailing Elizabeth.F.Lavan@kp.org. Department managers will be able to indicate the trainee status for bilingual assessment on the Request for Bilingual Assessment Form. The cost for bilingual assessment is covered by MHTP when it is requested for doctoral interns, practicum externs, and pre-master’s interns.

4.03 Notification to Supervisor Regarding Treatment of a Minor

Pursuant to California AB 1808, as an unlicensed provider, an intern is required to notify their supervisor before or after any visit in which the intern 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 intern believes the minor to be a danger to self or others. If a danger is present, the intern 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 intern is expected to adhere to department guidelines.

4.04 Signing Legal Documents as Witnesses for Patients

Interns may not sign wills, power of attorney forms, or other legal documents as witnesses for patients or their family members. A request to act as witness to a document should be courteously but firmly refused. In addition, interns 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 intern's supervisor. Interns are not to respond to any requests for documents without explicit instructions from the primary supervisor(s) and/or site training director.

4.06 Medical Record Confidentiality: CMIA and HIPAA

All interns 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). See Obligations Regarding Confidentiality CA 1.09, which is located under HR Policies in MyHR.

Patient information is confidential and protected by law. Accessing the medical records of patients other than those treated by the intern is strictly prohibited and grounds for termination. Medical record confidentiality laws also prohibit the intern 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 intern 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 intern is expected to inform their primary supervisor and/or site training director. Failure to comply with this expectation will result in remedial or corrective action up to and including termination.

4.07 Responsible Use of Artificial Intelligence (AI)

AI-based tools that have been reviewed and explicitly approved by Kaiser Permanente Policies may be used by interns for non-clinical purposes (<https://about.kaiserpermanente.org/expertise-and-impact/public-policy/our-key-issues/artificial-intelligence>). If an AI tool is required as part of the training curriculum, then interns are expected to use it. AI tools that have not been approved for use by KP are strictly prohibited. When using AI tools, interns must promptly report any concerns, errors, or unexpected results to their primary supervisor and/or training director.

Interns must adhere to all Kaiser Permanente Northern California (KPNC) and HIPAA data privacy policies including, but not limited to, maintaining secure access and reporting any potential breaches. Any use of content generated by AI tools must involve direct oversight by the intern (i.e., "human in the loop"). AI-generated content should never be used to replace clinical judgment and decision-making. Decisions about using AI tools at any point during the training program are based on KP's principles for responsible use: privacy, reliability, positive outcomes, transparency, equity, designed for both patients and KP staff, and building on trust (<https://about.kaiserpermanente.org/news/ai-in-health-care-7-principles-of-responsible-use>).

4.08 Electronic Charting and Patient Communication in KP HealthConnect

All Kaiser Permanente medical centers use the same electronic medical record database for charting called KP HealthConnect. Through HealthConnect, interns can access hospital records and perform electronic charting as well as facilitate patient care coordination, such as consultation requests from other care providers. Interns are expected, whenever possible, to incorporate Lucet

behavioral health outcomes data gathered electronically at each patient visit into treatment planning. Interns are responsible for receiving training in the use of these databases. In addition, mental health documentation must include only approved abbreviations and symbols.

The patient's treatment progress is to be documented at each contact. All patient care documentation should be sufficiently detailed and organized in accordance with departmental standards so that a staff member can provide appropriate and effective care for 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 medical record should enable another clinician to assume care of the patient at any time.

As treatment providers within a patient's care team, interns may receive electronic communication directly from patients through HealthConnect's secure messaging system. Interns must read and reply to all patient secure messages within 48 hours of the time during which they are scheduled to work. The intern is expected to create automatic out-of-office message replies in HealthConnect to ensure that patients are appropriately alerted to the intern's status for when the secure message will be read. If a patient secure message does not require a written reply and/or can be addressed via another form of patient contact (i.e., a telephone call), the intern must "done" the secure message within the timeline above.

Charting Requirements for Group Therapy Documentation

For interns who take part in psychotherapy group facilitation, at least one group note should be completed by the intern to denote their co-facilitation role using the following dot phrase:

- *“*** [trainee name/title, degree] under the supervision of *** [licensed provider name], participated in the facilitation of this group/class.
Electronically signed by @SIGNNR@”*

4.09 Signing and Closing of Chart Documentation by Supervisor

All interns must complete patient documentation and progress notes in HealthConnect and route the encounter documentation to their clinical supervisor the same day of the patient visit. The supervisor will review the intern's documentation, enter the appropriate CPT code, and sign and close the encounter within 48 hours of the patient visit. During this process of documentation review, the supervisor must add the following documentation acknowledging their role as licensed supervisor for the intern providing services:

- *“Note reviewed with *** [trainee name/title, degree]. I agree with the diagnosis, treatment goals, treatment plan and recommendations.
Electronically signed by @SIGNNR@”*

If an intern's documentation requires edits prior to note closure, the intern and supervisor should use the following workflow to ensure appropriate note closure timeliness:

- 1) The supervisor must communicate any documentation changes to the intern within 48 hours of the encounter.
- 2) The intern will complete edits and route the encounter back to the supervisor by the end of the next day that the intern works.
- 3) Should additional edits be warranted, the supervisor should provide feedback to the intern

within 48 hours of receiving the revised documentation. The intern must complete the additional edits by the end of the next business day after which they receive additional feedback.

- 4) This documentation revision cycle may be repeated up to 3 times following the stated timeframes of initial note closure above.
- 5) If further edits are needed after the 3rd revision cycle, the supervisor should do what is needed to close the encounter and escalate intern documentation concerns to the training director to determine whether a focused competency plan is needed to support the intern.

Note Closure Requirements for Psychological Assessment Documentation

Interns must complete clinical documentation and close encounters within 48 hours of the patient appointment for every psychological assessment-related encounter, which includes clinical interviews, test administration, and feedback sessions. Assessment supervisors should follow the note closure guidelines above.

Psychological testing reports should be closed with all edits within 30 days from the final testing appointment and all patient paperwork has been received. Supervisors should add all orders to the final psychological testing encounter and ensure all encounters associated with the episode of care for the psychological evaluation have been closed (e.g. clinical documentation).

Attaching to HealthConnect In-Baskets

It is acceptable practice for training faculty to periodically attach themselves to an intern's HealthConnect in-basket for monitoring the intern's progress on patient documentation and patient care communications. Primary supervisors and training directors should attach themselves to interns' in-baskets toward the end of the training year to ensure that all notes have been signed and closed prior to offboarding.

5. EVALUATION OF PROFESSIONAL COMPETENCIES

5.01 Baseline Assessment of Doctoral Intern Competencies

Within the first week of the training year, the intern and primary supervisor will complete the Baseline Assessment of Psychology Doctoral Intern Competencies (Appendix A). This baseline assessment identifies the intern's entry level of experience in all competency areas set forth in the Competencies Evaluation (CE). It also identifies competency areas on which the intern will focus during the year and provides the basis for the intern's Individual Training Contract.

5.02 Doctoral Intern Individual Training Contract

Within the first few weeks of the training year, each intern collaborates with their primary supervisor in developing an Individual Training Contract (Appendix B). This contract builds upon information obtained from the Baseline Assessment and allows the intern and supervisor to develop a training plan to address any competency areas identified by the Baseline Assessment as requiring additional training focus. This collaborative process is flexible, and goals can be revised at quarterly intervals. In addition, the intern uses this form to list any competency areas in which they wish to obtain extra supervision during the year.

The training contract also identifies the intern's primary and delegated (secondary) supervisors and lists intern responsibilities and expectations for the training year. By signing this contract, the intern acknowledges receipt of the Policy and Procedure manual, review of Section IV of the Individual Training Contract titled "Responsibilities and Expectations of Intern," and understanding

of the basic requirements of internship program participation.

External Training Contracts & Evaluations

Doctoral programs (graduate schools) may require their students to have additional training contracts and evaluations completed by their internship programs. KPNC Doctoral Internship Programs do not enter into training contracts with graduate schools, and internship supervisors do not complete evaluations developed by graduate schools. Interns receive comprehensive evaluative feedback throughout the training year using instruments developed by KPNC Doctoral Internship Programs and aligned with profession-wide competencies. Copies of evaluations are provided to graduate schools at the mid-point and end of the training year. Any focused competency/performance issues throughout the training year are communicated to the graduate school's Director of Clinical Training (DCT). If an intern is enrolled in a graduate school that requires additional training contracts and evaluations, they will need to consult with their DCT as to whether they are eligible to apply to KPNC Doctoral Internship Programs. DCT's may, in turn, contact the training director of the specific doctoral internship program for more information regarding this policy.

5.03 Doctoral Intern Competencies Evaluation

In order to ensure that interns meet all internship program goals and requirements, each intern will be formally evaluated by their primary supervisor at least once per quarter (and more frequently if a competency concern arises) using the Competencies Evaluation (CE) (Appendix C). The CE is the internship program's formal instrument for evaluating an intern's progress.

The primary supervisor is instructed to rate the intern on all competency elements listed for each of the specific competencies on the CE. A rating of "3" (Developing Competence) is the minimal level of achievement for all competency elements at the end of the first, second, and third quarters of the training year, and a rating of "4" (Proficient Competence) is the minimal level of achievement for all competency elements at the end of the fourth quarter. The primary supervisor also has the option to note an intern's clinical and professional strengths, as well as their areas of growth, in the quarterly comments section of the CE under each of the Profession-Wide Competencies.

For any competency element on the CE in which an intern is rated less than a "3" (Developing Competence) the primary supervisor must provide a narrative explanation on the CE. A rating of "2" (Emerging Competence) on one or more competency elements at the end of the first quarter indicates a minor competency deficit and triggers Focused Competency Guidance (see Section 6.06). In addition to Focused Competency Guidance, a rating of "2" (Emerging Competence) on one or more competency elements at the end of the second and third quarters may indicate a major competency deficit given the time remaining in the training year and would trigger formal due process procedures with a Formal Notification and Hearing (see Section 6.07). A rating of "1" (Insufficient Competence) on any competency element at any point in the training year always indicates a major competency deficit and triggers formal due process procedures with a Formal Notification and Hearing (see Section 6.07).

There may be instances in which an intern is meeting the minimal level of achievement at the end of the third quarter of the internship and receives a "3" (Developing Competence) on one or more competency elements yet the primary supervisor, or other training faculty, has identified concern(s) about the intern's rate of competency development (i.e., the intern's competency development has not been progressing as expected since the beginning of the training year). In these situations, it may be determined that the intern is at risk of not receiving a "4" (Proficient Competence) on all

competency elements by the end of the fourth quarter and not meeting the expected minimal level of achievement for completion of the internship program. To address these competency concerns with sufficient time for remediation, the primary supervisor may initiate either Focused Competency Guidance (see Section 6.06) or formal due process procedures with a Formal Notification and Hearing (see Section 6.07) at the end of the third quarter.

At each quarterly interval, the primary supervisor will meet with the intern to review the completed CE. In addition, copies of the second and fourth quarter competency evaluations are sent to the intern's graduate school. The intern may respond in writing to supervisor feedback on the CE. If the intern wishes to challenge any ratings on the CE, they are directed to follow the Intern Appeal Procedure (see Section 6.12).

5.04 Certificate of Program Completion

To receive a Certificate of Completion at the end of the training year, the intern must attain a minimum score of "4" (Proficient Competence) for all competency elements on the CE by the end of the fourth quarter. The intern must also have accrued 2,080 hours of supervised training by the end of the training year. Notification of program completion is sent to the intern's graduate school.

Interns who voluntarily separate from the internship program before the end of the training year will be considered to have resigned and will not receive a Certificate of Completion. Any request for verification of the performance of the intern during the time in the program, will only reflect hours rated as being at a satisfactory level of performance according to the intern's supervisor.

5.05 Doctoral Intern Program Surveys

Each intern evaluates the internship program at mid-year and at the end of the training year. The Doctoral Intern Program Survey (Appendix J), which is accessed by a confidential link to the online SurveyMonkey service for anonymity, allows the intern to assess their own experience of the internship program by the same parameters that are used in the CE. The data from this survey, along with the CE ratings, provides valuable feedback to the training faculty and is used to make modifications to internship program procedures.

In order to gather ongoing and long-term internship program outcomes data, a Post-Psychology Doctoral Internship Experience Survey (Appendix K) is emailed once a year to all past internship program participants to gather data on licensure, career development, and professional competencies related to internship program goals.

6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The Doctoral Internship Programs' due process policy provides a framework to address the situation in which an intern is not meeting competency expectations or expected performance standards. It ensures that the internship program adheres to fair and unbiased evaluation and remediation procedures, and that the intern is given an opportunity to appeal the internship program's decisions. For all remedial actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired, including any plans that were implemented, with timeframes and outcomes.

6.01 Rights of Doctoral Interns

- To be informed of the expectations, goals, and objectives of the internship program
- To be trained by professionals who behave in accordance with APA ethical guidelines

- To be treated with professional respect in keeping with their advanced level of training
- To have individual training needs identified and documented in the training contract
- To receive ongoing evaluation that is specific, respectful, and pertinent; and to be informed in a timely manner if they are not meeting internship program standards
- To engage in ongoing evaluation of the internship program (the internship program will conduct formal surveys twice a year)
- To utilize due process procedures for concerns related to performance standards so that the intern's viewpoint is taken into account, and so that the intern has an opportunity to remediate problems in order to successfully complete the internship program
- To utilize grievance procedures to resolve non-evaluation-related problems and disputes that may arise during the training year
- To be granted privacy and respect for one's personal life including respect for one's uniqueness and differences

6.02 Responsibilities of Doctoral Interns

- To function within the bounds of all state and federal laws and regulations, as well as APA ethical and professional practice standards (all interns are expected to refer to and abide by the APA's Ethical Principles and Code of Conduct)
- To adhere to the policies and procedures of KPNC, including KP's Principles of Responsibility (this information is presented during the orientation and onboarding period and can be accessed through the KPNC website, MyHR, located as a link at <http://insidekp.kp.org/ncal/portal/>, and/or by contacting a KPNC Human Resources consultant)
- To adhere to the policies and procedures of the KPNC Doctoral Internship Programs as outlined in this manual; and to adhere to the policies and procedures of the intern's assigned work department or clinic
- To demonstrate skill proficiency in clinical services and ethical practice
- To attend and participate in didactic trainings and seminars, staff meetings, case conferences, and individual and group supervision meetings
- To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback

6.03 Doctoral Internship Program Responsibilities

- To provide information regarding laws, standards, and guidelines governing the practice of clinical psychology and to provide forums to discuss the implementation of such standards
- To ensure that faculty and staff engage with interns and each other in a respectful, professional, and ethical manner
- To promote diversity and inclusion in the workplace
- To provide high quality clinical experiences, supervision, and didactic trainings and seminars
- To provide opportunities for interns to offer feedback to the internship program, including within their supervisory experiences, through meetings with site training directors, and in semi-annual written evaluations
- To communicate program expectations, and standards for evaluation, including how interns will be evaluated and by whom
- To provide interns with written and verbal feedback in weekly supervision meetings and in quarterly written evaluations so that they may improve their skills and address competency problems in a timely manner

- To communicate with interns' graduate schools about how they are progressing in training and whether they are meeting the minimum levels of achievement; and to inform interns' graduate schools of any remedial actions taken regarding interns' performance
- To implement due process and grievance procedures for problems related to intern competencies and professional functioning, program standards, and interpersonal disputes; and to allow interns sufficient time to appeal decisions with which they disagree
- To make decisions about intern remediation, probation, suspension, and termination utilizing multiple sources of information; to develop remediation plans for performance deficiencies with time frames; and to clearly communicate to interns the consequences of not correcting the deficiencies
- To make accommodations for special training needs for interns who qualify under the American with Disabilities Act

6.04 Definition of Problematic Behavior

A Problematic Behavior interferes with intern professional competence and is defined by:

- a) An inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- b) An inability to and/or unwillingness to acquire professional skills in order to reach an acceptable level of competence; and/or
- c) An inability and/or unwillingness to control personal stress, psychological problems, and/or excessive emotional reactions which interfere with professional functioning.

Training faculty should use their professional judgement in determining when an intern's behaviors, attitudes, or characteristics have become problematic. Problematic Behaviors may include the following features:

- a) The intern does not acknowledge, understand, or address the problem when it is identified.
- b) The problem is not merely a reflection of a skill deficit, which can be rectified by clinical or didactic training.
- c) The quality of services delivered by the intern is sufficiently negatively affected.
- d) The problem is not restricted to one area of professional functioning.
- e) A disproportionate amount of attention and time by training faculty is required to address the problem.
- f) The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
- g) The behavior has potential legal or ethical ramifications if not addressed.
- h) The behavior potentially causes harm to patients.
- i) The behavior negatively impacts the public view of Kaiser Permanente.
- j) The behavior negatively impacts the training cohort or clinic staff.

6.05 Informal Discussion

The first step in the due process procedure is Informal Discussion, which is used to address performance or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The intern's supervisors are responsible for providing the intern with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisors should inform, advise, and/or coach the intern to support them to successfully address the concern. The supervisors may also choose to supplement the Informal Discussion with a Focused Competency Guidance Plan (see Section 6.06) to help organize the actions and

behaviors that the intern needs to address for the identified concern(s). The intern should be given a timeframe in which to correct the concern(s), and the intern may be provided with additional support over subsequent supervision meetings as part of the informal remediation plan. Any staff member who observes the intern to be out of compliance with a policy or procedure should inform the intern's supervisors or the site training director. The intern's supervisors and/or site training director will document their discussion(s) with the intern and any informal remediation plans in their supervision notes. These notes will not become part of the intern's official training file.

6.06 Focused Competency Guidance

A Focused Competency Guidance Plan (Appendix D) is a structured support mechanism designed to assist the intern in gaining skills associated with specific areas of competency deficit. Focused Competency Guidance is typically initiated in the following situations:

- 1) As part of informal remediation, supplementing an Informal Discussion that takes place during supervision at any time during the training year (see Section 6.05);
- 2) As part of remediation of unmet competency expectations due to a rating(s) falling below minimal levels of achievement on the Competencies Evaluation (see Section 5.03); or
- 3) As an outcome of formal due process procedures following a Formal Notification and Hearing (see Section 6.07).

Focused Competency Guidance Plans contain an outline of measures to be undertaken to remediate unmet competency expectations which includes, but is not limited to, additional didactic training, closer mentoring, structured readings, and simulated clinical practice. Focused Competency Guidance Plans may also implement schedule modification, which includes several possible and concurrent courses of action such as: (a) increasing the amount of supervision, either with the same or different supervisor(s); (b) changing the format, emphasis, and/or focus of supervision; (c) recommending personal psychotherapy; (d) reducing the intern's clinical or other workload; and/or (e) requiring specific academic course work.

In the context of quarterly Competencies Evaluations (CE), Focused Competency Guidance is typically triggered when an intern receives one or more ratings of "2" (Emerging Competence) for any competency element on the (CE) at any point in the training year. The initiation of Focused Competency Guidance in response to a rating of "2" (Emerging Competence) is intended to address a minor competency deficit(s) that may be easily ameliorated by added training. Minor competency deficits may occur when an intern demonstrates knowledge or skills below the minimal levels of achievement for internship because of a gap in graduate school or practicum training (e.g., less rigorous preparation in psychological testing or diagnostics). However, at the end of the second and third quarters of the training year, if an intern receives a rating of "2" (Emerging Competence) for any competency element(s) measured, the primary supervisor may initiate formal due process procedures with a Formal Notification and Hearing (see Section 6.07), depending on the competency element or number of elements needing improvement. There may be instances in which Focused Competency Guidance or formal due process procedures are triggered when an intern receives ratings of "3" (Proficient Competence) on one or more behavioral anchors at the end of the third quarter (see Section 5.03). Focused Competency Guidance may also be initiated informally at any point in the quarter if competency concerns have been identified by the primary supervisor or other training faculty and it is determined that structured support should be implemented prior to the quarterly evaluation timepoint (see Section 5.03).

Focused Competency Guidance Plans should include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. In the next sequential quarterly CE, further improvements should be noted. When all unmet competency and performance standards have been rectified, the primary supervisor, in consultation with the secondary supervisor and site training director, will remove the intern from Focused Competency Guidance and indicate the date of successful completion on the remediation plan document (Appendix D).

Focused Competency Guidance Plans must be signed and dated by the primary supervisor and intern during the initial and follow-up meetings. When Focused Competency Guidance Plans are part of an Informal Discussion, the primary supervisor will provide the intern with a copy of the plan, and it will not become part of the intern's training file. When Focused Competency Guidance Plans are triggered by ratings below minimal levels of achievement on the CE or as part of formal due process procedures initiated with a Formal Notification and Hearing, the primary supervisor and site training director will provide the intern and the intern's graduate school with copies of the plan, and a copy of the plan will also be placed in the intern's training file.

6.07 Formal Notification and Hearing

If an intern's professional conduct, professional development, or performance issues persist even after an Informal Discussion; or if the intern is demonstrating major competency deficits associated with not meeting minimal levels of achievement on the Competencies Evaluation (see Section 5.03); or if the intern demonstrates a Problematic Behavior at any point in the training year, then formal due process procedures will be initiated as follows:

- 1) The intern's supervisor or other concerned staff member(s) will first consult with the site training director to discuss the issue. The site training director may interview others with relevant information and/or may seek the guidance of HR administrators or the department manager. The site training director will notify the intern in writing that a performance or behavioral concern has been raised to the level of formal review and that a Hearing will be held.
- 2) As soon as possible, but no later than ten (10) business days after the intern receives a Notice of Hearing, the site training director (or their designee) will appoint a Hearing Committee and schedule a Hearing. Every effort will be made to expedite the committee formation and hearing process. The committee will be composed of no fewer than two members, typically the site training director and the primary supervisor. Depending on the scope and seriousness of the issue, the Hearing Committee may also include other members of the training faculty, departmental staff, and/or an HR consultant. The intern may also invite any appropriate licensed KP staff member to attend.
- 3) At the Hearing, committee members will discuss the competency issue(s) fully, openly, and candidly with the intern. The intern has a right to dispute or explain the concern(s) presented and may provide a written statement or supporting materials of their own. Within five (5) business days from the completion of the Hearing, the committee will determine an Outcome, and the site training director and primary supervisor will present the Outcome to the intern. Possible hearing outcomes are as follows:
 - a) The intern was found to be meeting competency expectations and/or performance and conduct standards, and no further action is needed.
 - b) The intern has demonstrated competency, performance, and/or conduct concerns, but these concerns were not significant enough to warrant formal remediation. The

concerns will be monitored according to the Informal Discussion process (see Section 6.05).

- c) The intern has demonstrated minor competency deficits that have resulted in rating(s) of “2” (Emerging Competence) on one or more elements of the CE. To address these minor deficits, the intern will be placed on a formal remediation plan called “Focused Competency Guidance” (see Section 6.06).
- d) The intern has demonstrated major competency deficits that have resulted in rating(s) of “1” (Insufficient Competence) on one or more competency elements of the CE. Major competency deficits may also be associated with rating(s) of “2” (Emerging Competence) at the end of the second or third quarters or rating(s) of “3” (Developing Competence) at the end of the third quarter, depending on the element or number of elements needing improvement. An intern with serious competency, performance, and/or conduct problems may be placed on Probation, which is also a form of remediation (see Section 6.09).
- e) The intern has exhibited Problematic Behavior(s), and associated major competency deficits, involving potential harm to a patient, gross misconduct, legal violations, or serious policy or ethical code violations (see Section 6.04). Any intern demonstrating such behavior may be suspended from the internship program. The site training director and training faculty will follow KPNC HR policies in this situation.

6.08 Outcome of the Hearing

The site training director and primary supervisor will communicate the Outcome of the Hearing to the intern both verbally and in writing. The intern will be presented with an “Acknowledgement of Hearing Notice” for outcomes resulting in 1) no further action/return to routine supervision, 2) ongoing monitoring as part of an Informal Discussion, or 3) Focused Competency Guidance.

The essential components of an Acknowledgement of Hearing Notice are:

1. Date of the Hearing and names of the participants
2. Description of the intern’s competency deficits and/or performance issues and the date on which the concerns were first brought to the intern’s attention
3. Identification of the targeted competency area(s) and competency element(s)
4. Decision of the Hearing Committee with regard to the competency concerns and whether Focused Competency Guidance was recommended
5. When Focused Competency Guidance is recommended, an outline of measures to be undertaken to remediate unmet competency expectations and performance concerns include, but are not limited to, schedule modification, provision of opportunities for extra supervision, attendance at additional seminars and/or other training activities, and/or recommendations of training resources (see Section 6.06)
6. Criteria and procedures for determining whether the problem has been adequately addressed
7. Consequences for unsuccessful outcome (which may include the initiation of Probation)
8. Timeline for Focused Competency Guidance Plan completion

For an outcome resulting in Probation, the intern will be presented with a “Letter of Warning” (see Section 6.09). For an outcome resulting in Suspension, the intern will be presented with a “Suspension Letter” (see Section 6.10).

The intern, site training director, and department manager (if appropriate) will be required to sign

the letter or notice. A copy of the document will be provided to the intern and to the intern's graduate school, and a copy will be placed in the intern's training file. If an intern is dissatisfied with the Hearing Committee's decision, the intern may appeal the decision by following the Appeal Procedure found in Section 6.12.

6.09 Probation

Interns who exhibit major competency deficits or other serious performance or conduct concerns, or who have not corrected identified concerns after a Focused Competency Guidance Plan may be placed on Probation. The decision to place an intern on Probation is made by the Hearing Committee; or, in the case of an intern who is still not meeting minimal levels of achievement at the time of a Focused Competency Guidance Plan review, by the site training director and primary supervisor in consultation with the department manager, other training faculty, and HR administration. Probation will include more closely scrutinized supervision for a specified length of time. The intern's graduate school will be notified of the Probation Plan determination as soon as possible.

To initiate Probation, the site training director and primary supervisor, with input from other training faculty, the department manager, and an HR consultant, will compose a "Letter of Warning" to the intern outlining the internship program's concerns. This letter will also describe the consequence(s) of the intern's failure to show immediate and substantial improvement in the identified competency areas within the planned timeframe. Improvement must be evidenced by a minimum CE rating(s) of "3" (Developing Competence) in the targeted areas.

The essential components of a **Letter of Warning** are:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the intern's competency deficits and/or performance issues and the date on which the concerns were first brought to the intern's attention
3. Identification of the targeted competency area(s) and competency element(s)
4. Additional reasons for Probation, if applicable (see KP National HR Policy on Corrective/ Disciplinary Action, NATL.HR.014):
 - 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 improper behavior or non-compliance
 - d. The intern's past history of non-compliance
 - e. Whether the intern should have known the applicable policies, rules, or regulations
 - f. Whether the violation was intentional or negligent
 - g. Whether the action appeared to be committed for personal gain
5. Notification that this probationary action may impact whether the intern's supervised hours will be found to be satisfactory
6. An outline of measures to be undertaken to remediate competency or performance including any required Schedule Modification
7. Criteria and procedures for determining whether the problem has been adequately addressed
8. Consequences of an unsuccessful outcome (may include denial of certificate and letter of completion, extension of the probationary period, Suspension, and/or Termination/ Program Dismissal)
9. Timeline for Probation Plan completion

The site training director and primary supervisor will meet with the intern to review the Letter of Warning to ensure that the intern fully understands the terms of the Probation. The intern may invite any appropriate licensed KP staff member to attend the meeting. The intern will be given an opportunity to respond to the letter and to the group's concerns. The site training director will inform the department manager, the HR consultant, and the intern's graduate school of the proceedings of the meeting. The intern and the intern's graduate school will be provided with copies of the letter, and a copy will be placed in the intern's training file. If an intern is dissatisfied with the Probation decision, the intern may appeal it by following the Appeal Procedure found in Section 6.12.

During the Letter of Warning meeting, the site training director and the primary supervisor will also present a Probation Plan (Appendix E) to the intern that includes a recording of the competency concern(s) and remedial actions recommended by the site training director and training faculty. The plan must be signed and dated by the intern, the primary supervisor, and the site training director. Copies will be provided to the intern and to the intern's graduate school, and a copy will be placed in the intern's training file. Within the timeframe outlined in the plan, the intern's primary and secondary supervisors will evaluate the intern's progress, and the primary supervisor will document their findings in the outcomes section of the remediation plan document.

When all unmet competency and/or performance standards have been rectified, the site training director and primary supervisor, in consultation with other training faculty, the department manager, and the HR consultant, will remove the intern from Probation, and the site training director and primary supervisor will indicate the date of successful completion on the remediation plan document. If the group determines that insufficient progress has been made by the end of the probationary period, the site training director will submit a written explanation of the group's concerns to the intern. In addition, the site training director and department manager, with input from the intern's supervisors and the HR consultant, may recommend an extension of the Probation or may initiate Suspension. Copies of the written explanation letter will be provided to the intern and to the intern's graduate school, and a copy will be placed in the intern's training file.

6.10 Suspension

Suspension of an intern is a decision made by either the Hearing Committee; or, in the case of an intern who is not meeting minimal levels of achievement at the time of the Probation Plan review, by the site training director and department manager, with input from the training faculty, other departmental staff as appropriate, and HR administration. The intern's graduate school will be notified of the Suspension as soon as possible. The intern may be suspended from all or part of their usual and regular assignments in the internship program.

Suspension of an intern may be initiated as a result of the following:

1. The competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, gross misconduct, and/or criminal behavior. Factors to be considered include, but are not limited to, those listed in the Letter of Warning (see Section 6.09).
2. After a probationary period, the intern has not met expectations for improvement in the identified competency domain(s) (i.e., the intern continues to receive CE ratings of "1" – "Insufficient Competence" or "2" – "Emerging Competence").
3. The intern has failed to comply with state or federal laws, KPNC and/or Doctoral Internship Programs policies and procedures, and/or professional association guidelines.
4. The removal of the intern from the clinical service is in the best interests of the intern,

patients, staff, and/or the internship program.

To initiate Suspension, the site training director and department manager, with input from the training faculty, other departmental staff, and HR administration, will compose a **Suspension Letter** to the intern which addresses the following:

1. Date of the Hearing and names of participants (if applicable)
2. Description of the intern's competency deficits and/or performance issues and the dates on which the concerns were first brought to the intern's attention
3. Identification of violation(s), including corresponding competency area(s) and competency element(s); additional factors to be documented include, but are not limited to, those listed in item four (4) of the Letter of Warning (see Section 6.09)
4. Notice of Suspension and expected duration
5. Notice of whether the Suspension is paid or unpaid

The site training director, department manager, and primary supervisor will meet with the intern to review the Suspension Letter to ensure that the intern fully understands the terms of the Suspension. The intern may invite any appropriate licensed KP staff member to attend the meeting. The site training director and department manager may either remove the intern temporarily from direct service activities due to concerns for the welfare of patients or may place the intern on an administrative leave of absence. The intern will be given an opportunity to respond to the concerns presented and to the Suspension decision.

The site training director and/or the department manager will inform HR administration and the intern's graduate school of the proceedings of the meeting. The intern, the intern's graduate school, and the consortium director (if applicable) will be provided with copies of the Suspension Letter, and a copy will be placed in the intern's training file. If an intern is dissatisfied with the Suspension decision, they may appeal it by following the Appeal Procedure found in Section 6.12.

In the case of a suspension from direct service activities only, the site training director and training faculty will develop a remediation plan following the procedures described in Section 6.09 utilizing the Probation Plan document (Appendix E). The intern may continue to participate in non-direct service activities such as individual and group supervision, case conferences, staff meetings, and didactic trainings and seminars as long as the intern's participation is productive for the intern and for the training cohort. The plan must be signed by the site training director, primary supervisor, and intern. Copies will be provided to the intern and the intern's graduate school, and a copy will be placed in the intern's training file.

If all identified concerns are rectified within the agreed upon timeframe, the site training director and department manager, with input from other training faculty, departmental staff, and HR administration, will determine when the intern can resume direct service activities under probationary monitoring until minimal levels of achievement are met. A new Probation Plan should be developed following the procedures described in Section 6.09.

In the case of a very serious violation, the site training director and department manager, in conjunction with HR administration, may choose, with or without warning, to notify the intern that they have been placed on administrative leave from the internship program or to terminate the intern from the internship program.

6.11 Termination and Program Dismissal

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

1. Violation of federal or state laws, including HIPAA and CMIA, and in which imminent harm to a patient either physically or psychologically is a major factor
2. Serious violation of KPNC policies, including the Doctoral Internship Programs policies and procedures or professional association guidelines
3. Serious violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the internship program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency or performance problems
6. The intern is unable to complete the internship 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 Doctoral Internship Programs. The decision to dismiss an intern is not made lightly and is made by the site training director, department manager, and HR consultant, with notice given to the intern's graduate school, consortium training director (if applicable), and APPLIC.

In addition, an intern, as an employee of KPNC, may have their employment terminated at any time, with or without cause, by the site training director in conjunction with departmental management and HR administration.

The intern will be informed of the decision in a **Termination Letter** that addresses the following:

1. Description of intern's competency deficits and/or performance issues
2. Identification of violation(s), including corresponding competency area(s) and competency element (may include details listed in the Suspension Letter)
3. Notice of Termination of Employment
4. Notice that the intern is also dismissed from the internship program and will not receive a certification or letter of completion
5. Expectation that the intern will complete all patient documentation prior to leaving the training site

If the intern does not wish to appeal the termination decision, the intern may choose to resign from the internship program and from Kaiser Permanente.

6.12 Appeal Procedure

The purpose of the Appeal Procedure is to provide a mechanism by which all decisions made by the internship program regarding an intern's Competencies Evaluation and remediation plans, as well as an intern's status in the internship program, can be promptly and fairly reviewed. Interns will not be subject to reprisal in any form as a result of participating in the Appeal Procedure.

Note: This policy does not apply to, nor can it be utilized by, an intern who is terminated as the result of an HR decision. In those instances, the intern would follow KPNC HR policy.

In order to challenge an internship program decision, the intern must notify the site training director in writing as soon as possible after receipt of the decision. This written notification shall include the following information:

1. Name of intern
2. Current date
3. Date and description of decision under dispute
4. Explanation of intern's disagreement with decision, including supporting information
5. Description of intern's objective/goal for resolving the dispute

As soon as possible, but no later than fifteen (15) business days after receipt of the intern's written notification, the site training director (or their designee) will appoint a Hearing Committee. Every effort will be made to expedite the committee formation and hearing process. The Hearing Committee:

1. Will be composed of no fewer than three members
2. Will include individuals from the training faculty, departmental management, and HR administration
3. May include any appropriate licensed KP staff members requested by the intern
4. In no case shall any training faculty who has participated in the decision in question up to this point be a member of the committee

Once the Hearing Committee members have been appointed, a hearing shall be conducted within fifteen (15) business days. The intern has the right to hear all facts related to the concerns, as well as to present supporting materials of their own. The intern also has the right to dispute or explain the concerns presented.

Within ten (10) business days from completion of the hearing, the Hearing Committee will make a final decision. Decisions will be made by majority vote of the committee members and be submitted to the intern, the site training director, the consortium director (if applicable), and the intern's graduate school.

If an intern is dissatisfied with the Hearing Committee's decision, they may appeal the decision to the KPNC Director of Mental Health Training (or their designee), who will consult with management personnel including those who were not part of the committee.

The intern must submit their written appeal, along with a copy of the original written challenge, to the KPNC Director of Mental Health Training (or their designee) within ten (10) business days from the date of the Hearing Committee's decision. This written appeal shall include the following information:

1. Name of intern
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Explanation of intern's disagreement and basis for appeal
5. Resolution sought

Within ten (10) business days after receipt of the appeal, the KPNC Director of Mental Health Training (or designee) will review the decision along with the intern's appeal and either accept or reject the committee's recommendations.

If the KPNC Director of Mental Health Training (or designee) accepts the Hearing Committee's recommendations, they will inform the site training director who, in turn, will inform the intern, the primary supervisor, the consortium director (if applicable), and the intern's graduate school of the decision. If the KPNC Director of Mental Health Training (or designee) rejects the Hearing Committee's recommendations, they may either refer the matter back to the Hearing Committee for further consideration (i.e., to gather more information) or make a final decision at that time.

The KPNC Director of Mental Health Training (or designee) will inform the site training director of any rescission. The site training director will in turn inform the intern, the consortium director (if applicable), the intern's graduate school, and the intern's supervisors/training faculty. The intern may appeal the KPNC Director of Mental Health Training's final decision by contacting an HR consultant and the department manager.

7. DISPUTE RESOLUTION POLICIES

7.01 Doctoral Intern Grievance and Appeal Overview

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

The Grievance and Appeal procedures are not intended to be used by an intern to challenge the results of a Competencies Evaluation or any remedial or corrective action. To appeal any of these internship program decisions, the intern is directed to follow the Intern Due Process procedures.

7.02 Verbal Grievance Communication

If an intern has any disagreement with a supervisor, another staff member, another intern, or a matter of internship 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 intern may discuss their concerns directly with the site training director, a department manager, and/or a Human Resources consultant.

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

7.03 Written Grievance Communication

If the Verbal Grievance Communication has been utilized and the issue has not been resolved to the intern's satisfaction, the intern 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 process 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 intern (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 intern's grievance in writing within ten (10) business days. If the intern is dissatisfied with the outcome of the review of the Written Communication, the intern is directed to follow the procedure for Grievance Appeal, as outlined below.

7.04 Doctoral Intern Grievance Appeal

If the Verbal and Written Grievance Communication procedures have been utilized and the issue has not been resolved to the intern's satisfaction, the intern may file a written Grievance Appeal with the consortium training director (if applicable) or KPNC Director of Mental Health Training (for non-consortial programs) and/or department manager(s); the KPNC Director of Mental Health Training may choose to appoint/designate an Assistant Director of Mental Health Training or a senior service area director to review the appeal and render a decision.

This appeal shall include the following information:

1. Name of intern and training location
2. Current date
3. Copy of the original written grievance
4. Explanation of intern'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 consortium training director or KPNC Director of Mental Health Training (or designee) and/or department manager(s) should meet with the intern 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 consortium training director or KPNC Director of Mental Health Training (or designee) and/or department manager(s) will, if necessary, conduct an investigation and respond to the intern's appeal in writing within ten (10) business days.

Before responding to the intern, the consortium training director or KPNC Director of Mental Health Training (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 consortium training director or KPNC Director of Mental Health Training (or designee) will review their findings with the intern's graduate school Director of Clinical Training and a Human Resources consultant and/or KP legal counsel, as appropriate.

7.05 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 training supervisor or intern or wishes to dispute a matter of internship 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 process.

At any time, the 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 internship program, the supervisor is directed to follow KPNC policy and contact their local HR consultant for guidance.

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

7.07 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 supervisor may contact the department manager and KPNC Director of Mental Health Training and detail their concerns. The department manager and KPNC Director of Mental Health Training should follow the procedure outlined in Step 1, including meeting with the supervisor, establishing a timeframe for response, conducting any necessary investigation, and responding to the supervisor. The response should be given within twenty (20) business days after the discussion.

8. TRAINING FACULTY ROLES AND RESPONSIBILITIES

8.01 Supervisor Qualifications and Responsibilities

- Minimum of two (2) years of experience as a licensed psychologist preferred
- Minimum of one (1) year of employment at the training site preferred
- Relates to interns, clinic colleagues, and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among interns, 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 KPNC Doctoral Internship Programs in Clinical Psychology
- Maintains agreed-upon times for supervision and consultation
- Clearly communicates expectations of interns and gives appropriate and timely feedback regarding their progress
- Consults regularly with other professional staff who may have contact with the interns and provides knowledge about their competencies and general performance
- Contacts the site training director when questions or concerns arise regarding interns' program requirements
- Attends all program-related meetings and keeps abreast of any changes in the internship program that may impact the interns and communicates these in a direct and timely fashion to reduce any inconvenience to the interns

- Follows all outlined due process and grievance policies if problems arise concerning interns
- Supervisors must be in good standing within their department and must be approved by both the site training director and departmental management

8.02 Site and Consortium Training Director Qualifications

- Must work a minimum of 32 hours per week
- Minimum of five (5) years of experience as a licensed psychologist 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
- For Consortium Director only: minimum one (1) year of experience as a site training director preferred
- Member of the American Psychological Association (APA) recommended
- American Board of Professional Psychology (ABPP) certification preferred
- Evidence of effective, collaborative working relationships with interns, 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, intern seminars, etc.)
- Department managers may advise on site training director appointments; however, the KPNC Director of Mental Health Training conducts the interviews and makes the final selection

8.03 Site Training Director Responsibilities

- Reports to their local Consortium Training Director (if applicable) or to the KPNC Director of Mental Health Training
- Attends all region-wide, internship program-related meetings
- Coordinates and directs the training supervisors
- Ensures that KPNC Doctoral Internship Programs policies and procedures are followed and a high standard of training is maintained
- Ensures that support and resources for interns and supervisors are provided
- Ensures that California BOP and APPIC regulations and guidelines are followed
- Organizes the interview and selection process for new candidates and coordinates with other site training directors in the consortium (if applicable)
- Ensures timely evaluations of interns utilizing the Competencies Evaluation
- Ensures timely evaluations of internship program and supervisors, utilizing the Intern Program Survey and Intern Evaluation of Supervisor
- Provides opportunities for interns to work with the KPNC Director of Mental Health Training and the Consortium Training Director (if applicable) to secure quality assurance in training
- Participates with department managers in decision-making on issues concerning intern schedules, placements on teams, and the candidate interview process
- Implements modifications to the internship program per feedback from internship program surveys and Competencies Evaluations
- Ensures that all termination and exit procedures are conducted at the conclusion of the training year, including returning all KP assets, completion of required exit survey sent by KPNC Mental Health Training Programs, and conducting exit interviews (optional -- sample exit interview questions can be found in Appendix Q)

- Ensures availability and coverage during the interviewing of prospective candidates, during the onboarding process of incoming interns, and at other crucial periods of the training year

8.04 Consortium Training Director Responsibilities

- Reports to the KPNC Director of Mental Health Training
- Provides leadership for the consortium's site training directors and offers feedback on their performance, as necessary
- Attends all region-wide, internship program-related meetings
- Meets with site training directors on a monthly basis to review consortium functioning
- Works with supervisory teams to ensure that Doctoral Internship Programs policies and procedures are followed and a high standard of training is maintained
- Verifies that all Competencies Evaluations and other internship program surveys are completed in a timely manner
- Implements consortium program modifications per feedback from intern program surveys

8.05 Administrative Hours for Training Faculty – KPNC Mental Health Training Standards

- All primary supervisors are allocated a minimum of 1 hour per week for each intern they supervise for chart review and note closing. This administrative time is in addition to the 1 hour of face-to-face individual supervision time for each intern.
- All secondary supervisors are allocated a minimum of one ½ hour per week of administrative time for each intern they supervise for chart review and note closing. This time is in addition to the 1 hour of face-to-face individual supervision time for each intern.
- All site training directors are allocated 3½ hours per week including office hours of administrative time, funded by the clinic, to manage their internship programs.
- All consortium directors are allocated 5 hours of administrative time per week, funded by KPNC Mental Health Training Programs, in addition to the 3 hours allotted by the clinic to manage their consortium programs.
- Each consortium and/or training site receives administrative staff support hours funded by KPNC Mental Health Training Programs.

At certain points in the year, including for interviews and onboarding, site training directors may need additional administrative time to effectively manage their internship programs. Department managers are asked to grant site training directors schedule flexibility and to allow the necessary accommodations. Site training directors, in turn, are asked to work closely with their department managers to ensure minimal impact on patient care and are expected to engage in their usual clinic duties as much as possible during these times of the year.

8.06 Training Program Administrative Meetings

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

Weekly

Informal meetings among site training directors and supervisors

Monthly

Formal training faculty meetings (minutes are recorded) among site training director(s) and supervisors to discuss interns' performances and issues related to the overall program as well as develop plans and make decisions related to the administration of the internship program (includes review of due process and grievance procedures at the beginning of each training year)

Semi-Annually

Meetings of all site training directors across the Northern California region with the KPNC Director of Mental Health Training to discuss new internship program developments, curriculum changes, and other internship program administrative matters

8.07 Maintenance of Doctoral Intern Training Records

The site training director should establish a training file for each intern 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 site training director runs out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive. At the end of the training year, a copy of each intern's 4th Quarter Competencies Evaluation, now identified by the intern's employee number, is faxed to the HRSC for inclusion in their KPNC personnel file.

An intern's training file should include the following documents:

1. Letter of Intent
2. Resume
3. Letters of Recommendation
4. Welcome Letter signed by intern
5. Values Statement signed by intern
6. California BOP Supervision Agreement and Supplement to Supervision Agreement
7. Baseline Assessment of Competencies
8. Individual Training Contract
9. Competencies Evaluation (CE) showing ratings for all four quarters
10. California BOP Verification of Experience form, if completed at the request of the intern
11. Copies of all completed/signed Supervised Professional Experience logs
12. Copy of completed Letter of Completion
13. Copy of completed Certificate of Completion
14. Documentation of any grievances, remediation, corrective actions, due processes, or relevant correspondence pertaining to the intern

Upon advance request, interns may inspect their local training file in the presence of the site training director or a designated representative. The intern may also request a correction of a record by submitting a request to the site training director who, in consultation with HR, will notify the intern whether the request has been granted or denied. The site training director will work with their HR consultant and follow the consultant's recommendations if the intern expresses any dissatisfaction with their record.

8.08 Establishment of New Training Sites and Director Appointments

If a new site/department would like to develop an internship program, or an existing site would like to expand their internship program, a New Program Business Plan application (Appendix M) must be completed and submitted to the KPNC Director of Mental Health Training.

Department managers may advise on site training director and consortium training director appointments; however, the KPNC Director of Mental Health Training conducts the interviews for these positions and makes the final selection.

9 DOCTORAL INTERN HIRING PROCESS, COMPENSATION, AND BENEFITS

9.01 Program Admission Requirements

Academic Degree

All interns must be enrolled in a doctoral degree program accredited by the APA. All interns, furthermore, must be in advanced standing (e.g., coursework and comprehensive exams completed) in their Ph.D., PsyD, or Ed.D. programs in Clinical, Counseling, or School Psychology.

Prior Clinical Training

All interns must have prior experience delivering outpatient psychotherapy services as a psychology practicum trainee/extern within a mental health agency or hospital setting. Intern applicants must have accrued at least 500 hours of prior intervention experience and 40 hours of prior psycho-educational assessment experience in order to apply for a KPNC Doctoral internship.

Candidate Qualifications

KPNC Doctoral Internship Programs seek candidates who have demonstrated competencies in individual and group psychotherapy, models of brief therapy, evidence-based treatments, and integrated psychological assessment. Candidates should also have experience working with diverse patient populations. In addition, the internship programs seek candidates who have demonstrated scholarship and leadership abilities in achieving their academic program goals.

9.02 Application and Interview Process

All applicants must complete the APPIC Application for Psychology Internships (AAPI) and must participate in the APPIC Internship Matching Program. Applicants must disclose all work history in their AAPI applications, including any previous employment at Kaiser Permanente. If an applicant was previously employed at Kaiser Permanente and is ineligible for rehire, they would also be ineligible to apply for KPNC Doctoral Internship Programs.

International students seeking to apply for KPNC Doctoral Internship Programs must have a school sponsored F 1-CPT (Curricular Practical Training) visa. Kaiser Permanente does not provide employer-sponsored visas or student visas. Furthermore, prior to applying for KPNC Doctoral Internship Programs, it is the responsibility of the applicant to ensure that the dates of employment authorization of their F 1-CPT visa (i.e., employment eligibility) will align with the 12-month period required for completion of the training program.

KPNC Doctoral Internship Programs encourage applications from individuals who indicate that they come from diverse, underserved, or disadvantaged backgrounds. Site training directors ensure that all applicants who meet the general criteria for the program are included in the selection pool.

Applications are reviewed by training faculty and qualified candidates are invited to schedule an interview by the "Interview Notification Date," established in mid-December by APPIC, unless there is an exceptional reason to use another date. In scheduling the interviews, site training directors work closely with department managers. Interviews take place in January for the term beginning in August or September.

All notes made by interviewers during the selection process must not be kept in the selected candidate's training file. These notes must be retained in a separate file. KPNC Human Resources stipulates that all selected and non-selected interviewees' application materials and

corresponding interview panel members interview notes be retained for a period of 4 years following the interviews. Application materials from non-interviewed applicants need not be retained for any period of time.

9.03 Employment Offer and Pre-Employment Requirements

On APPIC Match date, which occurs in late February, the site training director informs KPNC Human Resources (HR) of the names of the candidates matched to the training site. HR sends a “Contingent Offer Letter” to the matched candidates upon their acceptance of the job offer. This letter contains employment contingencies, pay rate, and benefits enrollment information.

Welcome Letter

A “Welcome Letter” (Appendix N) is sent out to the intern by the site training director, usually within a few days after the APPIC Match date. Each intern must sign and date the Welcome Letter, indicating their acceptance of the parameters of the internship program, and return the letter to the site training director.

Values Statement

A “Values Statement” (Appendix O) is sent out at the same time as the Welcome Letter. The intern must sign, date, and return the Values Statement, indicating that they are willing to work with any patient who presents for treatment, except in cases where the intern's personal physical safety is actively threatened or where the clinical competence of both the intern and the supervisor would compromise patient care.

Pre-Employment Requirements

Prior to starting the internship program, the intern must comply with additional KPNC Human Resources (HR) requirements for employment. Included among these requirements are drug screening and a background check. More information about pre-employment requirements can be found at: <https://mentalhealthtraining-ncal.kaiserpermanente.org/how-to-apply/>

9.04 KPNC Employment Statement

The term of the Doctoral Internship is 1 year, and it is expected that the intern will remain in the internship program for the duration of the term. There is no expectation that after the doctoral internship is completed KPNC will accept a former intern into a postdoctoral residency or hire an intern into a staff psychologist position. Interns will be expected to apply and compete for open positions like any other qualified candidate.

Both the intern and KPNC enter into the employment relationship voluntarily. Either party may at any time conclude the employment relationship. Termination of an intern's employment by KPNC may be based on, but not limited to, ethics violations, significant and consistent competency concerns, and/or failure to meet labor standards. Interns who choose to resign before the end of the training year are expected to give a thirty (30) calendar day written notice to the site training director prior to the effective date of resignation.

9.05 Flexible Worker Designation and Working Remotely from Home

As part of the process of determining an intern's weekly schedule, the department in which the intern works should also determine whether the intern will be offered a flexible work option. A flexible worker is a KP employee who can perform their job responsibilities on site or remotely from home.

Interns are eligible to receive internet reimbursement if they are flexible workers, and internet reimbursement costs are covered by the department's medical center, as an extension of the provision of computer equipment and internet. Departments that do not wish to cover internet reimbursement for interns have the option to offer onsite positions only, which do not have hybrid/remote work expectations.

Interns designated as flexible workers are typically provided with hybrid weekly work schedules, which will vary by department and training track. Hybrid work schedules consist of a portion of the week being assigned to work on site in the department where they are training with the remaining days being assigned to work remotely from home. The exact ratio of onsite workdays to remote workdays is determined by the training director, in collaboration with department managers, prior to the beginning of the training year and may be adjusted at any time during the training program depending on changes in office space, changes in training tracks or rotations, or changes in training needs specific to the intern (e.g., remediation plans). When working remotely from home, interns must adhere to KPNC Mental Health Training Program standards of professionalism. These expectations include maintaining appropriate attire (see Section 10.03) and being available on Microsoft Teams during their scheduled work time.

MHTP strongly discourages interns from working when ill, which applies equally to days on which they are scheduled to work on site as it does for days on which they are scheduled to work from home. When interns are sick, they must follow their local medical center sick call policies. If an illness occurs on a scheduled onsite workday and the intern's symptoms prevent them from coming to work, it is expected that the intern will adhere to the medical center sick call procedures rather than request to work from home. This expectation is aligned with MHTP training program values, which prioritizes intern wellness at all times throughout the training year.

9.06 Salary and Benefits Package

Interns are employed by Kaiser Foundation Hospital (KFH) and are paid every 2 weeks. Paychecks are deposited directly into bank accounts by arrangement with KPNC. The current wage scale for interns is posted on the KPNC Mental Health Training Programs website. Detailed information on intern benefits, including medical and dental insurance coverage, can be found on the MyHR home page, under the Benefits & Wellness tab.

As non-exempt (hourly) employees, interns who work more than 8 hours in a day must legally be paid an overtime wage equal to time and one-half of their base hourly pay for the additional time worked. However, the KPNC Mental Health Training Programs' annual budget does not allow for overtime pay. Therefore, interns and training faculty are requested to be diligent in constructing and monitoring interns' work schedule so that they do not accrue overtime hours.

9.07 Paid Time Off and Holiday Pay

Each intern receives 120 hours of paid time off (coded as PTO) for the training year, which can be used for sick or vacation time. The full 120 hours of PTO is front-loaded into interns' TIME accounts at the beginning of the training year (i.e., it is not accrued throughout the year). Any PTO hours remaining in the intern's account at the end of the training year is either paid out to the intern or is rolled over into their new TIME account, depending on the employment disposition of the intern.

An intern will be paid 8 hours of pay for KPNC-recognized holidays that fall within the training year, based on a 5-day/40-hour work week.

9.08 Time Off for Doctoral Dissertation Defense

Each intern is eligible to receive 8 hours of paid time off to attend their doctoral dissertation defense.

9.09 Time Off for Interviews

Interns are eligible to receive authorized time off to attend interviews with KPNC postdoctoral residency programs. Training directors will use the TGME schedule code for authorized time off for KPNC interviews. Since TGME is used for interviews with KPNC training programs, this authorized time off is not deducted from the intern's TIME account for paid time off described in Section 9.06. However, requests for time off to attend interviews with non-KPNC postdoctoral residency programs do require the use of paid time off and are subject to the usual time off approval processes used by the intern's training program.

9.10 Extended Leave from the Program

In the unusual event that an intern requires an extended leave from the program (e.g., pregnancy leave, maternity/paternity leave, or lengthy illness), the intern will coordinate with their training director, and an HR consultant if indicated, to discuss the possible duration of the leave and whether additional plans are needed for successful completion of the internship program.

If the duration of the extended leave does not exceed the amount of PTO that the intern has in their TIME account, there is no interruption in the intern's accrual of hours toward completion of the internship program, and no additional plans are needed for extending the program beyond the contracted end date. However, if the intern's extended leave does exceed the amount of PTO they have in their TIME account, the intern enters an unpaid status and is temporarily suspended from accruing hours toward completion of the internship program. In cases involving unpaid leave, the intern and the training director will need to develop a plan for extending the internship program beyond the contracted end date; extending the program is necessary for the intern to satisfy the full 2080-hour training commitment and obtain a certificate for successful completion of the program.

9.11 Professional Liability Insurance

All KPNC employees are covered for professional liability as long as they act within the course and scope of their license and training. As unlicensed Kaiser Permanente employees who are supervised by licensed providers in an officially designated training program, interns are covered for professional liability as long as they act within the course and scope of their supervision and training.

10 KAISER PERMANENTE HUMAN RESOURCE POLICIES

10.01 Finding Policies on MyHR and Contacting HRSC

The following is a sampling of KPNC's HR policies that pertain to interns. Many of these policies are covered during KPNC's New Employee Orientation (NEO), which interns attend at the beginning of the training year.

- Bereavement Leave
- Jury Service
- Maternity/Paternity Leave
- Pregnancy Disability Leave
- Family Medical Leave (FMLA)

- Kin Care Leave (CESLA)
- Employee Assistance Program (EAP)
- Harassment-Free Work Environment
- Equal Employment Opportunity (EEO)
- Accommodation for Disabilities (ADA)
- Drug-Free Workplace
- Social Media Policy

A link to HR policies can be found at <https://vine.kp.org/wps/portal/kpvineportal/workspace>. To speak to a representative directly about any KPNC policy, interns may contact the Human Resources Services Center (HRSC), at 1-877-457-4772.

In addition, interns are expected to comply with all health and safety employment requirements such as an annual TB test, annual flu vaccination (or declination of vaccination), compliance training, and safety training. Failure to observe these regulatory standards may result in administrative leave without pay until the standards are met.

10.02 Non-Discrimination and Harassment-Free Workplace Policies

KPNC Doctoral Internship 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 internship. 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.

10.03 Professional Appearance Policy

All mental health postdoctoral residents, doctoral interns, post-master's fellows, practicum 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 Permanente 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 always worn and displayed above the waist 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 trainees affix their 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 tee 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 or 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, the 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 always carry it when on site or traveling between sites. Pagers are to be returned at the end of the training year.
- Local policies 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.

**Please Note: the above expectations remain in place even when working virtually throughout the training year.*

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. If a trainee is counseled more than once about professional appearance, 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.

10.04 Social Media Policy

Members of the training program (both interns and faculty) 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 patients, colleagues, training faculty, and others. Interns and faculty should make every effort to minimize material that may be deemed inappropriate for a mental health professional in a training program, including derogatory comments about the employer, inappropriate language, etc. In these mediums, all interns and faculty are expected to abide by professional guidelines (e.g., APA, NASW, etc.) related to ethics and conduct.

To this end, it is recommended that all members of the internship program set their security settings to “private” and consider limiting the amount of personal information posted on these sites. Patients should never be included as part of one’s social network, and any information that might lead to the identification of a patient or compromise patient confidentiality in any way is prohibited. If an intern is reported 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 internship program to determine corrective action, up to and including, termination. Greetings on voicemail services and answering machines used for professional purposes should be thoughtfully constructed as directed by supervisors.

10.05 Tuition Reimbursement Policy

KP’s National Tuition Reimbursement Administration (NTRA) approves courses that (a) help the employee in their current position or (b) are part of an established career path within Kaiser Permanente 99% of all applications are approved, as long as the employee meets eligibility requirements. Employees should follow NTRA guidelines closely for submission of applications for reimbursement.

NTRA phones are answered Monday through Friday, from 7:00 am to 4:00 pm, Pacific Time. Be sure to identify yourself as a Northern California Mental Health trainee when calling.

Phone: 1-866-480-4480
Fax: 1-877-201-0081
E-mail: National-TRA@kp.org

I. GENERAL INFORMATION

The information below is intended to highlight and augment but not to replace the information located on MyHR, and in Kaiser Permanente (KP) Tuition Reimbursement (TR) policy, NCAL.HR.6.03. For complete information about tuition reimbursement policy and process, go to the National Tuition Reimbursement Administration (NTRA) and the KP Career Planning web site at <http://www.kpcareerplanning.org/>.

1. To obtain the TR benefit, interns must be actively employed by KPNC for at least 90* contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if an intern’s start date is September 4th, their “eligibility date” for obtaining TR benefits will be on or after December 4th of the same year.
**An exception will be made for license-prep courses, workshops, or materials; in which case the intern’s eligibility date is 30 days after their start date.*

2. Any educational event for which the intern seeks reimbursement must begin on or after the intern's "eligibility date" and must end before the intern's last day of training. This means that if an event for which an intern seeks reimbursement begins or ends after the intern's last day at KP, the event is **not** reimbursable.
3. An intern (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of \$3000 in tuition reimbursement, per calendar year. Up to \$750 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied below).
4. An intern must submit their TR application and obtain approval for reimbursement WELL BEFORE the course starts and before they plan to pay for it. It is recommended that the intern submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline. By knowing in advance if they will be reimbursed for the course(s), the intern can make an informed decision as to whether or not to purchase the course(s). An intern can also submit their application before their eligibility date, as long as the event they wish to be reimbursed for occurs after their eligibility date.
5. The intern should talk with their department manager about which approved courses/tools they are interested in taking/purchasing. Courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology, and social work, that award credits, units, or hours are reimbursable. Although interns cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their department manager will need to approve any TR application before it is submitted to the NTRA.
6. The TR application is accessed and completed online at <http://www.kpcareerplanning.org/>
7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).
8. The intern can monitor the status of their application online at <http://www.kpcareerplanning.org/>. Click on the green bar: "View Reimbursement Request Status" after signing onto the Tuition Reimbursement section. Application status will be one of the following, as described below:
 - "Submitted" = No one has approved yet
 - "Manager accepted" = Manager approval received; NTRA still needs to approve
 - "Approved" = Manager & NTRA have approved
 - "Denied" = NTRA denied
 - "Pending receipts" = NTRA needs receipts
 - "Pending grades" = NTRA needs proof of completion
 - "Documents missing" = Both the receipt and the proof of completion are missing
9. Once the application is approved by both the department manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the intern to receive reimbursement, which occurs after the event and after the intern has submitted all their supporting documentation, including invoice/statement of charges, grades, and receipts. Instead of faxing the required supporting materials/documents, the intern is advised to upload these

documents (such as invoices and receipts of completion) and only in a non-editable e-file format, e.g., PDF (as opposed to MSWord).

10. The intern will have up to 90 days after the end of the course to submit supporting documentation. If the intern is no longer employed by KP at the time that they receive their documentation pertaining to an approved reimbursement, they should contact the NTRA office to arrange to send their documents and obtain reimbursement.

II. All KP Employees: What is Reimbursable?

1. The following policy sections have been excerpted from KPNC TR Policy **NCAL.HR.6.03**, and pertain to all KP employees, including doctoral interns. The complete policy is available on My HR.

5.1.2.1 Eligible courses are those offered through an educational institution which has been accredited by the Western Association of Schools and Colleges (WASC) or a regional/local equivalent. Courses offered through the KP School of Allied Health Sciences are also considered eligible courses. Course(s) are to be taken for academic credit (units). A course must be completed with a grade of “C” or better, or “Pass” in cases of “Pass-Fail” or for “Credit” in cases of “Credit/No Credit.”

5.1.2.3 Also eligible for reimbursement are courses, certificate programs, workshops, seminars, professional conferences, educational meetings, and special events taken/attended for continuing education (i.e., CEU, PDU, CME, Contact Hours) in order to advance skills and obtain or maintain position-required licensure, degrees, or certification, provided they are taken at an accredited institution, professional society, or governmental agency or authorized by these organizations to deliver credentials on their behalf.

5.3.3.2 Travel, room/lodging expenses up to \$750 per calendar year, which is limited to expenses for courses identified in section 5.1.2.3. [NOTE: The \$750 is included in the \$3,000 reimbursement maximum and is not available for college undergraduate or graduate degree programs. Only certain travel expenses are reimbursable. See additional information on MyHR, under Education Assistance, including how to submit a travel application and supporting documents.]

Please note that, in order for the MH trainee to apply for travel reimbursement, they must first access the Continuing Education (CE) section of the online TR application.

2. Covered expenses are limited to:
 - Tuition
 - Books
 - Laboratory fees
 - Course registration fees
 - Eligible travel (see 5.3.3.2, shown above)
3. ***Licensing examination fees are specifically excluded from reimbursement coverage.***

III. Mental Health Trainees: What is reimbursable?

1. School Tuition: Psychology Doctoral Interns, who are currently enrolled in academic programs, can apply to have their tuition reimbursed.
2. Pre-Licensure Coursework: ACSWs, AMFTs, APCCs and Postdoctoral Residents are required by the California Board of Behavioral Sciences or Board of Psychology to complete certain pre-licensure coursework. These courses are reimbursable through TR, provided that the courses award credits, units, or hours. Please consult the relevant licensing board websites for a list of requisite coursework.
3. Exam Prep: The information listed below pertains to prep resources for the following exams:
 - ACSWs: - *LCSW-SWLE (Law & Ethics Exam)*
 - *LCSW-SWCE (Clinical Exam)*
 - AMFTs: - *MFT-LE (Law & Ethics Exam)*
 - *MFT-CE (Clinical Exam)*
 - APCCs: - *LPCC Law & Ethics Exam*
 - *NCMHCE (Clinical Exam)*
 - Psych Residents: - *EPPP*
 - *CPLÉE*

AATBS is the only non-academic provider of exam prep courses/workshops/materials that meet the NTRA criteria for reimbursement. AATBS will give 25% off NTRA qualified materials. To take advantage of this offer, trainees are directed to complete the following **steps**: 1) Send email to Kevin Norton at knorton@aatbs.com to set up an appointment to **ask** questions, review packages or complete your order via credit card. (**no checks accepted.**); 2) **Call Kevin Norton at 805-665-5105 to place your order.** Leave a message and your call will be returned within 24 hours (M-F). NOTE: Orders placed via AATBS website will delay the delivery of your certification of completion for reimbursement purposes.

EPPP and CPLÉE Prep: <https://behavioral-science.aatbs.com/kp-psych/>

- a) **Workshops** that prepare participants for licensing examinations must award credits, units, or hours to be reimbursable. The trainee must upload their certificate of completion showing credits earned for the workshop to NTRA as part of their supporting materials.
 - i. The automated certificate for the **EPPP 4-Day workshop** is issued the following week after completion of the event. For all other workshops, please contact Kevin Norton after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.
 - ii. The certificate of completion for the **online self-paced workshop** is issued 30 days* after it is purchased. Contact Kevin Norton and request a certificate for the workshop (*no sooner than 30 days: no later than the end of the training year).

- b) **Packages that Include Workshop and Study Materials:** In order to be reimbursed for a package that includes a workshop and study materials, you must upload documentation for **each package item** into your existing TR application as part of your supporting materials. Documentation must attest to the completion of credits, units, or hours for each item.
- Workshop Certificates:** obtain following the instruction outlined above.
 - Study Material Certificates:** The certificate of completion for the study materials is issued 30 days* after they are purchased (*no sooner than 30 days; no later than the end of the training year). *The trainee is responsible for contacting Kevin Norton and requesting certificates for all study materials included in the package.*
- c) For **Packages with Exam Study Materials Only** (i.e., no workshop included):
- The trainee must complete and pass the exam **before** the end of their training year, then contact Kevin Norton, provide the passing score, and request certificate(s) for the study materials to be issued.
 - After the trainee has received the certificate awarded by AATBS showing credits earned for each item purchased, the trainee should upload the certificate(s) into their existing TR application as supporting documentation.

10.06 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-Master's MH Fellow [Associate Clinical Social Worker (ASW)]	CI	Psychiatric Social Worker Trainee
025472	Associate Post-Master's MH Fellow [Associate Marriage & Family Therapist (AMFT)]	DG	Marriage & Family Therapist Trainee
025472	Associate Post-Master's MH Fellow [Associate Professional Clinical Counselor (APCC)]	GC	Assoc Prof Clinical Counselor

Appendix A

**KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY
BASELINE ASSESSMENT OF DOCTORAL INTERN COMPETENCIES**
[Rev JUL 2024]

Intern Name:	Date:
Training Year:	Training Site:
Primary Supervisor:	Team(s):

DIRECTIONS:

The Kaiser Permanente Doctoral Internship Programs have specific training goals and competencies, which are listed on this form. Working collaboratively at the beginning of the training year, the intern and supervisor rate the intern on all competencies listed below. Together, they identify areas of focused training and supervision for the year to ensure that the intern meets minimum levels for all professional competencies upon completion of the doctoral internship program. The baseline ratings are then used as a communication tool for the intern and supervisor to aid them in developing the Individual Training Contract, tailoring the year's training emphases to the specific needs of the intern.

Using the following scale, the intern and supervisor rate the intern's experiences in all competency areas. Interns are encouraged to utilize the full range of the rating scale in order to maximize training opportunities and to clarify training focus.

Baseline Assessment Rating Scale:

- | | |
|----------------------------------|--|
| 1 = No Experience: | Intern has no experience in this competency area: <u>needs focused training</u> |
| 2 = Minimal Experience: | Intern has minimal experience in this competency area: <u>needs focused training</u> |
| 3 = Meets Expectations: | Intern's experience meets expectations of a person who has completed their final year of practicum training |
| 4 = Exceeds Expectations: | Intern's experience exceeds expectations of a person who has completed their final year of practicum training |
| N/A = Not Measured: | Intern's performance cannot be measured at this point in the training year |

Profession-Wide Competency I: RESEARCH

Competency Elements Measured	Baseline
• Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications)	
• Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional or national level	

Supervisor Comments for Research:

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Profession-Wide Competency II: ETHICAL and LEGAL STANDARDS

Competency Elements Measured	Baseline
• Be knowledgeable of and act in accordance with each of the following: ○ The current version of the APA Ethical Principles of Psychologists and Code of Conduct ○ Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels ○ Relevant professional standards and guidelines ○ Knowledge of the Kaiser Permanente Doctoral Interns' Policy & Procedure Manual as an essential program resource	
• Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas	
• Conducts self in an ethical manner in all professional activities	
Supervisor Comments for Ethical and Legal Standards:	

Profession-Wide Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	Baseline
• An understanding of how their own personal/cultural history, attitudes and biases may affect how they understand and interact with people different from themselves	
• Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service	
• The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles	
• The ability to apply a framework for working effectively with areas of individual and cultural diversity	
• The ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own	
Supervisor Comments for Individual and Cultural Diversity:	

Profession-Wide Competency IV: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	Baseline
Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness	
Actively seek and demonstrate openness and responsive to feedback and supervision	
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training	
Supervisor Comments for Professional Values Attitudes and Behaviors:	

Profession-Wide Competency V: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	Baseline
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services	
Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated	
Demonstrate effective interpersonal skills and the ability to manage difficult communication well	
Supervisor Comments for Communication and Interpersonal Skills:	

Profession-Wide Competency VI: ASSESSMENT

Competency Elements Measured	Baseline
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)	

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

<i>Profession-Wide Competency VII: INTERVENTION</i>	
Competency Elements Measured	Baseline
• Establish and maintain effective relationships with the recipients of psychological services	
• Develop evidence-based intervention plans specific to the service delivery goals	
• Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables	
• Demonstrate the ability to apply the relevant research literature to clinical decision making	
• Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking	
• Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation	
Supervisor Comments for Intervention:	

Profession-Wide Competency VIII: SUPERVISION

Competency Elements Measured	Baseline
• Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees	
• Apply the supervisory skill of observing in direct or simulated practice	
• Apply the supervisory skill of evaluating in direct or simulated practice	
• Apply the supervisory skills of giving guidance and feedback in direct or simulated practice	
Supervisor Comments for Supervision:	

Profession-Wide Competency IX: CONSULTATION and INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Competency Elements Measured	Baseline
• Demonstrate knowledge and respect for the roles and perspectives of other professions	
• Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior	
Supervisor Comments for Consultation and Interprofessional/Interdisciplinary Skills:	

SIGNATURES

Intern:	Date:
Primary Supervisor:	Date:
Site Training Director:	Date:

Appendix B

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN INDIVIDUAL TRAINING CONTRACT

[Rev NOV 2025]

Intern Name:	Date:
Training Year:	Training Site:
Primary Supervisor:	Team(s):

I. TRAINING PLANS FOR “NO EXPERIENCE” & “MINIMAL EXPERIENCE” COMPETENCY AREAS

List plan(s) for addressing all competency area(s) that intern and supervisor have rated as “1” (No Experience) or “2” (Minimal Experience) on the Baseline Assessment of Psychology Doctoral Intern Competencies form:

II. COMPETENCY AREAS WHICH INTERN HAS IDENTIFIED FOR ADDED FOCUS

List all competency areas on which intern wishes to focus during the training year:

III. TRAINING AGREEMENTS

A. Primary Supervisor: I agree with the plan for Dr. _____ to be my primary supervisor for my psychology internship year. My primary supervisor's role is to oversee my professional development and clinical work.

B. Delegated Supervisor: I agree with the plan for Dr. _____ to be my delegated supervisor for my psychology internship year.

IV. RESPONSIBILITIES AND EXPECTATIONS OF INTERN

I understand the basic requirements and expected competencies of this doctoral internship program, and I have the Policy and Procedure Manual that details other expectations and responsibilities of the program. My progress with these responsibilities and expectations will be evaluated at quarterly intervals. This information will be confidential with the exception that it will be reported by my primary supervisor to the supervisory team. Data is collected from second and fourth quarter Competencies Evaluations and Intern Program Surveys collated by training site and by the KPNC Mental Health Training Program for the purpose of program evaluation.

My responsibilities and expectations are to:

- Spend a minimum of 19 hours per week providing direct services to patients through individual, group, or family therapy and conducting psychological assessments
- Complete required research training determined at the start of the training year
- Spend a minimum of 32 hours over the course of the training year engaged in a community partnership project
- Attend weekly didactics (at minimum 85% attendance)
- Attend all MHTP Speaker Series seminars, unless supervisor authorizes my absence
- Complete assigned readings
- Review the Evaluation of Supervisor form to understand the supervisory standards of the program and use it as a guide for discussion with my supervisors to identify my supervision and training needs
- Meet with my primary supervisor on a weekly basis to receive individual supervision and instructive feedback
- Demonstrate preparedness/receptivity for supervision
- Present challenging cases as appropriate
- Forward HealthConnect notes of all patient sessions to my primary supervisor for review in a timely manner so that they may be closed within the required 2-day window
- Maintain a log of supervisory hours (individual and group), treatment team documentation, and completed assessments
- Consistently make progress on all competency elements throughout the training year
- Demonstrate timeliness in record keeping, report writing, meetings, supervision, patient care, etc.
- Maintain professional and ethical standards, including, but not limited to, adherence to child, dependent adult, and elder abuse reporting laws, confidentiality, and respect for boundaries as outlined by KP, the BOP, the APA, and the State of California

I also understand and agree that:

- Supervisors bear liability in supervision regarding the standard of patient care/client welfare and need to have complete information from me regarding patients and files.
- In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
- In the event that my own personal process(es) do disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
- My primary supervisor will present me with formal written feedback on my performance using the Competencies Evaluation at least once per quarter and more frequently, if necessary, if a concern arises in any competency area.
- If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies, including implementing a formal remediation or corrective action plan if necessary.
- In order to complete the internship program, I must achieve a minimum of "4" (Proficient Competence) by the end of the fourth quarter for all competency elements in the Competencies Evaluation.

Intern acknowledges that, by signing this form, he/she/they understands and agrees to the above Training Agreements and Responsibilities and Expectations.

The Intern Individual Training Contract has been agreed to on this _____ day of _____ 20__.

Required Signatures:

Intern:	Date:
Primary Supervisor:	Date:
Site Training Director:	Date:

Revised 2010 from original contract created by L. Kittredge, Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology, from Falender & Shafranske, Clinical Supervision: A Competency-Based Approach. American Psychological Association, Washington, D.C., 2004, and various models posted on the APPIC Website

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN COMPETENCIES EVALUATION

[Rev NOV 2025]

Training Year/Site:	
Intern Name:	
Primary Supervisor:	
Delegated Supervisor:	
Q1 Rotation:	Dates Observed Q1:
Q2 Rotation:	Dates Observed Q2:
Q3 Rotation:	Dates Observed Q3:
Q4 Rotation:	Dates Observed Q4:

Rating	Rating Description	Supervision Structure	Rating Guideline
(N/A) <u>Not Measured</u>	The intern's performance for this competency element cannot be measured at this point in the training program. This may occur, for example, when a particular training activity takes place later in the training year.		A rating of "N/A" (Not Measured) indicates that the intern's level of competency cannot be measured at this time. The primary supervisor <u>must</u> provide a comment if "N/A" is given. This rating can only be used in the 1 st quarter or if no numerical rating has been assigned in the previous quarter.
(1) <u>Insufficient Competence</u> (Remedial Rating)	The intern is lacking experience, basic knowledge, and/or clinical skills required for internship and is performing below the expected level for an entry-level intern. Significant improvement in developmental functioning and skills acquisition is needed to meet competency expectations. <u>Formal remediation is required.</u>	Augmented supervision, schedule modification, and/or supplemental training activities are required to support the intern.	The intern is <u>NOT MEETING</u> the minimal level of competency at this point in the training program. A rating of "1" (Insufficient Competence) at any point in the training program prompts the primary supervisor to (1) initiate formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy and Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating.

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Rating	Rating Description	Supervision Structure	Rating Guideline
(2) <u>Emerging</u> Competence (Remedial Rating)	The intern is establishing a basic foundation of knowledge and clinical skills in this competency area and is not fully aware of opportunities to broaden their experience and increase their range of clinical practice.	During the first half of the training year, close, structured supervision is required. During the second half of the training year, augmented supervision, schedule modification, and/or supplemental training activities may be indicated to support the intern.	The intern is <u>NOT MEETING</u> the minimal level of competency at this point in the training program. <u>At the end of the 1st quarter</u>, a rating of “2” (Emerging Competence) prompts the primary supervisor to (1) initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy and Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating. <u>At the end of the 2nd & 3rd quarters</u>, a rating of “2” (Emerging Competence) prompts the primary supervisor to (1) initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy and Procedure Manual</i>) OR initiate formal due process procedures with a Formal Notification and Hearing (see <i>Section 6.07 of the Policy and Procedure Manual</i>) and (2) complete a narrative describing the justification behind this rating.
(3) <u>Developing</u> Competence (MLA Rating for Q1-Q3)	The intern can perform routine clinical activities with minimal structure and assistance and is developing the ability to generalize skills across a variety of clinical activities and settings.	Throughout the training year, routine supervision supports the intern’s ongoing adjustment to more diverse and complex clinical demands. Toward the end of the training year, focused supervision for novel or complex situations may be indicated to support the intern.	The intern is meeting the required <u>MINIMAL LEVEL OF ACHIEVEMENT</u> (MLA) for this competency element at the end of the <u>1st, 2nd, & 3rd quarters</u>. At the end of the 1st, 2nd, and 3rd quarters, a rating of “3” (Developing Competence) for a specific competency element serves as an ongoing training goal within supervision. <u>If at the end of the 3rd quarter</u> the intern’s rate of progress suggests that they are at risk of not meeting the expected the minimal level of achievement by the end of the 4th quarter, the supervisor may initiate Focused Competency Guidance (see <i>Section 6.06 of the Policy and Procedure Manual</i>) OR formal due process procedures with a Formal Notification and Hearing to provide additional support and monitoring (see <i>Section 6.07 of the Policy and Procedure Manual</i>).
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Rating	Rating Description	Supervision Structure	Rating Guideline
(4) Proficient Competence (MLA Rating for Q4)	The intern is exhibiting readiness for entry-level practice as defined by (1) the ability to independently function in a broad range of clinical and professional activities; (2) the ability to generalize skills and knowledge to new situations; and (3) the ability to self-assess when to seek additional training, supervision, or consultation.	Supervision for this competency element during the training year emphasizes continued refinement, integration, and consistency.	The intern is meeting the required <u>MINIMAL LEVEL OF ACHIEVEMENT</u> (MLA) for successful completion of the internship program by exhibiting readiness for entry-level, independent practice. To receive a Certificate of Completion, the intern must achieve minimum ratings of “4” for <u>ALL</u> competency elements by the end of the 4th quarter.

Profession-Wide Competencies I – IX

Profession-Wide Competency I: RESEARCH				
Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications)				
Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level				
Supervisor Comments for Research:				
Q1:				
Q2:				
Q3:				
Q4:				

Profession-Wide Competency II: ETHICAL and LEGAL STANDARDS				
Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
- Be knowledgeable of and act in accordance with each of the following: - The current version of the APA Ethical Principles of Psychologists and Code of Conduct - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels - Relevant professional standards and guidelines - The Kaiser Permanente Doctoral Internship Policy & Procedure Manual				

Recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas				
Conducts self in an ethical manner in all professional activities				
Supervisor Comments for Ethical and Legal Standards:				
Q1:				
Q2:				
Q3:				
Q4:				

Profession-Wide Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves				
Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service				
The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles				
The ability to apply a framework for working effectively with areas of individual and cultural diversity				
The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own				
Supervisor Comments for Individual and Cultural Diversity:				
Q1:				
Q2:				
Q3:				
Q4:				

Profession-Wide Competency IV: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others				
Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness				
Actively seek and demonstrate openness and responsive to feedback and supervision				
Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training				
Supervisor Comments for Professional Values, Attitudes, and Behaviors:				
Q1:				
Q2:				
Q3:				
Q4:				

Profession-Wide Competency V: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services				
Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated				
Demonstrate effective interpersonal skills and the ability to manage difficult communication well				
Supervisor Comments for Communication and Interpersonal Skills:				
Q1:				
Q2:				

Q3:
Q4:

Profession-Wide Competency VI: ASSESSMENT
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Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology				
Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)				
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process				
Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient				
Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective				
Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.				

Supervisor Comments for Assessment:
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Q1:
Q2:
Q3:
Q4:

Profession-Wide Competency VII: INTERVENTION

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
Establish and maintain effective relationships with the recipients of psychological services				

• Develop evidence-based intervention plans specific to the service delivery goals				
• Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables				
• Demonstrate the ability to apply the relevant research literature to clinical decision making				
• Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking				
• Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation				
Supervisor Comments for Intervention:				
Q1:				
Q2:				
Q3:				
Q4:				

Profession-Wide Competency VIII: SUPERVISION

Competency Elements Measured	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees				
• Apply the supervisory skill of observing in direct or simulated practice				
• Apply the supervisory skill of evaluating in direct or simulated practice				
• Apply the supervisory skills of giving guidance and feedback in direct or simulated practice				
Supervisor Comments for Supervision:				
Q1:				
Q2:				
Q3:				

Q4:

**Profession-Wide Competency IX: CONSULTATION and INTERPROFESSIONAL/
INTERDISCIPLINARY SKILLS**

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrate knowledge and respect for the roles and perspectives of other professions				
• Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior				

Supervisor Comments for Consultation and Interprofessional/Interdisciplinary Skills:

Q1:

Q2:

Q3:

Q4:

SIGNATURES

Signatures are obtained at each quarterly evaluation using the format below:

☐ This evaluation has been completed in part using direct observation per SoA II.D.1.a.iv. by the supervisor of the intern.

Intern Signature:	Date:
Primary Supervisor Signature:	Date:
Delegated Supervisor Signature:	Date:

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN

[Rev NOV 2025]

To be signed by the PRIMARY SUPERVISOR and DOCTORAL INTERN

Policy Statement:

Focused Competency Guidance is *typically* triggered when an intern receives one or more ratings of “2” (Emerging Competence) for any competency element(s) on the Competencies Evaluation (CE) at any evaluation timepoint during the training year; a rating of “2” (Emerging Competence) indicates a minor competency deficit(s) that may be easily ameliorated by added training. Focused Competency Guidance may also be initiated at any point in the quarter if competency concerns have been identified by the primary supervisor or other training faculty and it has been determined that structured support should be implemented prior to the quarterly evaluation timepoint. In some instances, Focused Competency Guidance may be initiated when an intern receives a rating of “3” (Developing Competence) on one or more competency elements at the end of the 3rd quarter and it has been determined that they are at risk of not meeting the minimal level of achievement of “4” (Proficient Competence) on those competency elements by the end of the 4th quarter.

When initiation of Focused Competency Guidance is triggered by ratings on the CE that fall below minimal levels of achievement or is an outcome of a Hearing in formal due process procedures, the site training director and primary supervisor will meet with the intern. During this meeting, the site training director and primary supervisor will present the Focused Competency Guidance Plan below, identifying the competency element(s) to be targeted and the recommended remedial actions. The remediation plan will include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. This remediation plan must be signed and dated by the primary supervisor and the intern during the initial and follow-up meetings with a copy provided to the intern. A copy of the remediation plan will also be placed in the intern's training file.

The intern 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 intern's supervised hours may not be counted (i.e., will be found to be unsatisfactory) from the date of the commencement of this remediation plan.

**Competency Evaluation Quarter and
Training Year, and Plan Initiation Date:**

Doctoral Intern Name (print):

Primary Supervisor Name (print):

Statement of Plan Completion:

On _____ (date), _____ (intern name) successfully completed the Focused Competency Guidance Plan and is now meeting doctoral internship program minimum levels of achievement.

Primary Supervisor Name (signature)

Date

FOCUSED COMPETENCY GUIDANCE PLAN**Page 2 of 2**

A. Competency issues discussed during Informal Discussions or recorded on the CE	B. Recommended remedial actions	C. Reassessment status of actions/competency

Timeline/ Date of Next Assessment	Doctoral Intern Signature & Date	Primary Supervisor Signature & Date
Initial Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:
Reassessment Meeting	Signature:	Signature:
	Date:	Date:

Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN REMEDIATION: PROBATION PLAN

[Rev NOV 2025]

To be signed by the SITE TRAINING DIRECTOR, PRIMARY SUPERVISOR, and DOCTORAL INTERN

Policy Statement:

Probation is *typically* triggered as an Outcome of a Hearing in formal due process procedures when an intern receives one or more rating(s) of “1” (Insufficient Competence) for any competency element(s) on the Competencies Evaluation at any evaluation timepoint as a result of serious competency, performance, and/or conduct problems; a rating of “1” (Insufficient Competence) indicates a major competency deficit requiring formal remediation. In some instances, Probation is triggered as an Outcome of a Hearing upon identification of major competency deficits due to one or more rating(s) of “2” (Emerging Competence) at the end of the 2nd or 3rd quarters or one or more rating(s) of “3” (Developing Competence) at the end of the 3rd quarter, depending on the competency element or number of elements needing improvement. Probation may also be implemented when an intern fails to achieve timely and/or sustained improvement after initiation of a formal Focused Competency Guidance Plan.

To initiate Probation, the site training director and primary supervisor, with input from other training faculty, the department manager, and an HR consultant, present the intern with a **Letter of Warning**. The site training director and the primary supervisor will also present the intern with the Probation Plan below, which includes a recording of competency concern(s) and recommended remedial actions. After the remediation plan is signed by all parties, copies will be provided to the intern and the intern’s graduate school, and a copy will be placed in the intern’s training file.

Within the timeframe outlined in the Probation Plan, the intern’s primary and secondary supervisors will evaluate the intern’s progress and document their findings in the outcomes section of this form. If insufficient progress has been made at the end of the probationary period, the site training director and department manager, in consultation with the intern’s supervisors and HR administration, may extend the Probation or may Suspend the intern.

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

**Competency Evaluation Quarter and
Training Year, and Plan Initiation Date:**

Doctoral Intern Name (print):

Primary Supervisor Name (print):

Site Training Director Name (print):

Statement of Plan Completion:

On _____ (date), _____ (intern name) successfully completed the Probation Plan and is now meeting doctoral internship program minimum levels of achievement.

Training Director Name (signature)

Date

Primary Supervisor Name (signature)

Date

Component of Probation Plan	Outcome
1. Description of intern's competency deficit(s), performance issue(s), and/or conduct concern(s):	
2. Identification of targeted competency area(s)/competency element(s):	

Component of Probation Plan (cont'd)	Outcome
3. Outline of measures to be undertaken to remediate intern's unmet competency expectation(s), performance issue(s), and/or conduct concern(s) including but not limited to: schedule modification; provision of opportunities for the intern to receive additional supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources:	
4. Expectations for successful outcome:	

Component of Probation Plan (cont'd)	Outcome
5. Consequences for unsuccessful outcome (which may include initiation of Suspension):	
6. Timeline for completion:	

Appendix F



The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A DOCTORAL INTERN IN CLINICAL PSYCHOLOGY

[Rev JUL 2020]

This is to inform you that the mental health treatment services you are receiving are provided by an unlicensed Doctoral Intern in Clinical Psychology.

Intern Name: _____, MA/MS
Intern Contact #: _____
Doctoral Internship Completion Date: _____

This intern 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 Mental Health,
Kaiser Permanente Medical Group, Inc.

Appendix G



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:		Date:
Medical Record Number:		
Signature of Responsible Party:		Date:
Relationship to Patient (Parent, Guardian, Conservator):		
Name of Evaluator:	Training Program Completion Date:	

Adapted Aug 2020 from Confidentiality and Consent to Participate in Neuropsychological Services 09605-219 (12-10)

Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

Seminar Evaluation

Title of Seminar:	
Date:	Instructor(s):

Please use the following key to answer questions 1-10:

Absolutely – 5 Somewhat – 4 Uncertain – 3 Probably Not – 2 Absolutely Not – 1

1. Was seminar consistent with its objective and title?	
2. Was seminar appropriately challenging?	
3. Did seminar expand your knowledge in this topic?	
4. Was the seminar taught at the promised level?	
5. Were cultural and diversity issues integrated into the presentation?	
6. Was material relevant to Mental Health professional activities?	
7. Was/were instructor(s) well-informed on the subject matter?	
8. Was/were instructor(s) well prepared?	
9. Was/were instructor(s) attentive to questions?	
10. Would you attend another seminar given by this/these instructor(s)?	

11. How would you rate the overall value of the program (select one): ☐ Excellent ☐ Good ☐ Fair ☐ Poor
12. Please list two insights you have gained from this seminar:
13. Do you have any suggestions for future seminar topics?
14. Additional comments are welcome:

Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN EVALUATION OF SUPERVISOR

[Rev JUL 2024]

Training Site:		Date Completed:							
Intern Name:		Team:							
Evaluation Period:	☐ 1 st Qtr	☐ 2 nd Qtr	☐ 3 rd Qtr	☐ 4 th Qtr	☐ Mid-Year	☐ End-of-Year			
Supervisor Name:		Supervisor's Status:	☐ Primary			☐ Delegated	☐ Group		
If Group Supervisor, please indicate group:	☐ Case Conference						☐ Assessment	☐ Program Evaluation/Research	☐ Supervision

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 improvement.

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

Rating	Level of Satisfaction
1	Does Not Meet My Expectations
2	Needs Improvement
3	Meets My Expectations
4	Exceeds 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 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/them and the content of our meetings

Supervisor's Style of Supervision

Makes supervision a collaborative process

Balances instruction with exploration; sensitive to my style and needs

Encourages me to question, challenge, or doubt my 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 over the year from advisory to consultative to collegial

Supervisor Models Professional Behavior

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

Impact of Supervisor

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

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

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.

Appendix J

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN PROGRAM SURVEY

[Rev JUL 2024]

Internship Year:	Check One:	☐ Mid-Year
Training Site:		☐ End-of-Year
Consortium (if applicable):	Date:	

EVALUATION INSTRUCTIONS:

This form is designed to allow the intern to evaluate the program over a range of professional domains using the rating scale below.

1*	Inadequate	Program never meets my expectations*
2*	Needs Improvement	Program sometimes meets my expectations*
3	Meets Expectations	Program consistently meets my expectations
4	Exceeds Expectations	Program consistently exceeds my expectations
N/A	Not Applicable	This competency is not able to be rated at this point in the training year

**Please provide explanation for these ratings*

SEMINARS AND SUPERVISION		Ratings
1.	How would you rate the quality of the weekly didactics?	
2.	How would you rate the quality of the MHTP Speaker Series seminars? (do not include your ratings of the Diversity Forums in your response; they are rated after each Forum presentation)	
3.	How would you rate the quality of your individual primary supervision?	
4.	How would you rate the quality of your delegated (secondary) supervision?	
5.	How would you rate the quality of your group supervision (case conference only)?	
6.	How would you rate the quality of your group supervision (professional development seminar only; may not pertain to all sites)?	
7.	How would you rate the quality of the overall training you have received during your internship year?	
8.	How would you rate the quality of the resources available to you, such as the web-based Clinical Library, Best Practices models, and availability of senior staff members?	
9.	Was your training graduated in complexity during the training year?	
10.	Did you feel welcomed and treated with respect by the professional staff at your training site during the training year?	

Profession-Wide Competency I: RESEARCH

Competency Elements Measured	Ratings
I have been given the opportunity to critically evaluate and disseminate research or other scholarly activities (e.g., case, conference, presentation, publications) at the local (including host institution), regional or national level	

Profession-Wide Competency II: ETHICAL and LEGAL STANDARDS

Competency Elements Measured	Ratings
• The program emphasizes the application of ethical and legal standards to the practice of psychology, including the APA Ethical Principles of Psychology and Code of Conduct and federal and state laws and regulations	
• I have been given the opportunity to apply ethical decision-making processes to resolve ethical dilemmas	
• I have been supported to conduct myself in an ethical manner in all professional activities	

Profession-Wide Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	Ratings
• I have been encouraged to self-monitor and apply knowledge of diversity in all professional activities, including research, supervision, consultation, and patient care	

Profession-Wide Competency IV: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	Ratings
• I have been supported to behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others	
• I have been encouraged to engage in self-reflection of my personal and professional functioning and engage in activities to maintain and improve my performance, wellbeing, and professional effectiveness	
• I have been supported to seek and demonstrate openness and responsiveness to feedback and supervision	
• I have been encouraged to independently respond professionally in increasingly complex situations	

Profession-Wide Competency V: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	Ratings
• I have been supported and encouraged to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and patients	
• I have been encouraged to produce, comprehend, and engage in communications that are professional, informative, and well-integrated	
• I have been encouraged to develop skills to manage difficult communications well	

Profession-Wide Competency VI: ASSESSMENT

Competency Elements Measured	Ratings
• I have been given the opportunity to demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
• I have been given the opportunity to demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural)	
• I have been given the opportunity to apply knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process	
• I have been given the opportunity to select and apply assessment methods that draw from the best available empirical literature and collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	

I have been given the opportunity to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing aspects of assessment that are subject from those that are subjective	
I have been given the opportunity to communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	

Profession-Wide Competency VII: INTERVENTION

Competency Elements Measured	Ratings
I have been given the opportunity to establish and maintain effective relationships with patients	
I have been given the opportunity to develop evidence-based intervention plans specific to the service delivery goals	
I have been given the opportunity to implement interventions informed by current scientific literature, assessment findings, diversity characteristics and contextual variables	
I have been given the opportunity to apply relevant research literature to clinical decision-making	
I have been given the opportunity to modify and adapt evidence-based approaches effectively when a clear evidence base is lacking	
I have been given the opportunity to evaluate the effectiveness of and adapt intervention goals consistent with ongoing evaluation	

Profession-Wide Competency VIII: SUPERVISION

Competency Elements Measured	Ratings
I have been given the opportunity to apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals	
I have been given the opportunity to apply the supervisory skills of observing, evaluating, and giving feedback in direct or simulated practice	

Profession-Wide Competency IX: CONSULTATION and INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

Competency Elements Measured	Ratings
I have been given the opportunity to apply knowledge of consultation models and practices, in director or simulated consultation, with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior	

PLEASE INCLUDE ANY ADDITIONAL **COMMENTS** BELOW – THANK YOU

Appendix K

**KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY
POST-PSYCHOLOGY DOCTORAL INTERNSHIP EXPERIENCE SURVEY**
[Rev JUL 2026]

The "Post-Psychology Doctoral Internship Experience Survey" is a questionnaire that the Northern California Kaiser Permanente Doctoral Internship Programs in Clinical Psychology send out each year to past program participants. It is designed to provide the programs with information on participants' experiences after they have finished the program, and feedback as to how well the program met its goals in preparing interns for their careers.

Your information is important to us for the following reasons:

- 1) It provides us with valuable outcome data by which to gauge the efficacy of the program.
- 2) It provides you with the opportunity to communicate with us about your career.

The minimum completion time for the questionnaire is approximately 15 minutes. We greatly appreciate your time and attention to this task!

I. PAST PARTICIPANT INFORMATION

1. Intern name: _____
2. Date: _____
3. Current address: _____

4. Phone number: _____
5. Email address: _____
6. Year of doctoral degree: _____
7. Training year: _____
8. KPNC training site: _____

9. Initial post-doctoral internship employment setting (check one):

- | | |
|--|---|
| 1. ☐ Community Mental Health Center | 11. ☐ Community college/other teaching setting |
| 2. ☐ Federally qualified health center | 12. ☐ Independent research institution |
| 3. ☐ Independent primary care facility/clinic | 13. ☐ Correctional facility |
| 4. ☐ University counseling center | 14. ☐ School district/system |
| 5. ☐ Veterans Affairs medical center | 15. ☐ Independent practice setting |
| 6. ☐ Military health center | 16. ☐ Not currently employed |
| 7. ☐ Academic health center | 17. ☐ Changed to another field |
| 8. ☐ Other medical center of hospital | 18. ☐ Other (please specify): _____ |
| 9. ☐ Psychiatric hospital | |
| 10. ☐ Academic university/department | |

10. Initial job title and employer:

11. Current employment setting (check one):

- | | |
|--|---|
| 1. ☐ Community Mental Health Center | 11. ☐ Community college/other teaching setting |
| 2. ☐ Federally qualified health center | 12. ☐ Independent research institution |
| 3. ☐ Independent primary care facility/clinic | 13. ☐ Correctional facility |
| 4. ☐ University counseling center | 14. ☐ School district/system |
| 5. ☐ Veterans Affairs medical center | 15. ☐ Independent practice setting |
| 6. ☐ Military health center | 16. ☐ Not currently employed |
| 7. ☐ Academic health center | 17. ☐ Changed to another field |
| 8. ☐ Other medical center of hospital | 18. ☐ Other (please specify): |
| 9. ☐ Psychiatric hospital | |
| 10. ☐ Academic university/department | |

12. Current job title and employer:

13. If you are currently employed in more than one setting, please provide the name(s) and locations of additional employer(s):

14. Other current job title(s):

15. Licensure:

16. Licensed in state(s)/province(s):

17. Primary licensure in state/province:

18. Check all that apply to your specialty/professional status:

- | | |
|---|---|
| 1. ☐ Currently Listed in National Register of Health Service Providers in Psychology | |
| 2. ☐ Currently Listed in Canadian Register of Health Service Providers in Psychology | |
| 3. ☐ Internship in Professional Scientific Psychology | |
| 4. ☐ American Board of Professional Psychology (ABPP): | |
| 4a. ☐ ABPP Child and Adolescent | 4h. ☐ ABPP Forensic |
| 4b. ☐ ABPP Cognitive and Behavioral | 4i. ☐ ABPP Group |
| 4c. ☐ ABPP Couple and Family | 4j. ☐ ABPP Organization & Business |
| 4d. ☐ ABPP Clinical Health | 4k. ☐ ABPP Psychoanalysis |
| 4e. ☐ ABPP Clinical Neuropsychology | 4l. ☐ ABPP Rehabilitation |
| 4f. ☐ ABPP Counseling | 4m. ☐ ABPP School |
| 4g. ☐ ABPP Clinical | |
| 5. ☐ American Board of Psychological Hypnosis (ABPH): | |
| 5a. ☐ ABPH Clinical Hypnosis | 5b. ☐ ABPH Experimental Hypnosis |
| 6. ☐ None of the above | |

19. Other professional achievements (e.g., diplomate, publications, presentations, research, etc.):

20. Additional Activities:

21. Current Resume: Please feel free to email your current resume to the address(es) shown on page 6 of this survey.

II. PROGRAM OUTCOMES INFORMATION: Profession-Wide Competencies

We are interested in knowing how well your psychology doctoral internship year prepared you for your professional career, and how well the program met its aims for you. The following survey lists the program's goals and their corresponding competency elements and asks you to rate the elements in terms of your experience. Please feel free to make any additional comments in the space provided.

Please preface each competency element with the phrase, "My psychology internship prepared me to:"

Rating Scale	
1	Not at All Prepared
2	Somewhat Prepared
3	Adequately Prepared
4	Very Prepared

<i>Profession-Wide Competency I: RESEARCH</i>	
Competency Elements Measured	Ratings
Evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications)	
Disseminate scholarly activities the local, regional, or national level	

Profession-Wide Competency II: ETHICAL and LEGAL STANDARDS

Competency Elements Measured	Ratings
• Be knowledgeable of and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct and all relevant local, state, and federal laws, rules and regulations governing health service psychology	
• Apply ethical decision-making processes to resolve ethical dilemmas	
• Conduct myself in an ethical manner in all professional activities	

Profession-Wide Competency III: INDIVIDUAL and CULTURAL DIVERSITY

Competency Elements Measured	Ratings
• Understand how my own personal/cultural history, attitudes and biases affect my understanding and interaction with people different from me	
• Be knowledgeable of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities	
• Integrate awareness and knowledge of individual and cultural diversity in the conduct of my professional roles	
• Work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with my own	

Profession-Wide Competency IV: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS

Competency Elements Measured	Ratings
• Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, department, professional identity, accountability, lifelong learning, and concern for the welfare of others	
• Engage in self-reflection of my personal and professional functioning and engage in activities to maintain and improve my performance, wellbeing, and professional effectiveness	

Profession-Wide Competency V: COMMUNICATION and INTERPERSONAL SKILLS

Competency Elements Measured	Ratings
• Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisees, and those receiving professional services	

Profession-Wide Competency VI: ASSESSMENT

Competency Elements Measured	Ratings
• Be knowledgeable of current diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology	
• Demonstrate knowledge of human behavior within its context (e.g., family, social, societal, and cultural)	
• Apply knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process	

• Select and apply assessment methods that draw from the best available empirical literature and collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient	
• Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing aspects of assessment that are subject from those that are subjective	
• Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences	

Profession-Wide Competency VII: INTERVENTION

Competency Elements Measured	Ratings
• Establish and maintain effective relationships with patients	
• Develop evidence-based intervention plans specific to the service delivery goals	
• Implement interventions informed by current scientific literature, assessment findings, diversity characteristics and contextual variables	
• Apply relevant research literature to clinical decision-making	
• Modify and adapt evidence-based approaches effectively when a clear evidence base is lacking	
• Evaluate the effectiveness of and adapt intervention goals consistent with ongoing evaluation	

Profession-Wide Competency VIII: SUPERVISION

Competency Elements Measured	Ratings
• Apply knowledge and training I received in supervision during internship to my current duties as a psychologist and engage in supervisory duties in my current role	
• Apply the supervisory skills of observing, evaluating, and giving feedback in my current role as a licensed psychologist	

Profession-Wide Competency IX: CONSULTATION and INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS

Competency Elements Measured	Ratings
• Respect the roles and perspective of other professions	
• Knowledgeably consult with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior	

ADDITIONAL INFORMATION/COMMENTS:

Should you wish to contact the training program directly, please feel free to call or email the following:

Kathryn Wetzler, PsyD, KPNC Director of Mental Health Training
707-645-2306
Kathryn.Wetzler@kp.org

Jennifer Thom, PhD, Assistant KPNC Director of Mental Health Training
707-415-9351
Jennifer.C.Thom@kp.org

Supria Gill, PhD, Assistant KPNC Director of Mental Health Training
707-624-2794
Supria.K.Gill@kp.org

Debbie Ortiz, Operations Specialist
Debbie.L.Ortiz@kp.org

Appendix L

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY GENERIC LETTER OF COMPLETION

{to be printed on Letterhead of KP department/medical center that includes address}

_____ [date]

Dear _____ [full name of intern]:

Congratulations on your successful completion of 2000 hours of supervised training at Kaiser Permanente _____ [program name] at _____, California [location]. This letter is to certify that you have completed all of the requirements of the training program and that you are considered to be in good standing in the program.

{Choose and modify one of the following two sentences, which you can then place as the last sentence of the above paragraph}

You effectively completed your training on the _____ Team, which included general clinic duties pertaining to that team. For your community partnership project, you completed _____ hours engaged in _____ [project description, including name and location of agency(cies) they worked with].

{OR}

In addition to completing general clinic duties on the _____ Team, you also completed (a) rotation(s) in _____ [Intensive Outpatient Program; Emergency Department; Behavioral Medicine; Addiction Medicine & Recovery Services; Eating Disorders; etc.]. For your community partnership project, you completed _____ hours engaged in _____ [project description, including name and location of agency(cies) they worked with].

It has been a sincere pleasure having you in our program. We wish you all the best in your future endeavors.

Sincerely,

_____ [Signature of Training Director]
[Name of Training Director]
[Title of Training Director (e.g., Director of Training)]
[Name and Location of Training Program]

Appendix M



Mental Health Training Program
Northern California

DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

BUSINESS PLAN APPLICATION FOR CREATING A NEW OR EXPANDING AN EXISTING MENTAL HEALTH TRAINING PROGRAM: PSYCHOLOGY DOCTORAL INTERNSHIP

Email completed application to: Kathryn.Wetzler@kp.org

Requestor Information	
Requestor Name:	
Requestor Email Address:	
Requestor Phone:	
Department and Location of new/existing Training Program:	
Address of Training Location:	

Program Recruitment and Retention of Interns	
Please provide a description of your recruitment strategy for hiring and retention of diverse interns:	

Timeline for Recruitment			
Positions open in APPA CAS (AAPI Application)	Application Deadline <i>November 1st</i>	Interview Period <i>January</i>	First Date for Hiring <i>End of February (check for actual date on National Matching Services)</i>

Individual and Group Supervision of Interns		
Individual Supervision: each intern must have one primary and one delegated supervisor assigned to them, for a total of 2 hours per week		
Supervisor Name and Credentials	Supervisor Skills, Knowledge, and Attitudes	How Supervisor Plans to Remain Current with Changes in the Field
Back-Up Supervision Policy: Please provide an outline of your backup supervision policy, to be initiated when a primary and/or delegated supervisor is not available		
Group Supervision: each intern must have 2 hours of group supervision each week		
Please provide an outline of the structure and content of group supervision		

Program Curriculum
Community Partnership Projects (32 hours per year): Please attach an outline of proposed community partnership projects that each intern will be participating in for a mandatory 32 hours over the course of the training year.

Program Administration	
Please provide a description of how your management plans to support the training program:	
Please provide a description of how you will ensure that all training faculty have read and are aware of the Policy and Procedure Manual and are familiar with the Mental Health Training Program website:	
Acknowledgement that program will submit a list to the KPNC Director Mental Health Training of candidates to be interviewed for the Training Director position:	(signature of Requestor)
Acknowledgment that Training Director (for existing programs that are expanding) will commit to attending region-wide meetings:	(signature of Requestor)

Additional Information Provided by Requestor (Optional)

Appendix N

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

GENERIC WELCOME LETTER

[Rev JUL 2026]

Dear _____,

We are pleased to welcome you to the Doctoral Internship Training Program in the Department of Mental Health at Kaiser Permanente, _____. We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ and reporting to _____
(Training Director) and _____ (Department Manager).

Internship Term: _____

Total Hours: You will be scheduled to work 40 hours per week. Upon successful completion of the internship program, you will be certified 2080 hours of supervised clinical activity. Your schedule will include some morning and some evening hours. It is expected that you will work all of your hours.

Contingent Offer Letter: You will be receiving a Contingent Offer Letter from our Human Resources Talent Acquisition Department that outlines employment contingencies and pay.

California Board of Psychology Requirements: On the first day of your internship, you and your primary supervisor must complete, sign, and date a Supervision Agreement. *Failure to do so will result in the loss of any supervised hours completed before the form was filled out and, consequently, a reduction of the total number of hours that can be verified by the BOP.* You can find the Supervision Agreement on the California Board of Psychology website https://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf

Throughout the training year, you must keep a record of your Supervised Professional Experience (SPE). You can find a form to keep a record of your SPE on the California Board of Psychology (BOP) website: https://www.psychology.ca.gov/forms_pubs/weekly_log.pdf

You will be contacted by your training director prior to the beginning of the training year to develop your training schedule. You should anticipate a very intense and fast-paced year of training.

Please sign and return this welcome letter, and the attached Values Statement, to your training director by fax at _____ or email at _____.

Intern Signature:	Date:
Training Director's Signature:	Date:

Appendix O



Mental Health Training Program
Northern California

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). 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 practicums) 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, Principal 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 P

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

SUPPLEMENT TO CALIFORNIA BOARD OF PSYCHOLOGY SUPERVISION AGREEMENT FORM

[Rev NOV 2025]

- 1) *Describe the specific duties the trainee will perform as they engage in psychological activities that directly serve to prepare the supervisee for the independent practice of psychology once licensed.***

Doctoral interns at KPNC perform the following duties under supervision:

- Provide assessment and psychotherapy to adults, adolescents, children and/or families in a brief therapy model
- Conduct intake evaluations
- Co-facilitate psychoeducational groups
- Complete research training
- Provide phone triage, hospital consultation, crisis intervention and urgent services as needed
- Administer and interpret psychological tests, and write reports
- Participate in both region-wide and local training seminars
- Participate in departmental administrative and educational meetings
- Comply with Kaiser Permanente regional and local policies and procedures
- Comply with APA's Code of Ethics and state and federal laws pertaining to the delivery of mental health services
- Maintain professional and ethical standards including, but not limited to, adherence to child, dependent adult, and elder abuse reporting laws, confidentiality of protected health information, and respect for interpersonal boundaries
- Demonstrate preparedness/receptivity for supervision and present patient cases
- Model professional behavior by timeliness of record keeping, charting patient therapy sessions, report writing, meetings, supervision, patient appointments, etc.
- Attend to diversity issues and one's own values, belief systems, and biases as they may impact patient care

The doctoral internship program is sequential, cumulative, and graduated in complexity. The sequential aspects are achieved through supervision, evaluation, didactic seminars, case conferences, and provision of direct care. Interns' caseloads are significantly lighter than those of staff psychologists. Interns are scheduled for a minimum of 19 clinical hours per week, whereas full-time staff psychologists are expected to devote 30-32 clinical hours to direct patient care.

At the beginning of the training year, each intern meets with their supervisors to determine strengths, challenges, and interests by completing a Baseline Assessment of clinical competencies, which is a prerequisite for individualizing the intern's training goals for the year. This assessment is modeled after the Competencies Evaluation, the program's formal tool for assessing interns' progress in achieving the program's aims and objectives (see # 2 below).

The program has refined its seminar offerings based on yearly feedback from interns. All topics are designed to provide high-quality learning experiences and cover important clinical issues that interns

face in their practice. Didactic seminars are organized and coordinated by the KPNC Mental Health Training Program and increase in complexity; general overview seminars are offered in the beginning of the year, while more specialized trainings are offered at the end of the year. Toward the end of the year, seminars are also focused on clinical practice choices. The MHTP Speaker Series seminars focus on keeping psychologists up to date on important issues such as ethics, outcomes management, evidence-based practice, supervision, the adaptation of neuroscience to psychotherapy, etc. Interns also have the opportunity to engage in professional enrichment forums focusing on licensure preparation, which are hosted by the KPNC Mental Health Training Program. Aside from formally organized activities offered by the training program, interns are encouraged to enroll in license preparation classes, for which they are eligible to be reimbursed by KPNC.

Interns undertake a research training project during the training year and coordinate with their training director to schedule a presentation of their results at local clinic meetings or within KPNC Mental Health Training Program region-wide meetings.

2) Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.

DOCTORAL INTERNSHIP PROFESSION-WIDE COMPETENCIES

I. Research

Competency Elements Measured:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications)
- Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level

II. Ethical and Legal Standards

Competency Elements Measured:

- Be knowledgeable of and act in accordance with each of the following:
 - The current version of the APA Ethical Principles of Psychologists and Code of Conduct
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels
 - Relevant professional standards and guidelines
- Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas
- Conducts self in an ethical manner in all professional activities

III. Individual and Cultural Diversity

Competency Elements Measured:

- An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves by individual and cultural diversity in assessment, treatment, research, consultation, and supervision
- Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service
- The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles
- The ability to apply a framework for working effectively with areas of individual and cultural diversity
- The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own

IV. Professional Values, Attitudes, and Behaviors

Competency Elements Measured:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
- Actively seek and demonstrate openness and responsive to feedback and supervision
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training

V. Communication and Interpersonal Skills

Competency Elements Measured:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well

VI. Assessment

Competency Elements Measured:

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

VII. Intervention

Competency Elements Measured:

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

VIII. Supervision

Competency Elements Measured:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees
- Apply the supervisory skill of observing in direct or simulated practice
- Apply the supervisory skill of evaluating in direct or simulated practice
- Apply the supervisory skills of giving guidance and feedback in direct or simulated practice

IX. Consultation and Interdisciplinary Skills

Competency Elements Measured:

- Demonstrate knowledge and respect for the roles and perspectives of other professions
- Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior

Psychology interns are provided with many opportunities, formal and informal, for socialization. They regularly meet with various mental health staff and take active roles in team meetings, department staff meetings, CME's, social gatherings, as well as during supervision, service delivery, and seminars.

Interns are encouraged to meet with available non-supervising staff for consultation. This includes department professionals, such as psychologists, psychiatrists, psychiatric nurses, staff social workers, and MFTs as well as the interns' individual supervisors. At the training site, interns interact with their cohort informally on a daily basis and more formally at the weekly training seminars.

Mentoring is an integral part of the supervision process as cases are discussed and professional issues are explored. For example, at the beginning of each training year, interns observe their supervisors and

other staff psychologists conducting intake evaluations, therapy sessions, and group treatment programs. Interns continue to have opportunities throughout the training year to provide co-therapy with their supervisors, other staff psychologists, and with members of their training cohort.

The program's interns have opportunities to interact with the other interns in their Northern California regional cohort during weekly didactic seminars. Frequently, the MHTP Speaker Series presenters invite interns to email or call them with further questions, thus broadening interns' access to professional networking in the Northern California region. In addition, interns are continually connected via organization-wide chat applications and social networking, where they often take advantage of the opportunities to update each other on projects and compare notes regarding training experiences.

Interns exchange information on a variety of topics that are relevant to them including, but not limited to, wellness and work environment, preparing for the EPPP and CPLEE, and career development. Together, they generate new ideas which they communicate to their supervisors and site training director.

Each intern receives a minimum of 2 hours per week of individual supervision. The intern meets individually with his/her primary supervisor for at least 1 hour per week, and with their delegated supervisor for 1 hour per week, to discuss cases. Supervisors are also responsible for reviewing, critiquing, and electronically signing all patient session notes that interns have entered into the electronic medical record.

All interns participate weekly in a minimum of 2 hours of group supervision, with a partial focus on how best to provide direct patient care within the context of an HMO setting. The group supervision sessions also provide a place for the intern to present cases in a formal manner. Interns may also periodically present Best Practices literature reviews. Furthermore, all interns receive supervision on psychological testing cases.

All interns attend didactic trainings for 2 hours per week, which focus on aspects of clinical practice that the interns may not regularly encounter. It is important to note that diversity issues are always integrated into didactic seminars; without continual attention to diversity issues, risks emerge for the over-pathologizing and mistreatment of healthy cultural expressions of psychological distress.

3) *Describe how and when the supervisor will provide periodic assessments and feedback to the trainee as to whether or not he/she/they is performing as expected.*

In order to ensure that interns meet all of the program's goals and requirements, each intern is formally evaluated by their primary supervisor at least once per quarter (and more frequently if a competency concern arises) using the Competencies Evaluation (CE). The CE learning objectives are noted in #2 above. The primary supervisor rates the intern on all competency elements measured, which are listed under each of the specific competencies on the CE. For any competency element in which an intern is rated less than a "3" (Developing Competence), the primary supervisor must provide a narrative explanation. In addition, ratings of "1" (Insufficient Competence) or "2" (Emerging Competence) on any competency element on the CE will trigger remedial and possibly corrective action. An intern performing at level "4" (Proficient Competence) at the end of the training year has met the competency requirements for entry-level, independent practice in the profession.

Apart from the formal quarterly review meetings, the primary and delegated supervisors provide the intern with information regarding their progress during regularly scheduled individual supervision meetings. If a concern arises regarding an intern's behavior or performance, the primary supervisor will provide such feedback during these meetings, enabling the intern to focus attention on the specified area(s) of concern.

Each intern evaluates the training program at mid-year and at the end of the training year via a confidential online survey. This survey allows the intern to assess their own experience of the program by the same parameters that are used in the CE. The data from this survey, along with the CE ratings, provides valuable feedback to the internship program and is used to make modifications to program procedures.

Appendix Q



Mental Health Training Program
Northern California

Mental Health Training Program Exit Interview Questions (optional)

Trainee Name: _____ Site/Affiliated Medical Center: _____

Please take a few moments to provide your valuable feedback to any or all the questions listed below:

What were your favorite parts of the training experience?

What were some of the biggest challenges you faced during your training year?

What are you most looking forward to in your new role/where you're going next?

Did you feel adequately supported, respected, and recognized in your role as part of the team this year?

Did you feel like you had the tools, resources, and working conditions necessary to be successful in your job? If not, what could be improved?

Was your training experience consistent with your expectations from when you interviewed and accepted the offer? If not, what changed?

Would you recommend training at our program to a peer? Why or why not?

Please tell us any areas you see for improvement in the training program: