

Policy and Procedure Manual

Psychology Practicum Externship Programs

2026-2027

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PSYCHOLOGY PRACTICUM EXTERNSHIP PROGRAMS POLICY AND PROCEDURE MANUAL

1. PRACTICUM EXTERNSHIP PROGRAM OVERVIEW

The Psychology Practicum Externships are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The programs are comprised of 13 training sites located within the Northern California region. These part-time positions (12 to 24 hours/week) begin toward the end of August and are designed to be completed in 12 months. KPNC psychology practicum externs who complete an 8-month minimum training time commitment are awarded an annual stipend for their service provision.

This manual provides the policies and procedures that are applicable to all externs 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 contains information such as the history of our programs, descriptions of individual training sites and their respective training rotations offered, training faculty profiles, and stipend information.

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 Practicum Externship Programs’ mission statement declares a commitment “to training graduate students within an integrated healthcare system, in order to prepare them for dynamic roles as practicing psychologists in the healthcare system of the future.”

1.02 Program Admission Requirements and Procedures

KPNC training directors work with the graduate schools’ field placement coordinators to recruit appropriate candidates. KPNC training programs encourage applications from individuals who indicate that they come from diverse, underserved, or disadvantaged backgrounds. All applicants who meet general criteria for the externship programs are included in the selection pool.

Psychology practicum externs must be enrolled in a Ph.D., Psy.D., or Ed.D. program accredited

by the American Psychological Association. Applicants in their third, fourth, or fifth year of graduate studies must present with prior experience conducting outpatient psychotherapy in their school's onsite clinic or in a mental health agency or hospital setting. Applicants for neuropsychology practicum externships must have completed, or be concurrently enrolled in, neuropsychology coursework by the practicum's start date.

Applications are reviewed by the training faculty in the order received, and qualified candidates are identified and invited for interview. Interviews take place in early spring, and all applicants to the KPNC Practicum Externship Programs are required to participate in the Bay Area Practicum Information Collaborative (BAPIC) electronic matching process.

KPNC Practicum Externship Programs that have a dedicated training agreement with a specific graduate school to provide practicum training for second year graduate students do not use an application process for extern selection; the extern selection process for these dedicated training programs is managed solely by the Director of Clinical Training of the graduate school.

To ensure the safety of patients, compliance with organizational standards, and readiness of all KPNC practicum externs, specific pre-onboarding requirements must be satisfied. Prior to the beginning of the training year, training directors are responsible for ensuring that all externs complete the full Kaiser Permanente NCAL pre-onboarding process and receive official clearance before participating in any program-related activities. Under no circumstances may an extern begin orientation, onboarding, shadowing, clinical work, or any other program responsibilities before official clearance is granted.

1.03 Ending Program Prior to the End of Contracted Training Year

Externs may need to leave the externship training program early due to the start date of their doctoral internship. Any anticipation of leaving the program prior to the end of the contracted training year must consider patient care needs and appropriate timelines for transferring care and be in accordance with any existing graduate institution guidelines. For this reason, externs must provide training directors with an anticipated date for their last day of training with a minimum of four (4) weeks' notice.

2. PROGRAM CURRICULUM

2.01 Training Schedule Overview

In creating a schedule for the extern, the training director works closely with the extern and departmental staff. Major and minor rotations include Outpatient Mental Health, the Intensive Outpatient Program (IOP), the Eating Disorders team, the Emergency Department, Addiction Medicine & Recovery Services (AMRS), and Behavioral Medicine Services. Neuropsychology externs are not assigned to major or minor rotations given the demands of their subspecialty focus.

Requirements vary across departments; however, externs are not typically scheduled to work at night or on the weekends. Exceptions can be made if the extern prefers to work outside of normal business hours, if appropriate supervision is available, and if the rotation is in keeping with a specific training goal. For example, AMRS rotations may offer weekend training hours, but in no case shall an extern be scheduled to work more than the weekly hours agreed upon by the training director and the extern's graduate school. Externs are expected to be present and available during all scheduled hours.

Direct patient services provided by externs may include, but are not limited to, intake evaluations, individual and family psychotherapy, co-facilitation of psychoeducation and treatment groups, behavioral health consultation services, and psychological/neuropsychological assessment. The remaining training time is spent in activities such as weekly individual and group supervision and didactic seminars. Externs may also receive supplemental, tiered, individual supervision support from psychology postdoctoral residents or psychology doctoral interns, who are themselves under the supervision of licensed psychologists.

Didactic seminars are organized by the KPNC Mental Health Training Programs, take place weekly, and are 1 hour in duration. As their academic and training schedule permits, externs are also invited to attend the Mental Health Training Program (MHTP) Speaker Series seminars, which features expert clinicians providing advanced-level training on a specific topic. Current seminar schedules and a list of speakers and topics can be found on the KPNC Mental Health Training Programs website. Individual training programs may have additional specialty training seminars with participation at the training director's discretion. For externs whose training agreements include psychological testing, an additional 1-hour MHTP assessment-focused didactic is provided twice per month to supplement training in this competency.

Externs' weekly schedules vary depending on the training agreement with their graduate schools, which may or may not include training in psychological assessment. Due to variations in practicum training agreements, the typical number of training hours in externs' schedules in their third, fourth, and fifth years can range from 18 to 24 hours per week. In addition to the direct patient services described above, each extern also has blocks of Indirect Patient Care (IPC) in their schedule for patient charting and administrative duties. Moreover, training directors work with externs to ensure that they have 30 minutes scheduled for lunch each day the extern works a minimum of 6 hours. Examples of hourly allotments per week for each schedule category are provided in the table below (these examples do not apply to neuropsychology externs):

3 rd , 4 th , & 5 th Year Externs	# of hours in an 18-hr schedule		# of hours in a 20-hr schedule		# of hours in a 22-hr schedule		# of hours in a 24-hr schedule	
	w/ testing	no testing	w/ testing	no testing	w/ testing	no testing	w/ testing	no testing
Psychotherapy ¹	6-7	10.5	7.5-8.5	12.5	9-10	13.5	10.5-11.5	15
Assessment ²	3	-	3	-	3	-	3	-
IPC	2.5	3	3	3	3	3.5	3.5	4
Didactics ³	1-2	1	1-2	1	1-2	1	1-2	1
Supervision ⁴	3	2	3	2	3	2	3	2
Meetings ⁵	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Lunch	1	1	1	1	1.5	1.5	1.5	1.5

¹Psychotherapy time includes 60-min and 30-min appointments as well as group therapy or other clinical rotations

²Assessment time includes a combination of 90-min appointments and testing, scoring, and report writing time (TSW)

³Didactics time for externs doing testing includes supplemental assessment didactics offered twice a month

⁴Supervision time for externs doing testing includes additional supervision for assessment

⁵Meeting time is determined by individual training programs (30-min meetings may alternate between cohort meetings with training director and supervision support with advanced doctoral trainees)

2nd Year Externs	# of hours in a 12-hr schedule	# of hours in a 13-hr schedule	# of hours in a 14-hr schedule	# of hours in a 15-hr schedule
Psychotherapy ¹	6	6.5	7.5	8.5
IPC	1.5	2	2	2
Didactics	1	1	1	1
Supervision	2	2	2	2
Meetings ²	0.5	0.5	0.5	0.5
Lunch	1	1	1	1

¹Psychotherapy time includes 60-min and 30-min appointments as well as group therapy or other clinical rotations

²Meeting time includes cohort meetings with training director and supervision support with advanced doctoral trainees

2.02 Time Off Allocation, Absences, and Early Dismissal for Internship

KPNC Practicum Externship Programs typically permit externs to take two (2) weeks of time off during the training year. This allocated time off is the equivalent of two (2) weeks' worth of hours based on the extern's regular weekly schedule. This allocation of time off includes vacation as well as sick time.

KPNC Practicum Externship Programs also observe the following eight (8) holidays: New Year's Day, Presidents' Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. If an extern's scheduled workday falls on one of these observed holidays, they will not be expected to work, and the holiday will not count towards their allocated time off.

KPNC Practicum Externship Programs provide additional flexibility with time off required to attend school-related activities (e.g., required exams, interviews, etc.). If time off is required for school-related activities, it is expected that externs will remain conscientious about patient care needs and managing their caseloads by coordinating these time off requests with as much advance notice as possible. This advance preparation includes communicating planned absences to patients during treatment planning. If an extern requests time off for a workday on which patients are already scheduled, it is the extern's responsibility to reschedule any patients without postponing or delaying care.

When training at Kaiser Permanente, externs are expected to prioritize patient care, and recurrent absences can significantly disrupt patient care. If an extern misses more than the allocated time off described above (which includes flexibility for school-related activities) or they are frequently calling out sick, their graduate school Director of Clinical Training (DCT) will be notified and a plan will be developed to identify and address the factors contributing to the extern's absences and to determine what support may help them meet program expectations. However, if no workable solution is found and the extern remains unable to sustain attendance at a level necessary to provide safe and consistent patient care, it may be determined that they cannot continue in the training year, which could result in termination from the training program.

For some externs, the start of doctoral internship overlaps with the end of KPNC practicum externships. In these situations, KPNC Practicum Externship Programs adhere to the policies of the extern's academic institution for approving early dismissal from the training program to prepare for doctoral internship (e.g., preparations to relocate for internship training). The time off allowed for early dismissal varies by academic institution but typically includes timeframes between two (2) and four (4) weeks. Since externs are expected to provide training directors with

a minimum of four (4) weeks' notice of the anticipated date for their last day of training, they should coordinate with their training director to determine this last day of training after taking into account the additional time off for early dismissal.

2.03 Administrative Support and Office Resources

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

Every extern 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. Externs 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 externs through a telephone help line. Office software such as word processing and slide-show presentation programs is also available.

At all training sites, externs 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. Externs 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, externs are informed and sensitized to diversity issues to prepare them to provide effective and culturally responsive mental health treatment.

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

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

2.05 Psychotherapy Training

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

At each visit, patients complete 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 externs and patients to assess treatment progress and determine if adjustment to the treatment plan is indicated. Neuropsychology externs and patients are not asked to complete Lucet questionnaires given that neuropsychological treatment/intervention outcomes are not evaluated by this procedure.

2.06 Psychological Assessment Training

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

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

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

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

3. SUPERVISION OF CLINICAL TRAINING HOURS

3.01 MHTP Supervisor Training Requirements

KPNC Mental Health Training Programs require that supervisors of psychology practicum externs adhere to the same Board of Psychology (BOP) continuing education (CE) requirements as KPNC supervisors of psychology postdoctoral residents and psychology doctoral interns. The BOP requires that all primary supervisors complete a 6-hour continuing education course in supervision each license renewal cycle (every 2 years).

3.02 Graduate School Training Agreement

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

3.03 Supervised Clinical Hours Log

It is the responsibility of the extern to keep a weekly supervised clinical experience log with hours verified by the primary supervisor's signature to document program participation. Externs may use the Time2Track, another online tracking system, or a paper log.

3.04 Practicum Extern Competency Evaluation Form

Each extern's clinical and professional competencies will be evaluated by their supervisor quarterly or semi-annually in accordance with the requirements of the graduate school. The extern's graduate school will provide training program supervisors with evaluation forms which should be utilized according to the school's field placement policies.

3.05 Methods of Supervision

All externs receive regularly scheduled, face-to-face, individual supervision of no less than 1 hour per week by a licensed psychologist throughout the year. The functions of the supervisor include monitoring patient welfare, enhancing the extern's clinical skills, promoting professional growth, evaluating their progress, and providing feedback. The supervisor serves as both mentor and monitor/guide for the extern's clinical work and professional development during their tenure at KPNC. Each extern always has access to their supervisor (or designee), via phone or pager, in case of emergency. The extern will be expected to adjust their scheduled time off in accordance with the availability of the supervisor.

All externs will receive 1 hour per week of group supervision facilitated by a licensed psychologist. Topics of group supervision may include case consultation, professional development, interdisciplinary communication and systems issues, and multicultural competence and diversity awareness.

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

<https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit>

3.06 Practicum Extern Evaluation of Supervisors

Each extern evaluates their supervisors quarterly or semi-annually based on rotations using the Practicum Extern Evaluation of Supervisor form (Appendix F). Data from this form is reviewed by the 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. Externs 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 externship program. They are then encouraged to use the criteria on this form as a guide for discussion throughout the training year to identify training needs, especially at the time of the extern's performance evaluations.

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient Rights and Safety

A patient's rights and responsibilities, as outlined in the KPNC local policies and procedures manual, shall be observed at all times. In addition, externs 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 externs and staff. For more information, go to: <http://kpnet.kp.org:81/california/qmrs/ps/>

4.02 Provision of Services by a Practicum Extern and Patient Consent

The title of a practicum extern is "Psychology Practicum Extern." Each extern must clearly identify their title at the first meeting with any patient or potential patient. The extern must also inform the patient or patient's guardian of the extern's last day of training and the name of the extern's primary supervisor. The extern 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 extern. 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."*

Externs 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 extern may complete a "Notice of Provision of Mental Health Treatment Services by a Practicum Extern" (Appendix E) 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 extern 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

Externs 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. Externs 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 should also contact Debbie Ortiz or Rachel Manansala to obtain cost center information for the Mental Health Training Program (MHTP) in order to ensure that the cost for bilingual assessment is recharged to MHTP. 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 extern is required to notify their supervisor before or after any visit in which the extern 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 extern believes the minor to be a danger to self or others. If a danger is present, the extern 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 extern is expected to adhere to department guidelines.

4.04 Signing Legal Documents as Witnesses for Patients

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

4.06 Medical Record Confidentiality: CMIA and HIPAA

All externs 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 extern is strictly prohibited and grounds for termination. Medical record confidentiality laws also prohibit the extern 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 extern 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 extern is expected to inform the supervisor, the training director, and/or a department manager immediately. Failure to comply with this expectation may result in remedial or corrective action up to and including termination.

4.07 Responsible Use of Artificial Intelligence (AI)

AI-based tools that have been reviewed and explicitly approved by Kaiser Permanente Policies may be used by externs 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 externs are expected to use it. AI tools that have not been approved for use by KP are strictly prohibited. When using AI tools, externs must promptly report any concerns, errors, or unexpected results to their primary supervisor and/or training director.

Externs 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 extern (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, externs can access hospital records and perform electronic charting as well as facilitate patient care coordination, such as consultation requests from other care providers. Externs are expected, whenever possible, to incorporate Lucet behavioral health outcomes data gathered electronically at each patient visit into treatment planning. Externs 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 to the patient. A well-maintained patient record allows a staff member, at a later date, to determine the patient’s condition, as well as to review the diagnostic and therapeutic interventions that were implemented. Any changes in the condition of the patient and/or in the results of treatment must be documented. The medical record should enable another clinician to assume care of the patient at any time.

As treatment providers within a patient’s care team, externs may receive electronic communication directly from patients through HealthConnect’s secure messaging system.

Externs must read and reply to all patient secure messages within 48 hours of the time during which they are scheduled to work. The extern is expected to create automatic out-of-office message replies in HealthConnect to ensure that patients are appropriately alerted to the extern'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 extern must "done" the secure message within the timeline above.

Charting Requirements for Group Therapy Documentation

For externs who take part in psychotherapy group facilitation, at least one group note should be completed by the extern 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 externs 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 extern'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 extern 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 extern's documentation requires edits prior to note closure, the extern and supervisor should use the following workflow to ensure appropriate note closure timeliness:

- 1) The supervisor must communicate any documentation changes to the extern within 48 hours of the encounter.
- 2) The extern will complete edits and route the encounter back to the supervisor by the end of the next day that the extern works.
- 3) Should additional edits be warranted, the supervisor should provide feedback to the extern within 48 hours of receiving the revised documentation. The extern 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 extern documentation concerns to the training director to determine whether a focused competency plan is needed to support the extern.

Note Closure Requirements for Psychological Assessment Documentation

Externs 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 externs' HealthConnect in-baskets for monitoring externs' progress on patient documentation and patient care communications. Primary supervisors and training directors should attach themselves to externs' in-baskets toward the end of the training year to ensure that all notes have been signed and closed prior to offboarding.

5. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The Practicum Externship Programs' due process policy provides a framework to address the situation in which an extern is not meeting minimum competency expectations and/or performance standards. It ensures that the externship program adheres to fair and unbiased evaluation and remediation procedures, and that the extern is given an opportunity to appeal the externship 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.

5.01 Rights of Practicum Externs

1. To be informed of the expectations, goals, and objectives of the externship program
2. To be trained by professionals who behave in accordance with APA ethical guidelines
3. To be treated with professional respect in keeping with their level of training
4. To have individual training needs identified and documented
5. To receive ongoing evaluation that is specific, respectful, and pertinent; and to be informed in a timely manner if they are not meeting externship program standards
6. To engage in ongoing evaluation of the externship program (the externship program will conduct formal surveys at least twice a year)
7. To utilize due process procedures for concerns related to performance standards so that the extern's viewpoint is considered, and so that the extern has an opportunity to remediate problems to successfully complete the externship program
8. To utilize grievance procedures to resolve non-evaluation-related problems and disputes that may arise during the training year
9. To be granted privacy and respect for one's personal life including respect for one's uniqueness and differences

5.02 Responsibilities of Practicum Externs

1. To function within the bounds of all state and federal laws and regulations, as well as APA ethical and professional practice standards (all externs are expected to refer to and abide by the APA's Ethical Principles and Code of Conduct)
2. 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)

3. To adhere to the policies and procedures of the KPNC Practicum Externship Programs as outlined in this manual; and to adhere to the policies and procedures of the extern's assigned work department or clinic
4. To attend and participate in didactic trainings and seminars, staff meetings, case conferences, and individual and group supervision meetings
5. To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback

5.03 Practicum Externship Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of psychology/counseling/clinical social work and to provide forums to discuss the implementation of such standards
2. To ensure that faculty and staff engage with externs and each other in a respectful, professional, and ethical manner
3. To promote diversity and inclusion in the workplace
4. To provide high quality clinical experiences, supervision, and didactic trainings and seminars
5. To provide opportunities for externs to offer input into the externship program, including within their supervisory experiences, through meetings with training directors, and in semi-annual written evaluations
6. To communicate externship program expectations and standards for evaluation, including how externs will be evaluated and by whom
7. To provide externs 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
8. To communicate with externs' graduate schools about how they are progressing in training and whether they are meeting the minimum levels of achievement; and to inform the externs' graduate schools of any remedial actions taken regarding their performance
9. To implement due process and grievance procedures for problems related to extern competencies and professional functioning, program standards, and interpersonal disputes; and to allow externs sufficient time to appeal decisions with which they disagree
10. To make decisions about extern remediation, probation, suspension, and termination utilizing multiple sources of information; to develop remediation plans for performance deficiencies with timeframes; and to clearly communicate to externs the consequences of not correcting the deficiencies
11. To make accommodations for special training needs for externs who qualify under the American with Disabilities Act

5.04 Definition of Problematic Behavior

A Problematic Behavior interferes with extern 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 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 extern's behaviors, attitudes, or characteristics have become problematic. Problematic Behaviors may include the following features:

- a) The extern 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 extern 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 extern'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.

5.05 Informal Discussion

The first step in the due process procedure is Informal Discussion which is used to address competency or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The extern's supervisor is responsible for providing the extern with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisor should inform, advise, and/or coach the extern to enable them to successfully address the concern. The supervisor may also choose to supplement the Informal Discussion with a Focused Competency Guidance Plan (see Section 5.06) to help organize the actions and behaviors that the extern needs to address for the identified concern(s). The extern should be given a timeframe in which to correct the concern(s), and the extern may be provided with additional support over subsequent supervision meetings as part of the informal remediation plan. Any staff member who observes the extern to be out of compliance with a policy or procedure should inform the extern's supervisor or the training director. The extern's supervisor and/or training director will document their discussion(s) with the extern and any informal remediation plans in their supervision notes. These notes will not become part of the extern's official training file.

5.06 Focused Competency Guidance

A Focused Competency Guidance Plan (Appendix C) is a structured support mechanism designed to assist the extern 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 5.05);
- 2) As part of remediation of unmet competency expectations due to a rating(s) falling below minimum expectations on the extern's competency evaluation form provided by their

- graduate school (see Section 3.04); or
- 3) As an outcome of formal due process procedures following a Formal Notification and Hearing (see Section 5.07).

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 extern's clinical or other workload; and/or (e) requiring specific academic course work.

Focused Competency Guidance Plans should include a timeline for reassessment of the identified concerns. When all unmet competency and performance standards have been rectified, the supervisor, in consultation with the training director, will remove the extern from Focused Competency Guidance and indicate the date of successful completion on the remediation plan document (Appendix C).

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

5.07 Formal Notification and Hearing

If an extern's professional conduct, professional development, or performance issues persist even after an Informal Discussion; or if the extern is demonstrating major competency deficits associated with not meeting minimum expectations on their graduate school's competency evaluation form; or if the extern demonstrates a Problematic Behavior at any point in the training year, then formal due process procedures will be initiated as follows:

- 1) The extern's supervisor or other concerned staff member(s) will first consult with the training director to discuss the issue. The training director may interview others with relevant information and/or may seek the guidance of HR administrators or the department manager. The training director will notify the extern 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 extern receives a Notice of Hearing, the 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 training director and the 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 extern 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 extern. The extern 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 training director and supervisor will present the Outcome to the extern.

Possible hearing outcomes are as follows:

- a) The extern was found to be meeting minimum performance expectations and conduct standards, and no further action is needed.
- b) The extern has demonstrated competency, performance, and/or conduct concerns, but they were not significant enough to warrant formal remediation. The concerns will be monitored according to the Informal Discussion process (see Section 5.05).
- c) The extern has demonstrated minor competency deficits. To address these deficits, the extern will be placed on a remediation plan called “Focused Competency Guidance” (see Section 5.06).
- d) The extern has demonstrated major competency deficits. An extern with serious competency, performance, and/or conduct problems may be placed on Probation, which is also a form of remediation (see Section 5.09).
- e) The extern 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 5.04). Any extern exhibiting such behaviors may be suspended from the externship program. The training director and training faculty will follow KPNC HR policies in this situation.

5.08 Outcome of the Hearing

The training director and supervisor will communicate the Outcome of the Hearing to the extern both verbally and in writing. The extern 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 extern’s competency deficits and/or performance issues and date in which the concerns were first brought to the extern’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 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 5.06)
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 extern will be presented with a “Letter of Warning” (see section 5.09). For an outcome resulting in Suspension, the extern will be presented with a

“Suspension Letter” (see section 5.10).

The extern, 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 extern and to the extern’s graduate school and will be placed in the extern’s training file. If an extern is dissatisfied with the Hearing Committee’s decision, the extern may appeal the decision by following the Appeal Procedure found in section 5.11.

5.09 Probation

Externs who exhibit major competency deficits or other serious performance or conduct concerns, or who have not remediated identified concerns after a Focused Competency Guidance Plan, may be placed on Probation. The decision to place an extern on Probation is made by the Hearing Committee; or in the case of an extern who is still not meeting minimum competency expectations at the time of a Focused Competency Guidance Plan review, by the training director and 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 extern’s graduate school will be notified of the Probation plan determination as soon as possible.

To initiate Probation, the training director and supervisor, with input from other training faculty, the department manager, and HR consultant, will compose a “Letter of Warning” to the extern outlining the externship program’s concerns. This letter will also describe the consequence(s) of the extern’s failure to show immediate and substantial improvement in the identified competency areas within the planned timeframe.

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

1. Date of the Hearing and names of participants (if applicable)
2. Description of the extern’s competency deficits and/or performance issues and date in which the concerns were first brought to the extern’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 extern’s past history of non-compliance
 - e. Whether the extern 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 extern’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 extension of the Probationary period, Suspension, and/or Termination/Program Dismissal)

9. Timeline for Probation plan completion

The training director and supervisor will meet with the extern to review the Letter of Warning to ensure that the extern fully understands the terms of the Probation. The extern may invite any appropriate licensed KP staff member to attend the meeting. The extern will be given an opportunity to respond to the letter and to the group's concerns. The training director will inform the department manager, the HR consultant, and the extern's graduate school of the proceedings of the meeting. The extern and the extern's graduate school will be provided with copies of the letter, and a copy will be placed in the extern's training file. If an extern is dissatisfied with the Probation decision, the extern may appeal it by following the Appeal Procedure (see Section 5.12).

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

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

5.10 Suspension

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

Suspension of an extern 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 5.09).
2. After the probationary period, the extern has not met expectations for improvement in the identified competency domain(s).
3. The extern has failed to comply with state or federal laws, KPNC and/or Practicum Externship Programs policies and procedures, and/or professional association guidelines.
4. The removal of the extern from the clinical service is in the best interests of the extern,

patients, staff, and/or the externship program.

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

1. Date of the Hearing and names of participants (if applicable)
2. Description of the extern's competency deficits and/or performance issues and dates in which the concerns were first brought to the extern'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 5.09)
4. Notice of Suspension and expected duration

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

The training director and/or the department manager will inform HR administration and the extern's graduate school of the proceedings of the meeting. The extern and the graduate school will be provided with copies of the Suspension Letter, and a copy will be placed in the extern's training file. If an extern is dissatisfied with the Suspension decision, the extern may appeal it by following the Appeal Procedure (see Section 5.12).

In the case of a suspension from direct service activities only, the training director and training faculty will develop a remediation plan following the procedures described in section 5.09 and utilizing the Probation Plan document (Appendix D). The extern 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 extern's participation is productive for the extern and for the training cohort. The plan must be signed by the training director, primary supervisor, and extern. Copies will be provided to the extern and the extern's graduate school, and a copy will be placed in the extern's training file.

If all identified concerns are rectified within the agreed upon timeframe, the training director and department manager, with input from other training faculty, departmental staff, and HR administration, will determine when the extern can resume direct service activities under probationary monitoring until minimum competency expectations are met. A new Probation Plan should be developed following the procedures described in Section 5.09.

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

5.11 Termination and Program Dismissal

Termination of an extern 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 extern. Termination may also be invoked for any other egregious offense on the part of the extern, 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 Practicum Externship 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 externship program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The extern is unable to complete the externship 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 Practicum Externship Programs. The decision to dismiss an extern is not made lightly and is made by the training director, department manager, and HR consultant (as needed), with notice given to the extern's graduate school.

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

1. Description of extern's competency deficits and/or performance issues
2. Identification of violation(s), including corresponding competency area(s) and competency element(s) (and may include details listed in the Suspension Letter)
3. Notice that the extern is dismissed from the externship program and that some or all of the training hours were not successfully completed
4. Expectation that the extern will complete all patient documentation prior to leaving the training site

If the extern does not wish to appeal the termination decision, the extern may choose to voluntarily resign from the externship program.

5.12 Appeal Procedure

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

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

1. Name of extern

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

As soon as possible, but no later than fifteen (15) business days after receipt of the extern's written notification, the 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 as appropriate
3. May include any appropriate licensed KP staff members requested by the extern
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 extern has the right to hear all facts related to the concerns, as well as to present supporting materials of their own. The extern 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 extern, the training director, and the extern's graduate school.

If an extern 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 extern 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 extern
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Explanation of extern'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 their designee) will review the decision along with the extern's appeal and either accept or reject the committee's recommendations.

If the KPNC Director of Mental Health Training (or their designee) accepts the Hearing Committee's recommendations, they will inform the training director who, in turn, will inform the extern, the supervisor, and the extern's graduate school of the decision. If the KPNC Director of Mental Health Training (or their designee) rejects the Hearing Committee's recommendations, they may either refer the matter back to the Hearing Committee for further consideration (such as

to gather more information) or make a final decision at that time.

The KPNC Director of Mental Health Training (or their designee) will inform the training director of any rescission. The training director will in turn inform the extern, the extern's graduate school, and the extern's supervisor and training faculty. The extern may appeal the KPN Director of Mental Health Training's final decision by contacting an HR consultant and the department manager.

6. DISPUTE RESOLUTION POLICIES

6.01 Practicum Extern Grievance Overview

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

6.02 Verbal Grievance Communication

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

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

6.03 Written Grievance Communication

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

As soon as possible, but no later than ten (10) business days from receipt of the written grievance, the training director and/or department manager(s) should meet with the extern (and supervisor, if appropriate) to discuss the issue. After this discussion, the training director and/or department manager(s) (or designee) will, if necessary, investigate and respond to the extern's grievance in writing within ten (10) business days. If the extern is dissatisfied with the outcome of the review of the Written Grievance Communication, the extern is directed to follow the procedure for Grievance Appeal as outlined below.

6.04 Practicum Extern Grievance Appeal

If the Verbal and Written Grievance Communication procedures have been utilized and the issue has not been resolved to the extern's satisfaction, the extern may file a written Grievance Appeal with the KPNC Director of Mental Health Training and/or department manager(s). The KPNC

Director of Mental Health Training may choose to appoint/designate the Assistant KPNC Director of Mental Health Training or a senior service area training director to review the appeal and render a decision.

The extern's appeal shall include the following information:

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

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

6.05 Training Supervisor Dispute Resolution Overview

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

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

6.06 Supervisor Dispute Resolution Procedure – Step 1

The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The 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 training director. The training director is responsible for offering ideas for resolving the issue and for providing the supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The 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.

6.07 Supervisor Dispute Resolution Procedure – Step 2

If Step 1 has been completed and the issue has not been resolved to the training supervisor's satisfaction, the supervisor may contact the department manager and the KPNC Director of Mental Health Training (or their designee) and detail their concerns. The department manager and the KPNC Director of Mental Health Training (or their designee) 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.

7. TRAINING FACULTY ROLES AND RESPONSIBILITIES

7.01 Supervisor Qualifications and Responsibilities

- Minimum of two (2) years of experience as a licensed psychologist, LCSW, LMFT, or LPCC preferred
- Minimum of one (1) year of employment at the training site preferred
- Relates to externs, clinic colleagues, and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among externs, 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 Psychology Practicum Externship Programs
- Maintains agreed upon times for supervision and consultation
- Clearly communicates expectations of externs and gives appropriate timely feedback regarding their progress
- Consults regularly with other professional staff who may have contact with the externs and provides knowledge about their competencies and general performance
- Contacts the training director when questions or concerns arise regarding externs' program requirements
- Attends all program-related meetings and keeps abreast of any changes in the externship program that may impact the externs and communicates these in a direct, timely fashion to reduce any inconvenience to the externs
- Follows all outlined grievance policies and due processes if problems arise concerning externs
- Supervisors must be in good standing within their department and must be approved by both the training director and departmental management

7.02 Training Director Qualifications

- Must work a minimum of 32 hours per week
- Minimum of five (5) years of experience as a licensed professional preferred
- Minimum of two (2) years of experience as a primary supervisor preferred
- Minimum of one (1) year of employment at the training site preferred
- For neuropsychology externships, the training director must be designated a clinical neuropsychologist
- Member of the American Psychological Association (APA) recommended

- American Board of Professional Psychology (ABPP) certification preferred
- Evidence of effective, collaborative working relationships with externs, 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, extern seminars, etc.)
- Department managers may advise on training director appointments; however, the KPNC Director of Mental Health Training conducts the interviews and makes the final selection

7.03 Training Director Responsibilities

- Reports to KPNC Director of Mental Health Training
- Attends all region-wide, externship program-related meetings
- Coordinates and directs the training supervisors
- Ensures that KPNC Practicum Externship Programs policies and procedures are followed and a high standard of training is maintained
- Ensures that support and resources for externs and supervisors are provided
- Organizes the interview and selection process for new candidates
- Ensures timely quarterly or semi-annual performance evaluations of externs
- Ensures timely evaluations of supervisors, utilizing the Practicum Extern Evaluation of Supervisor
- Participates with department managers in decision-making on issues concerning extern schedules, placements on teams, and the candidate interview process
- Implements modifications to the training program per feedback from externs and faculty
- 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 region, and conducting exit interview (optional -- sample exit interview questions can be found in Appendix G)
- Ensures availability and coverage during the interviewing of prospective candidates, during the onboarding process of incoming externs and at other crucial periods of the training year

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

- All supervisors are allocated a minimum of 1 hour per week for each extern they supervise for chart review and note closing. This administrative time is in addition to the 1 hour face-to-face individual supervision time for each extern.
- All training directors are allocated 3½ hours per week including office hours of administrative time, funded by the local medical center, to manage their programs.
- Each training site receives administrative staff support hours funded by the KPNC Mental Health Training Programs.

At certain points in the year, including for interviews and on-boarding, training directors may need additional administrative time to effectively manage their externship programs. Department managers are asked to grant training directors schedule flexibility and to allow the necessary accommodations. 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.

7.05 Training Program Administrative Meetings

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

Weekly

Informal meetings among training director and supervisors

Monthly

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

Semi-Annually

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

7.06 Maintenance of Practicum Extern Training Records

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

The training file should include the following documents:

1. Resume
2. Letters of Recommendation
3. Values Statement signed by the extern
4. Copy of the graduate school training agreement, signed by all parties
5. Signed Student Checklist document attesting to completion of student pre-admission screenings
6. Graduate school evaluation forms (Quarterly or Semester)
7. Copies of all completed/signed summary of experience logs (Weekly/Quarterly or by Semester)
8. Documentation of any grievances, remediation, corrective actions, or due processes filed by or on behalf of the extern, including the conclusions of such actions
9. Any relevant correspondence pertaining to the extern
10. Redacted psychological/neuropsychological assessments if relevant

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

Upon advance request, externs may inspect their local training file in the presence of the training director or a designated representative. The extern may also request a correction of a record by submitting a request to the training director who, in consultation with the department manager, will notify the extern whether the request has been granted or denied. The training director will work with the KPNC Director of Mental Health Training and follow the KPNC Director's recommendations if the extern expresses any dissatisfaction with their record. The training director

may also consult the graduate school field placement coordinator.

8. KAISER PERMANENTE HUMAN RESOURCE POLICIES

8.01 Finding Policies on inside KP and Contacting HRSC

The following are a sampling of KPNC's HR policies that pertain to externs. The full Principles of Responsibility, which is Kaiser Permanente's code of conduct, can be accessed using this link: <https://wiki.kp.org/wiki/display/por/Home>. To speak to a representative directly about any KPNC policy, externs may contact the Human Resources Services Center (HRSC), at 1-877-457-4772.

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

In addition, externs 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 until the standards are met.

8.02 KP Non-Discrimination and Harassment-Free Workplace Policies

The KPNC Practicum Externship 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 externship. Additionally, it is the policy of KPNC to provide a work environment free of sexual and other forms of unlawful harassment. This policy applies to employees, applicants for employment, and independent contractors, and includes managers, supervisors, physicians, co-workers, and non-employees.

8.03 Professional Appearance Policy

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

An extern who does not meet the standards of Professional Appearance will be counseled and may be instructed to change clothing (including being sent home to change clothing, if necessary).

If an extern is counseled more than once about professional appearance, then the supervisor will inform the training director who will begin remediation. Failure to follow the remediation plan may result in dismissal. Exceptions to this standard will be made for bona fide religious activities on a case-by-case basis.

8.04 Social Media Policy

Members of the externship program (both externs 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. Externs 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 externs 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 externship programs 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 extern 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 externship 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.

8.05 HR Job Codes and Titles for Mental Health Trainees

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

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

9. SUPPLEMENTAL PRACTICUM

9.01 MHTP Supplemental Practicum Requirements

- Can participate in a variety of clinical opportunities, including individual and group intervention, specialty clinics, assessment/testing, and research
- Minimum of 10-hour commitment
 - 12 hours worked requires 1 hour of face-to-face (video acceptable) individual, formal

supervision with a licensed psychologist. The second hour can be group supervision, case consultation, etc.

- May not exceed 24 hours per week
- 1-hour, weekly didactics highly encouraged
- 12-month requirement (can be released sooner based on internship/subsequent practicum start dates)
- Externs must have direct observation (video or audio recording, or live observation of appointment/group) once per quarter
- KPNC externs who complete an 8-month minimum training time commitment are paid an annual stipend for their service provision

**These are KPNC MHTP minimum standards. Training directors must ensure Academic Institution guidelines are followed.*

9.02 MHTP Supplemental Practicum Training Schedule Guidelines

Supplemental Practicum Externs	# of hours in an 13-hr schedule		# of hours in a 14-hr schedule		# of hours in a 15-hr schedule		# of hours in a 16-hr schedule	
	w/ testing	no testing	w/ testing	no testing	w/ testing	no testing	w/ testing	no testing
Psychotherapy ¹	5	8.5	5.5	9	6	10	7	10.5
Assessment ²	3	-	3	-	3	-	3	-
IPC	2	2.5	2	2.5	2.5	2.5	2.5	3
Supervision ³	2	1	2	1	2	1	2	1
Meetings ⁴	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Lunch	0.5	0.5	1	1	1	1	1	1

¹Psychotherapy time includes 60-min and 30-min appointments as well as group therapy or other clinical rotations

²Assessment time includes a combination of 90-min appointments and testing, scoring, and report writing time (TSW)

³Supervision time for externs doing testing includes additional supervision for assessment

⁴Meeting time includes cohort meetings with training director and supervision support with advanced doctoral trainees

Appendix A

Kaiser Permanente Mental Health Training Program Values Statement

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

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



Appendix B



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:	

Appendix C



Mental Health Training Program
Northern California

PRACTICUM EXTERN REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN

[Rev AUG 2026]

To be signed by the SUPERVISOR and the PRACTICUM EXTERN

Policy Statement:

Focused Competency Guidance is *typically* triggered when an extern demonstrates the need for improvement in any clinical competency domain(s), such as when the extern is exhibiting a minor competency deficit(s) that can be easily ameliorated by added training. Focused Competency Guidance may also be initiated at any point in the training program if competency concerns have been identified by the supervisor or other training faculty and it has been determined that structured support should be implemented prior to the next evaluation timepoint. During the third or fourth quarter of the training year, if an extern continues to exhibit competency deficits, the supervisor may choose to initiate Probation.

When initiation of Focused Competency Guidance is triggered by falling below minimum expectations on their competency evaluation or is an outcome of a Hearing in the formal due process procedures, the training director and 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 evaluation timepoint, an assessment is undertaken at the appointed time, and follow-up remarks are detailed. This remediation plan must be signed and dated by the supervisor and extern during the initial and follow-up meetings with a copy provided to the extern and the extern's graduate school. A copy of the remediation plan will also be placed in the extern's training file.

The extern 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 extern'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/or Plan initiation Date:**

Practicum Extern Name (print):

Supervisor Name (print):

Statement of Plan Completion:

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

Supervisor Name (signature)

Date

FOCUSED COMPETENCY GUIDANCE PLAN		
A. Competency Issues discussed during Informal Discussions or at Formal Hearing	B. Recommended remedial actions	C. Reassessment status of actions/competency

Timeline/Date of Next Assessment	Practicum Extern Signature & Date	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 D



Mental Health Training Program
Northern California

PRACTICUM EXTERN REMEDIATION: PROBATION PLAN

[Rev AUG 2026]

To be signed by TRAINING DIRECTOR, SUPERVISOR, and PRACTICUM EXTERN

Policy Statement:

Probation is *typically* triggered when an extern fails to achieve timely and/or sustained improvement after completing a formal Focused Competency Guidance Plan or as an Outcome of a Hearing in formal due process procedures when an extern exhibits a major competency deficit(s).

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

Within the timeframe outlined in the Probation Plan, the extern's supervisor will evaluate the extern's progress and document their findings on the outcomes sections of this form. If insufficient progress has been made by the end of the probationary period, the training director and department manager, in consultation with the extern's supervisor and HR administration, may extend the Probation or may Suspend the extern.

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

**Performance Evaluation Quarter and
Training Year and/or Plan Initiation Date:**

Practicum Extern Name (print):

Supervisor Name (print):

Training Director Name (print):

Statement of Plan Completion:

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

Training Director Name (signature)

Date

Supervisor Name (signature)

Date

Component of Probation Plan	Outcome
1. Description of extern'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 extern'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 extern 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 E



The Permanente Medical Group, Inc.

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

[Rev JUL2020]

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

Extern Name: _____

Extern Contact #: _____

Externship Completion Date: _____

This extern is working under the supervision of:

Supervisor Name: _____

Supervisor License #: _____

Supervisor Contact #: _____

in addition to other licensed staff members in the Department of Mental Health at Kaiser Permanente Medical Group, Inc.

Appendix F

KAISER PERMANENTE NORTHERN CALIFORNIA PSYCHOLOGY PRACTICUM EXTERNSHIPS

PRACTICUM EXTERN EVALUATION OF SUPERVISOR

[Rev APR2024]

Training Site/Team:		Date Completed:				
Practicum Extern Name:		Training Year:				
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 ☐ Other: _____					

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

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

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

Supervisor Provides Atmosphere for Professional Growth

- Demonstrates a sense of support and acceptance
- Establishes clear and reasonable expectations for my performance
- Establishes clear boundaries (i.e., not parental, peer, or therapeutic)
- Makes an effort to understand me and my perspective
- Encourages me to formulate strategies and goals without imposing his/her/their own agenda
- Recognizes my strengths
- Conveys active interest in helping me to grow professionally
- Is sensitive to the stresses and demands of the externship/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 G



Mental Health Training Program
Northern California

Mental Health Training Program Exit Interview Questions (optional)

Extern 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: