

Policy and Procedure Manual

Doctoral Internship Programs

In Clinical Psychology

2022-2023

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**KAISER PERMANENTE
NORTHERN CALIFORNIA REGION**

**DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY
POLICY AND PROCEDURE MANUAL**

1. DOCTORAL INTERNSHIP PROGRAMS OVERVIEW

The Doctoral Internships in Clinical Psychology are funded by Kaiser Permanente Northern California (KPNC) and are compliant with state and national guidelines. The internship programs are comprised of nine training sites located within the northern California region. All interns work toward achieving the same set of core competencies in general clinical psychology through their training experiences. The positions are full time only (40 hours per week) and are designed to be completed in no less than one year. The program begins in late August or early September, and doctoral interns accrue 2,000 hours over the course of the training year.

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

KPNC's Doctoral Internship Programs follow standards, guidelines and principles set forth by the American Psychological Association's (APA) Commission on Accreditation (CoA). For more information, please contact the Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242. Phone: 202-336-5979; TDD-TTY: 202-336-6123. Website address: <http://www.apa.org/>

In addition, all KPNC Doctoral Internship Programs are members of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and adhere to its policies as well. Website address: <http://www.appic.org>.

1.01 Mission Statement

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

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

The Psychology Doctoral Internships' mission statement declares a commitment "to training doctoral interns within an integrated health care system in order to prepare them for dynamic roles as practicing psychologists in the health care system of the future."

2. PROGRAM CURRICULUM

2.01 Training Schedule Overview

In the beginning of the training year, the site training director will notify the intern's graduate school that the intern has successfully begun the internship program. In creating a schedule for the intern, the site training director works closely with the intern and departmental staff. The intern's schedule may require weekend work hours, but in no case shall the intern be scheduled to work more than 40 hours per week.

At least one-half of the intern's time (approximately 20 hours per week) is spent providing direct services to patients. Services may include but are not limited to intake evaluations, individual and family psychotherapy, facilitation of treatment groups and psychological assessment. The remaining hours are spent in activities such as weekly individual and group supervision, departmental/team meetings, a program development/evaluation project, local and regional seminars and grand rounds, scholarly presentations to peers and a service project in the community. Trainees are expected to be present and available during all scheduled hours.

2.02 Administrative Support and Office Resources

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

Every intern will be provided with a KP desktop or laptop computer to enable them to work on-site/in the office or remotely as their schedule requires. Interns can access the internet, electronic periodicals, KPNC's intranet, as well as a variety of online medical and psychological databases. These online databases include Medline, Micromedix (an internal medical database search engine), PsycInfo and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence, and other treatment areas. KPNC's information technology support is accessible to all interns through a telephone help line. Office software such as word processing and slide-show presentation programs are also available.

At all training sites, interns are provided with offices to meet with patients, receive and answer phone messages and schedule appointments within a confidential setting. Larger rooms are available to provide group or family therapy. Interns working with children have access to playrooms or offices equipped with toys and games. Additional training resources (which vary by site) include one-way mirrors and audio and video recording equipment.

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

2.03 Diversity, Inclusion and Culturally Competent Care

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

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

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

2.04 Psychotherapy Training

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

At each visit, patients' complete questionnaires from Tridium, an electronic behavioral health platform. These questionnaires cover important clinical domains such as psychiatric symptoms, subjective wellbeing, functional disability, medication adherence and treatment response. The information gathered allows therapists and patients to assess whether to continue a current therapy or whether to modify treatment. In each clinic, interns join staff colleagues and specially trained FIC case conference leaders in consultation groups to deepen their level of FIC and to assist them in tailoring service delivery.

At the discretion of the site training director, program faculty, department managers and team leaders, a doctoral intern may facilitate a therapy group alone, provided that the following conditions are met:

- The intern's level of competence, as determined by observation of their clinical skill and evidence of previous experience, deems them appropriate to work alone
- The group is comprised of members who are appropriately treated by a single facilitator

- Supervision of the group and the closing of notes is assumed by an appropriate supervisor
- The primary purpose of facilitating a group alone is for training and professional development
- The intern never works alone in the clinic without a licensed staff member readily available for consultation or crisis assessment if necessary

2.05 Seminars and Didactic Training

Regularly scheduled didactic trainings/seminars are held at the local training site. Intern attendance should be 90% at minimum. The intern is also expected to attend regional training seminars held in Oakland. Current seminar schedules and a list of speakers and topics can be found on the Regional Mental Health Training Programs website.

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

2.06 Community Partnership Project

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

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

2.07 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.

Interns will only conduct assessments in which they have appropriate training. Specialized assessments such as neuropsychological testing for diagnostic purposes, for example, will only be performed and interpreted under the supervision of individuals who are privileged as neuropsychologists at the local medical center. Assessments which are specific to various Health Psychology applications such as in primary care settings should only be conducted and interpreted under the direction of supervisors who have the 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. All

assessments, write-ups, and feedback sessions should be completed within a timely and appropriate manner.

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

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

2.08 Program Development/Evaluation Project

Each intern is required to undertake a program development/evaluation project over the course of the training year. The project will be selected based upon the intern's interests and skill set, departmental need, and the availability of any ongoing projects. Interns are allocated the equivalent of one hour per week for this requirement. The time can be scheduled on a weekly basis or can be combined into less frequent blocks of time, e.g., two hours every other week, four hours per month, etc.

The question (or hypothesis) underlying the project should be specifically focused and the project itself should fall within the regular scope of departmental services. It may involve collecting and analyzing administrative data to improve operations, or it may be a quality improvement/assurance project whose purpose is to improve or assess Kaiser Permanente programs or procedures. If the project is designed as a human subjects' research investigation to develop or contribute to generalizable knowledge (i.e., new information that has relevance beyond the population or program from which it was collected) or is intended to be disseminated in a public forum outside of Kaiser Permanente (e.g., conference presentation, published article), then the project will require consultation with the medical center's Local Research Chair and a formal IRB review. If the intern is uncertain as to whether the project meets criteria for human subjects' research, the intern should consult with the program evaluation supervisor and if appropriate, submit a "Not Human Subjects Research Determination" form (available on the KPNC IRB website) to the IRB.

Possible foci of program development/evaluation projects can include, but are not limited to:

- Development and evaluation of a treatment group, intake procedure or other new programming
- Evaluation of factors associated with treatment outcomes
- An empirical needs assessment of a clinical area that would be enriched by psychological services, such as embedding psychologists in primary care or specialty medical teams
- Collaboration with regional or departmental projects such as Outcomes Monitoring or ongoing Division of Research studies
- Reminder: All research and intellectual property generated in the course of employment at Kaiser Permanente is the property of Kaiser Permanente (5.1.3 of KP's Principles of Responsibility).

Once the project is defined, the intern will submit a proposal comprised of a literature review with references and an outline of the methodology to the program evaluation supervisor. Before data collection begins, the intern should consult with the program evaluation supervisor as to which data analyses are most appropriate.

The intern will meet with the program evaluation supervisor throughout the training year for mentoring and to provide updates on their progress. Interns may also share their proposals and progress with peers in group supervision sessions.

The intern will keep personally identifiable information (e.g., name, medical record number) about any project participant in a secure location in the office at all times.

Towards the end of the training year, the intern may prepare a final manuscript summarizing the entire project and/or will give an oral presentation of the results accompanied by a PowerPoint slide show to the target audience (i.e., department or team) who will most benefit from the information.

For interns submitting a final manuscript, the structure and content should follow APA journal article standards (e.g., introduction, method, results, discussion, and references). Interns should obtain a copy of the most recent APA Publication Manual and refer to it for guidance on the elements of a manuscript.

The final manuscript and/or slide deck will subsequently be placed in the intern's local training file and on any shared drives for future use. Each manuscript and/or slide deck should be accompanied by an abstract of the project in APA format.

2.09 Proposed Program Project Timeline

Date	Training Year Calendar	Project Schedule and Progress Check Dates
<i>August/September</i>	Beginning of 1 st Quarter	- Internship begins
<i>October/November</i>	1st Quarter	- Proposal ideas are discussed and developed
<i>December 1st</i>	Beginning of 2 nd Quarter	- Written Proposal is submitted - Therapy curriculum is submitted for intervention studies (where required)
<i>December/January</i>	2nd Quarter	- Written Proposal is approved - Planning period for project implementation - Participant recruitment begins for interventions Studies
<i>January/February to May/June</i>	2nd and 3rd Quarters	- Project implementation - Data collection period
<i>June to July</i>	4 th Quarter	- Data analysis - Writing up of the results and discussion - Preparation of a PowerPoint slide show or other presentation
<i>July to August</i>	End of 4th Quarter	- Project presentation to team or department

		- Final manuscript/slide deck is submitted to program evaluation supervisor and site training director for review and approval
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3. SUPERVISION OF PROFESSIONAL HOURS

3.01 BOP Supervisor Training Requirement

The Doctoral Internship programs comply with supervision guidelines stipulated by the California Board of Psychology (BOP). The BOP requires that all primary supervisors complete a six-hour continuing education course in supervision each licensing cycle (every 2 years). For more information go to: https://www.psychology.ca.gov/applicants/sup_checklist.pdf

3.02 BOP Supervision Agreement Form

The BOP Supervision Agreement form must be completed, signed, and dated by both the primary supervisor and the intern no later than the first day of the doctoral internship program. To print a copy of the BOP Supervision Agreement form, go to: https://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf

The completed BOP Supervision Agreement form must be accompanied by KPNC's "Supplement to BOP Supervision Agreement" (Appendix Q) when applying for licensure. On the first page of the Supervision Agreement form, the appropriate category to check for the doctoral internship programs is the third option, "BPC Section 2911 -- intern in a formal internship placement." This indicates that the training at KPNC takes place in a program with APA accreditation or APPIC or CAPIC membership.

3.03 Supervised Professional Experience Log

It is the responsibility of the intern to keep a weekly supervised professional experience log with hours verified by the supervisor's signature to document program participation. Some internship programs utilize the time2track online tracking system, while others use a paper log. Paper log templates are available for download on the California Psychology Internship Council's (CAPIC) website: <https://capic.net/resources/all-forms/#Internship%20Docs>.

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

3.04 BOP Verification of Experience

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

3.05 Methods of Supervision

All interns receive regularly scheduled individual supervision for two hours per week throughout the training year. Each intern may receive individual supervision from two training supervisors, a primary supervisor and a delegated (secondary) supervisor, both of whom are licensed psychologists at the intern's work site.

The functions of both the primary and secondary supervisors include monitoring patient welfare, enhancing the intern's clinical skills, promoting professional growth, evaluating their progress, and providing feedback. The primary supervisor serves as both mentor and monitor/guide for the intern's clinical work and professional development during their tenure at KPNC. The delegated (secondary) supervisor also monitors the intern's caseload and provides feedback and guidance. In accordance with California state law, each intern has access to their primary or delegated (secondary) supervisor at all times, via phone or pager, in case of emergency.

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

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

3.06 Doctoral Intern Evaluation of Supervisors

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

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient rights and safety

A patient's rights and responsibilities as outlined in the KPNC local facility policies and procedures manual will be observed at all times. Interns and program faculty should review the California Board of Psychology's Patient Bill of Rights by going to: http://www.psychology.ca.gov/forms_pubs/consumer_guide.pdf

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

4.02 Provision of Services by a Doctoral Intern and Patient Consent

The title of a doctoral intern in clinical psychology is "Psychology Doctoral Intern". Each intern will clearly identify their title at the first meeting with any patient or potential patient. The intern must also inform the patient or patient's guardian of the intern's last day of training and name of

supervisor.

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

In addition to the above electronic charting, the intern may complete a "Notice of Provision of Mental Health Treatment Services by a Doctoral Intern in Clinical Psychology" (Appendix F) and provide it to the patient and/or guardian for their reference.

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

4.03 Notification to Supervisor Regarding Treatment of a Minor

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

4.04 Signing Legal Documents as Witnesses for Patients

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

4.05 Responding to Legal Documents

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

4.06 Medical Record Confidentiality: CMIA and HIPAA

All interns must abide by standards set forth by the California Confidentiality of Medical Information Act (CMIA) and by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). See Obligations Regarding Confidentiality CA 1.09, located under HR Policies in *My HR*.

Patient information is confidential and protected by law. Accessing the medical records of patient

other than those treated by the intern is strictly prohibited and grounds for termination. Medical record confidentiality laws also prohibit the intern from accessing the chart(s) of their own family member(s).

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

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

4.07 Online Charting in KP HealthConnect

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

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

4.08 Signing and Closing of Chart Notes by Supervisor

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

5. EVALUATION OF PROFESSIONAL COMPETENCIES

5.01 Baseline Assessment of Doctoral Intern Competencies

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

5.02 Doctoral Intern Individual Training Contract

Within the first week of the training year, each intern collaborates with their primary supervisor in developing an Individual Training Contract (Appendix B). This contract builds upon information obtained from the Baseline Assessment and allows the intern and supervisor to develop a

training plan to address any competency areas identified by the Baseline Assessment as requiring additional training focus. This collaborative process is flexible, and goals can be revised at quarterly intervals. In addition, the intern uses this form to list any competency areas in which they wish to obtain extra supervision during the year.

The training contract also identifies the intern's primary and delegated (secondary) supervisors and lists intern responsibilities and expectations for the training year. By signing this contract, the intern acknowledges receipt of the Policy and Procedure manual, has reviewed section IV of the Individual Training Contract entitled "Responsibilities and Expectations of Intern" and understands the basic requirements of program participation.

5.03 Doctoral Intern Competencies Evaluation

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

The primary supervisor is instructed to rate the intern on all competency elements listed for each of the specific competencies on the CE. For any competency element in which an intern is rated less than a "3" ("Meets Expectations") the primary supervisor must provide a narrative explanation. In addition, ratings of "1" ("Inadequate") or "2" ("Needs Improvement") on any competency element on the CE will trigger remedial and possibly corrective action.

Since the program provides increasingly complex training over the course of the year, an intern who is deemed to "meet expectations" at the beginning of the year, would be functioning at a higher level than when deemed to "meet expectations" at the end of the year. An intern performing at level "3" at the end of the year has met the competency requirements for entry level of independent practice in the profession.

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

5.04 Certificate of Program Completion

To receive a Certificate of Completion at the end of the training year, the intern must attain a score of "3" ("Consistently Meets Expectations") for each competency element on the CE by the fourth quarter. The intern must also have accrued 2,000 hours of supervised training by the end of the training year. Notification of program completion is sent to the intern's graduate school.

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

5.05 Doctoral Intern Program Surveys

Each intern evaluates the training program at mid-year and at the end of the training year. The

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

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

6. DUE PROCESS: REMEDIATION AND APPEAL PROCEDURES

The Internship program's due process policy provides a framework to address the situation in which an intern is not meeting expected performance standards. It ensures that the training program adheres to fair and unbiased evaluation and remediation procedures, and that the intern is given an opportunity to appeal the 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 time frames and outcomes.

6.01 Rights of Doctoral Interns

1. To be informed of the expectations, goals and objectives of the doctoral internship 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 advanced level of training.
4. To have individual training needs identified and documented in the training contract.
5. To receive ongoing evaluation that is specific, respectful, and pertinent. To be informed in a timely manner if they are not meeting program standards.
6. To engage in ongoing evaluation of the doctoral training program. The training program will conduct formal surveys twice a year.
7. To utilize due process procedures for concerns related to performance standards so that the intern's viewpoint is taken into account, and so that the intern has an opportunity to remediate problems in order to successfully complete the 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.

6.02 Responsibilities of Doctoral Interns

1. To function within the bounds of all state and federal laws and regulations, as well as APA ethical and professional practice standards. All interns are expected to refer to and abide by the APA's Ethical Principles and Code of Conduct.
2. To adhere to the policies and procedures of KPNC, including KP's Principles of Responsibility. This information is presented during the orientation period and can be accessed through the KPNC web site, 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 Doctoral Internship Programs as outlined in this manual; and to adhere to the policies and procedures of the intern's assigned work department or clinic.
4. To demonstrate skill proficiency in clinical services and ethical practice as established by the APA's Standards of Accreditation.
5. To attend and participate in didactic trainings and seminars, staff meetings, case conferences and individual and group supervision meetings.
6. To maintain professional, collegial interactions in the workplace, including offering constructive feedback and being receptive to feedback.

6.03 Doctoral Internship Program Responsibilities

1. To provide information regarding laws, standards, and guidelines governing the practice of clinical psychology and to provide forums to discuss the implementation of such standards.
2. To ensure that faculty and staff engage with interns 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 interns to offer input into the training program, including their supervisory experiences, through meetings with training directors and semi-annual written evaluations.
6. To communicate program expectations, and standards for evaluation, including how interns will be evaluated and by whom.
7. To provide interns with written and verbal feedback in weekly supervision meetings and in quarterly written evaluations so that they may improve their skills and address competency problems in a timely manner.

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

6.04 Definition of Problematic Behavior

A problematic behavior interferes with intern professional competence and is defined by:

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

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

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

6.05 Informal Discussion

The first step in the due process procedure is Informal Discussion which is used to address performance or behavioral concern(s) that do not rise to the level of a Problematic Behavior. The intern's supervisors are responsible for providing the intern with feedback about their progress during regularly scheduled supervision meetings throughout the year. If a concern arises, the supervisors should inform, advise, and/or coach the intern to enable them to successfully address the concern. The intern should be given a time frame in which to correct the concern and may be provided with additional support over subsequent supervision meetings. Any staff member who observes the intern to be out of compliance with a policy or procedure should inform the intern's supervisors or the site training director. The intern's supervisors and/or site training director will document their discussion(s) with the intern in their supervision notes. These notes will not become part of the intern's official training file.

6.06 Formal Notification and Hearing

If an intern's professional conduct, professional development or performance issues persist even after an Informal Discussion; or if the intern is not meeting minimum levels of achievement (i.e., is receiving ratings of less than 3 on any element of the Competencies Evaluation); or if the intern demonstrates a Problematic Behavior at any point in the training year, then formal due process procedures will be initiated as follows:

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

address these deficits, the intern will be placed on a remediation plan called “Focused Competency Guidance.” Focused Competency Guidance may also be implemented when an intern is found to be below the minimum levels of achievement in their knowledge or skill because of a gap in graduate school training (for example, insufficient preparation in psychological testing or diagnostics).

- d) The intern has demonstrated major competency deficits that have resulted in rating(s) of 3 – “Inadequate – on one or more elements of the CE. An intern with serious performance or conduct problems may be placed on Probation, which is also a form of remediation.
- e) The intern has demonstrated major competency deficits involving potential harm to a patient, gross misconduct, legal violations, or serious policy or ethical code violations. Any intern demonstrating such behaviors may be suspended from the training program. The site training director and training faculty will follow KPNC HR policies in this situation.

6.07 Outcome of the Hearing

The Training Director and primary supervisor will communicate the Outcome of the Hearing to the intern both verbally and in writing. The intern will be presented with an “Acknowledgement of Hearing Notice” for outcomes resulting in 1) no further action/return to routine supervision or 2) Focused Competency Guidance.

The essential components of an Acknowledgement of Hearing Notice are:

1. Date of the Hearing and names of the participants.
2. Description of the intern’s unsatisfactory performance and date in which the concerns were first brought to the intern’s attention.
3. Identification of the targeted competency area(s) and competency element(s).
4. Decision of the Hearing Committee with regard to the competency concerns and whether a remediation plan was recommended.
5. When Focused Competency Guidance is recommended - an outline of measures to be undertaken to remediate performance, including but not limited to schedule modification, provision of opportunities for extra supervision and/or attendance at additional seminars and/or other training activities, and/or recommendations of training resources.
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 Remediation plan completion.

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

The intern, site training director, and department manager (if appropriate) will be required to sign the letter or notice. A copy of the document will be provided to the intern and to the intern’s graduate school and will be placed in the intern’s training file. If an intern is dissatisfied with the Hearing Committee’s decision, the intern may appeal the decision by following the Appeal Procedure found in section 6.12.

6.08 Focused Competency Guidance

Focused Competency Guidance is typically triggered when an intern receives one or more ratings of “2” (“Needs Improvement”) for any competency element on the Competencies Evaluation (CE) during quarters one and two. The “2” rating indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if an intern receives a “2” for any Competency elements measured, the supervisor may initiate Probation depending on the element or number of elements needing improvement. . A focused competency guidance can also be initiated mid-quarter if competency issues have been identified by the training team

During the hearing outcome meeting, the primary supervisor and the site training director will present a Focused Competency Guidance plan (Appendix D) to the intern which also includes a recording of the concern(s) in narrative form on a CE. The primary supervisor will review the competencies to be targeted and the remedial actions recommended by the Hearing Committee (for example, didactic trainings, closer mentoring, structured readings, simulated clinical practice etc.).

The Hearing Committee may also recommend 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 therapy; (d) reducing the intern’s clinical or other workload; and (e) requiring specific academic course work.

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

The Focused Competency Guidance plan must be signed and dated by the primary supervisor and intern during the initial and follow-up meetings. The primary supervisor and site director will provide the intern and the intern’s graduate school with copies of the plan. A copy will also be placed in the intern's training file.

6.09 Probation

Interns who have serious competency-related concerns, or who have not corrected identified concerns after a Focused Competency Guidance plan may be placed on Probation. The decision to place an intern on Probation is made by the Hearing Committee; or in the case of an intern who is still not meeting minimum levels of achievement at the time of a Focused Competency Guidance plan review, by the site training director and primary supervisor in consultation with the department manager, other training faculty and HR administration. Probation will include more closely scrutinized supervision for a specified length of time. The

intern's graduate school will be notified of the Probation plan determination as soon as possible.

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

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

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

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

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

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

6.10 Suspension

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

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

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

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

1. Date of the Hearing and names of participants (if applicable).
2. Description of intern's unsatisfactory performance and dates in which the concerns were first brought to the intern's attention.

3. Identification of violation(s), including corresponding competency area(s) and competency element(s). Additional factors to be documented include, but are not limited to, those listed in item four (4) of the Letter of Warning above.
4. Notice of Suspension and expected duration.
5. Notice of whether the suspension is paid or unpaid.

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

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

In the case of a suspension from direct service activities only, the site training director and training faculty will develop a remediation plan following the procedures described in section 6.08 and utilizing the Probation plan document found in Appendix E. The intern may continue to participate in non-direct service activities such as individual and group supervision, case conferences, staff meetings, and didactic trainings and seminars as long as the intern's participation is productive for the intern and for the training cohort. The plan must be signed by the site training director, primary supervisor, and intern. Copies will be provided to the intern and the intern's graduate school and a copy will be placed in the intern's training file.

If all identified concerns are rectified within the agreed upon time frame, the site training director and department manager with input from other training faculty, departmental staff, and HR administration, will determine when the intern can resume direct service activities under probationary monitoring until minimum levels of achievement are met. A new Probation plan should be developed following the procedures described in section 6.08 above.

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

6.11 Termination and Program Dismissal

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

1. Violation of federal or state laws, including HIPAA and CMIA, and in which imminent

- harm to a patient either physically or psychologically is a major factor.
2. Serious violation of KPNC policies, including internship training program 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 training program.
 5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems.
 6. The intern is unable to complete the program due to serious physical, mental or emotional illness.
 7. Serious or repeated act(s) or omission(s) compromising acceptable standards of patient care.

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology. The decision to dismiss an intern is not made lightly and is made by the site director, department manager, and HR consultant with notice given the intern's graduate school, and to APPIC.

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

The intern will be informed of the decision in a letter that addresses the following.

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

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

6.12 Appeal Procedure

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

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

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

the following information:

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

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

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

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

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

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

The intern must submit their written appeal, along with a copy of the original written challenge to the regional training director within ten (10) business days from the date of the Hearing Committee's decision. This written appeal shall include the following information:

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

Within ten (10) business days after receipt of the appeal, the regional training director (or designee) will review the decision along with the intern's appeal and either accept or reject the committee's recommendations.

If the regional training director accepts the Hearing Committee's recommendations, they will inform the site training director who, in turn, will inform the intern, the primary supervisor, and

the intern's graduate institution of the decision. If the regional training director 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 regional training director will inform the site training director of any rescission. The site training director will in turn inform the intern, the intern's graduate school, and the intern's supervisors/training faculty. The intern may appeal the regional training director's final decision by contacting an HR consultant and the department manager

7. DISPUTE RESOLUTION POLICIES

7.01 Doctoral Intern Grievance and Appeal Overview

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

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

7.02 Verbal Grievance Communication

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

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

7.03 Written Grievance Communication

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

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

respond to the intern's grievance in writing within ten (10) business days. If the intern is dissatisfied with the outcome of the review of the Written Communication, the intern is directed to follow the procedure for Grievance Appeal, as outlined below.

7.04 Doctoral Intern Grievance Appeal

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

This appeal shall include the following information:

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

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

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

7.05 Training Supervisor Dispute Resolution Overview

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

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

7.06 Supervisor Dispute Resolution Procedure - Step 1

The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The training supervisor is responsible for specifically describing how they

intend to gain satisfactory resolution in the area identified.

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

7.07 Supervisor Dispute Resolution Procedure Step 2

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

8. TRAINING FACULTY ROLES AND RESPONSIBILITIES

8.01 Supervisor Qualifications and Responsibilities

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

8.02 Site Training Director Qualifications

- Must work a minimum of 32 hours per week and be on site at least 4 days per week
- Minimum of five (5) years of experience as a licensed psychologist preferred
- Minimum of two (2) years of experience as a primary supervisor preferred
- Minimum of one (1) year of employment at the training site preferred
- Member of the American Psychological Association (APA)
- American Board of Professional Psychology (ABPP) certification preferred
- Evidence of effective, collaborative working relationships with interns, training faculty, clinic management teams and KPNC local and regional administration
- Demonstrated abilities in leadership
- Commitment to ongoing learning and innovation in mental health treatment
- Demonstrated abilities in teaching and scholarship preferred (i.e., publications, presentations, course instruction, workshops, intern seminars, etc.)

8.03 Site Training Director Responsibilities

- Reports to Northern California Regional Training Director
- Attends all training program-related meetings, including in-person regional meetings in Oakland as well as teleconferenced regional meetings
- Coordinates and directs the training supervisors
- Oversees local didactic trainings to ensure that curriculum is informed by science and includes a focus on diversity
- Ensures that program policies and procedures are followed, and a high standard of training is maintained
- Ensures that support and resources for interns and supervisors are provided
- Ensures that California BOP, APPIC and APA regulations and guidelines are followed
- Organizes the interview and selection process for new candidates
- Ensures timely evaluations of interns utilizing the Competencies Evaluation
- Ensures timely evaluations of program and supervisors, utilizing the Intern Program Survey and Intern Evaluation of Supervisor
- Provides opportunities for interns to work with the Regional Training Director to secure quality assurance in training
- Participates with department managers in decision-making on issues concerning intern schedules, placements on teams and the candidate interview process
- Implements modifications to program per feedback from program surveys and CEs
- Submits the APA CoA Annual Report Online (ARO) every year
- Contacts the CoA directly to provide any program updates that could potentially impact the program's functioning, such as a change in directorship or training rotations or multiple personnel changes
- Ensure 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 R).
- Ensures availability and coverage during the interviewing of prospective candidates, during the on-boarding process of incoming trainees, and at other crucial periods of the training year.

8.04 Administrative Hours for Training Faculty – Regional Standards All primary supervisors are allocated a minimum of one hour per week for each intern they supervise for chart review and note closing. This administrative time is in addition to the one hour of face-to-face individual supervision time for each intern.

- All secondary supervisors (if one exists) are allocated a minimum of one-half hour per week of administrative time for each intern they supervise for chart review and note closing. This time is in addition to the one hour of face-to-face individual supervision time for each intern.
- All site training directors are allocated three ½ hours per week including office hours of administrative time, funded by the clinic, to manage their programs.
- Each training site receives administrative staff support hours funded by the Region.

At certain points in the year, including for interviews and on-boarding, training directors may need additional administrative time to effectively manage their 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.

8.05 Training Program Administrative Meetings

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

- Weekly
Informal meetings among training directors and supervisors
- Monthly
Formal Supervisor meetings (minutes are recorded) among site training directors and supervisors to discuss the progress of the interns, the curriculum, and to develop plans and make decisions related to the administration of the program.
- Semi-Annually
Regional meetings of all site training directors across the northern California region with the Regional Mental Health Training Director to discuss new program developments, curriculum changes, APA accreditation, and other program administrative matters.

8.06 Maintenance of Doctoral Intern Training Records

The site training director should establish a training file for each intern and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely, and stored securely for future reference and credentialing purposes. Files are maintained in either hard copy or in e-file format. If/when the training director runs out of storage space for hard copy files, these files are scanned and archived as e-files and stored on a shared computer drive. At the end of the training year, a copy of each intern's 4th Quarter Competencies Evaluation, now identified by the intern's employee number, is faxed to the HRSC for inclusion in their KPNC personnel file.

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

1. Letter of Intent
2. Resume

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

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

8.07 Establishment of New Training Sites and Director Appointments

If a new site/department would like to develop a training program, or an existing site would like to expand their program, a New Program Business Plan application (Appendix N) must be completed and submitted to the Regional Training Director.

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

9. DOCTORAL INTERN HIRING PROCESS, COMPENSATION AND BENEFITS

9.01 Program Admission Requirements

Academic Degree

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

Prior Clinical Training

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

Candidate Qualifications

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

9.02 Application and Interview Process

All applicants must complete the APPIC Application for Psychology Internships (AAPI) and must participate in the APPIC Internship Matching Program. Applicants must be authorized to work in the United States without an employer-sponsored visa or student visa.

The internship programs encourage applications from individuals who come from diverse, underserved, or disadvantaged backgrounds. Site training directors ensure that all applicants who meet the general criteria for the program are included in the selection pool.

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

All notes made by interviewers during the selection process must not be kept in the selected candidate's training file. These notes must be retained in a separate file. KPNC Human Resources stipulates that all selected and non-selected interviewees' application materials and corresponding interview panel members interview notes be retained for a period of four years following the interviews. Application materials from non-interviewed applicants need not be retained for any period of time.

9.03 Welcome Letter and Values Statement

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

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

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

9.04 KPNC Employment Statement

The term of the doctoral internship is one year, and it is expected that the intern will remain in the program for the duration of the term. There is no expectation that after the one-year doctoral internship is completed, KPNC will accept a former intern into a postdoctoral residency or hire an intern into a staff psychologist position. Interns will be expected to apply and compete for

open positions like any other qualified candidate.

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

9.05 Salary and Benefits Package

Doctoral interns are employed by KFJH and are paid every two weeks. Paychecks are deposited directly into bank accounts by arrangement with KPNC. The current wage scale for interns is posted on the Regional Mental Health Training Programs website.

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

Detailed information on intern benefits, including medical and dental insurance coverage, can be found on the MyHR home page, under the Benefits & Wellness tab.

9.06 Paid Time Off and Holiday Pay

Each intern receives 80 hours of paid time off (coded as PTO) for the training year which can be used for sick or vacation time. The full 80 hours is front-loaded into interns' TIME accounts at the beginning of the training year; it is not accrued throughout the year. Any PTO hours remaining in the intern's account at the end of the training year is either paid out to the intern or is rolled over into their new TIME account, depending on the employment disposition of the intern.

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

9.07 Time Off for Doctoral Dissertation Defense

Each intern is eligible to receive 8 hours' paid time off (coded as RES or equivalent) to attend their doctoral dissertation defense.

9.08 Professional Liability Insurance

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

10. KAISER PERMANENTE HUMAN RESOURCE POLICIES

10.01 Finding Policies on MyHR and Contacting HRSC

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

- Bereavement Leave
- Jury Service
- Maternity/Paternity Leave
- Pregnancy Disability Leave
- Family Medical Leave (FMLA)
- Kin Care Leave (CESLA)
- Employee Assistance Program (EAP)
- Harassment-Free Work Environment
- Equal Employment Opportunity (EEO)
- Accommodation for Disabilities (ADA)
- Drug-Free Workplace
- Social Media Policy

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

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

10.02 Non-Discrimination and Harassment-Free Workplace Policies

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

10.03 Professional Appearance Policy

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

- Allow for identification by patients, visitors, and other staff at your medical centers.
- Provide safe patient care.
- Protect staff from personal injury.
- Demonstrate respect for Kaiser members and colleagues.

- Represent Kaiser Permanente in a professional and business-like manner while recognizing we are a diverse community.
- Enhance security within the medical centers and clinics.
- Exceptions to dress standards must be approved by senior leadership at each medical center and/or clinic.

Name Badges:

- Name Badges must be 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 you affix your badge to a necklace lanyard, the lanyard must be consistent with Kaiser Permanente's brand (i.e., Thrive, KP HealthConnect, etc.). No other branding is allowed (i.e., professional sports teams, political messages, schools, etc.).

Workplace Professional Attire and Professional Appearance

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

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

Workplace Attire in Specialty Clinics

While working in certain departments (such as Behavioral Medicine), trainees who are placed in

these departments are to be provided with the same attire as other mental health clinicians who work in these departments. For example, in departments where mental health staff typically wear white coats, trainees are asked to be provided with the same attire and apparel as their supervisory staff.

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

10.04 Social Media Policy

Members of the training program (both trainees 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. Trainees 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 trainees 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 training program set their security settings to "private" and consider limiting the amount of personal information posted on these sites. Patients should never be included as part of one's social network, and any information that might lead to the identification of a patient or compromise patient confidentiality in any way is prohibited. If a trainee 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 training program to determine corrective action, up to and including termination. Greetings on voicemail services and answering machines used for professional purposes should be thoughtfully constructed as directed by supervisors."

10.05 Tuition Reimbursement Policy

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

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

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

The information below is intended to highlight and augment but not to replace the information located on MyHR, and in Kaiser Permanente (KP) Tuition Reimbursement (TR) policy, NCAL.HR.6.03. For complete information about tuition reimbursement policy and process, go

to the National Tuition Reimbursement Administration (NTRA) and the KP Career Planning web site at <http://www.kpcareerplanning.org/>

1. To obtain the TR benefit, MH trainees must be actively employed by KPNC for at least 90* contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if a trainee's start date is September 4th, their "eligibility date" for obtaining TR benefits will be on or after December 4th of the same year. **An exception will be made for license-prep courses, workshops, or materials; in which case the trainee's eligibility date is 30 days after their start date.*
2. Any educational event for which the trainee seeks reimbursement must begin on or after the trainee's "eligibility date" and must end before the trainee's last day of training. This means that if an event for which a trainee seeks reimbursement begins or ends after the trainee's last day at KP, the event is **not** reimbursable.
3. Any MH trainee (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of \$3000 in tuition reimbursement, per calendar year. Up to \$750 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied below).
4. A MH trainee must submit their TR application and obtain approval for reimbursement WELL BEFORE the course starts and before they plan to pay for it. It is recommended that the trainee submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline. By knowing in advance if they will be reimbursed for the course(s), the trainee can make an informed decision as to whether or not to purchase the course(s). A trainee can also submit their application before their eligibility date, as long as the event they wish to be reimbursed for occurs after their eligibility date.
5. The MH trainee should talk with their manager about which approved courses/tools they are interested in taking/purchasing. Courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology, and social work, that award credits, units or hours are reimbursable. Although trainees cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed. Their manager will need to approve any TR application before it is submitted to the NTRA.
6. The TR application is accessed and completed online at <http://www.kpcareerplanning.org/>
7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).
8. The MH trainee can monitor the status of their application online at <http://www.kpcareerplanning.org/>. Click on the green bar: "View Reimbursement Request Status" after signing onto the Tuition Reimbursement section. Application status will be one of the following, as described below:
 - "Submitted" = No one has approved yet
 - "Manager accepted" = Manager approval received; NTRA still needs to approve
 - "Approved" = Manager & NTRA have approved

- “Denied” = NTRA denied
 - “Pending receipts” = NTRA needs receipts
 - “Pending grades” = NTRA needs proof of completion
 - “Documents missing” = Both the receipt and the proof of completion are missing
9. Once the application is approved by both manager and NTRA, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the trainee to receive reimbursement, which occurs after the event and after the trainee has submitted all their supporting documentation, including invoice/statement of charges, grades, and receipts.

Instead of faxing the required supporting materials/documents, the trainee is advised to upload these documents (such as invoices and receipts of completion) and only in a non-editable e-file format, e.g., PDF (as opposed to MSWord).

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

I. All KP Employees: What is Reimbursable?

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

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

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

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

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

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

II. **Mental Health Trainees: What is reimbursable?**

- a) School Tuition: Psychology Doctoral Interns, who are currently enrolled in academic programs, can apply to have their tuition reimbursed.
- b) Pre-Licensure Coursework: ACSWs, AMFTs, APCCs and Postdoctoral Residents are required by the California Board of Behavioral Sciences or Board of Psychology to complete certain pre-licensure coursework. These courses are reimbursable through TR, provided that the courses award credits, units, or hours. Please consult the relevant licensing board websites for a list of requisite coursework.

c) Exam Prep:

The information listed below pertains to prep resources for the following exams:

ACSWs:	- LCSW-SWLE (Law & Ethics Exam)
	- LCSW-SWCE (Clinical Exam)
AMFTs:	- MFT-LE (Law & Ethics Exam)
	- MFT-CE (Clinical Exam)
APCCs:	- LPCC Law & Ethics Exam
	- NCMHCE (Clinical Exam)
Psych Residents:	- EPPP
	- CPLEE

D. AATBS is the only non-academic provider of exam prep courses/workshops/ materials that meet the NTRA criteria for reimbursement. AATBS will give 20% off NTRA qualified materials. To take advantage of this offer, trainees are directed to complete the following **steps**: 1) Send email to Kevin Norton at knorton@aatbs.com to set up an appointment to **ask** questions, review packages or complete your order via credit card. (No checks **accepted.**); 2) **Call Kevin Norton at 805-665-5105 to place your order.** Leave a message and your call will be returned within 24 hours (M-F). **NOTE:** Orders placed via AATBS website will delay the delivery of your certification of completion for reimbursement purposes

1. **Workshops** that prepare participants for licensing examinations must award credits, units, or hours to be reimbursable. The trainee must upload their certificate of completion showing credits earned for the workshop to NTRA as part of their supporting materials.

- a) The automated certificate for the **EPPP 4-Day workshop** is issued the following week after completion of the event. For all other workshops, please contact Kevin Norton after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.
- b) The certificate of completion for the **online self-paced workshop** is issued 30 days* after it is purchased. Contact Kevin Norton and request a certificate for the workshop (*no sooner than 30 days: no later than the end of the training year).
2. **Packages that Include Workshop and Study Materials:** In order to be reimbursed for a package that includes a workshop and study materials, you must upload documentation for **each package item** into your existing TR application as part of your supporting materials. Documentation must attest to the completion of credits, units, or hours for each item.
- a) **Workshop Certificates:** obtain following the instruction outlined above.
- b) **Study Material Certificates:** The certificate of completion for the study materials is issued 30 days* after they are purchased (*no sooner than 30 days; no later than the end of the training year). *The trainee is responsible for contacting Kevin Norton and requesting certificates for all study materials included in the package.*
3. For **Packages with Exam Study Materials Only** (i.e., no workshop included):
- a) The trainee must complete and pass the exam **before** the end of their training year, then contact Kevin Norton, provide the passing score and request certificate(s) for the study materials to be issued.
- b) After the trainee has received the certificate awarded by AATBS showing credits earned for each item purchased, the trainee should upload the certificate(s) into their existing TR application as supporting documentation.

10.06 HR Job Codes and Titles for Mental Health Trainees

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

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

	[Associate Marriage & Family Therapist (AMFT)]		
025472	Associate Post Masters MH Intern [Associate Professional Clinical Counselor (APCC)]	DG	Professional Clinical Counselor Trainee

Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

BASELINE ASSESSMENT OF PSYCHOLOGY DOCTORAL INTERN

[Rev 19JUL2021]

Training Year: _____ Date: _____

Training Site: _____ Team: _____

Intern Name: _____

Primary Supervisor Name: _____

DIRECTIONS:

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

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

Baseline Assessment Rating Scale:

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

Profession-Wide Competency A: RESEARCH

Competency Elements Measured	Baseline			
<ul style="list-style-type: none"> Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional or national level 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Research:				

Profession-Wide Competency B: ETHICAL AND LEGAL STANDARDS

Competency Elements Measured:	Baseline			
<ul style="list-style-type: none"> Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> The current version of the APA Ethical Principles of Psychologists and Code of Conduct Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels Relevant professional standards and guidelines Knowledge of the Kaiser Permanente Doctoral Interns' Policy & Procedure Manual as an essential program resource 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Conducts self in an ethical manner in all professional activities 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A

Supervisor Comments for Ethical and Legal Standards:

Profession-Wide Competency C: INDIVIDUAL AND CULTURAL DIVERSITY				
Competency Elements Measured	Baseline			
<ul style="list-style-type: none"> An understanding of how their own personal/cultural history, attitudes and biases may affect how they understand and interact with people different from themselves 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> The ability to apply a framework for working effectively with areas of individual and cultural diversity 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> The ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Individual and Cultural Diversity:				

Profession-Wide Competency D: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS				
Competency Elements Measured	Baseline			
<ul style="list-style-type: none"> Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Actively seek and demonstrate openness and responsive to feedback and supervision 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Professional Values Attitudes and Behaviors:				

Profession-Wide Competency E: COMMUNICATION AND INTERPERSONAL SKILLS				
Competency Elements Measured	Baseline			
<ul style="list-style-type: none"> Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Demonstrate effective interpersonal skills and the ability to manage difficult communication well 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Communication and Interpersonal Skills:				

Profession-Wide Competency F: ASSESSMENT				
Competency Elements Measured	Baseline			
<ul style="list-style-type: none"> Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural). 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Select and apply assessment methods that draw from the best available empirical literature 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A

and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Assessment:				

Profession-Wide Competency G: INTERVENTION				
Competency Elements Measured:	Baseline			
<ul style="list-style-type: none"> Establish and maintain effective relationships with the recipients of psychological services. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Develop evidence-based intervention plans specific to the service delivery goals. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Demonstrate the ability to apply the relevant research literature to clinical decision making. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Intervention:				

Profession-Wide Competency H: SUPERVISION				
Competency Elements Measured:	Baseline			
<ul style="list-style-type: none"> Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Apply the supervisory skill of observing in direct or simulated practice. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Apply the supervisory skill of evaluating in direct or simulated practice. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Apply the supervisory skills of giving guidance and feedback in direct or simulated practice. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Supervision:				

Profession-Wide Competency I: CONSULTATION and INTERPROFESSIONAL/ INTERDISCIPLINARY SKILLS				
Competency Elements Measured:	Baseline			
<ul style="list-style-type: none"> Demonstrate knowledge and respect for the roles and perspectives of other professions. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
<ul style="list-style-type: none"> Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior. 	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> N/A
Supervisor Comments for Consultation and Interprofessional / Interdisciplinary Skills:				

SIGNATURES

Intern's Signature:		Date:	Click or tap to enter a date.
Supervisor Signature:		Date:	Click or tap to enter a date.
Delegated Supervisor Signature:		Date:	Click or tap to enter a date.

**KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY**

Intern Name: _____

Training Year: _____ Date: _____

Training Site: _____ Team: _____

Primary Supervisor Name: _____

List plan(s) for addressing all competency area(s) which intern, and supervisor have rated as “1” (Minimal Experience) on the Baseline Assessment of Intern Foundational and Functional Competencies form:

[illegible]

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

[illegible]

III. TRAINING AGREEMENTS

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

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

IV. RESPONSIBILITIES AND EXPECTATIONS OF INTERN

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

My responsibilities and expectations are to:

- Spend approximately 20 hours per week providing direct services to patients through individual, group, or family therapy and conducting psychological assessments (minimum one assessment per quarter).
- Complete required Program Development/Evaluation Project
- Spend a minimum of 32 hours over the course of the training year engaged in a community partnership project
- Attend all regional training seminars, unless supervisor authorizes my absence
- Attend local didactics (at minimum 90% attendance)
- Complete assigned readings
- Review the Evaluation of Supervisor form to understand the supervisory standards of the program and use it as a guide for discussion with my supervisors to identify my supervision and training needs
- Meet with primary supervisor on a weekly basis to receive individual supervision and instructive feedback
- Demonstrate preparedness/receptivity for supervision
- Present challenging cases as appropriate
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner so that they may be closed within the required two-day window
- Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
- Consistently make progress on all competency elements throughout the training year
- Demonstrate timeliness in record keeping, report writing, meetings, supervision, patient care, etc.
- Maintain professional and ethical standards, including but not limited to adherence to child, dependent adult, and elder abuse reporting laws, confidentiality, and respect for boundaries as outlined by KP, the BOP, the APA, and the State of California.

I also understand and agree that:

- Supervisors bear liability in supervision regarding the standard of patient care/client welfare and need to have complete information from me regarding patients and files.
- In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
- In the event that my own personal process(es) does disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
- My primary supervisor will present me with formal written feedback on my performance using the Competencies Evaluation, at least once per quarter and more frequently if necessary, if a concern arises in any competency area
- If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies, including implementing a formal remediation or corrective action plan if necessary
- In order to complete the training program, I must achieve a minimum of "3" ("Meets Expectations") by the end of the fourth quarter for all competency elements in the Competencies Evaluation.

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

The Intern Individual Training Contract has been agreed to on this _____ of _____, 20_____

Doctoral Intern: _____ Date: _____

Primary Supervisor: _____ Date: _____

Site training director: _____ Date: _____

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

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN COMPETENCIES EVALUATION (rev. 7/2021)

STANDARDS of ACCREDITATION PROFESSION-WIDE COMPETENCIES WITH COMPETENCY ELEMENTS MEASURED

Training Year/Site: _____	Rotation 1: _____
Intern's Name: _____	Rotation 2: _____
Primary Supervisor Name: _____	Rotation 3: _____
Delegated Supervisor Name: _____	Rotation 4: _____

Rating	Measurement	Description
1 = Inadequate	At this point in the training program, Intern's performance <u>is inadequate</u> .	A rating of "1" (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation process (see Appendix D of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.
2 = Needs Improvement /Area of Focused Guidance	At this point in the training program, Intern's performance <u>needs improvement or continues to be an area of focused guidance</u> .	A rating of "2" (Needs Improvement) is understandable for the first two quarters, given that the intern is in the early part of their training. If an intern receives this rating for the third quarter: The supervisor is to: 1) Initiate or continue the Focused Competency Guidance in the Remediation process (see Appendix D of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.
3 = Meets Expectations	At this point in the training program, Intern's performance <u>meets expectations</u> .	A rating of "3" (Meets Expectations) indicates that the intern's performance meets or exceeds the competency requirements for interns at the current stage of training. Supervisor completes a narrative describing when an intern exceeds expectations. A rating of "3" in all Competencies at the end of the fourth quarter indicates that the intern is ready for entry-level practice as a licensed psychologist.
N/A = Not Measured at this point in the training year	At this point in the training program, the Intern has not engaged in these activities and thus their performance cannot be measured at this time.	A rating of N/A (Not Measured) indicates that the intern's performance cannot be measured at this point in the training year. This may occur, for example, when a particular training activity takes place later in the training year. *NOTE: Supervisor <u>must</u> provide a comment if "N/A" is given.

To receive a Certificate of Completion, Intern must achieve ratings of 3 for ALL Competency Elements by end of 4th quarter.

Profession-Wide Competency A: RESEARCH

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Disseminates research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional or national level 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
Supervisor Comments for Program Evaluation and/or Research:				

Profession-Wide Competency B: ETHICAL AND LEGAL STANDARDS

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Be knowledgeable of and act in accordance with each of the following: <ul style="list-style-type: none"> The current version of the APA Ethical Principles of Psychologists and Code of Conduct Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional and federal levels Relevant professional standards and guidelines Knowledge of the Kaiser Permanente Doctoral Interns' Policy & Procedure Manual as an essential program resource 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Conducts self in an ethical manner in all professional activities 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
Supervisor Comments for Ethical and Legal Standards:				

Profession-Wide Competency C: INDIVIDUAL AND CULTURAL DIVERSITY

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> An understanding of how their own personal/cultural history, attitudes and biases may affect how they understand and interact with people different from themselves 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities, including research, training, supervision/consultation, and service 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> The ability to apply a framework for working effectively with areas of individual and cultural diversity 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> The ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
Supervisor Comments for Individual and Cultural Diversity:				

Profession-Wide Competency D: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Actively seek and demonstrate openness and responsive to feedback and supervision 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
Supervisor Comments for Professional Values, Attitudes, and Behaviors:				

Profession-Wide Competency E: COMMUNICATION AND INTERPERSONAL SKILLS				
Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Demonstrate effective interpersonal skills and the ability to manage difficult communication well 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
Supervisor Comments for Communication and Interpersonal Skills:				

Profession-Wide Competency F: ASSESSMENT				
Competency Elements Measured	BENCHMARK	BENCHMARK	BENCHMARK	BENCHMARK

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
<ul style="list-style-type: none"> Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural). 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
Supervisor Comments for Assessment:				

Profession-Wide Competency G: INTERVENTION				
Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Establish and maintain effective relationships with the recipients of psychological services. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Develop evidence-based intervention plans specific to the service delivery goals. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Demonstrate the ability to apply the relevant research literature to clinical decision making. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A

[illegible]

Profession-Wide Competency H: SUPERVISION

Competency Elements Measured	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Apply the supervisory skill of observing in direct or simulated practice. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Apply the supervisory skill of evaluating in direct or simulated practice. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Apply the supervisory skills of giving guidance and feedback in direct or simulated practice. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A

Supervisor Comments for Supervision:

[illegible]

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

Competency elements:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> Demonstrate knowledge and respect for the roles and perspectives of other professions. 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A
<ul style="list-style-type: none"> Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health 	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A	1 2 3 N/A

care professionals, interprofessional groups, or systems related to health and behavior.				
Supervisor Comments for Consultation and Interprofessional / Interdisciplinary Skills:				

SIGNATURES

First Quarter
☐ This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the intern.

Intern Signature: _____
Date: _____

Primary Supervisor Signature: _____
Date: _____

Delegated Supervisor Signature: _____
Date: _____

Second Quarter
☐ This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the intern.

Intern Signature: _____
Date: _____

Supervisor Signature: _____
Date: _____

Delegated Supervisor Signature: _____
Date: _____

Third Quarter
☐ This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the intern.

Intern Signature: _____
Date: _____

Supervisor Signature: _____
Date: _____

Delegated Supervisor Signature: _____
Date: _____

Fourth Quarter
☐ This evaluation has been completed in part using direct observation per SoA II.D.1.b.ii by the supervisor of the intern.

Intern Signature: _____
Date: _____

Supervisor Signature: _____
Date: _____

Delegated Supervisor Signature: _____
Date: _____

Based on 2012 APA Competency Benchmark revisions and original adaptation 2010 by Kaiser Permanente Northern California Psychology Postdoctoral Residency Programs from Fouad, N.A., et al (2009). Competency benchmarks: a model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology* 2009, Vol. 3, No. 4(Suppl.), S5-S26.

Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN [Rev July 2022]

To be signed by the PRIMARY SUPERVISOR and the DOCTORAL INTERN

Policy Statement:

Focused Competency Guidance is *typically* triggered when an intern receives one or more ratings of “2” (“Needs Improvement”) for any behavioral anchors (s) on the Competency Evaluation (CE). A rating of “2” indicates minor competency deficit(s) that may be easily ameliorated by added training. However, during the third or fourth quarters of the training year, if an intern receives a “2” for any behavioral anchor, the supervisor may choose to initiate Probation.

After determining the need to initiate Focused Competency Guidance and recording concerns in narrative form on the intern's CE, the site training director and primary supervisor will meet with the intern. During this meeting, the site training director and primary supervisor will present the Focused Competency Guidance Plan below, identifying the competencies to be targeted and the recommended actions. The guidance plan will include a timeline for reassessment of the identified concerns. If the timeline calls for reassessment before the next quarterly CE, the CE is utilized at the appointed time and follow-up remarks are detailed. This plan must be signed and dated by the primary supervisor and the intern during the initial and follow-up meetings with copies provided to the intern and to the intern's graduate school. A copy will also be placed in the intern's training file.

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

Competency Evaluation Quarter and Training Year, and Plan Initiation Date	
Doctoral Intern Name (print):	
Primary Supervisor Name (print):	

Statement of Plan Completion:

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

Primary Supervisor Name (Signature) and Date

Focused Competency Guidance Plan		
A. Competency Issues discussed at meeting, rated as "2" on CE:	B. Recommended Actions	C. Reassessment Status of Actions/Competency
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		
Competency/Issue:		

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

Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

DOCTORAL INTERN REMEDIATION: PROBATION PLAN [Rev July 2022]

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

Policy Statement:

Probation is *typically* triggered when an intern fails to achieve timely and/or sustained improvement after completing a Focused Competency Guidance Plan and/or receives one or more rating(s) of "1" for any behavioral anchor(s) on the Competencies Evaluation. A rating of "1" ("Inadequate") indicates major competency deficit(s).

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

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

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

Competency Evaluation Quarter and Training Year, and Plan Initiation Date:	
Doctoral Intern Name (print):	
Primary Supervisor Name (print):	
Site Training Director Name:(print)	

Statement of Plan Completion:

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

Training Director Name (Signature) and Date

Primary Supervisor Name (Signature) and Date

Probation Plan	
Component of Probation Plan	Outcome
3. Description of doctoral intern's unsatisfactory performance:	
4. Identification of targeted competency element(s):	

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

Probation Plan	
Probation Plan (cont'd)	Outcome
7. Consequences for unsuccessful outcome (which may include initiation of Suspension)	
8. Timeline for completion	

Appendix F



The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES BY A DOCTORAL INTERN IN CLINICAL PSYCHOLOGY (rev. 7/2020)

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

Intern Name: _____, MA/MS

Intern Contact #: _____

Doctoral Internship Completion Date: _____

This intern is working under the supervision of:

Supervisor Name: _____, PsyD/PhD

Supervisor License #: _____,

Supervisor Contact #: _____

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

Appendix G



Mental Health Training Program
Northern California

Confidentiality and Consent to Participate in Psychological Testing and Evaluation

Confidentiality

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

Exceptions to Confidentiality Rules

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

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

Risks, Benefits and Alternatives

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

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

Termination

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

Acknowledgement

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

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

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

Signature of Patient

Medical Record Number

Date

Signature of Responsible Party

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

Date

Name of Evaluator

Training Program Completion

Date

Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

_____Seminar Evaluation

Title of Seminar: _____

Date: _____

Instructor(s): _____

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

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

- | | | |
|-----|----------------------------------------------------------------------|-------|
| 1. | Was seminar consistent with its objectives and title? | _____ |
| 2. | Was seminar appropriately challenging? | _____ |
| 3. | Did seminar expand your knowledge in this topic? | _____ |
| 4. | Was the seminar taught at the promised level? | _____ |
| 5. | Were cultural and diversity issues integrated into the presentation? | _____ |
| 6. | Was material relevant to your professional activities? | _____ |
| 7. | Was/were instructor(s) well-informed on subject matter? | _____ |
| 8. | Was/were the instructor(s) well prepared? | _____ |
| 9. | Was/were instructor(s) attentive to questions? | _____ |
| 10. | Would you attend another seminar given by this instructor? | _____ |
| 11. | How would you rate the overall value of the program? (circle one): | _____ |

Excellent

Good

Fair

Poor

12. Suggestions for future seminar topics? _____

13. Please list two insights that you have gained from this seminar.

14. Additional comments are welcomed. Use reverse side of this sheet if needed.

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Appendix J

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

DOCTORAL INTERN EVALUATION OF SUPERVISOR (rev. 7/2020)

Training Site/Team: _____ Date: _____

Evaluation Period: Year: _____ Quarter _____
Mid-Year/End-of-Year _____

Supervisor's Name: _____

Supervisor's Status: _____ Primary individual supervisor
_____ Delegated (secondary) individual supervisor
_____ Group supervisor - indicate which group:
_____ Case Conference
_____ Psychological Assessment
_____ Program Development/Evaluation Project
_____ Supervision Training

Supervisee's/Intern's Name: _____

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

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

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

Supervisor Provides Atmosphere for Professional Growth

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

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

Supervisor's Style of Supervision

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

Supervisor Models Professional Behavior

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

Impact of Supervisor

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

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

Appendix K

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN PROGRAM SURVEY

[Rev July 2021]

Residency Year: _____ Check One: Mid-Year _____

Consortium: _____ End of Year _____

Training Site: _____ Date: _____

EVALUATION INSTRUCTIONS

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1* Inadequate</p> <p>2* Needs Improvement</p> <p>3 Meets Expectations</p> <p>N/A Not Applicable</p> | <p>Program never meets my expectations*</p> <p>Program sometimes meets my expectations*</p> <p>Program consistently meets my expectations</p> <p>* Please provide explanation for these ratings</p> <p>This competency is not able to be rated at this point in the training year</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

SEMINARS AND SUPERVISION	Ratings
1. How would you rate the quality of the weekly didactics at your training site?	
2. How would you rate the quality of the regional seminars?	
3. How would you rate the quality of your individual primary supervision?	
4. How would you rate the quality of your delegated supervision?	
5. How would you rate your group supervision (case conference only)?	
6. How would you rate your group supervision (professional development seminar only – may not pertain to all sites)?	
7. How would you rate the overall training you have received during your Internship year?	
8. How would you rate the resources available to you, such as the web-based Clinical Library, Best Practices models and availability of senior staff Members?	
9. Has your training graduated in complexity during the training year?	
10. Have you felt welcomed and treated with respect by the professional staff at your training site?	

PROFESSION-WIDE COMPETENCY A: RESEARCH

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I have been given the opportunity to critically evaluate and disseminate research or other scholarly activities (e.g., case, conference, presentation, publications) at the local (including host institution), regional or national level	1	2	3	N/A

PROFESSION-WIDE COMPETENCY B: ETHICAL AND LEGAL STANDARDS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">The program emphasis the application of ethical and legal standards to the practice of psychology, including the APA Ethical Principles of Psychology and Code of Conduct and federal and state laws and regulations	1	2	3	N/A
<ul style="list-style-type: none">I have been given the opportunity to apply ethical decision-making processes to resolve ethical dilemmas	1	2	3	N/A
<ul style="list-style-type: none">I have been supported to conduct myself in an ethical manner in all professional activities	1	2	3	N/A

PROFESSION-WIDE COMPETENCY C: INDIVIDUAL AND CULTURAL DIVERSITY

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I have been encouraged to self-monitor and apply knowledge of diversity in all professional activities, including research, supervision, consultation and patient care	1	2	3	N/A

PROFESSION-WIDE COMPETENCY D: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I have been supported to behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others	1	2	3	N/A
<ul style="list-style-type: none">I have been encouraged to engage in self-reflection of my personal and professional functioning and engage in activities to maintain and improve my performance, wellbeing and professional effectiveness	1	2	3	N/A
<ul style="list-style-type: none">I have been supported to seek and demonstrate openness and responsiveness to feedback and supervision	1	2	3	N/A
<ul style="list-style-type: none">I have been encouraged to independently respond professionally in increasingly complex situations				

PROFESSION-WIDE COMPETENCY E: COMMUNICATION AND INTERPERSONAL SKILLS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I have been supported and encouraged to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees and patients	1	2	3	N/A
<ul style="list-style-type: none">I have been encouraged to produce, comprehend and engage in communications that are professional, informative and well-integrated	1	2	3	N/A
<ul style="list-style-type: none">I have been encouraged to develop skills to manage difficult communications well	1	2	3	N/A

PROFESSION-WIDE COMPETENCY F: ASSESSMENT

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I have been given the opportunity to demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural) 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to apply knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to select and apply assessment methods that draw from the best available empirical literature and collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification and recommendations, while guarding against decision-making biases, distinguishing aspects of assessment that are subject from those that are subjective 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences 	1	2	3	N/A

PROFESSION-WIDE COMPETENCY G: INTERVENTION

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I have been given the opportunity to establish and maintain effective relationships with patients 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to develop evidence-based intervention plans specific to the service delivery goals 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to implement interventions informed by current scientific literature, assessment findings, diversity characteristics and contextual variables 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to apply relevant research literature to clinical decision-making 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to modify and adapt evidence-based approaches effectively when a clear evidence base is lacking 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to evaluate the effectiveness of and adapt intervention goals consistent with ongoing evaluation 	1	2	3	N/A

PROFESSION-WIDE COMPETENCY H: SUPERVISION

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I have been given the opportunity to apply supervision knowledge in direct or simulated practice with psychology trainees or other health professionals 	1	2	3	N/A
<ul style="list-style-type: none"> I have been given the opportunity to apply the supervisory skills of observing, evaluating and giving feedback in direct or simulated practice 	1	2	3	N/A

**PROFESSION-WIDE COMPETENCY I: CONSULTATION AND INTERPROFESSIONAL/
INTERDISCIPLINARY SKILLS**

Competency Elements Measured	Ratings
<ul style="list-style-type: none"> I have been given the opportunity to apply knowledge of consultation models and practices, in direct or simulated consultation, with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior 	<div>1 2 3 N/A</div>

PLEASE WRITE **COMMENTS** BELOW AND ON BACK –THANK YOU

Appendix L

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

POST-PSYCHOLOGY DOCTORAL INTERNSHIP EXPERIENCE SURVEY

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

Your information is important to us for the following reasons:

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

In addition, as a psychology internship training program accredited by the American Psychological Association, we are required to gather this data.

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

I. PAST PARTICIPANT INFORMATION

1. Date _____
2. Name _____
3. Current Address _____

4. Phone Number _____
5. Email Address _____
6. Year of Doctoral Degree _____
7. Training Year _____
8. KPNC Training Site _____
9. Initial Post-Doctoral Internship Employment Setting (Circle one):
 1. Community Mental Health Center
 2. Federally qualified health center
 3. Independent primary care facility/clinic
 4. University counseling center

5. Veterans Affairs medical center
6. Military health center
7. Academic health center
8. Other medical center or hospital
9. Psychiatric hospital
10. Academic university/department
11. Community college or other teaching setting
12. Independent research institution
13. Correctional facility
14. School district/system
15. Independent practice setting
16. Not currently employed
17. Changed to another field
18. Other: Please specify _____

10. Initial Job Title and Employer: _____

11. Current Employment Setting (Circle one):

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

12. Current Job Title and Employer: _____

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

14. Other current job title(s) _____

15. Licensure:

Yes
No

16. Licensed in State(s)/Province(s): _____

17. Primary licensure in State/Province: _____

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

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

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

20. Additional Activities:

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

II. PROGRAM OUTCOMES INFORMATION: Foundational and Functional Competencies

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

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

Rating Scale:

1 Not at All Prepared

2 Moderately Prepared

3 Very Prepared

N/A Does Not Pertain to My Present Position

PROFESSION-WIDE COMPETENCY A: RESEARCH

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications)	1	2	3	N/A
<ul style="list-style-type: none">I disseminate scholarly activities the local, regional or national level	1	2	3	N/A

PROFESSION-WIDE COMPETENCY B: ETHICAL AND LEGAL STANDARDS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I am knowledgeable of and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct and all relevant local, state and federal laws, rules and regulations governing health service psychology	1	2	3	N/A
<ul style="list-style-type: none">I apply ethical decision-making processes to resolve ethical dilemmas	1	2	3	N/A
<ul style="list-style-type: none">I conduct myself in an ethical manner in all professional activities	1	2	3	N/A

PROFESSION-WIDE COMPETENCY C: INDIVIDUAL AND CULTURAL DIVERSITY

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I understand how my own personal/cultural history, attitudes and biases affect my understanding and interaction with people different from me	1	2	3	N/A
<ul style="list-style-type: none">I am knowledgeable of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities	1	2	3	N/A
<ul style="list-style-type: none">I integrate awareness and knowledge of individual and cultural diversity in the conduct of my professional roles	1	2	3	N/A
<ul style="list-style-type: none">I work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with my own	1	2	3	N/A

PROFESSION-WIDE COMPETENCY D: PROFESSIONAL VALUES, ATTITUDES AND BEHAVIORS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, department, professional identity, accountability, lifelong learning and concern for the welfare of others 	1	2	3	N/A
<ul style="list-style-type: none"> I engage in self-reflection of my personal and professional functioning and engage in activities to maintain and improve my performance, wellbeing and professional effectiveness 	1	2	3	N/A

PROFESSION-WIDE COMPETENCY E: COMMUNICATION AND INTERPERSONAL SKILLS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisees and those receiving professional services 	1	2	3	N/A

PROFESSION-WIDE COMPETENCY F: ASSESSMENT

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I am knowledgeable of current diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology 	1	2	3	N/A
<ul style="list-style-type: none"> I demonstrate knowledge of human behavior within its context (e.g., family, social, societal and cultural) 	1	2	3	N/A
<ul style="list-style-type: none"> I apply knowledge of functional and dysfunctional behaviors, including context, to the assessment and/or diagnostic process 	1	2	3	N/A
<ul style="list-style-type: none"> I select and apply assessment methods that draw from the best available empirical literature and collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient 	1	2	3	N/A
<ul style="list-style-type: none"> I interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification and recommendations, while guarding against decision-making biases, distinguishing aspects of assessment that are subject from those that are subjective 	1	2	3	N/A
<ul style="list-style-type: none"> I communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences 	1	2	3	N/A

PROFESSION-WIDE COMPETENCY G: INTERVENTION

Competency Elements Measured	Ratings			
<ul style="list-style-type: none"> I establish and maintain effective relationships with patients 	1	2	3	N/A
<ul style="list-style-type: none"> I develop evidence-based intervention plans specific to the service delivery goals 	1	2	3	N/A
<ul style="list-style-type: none"> I implement interventions informed by current scientific literature, assessment findings, diversity characteristics and contextual variables 	1	2	3	N/A
<ul style="list-style-type: none"> I apply relevant research literature to clinical decision-making 	1	2	3	N/A
<ul style="list-style-type: none"> I modify and adapt evidence-based approaches effectively when a clear evidence base is lacking 	1	2	3	N/A
<ul style="list-style-type: none"> I evaluate the effectiveness of and adapt intervention goals consistent with ongoing evaluation 	1	2	3	N/A

PROFESSION-WIDE COMPETENCY H: SUPERVISION

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I apply knowledge and training I received in supervision during internship to my current duties as a psychologist and engage in supervisory duties in my current role.	1	2	3	N/A
<ul style="list-style-type: none">I apply the supervisory skills of observing, evaluating, and giving feedback in my current role as a licensed psychologist.	1	2	3	N/A

PROFESSION-WIDE COMPETENCY I: CONSULTATION AND INTERDISCIPLINARY SYSTEMS

Competency Elements Measured	Ratings			
<ul style="list-style-type: none">I respect the roles and perspective of other professions	1	2	3	N/A
<ul style="list-style-type: none">I knowledgeably consult with individuals and their families, other health care professionals, interprofessional groups or systems related to health and behavior	1	2	3	N/A

ADDITIONAL INFORMATION/COMMENTS:

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

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

Jonah Paquette, PsyD, Assistant Regional Director of Mental Health Training Programs
707-645-2373
Jonah.X.Paquette@kp.org

Debbie Ortiz, Program Coordinator
707-645-2249
Debbie.L.Ortiz@kp.org

Appendix M

KAISER PERMANENTE NORTHERN CALIFORNIA MENTAL HEALTH TRAINING PROGRAMS

GENERIC LETTER OF COMPLETION

[To be printed on Letterhead of KP department/medical center that includes address]

[Date]

Dear [Full name of trainee]:

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

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

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

OR

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

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

Sincerely,

[Signature of Training Director]

[Name of Training Director]

[Title of Training Director (e.g., Director of Training)]

[Name and Location of Training Program]

Appendix N



KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

**BUSINESS PLAN APPLICATION
FOR CREATING A NEW or EXPANDING AN EXISTING MENTAL HEALTH TRAINING PROGRAM:
PSYCHOLOGY DOCTORAL INTERNSHIPS**

To be completed by the Requestor and emailed to Kathryn.Wetzler@kp.org

REQUESTOR INFORMATION	
Requestor Name:	
Requestor Email Address:	
Requestor Office Phone:	
Department and Location of new/existing training program:	
Address of Location:	

PROGRAM RECRUITMENT AND RETENTION OF INTERNS			
Please provide a description of your recruitment strategy for hiring and retention of Interns:			
Please identify the School(s) from which your Interns will be recruited:			
TIMELINE FOR RECRUITMENT			
Posting of Positions	Application Deadline	Interview Period	Last Date for Hiring

(APPI Application)	November 1st	January	End of February (check for actual date on National Matching Services)
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BUSINESS PLAN APPLICATION, PSYCHOLOGY DOCTORAL INTERNSHIPS, PAGE 2 of 3

INDIVIDUAL AND GROUP SUPERVISION OF PSYCHOLOGY DOCTORAL INTERNS		
INDIVIDUAL SUPERVISION: Each Intern must have one primary and one delegated supervisor assigned to them, for a total of two hours per week.		
Supervisor Name and Credentials:	Supervisor Skills, Knowledge and Attitudes:	How Supervisor plans to remain current with changes in the field:
Back-up Supervision Policy: Please provide an outline of your backup supervision policy, to be initiated when a primary and/or delegated supervisor is not at the clinic.		
GROUP SUPERVISION: Each Intern must have two hours of group supervision each week.		
Please provide an outline of the structure and content of Group Supervision:		

PROGRAM CURRICULUM
Didactics (2 hours per week): Please attach a list of the didactics schedule for the training year.
Community Partnership Projects (32 hours per year): Please attach an outline of Community Partnership projects, in which each Intern will be participating for 32 hours over the course of the training year.

PROGRAM ADMINISTRATION	
Please provide a description of how your management plans to support the program:	
Please provide a description of how you will ensure that all training faculty have read and are aware of the Policy and Procedure Manual and are familiar with the web site:	
Acknowledgment that program will submit a list, to the Regional Director, of candidates to be interviewed for Training Director position, when appropriate:	(signature of Requestor)
Acknowledgment that Training Director commits to attending two regional meetings per training year, held in Oakland:	(signature of Requestor)

ADDITIONAL INFORMATION PROVIDED BY REQUESTOR (OPTIONAL)

Appendix O

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

GENERIC WELCOME LETTER (rev. 7/2020)

Date _____

Dear _____

We are pleased to welcome you to the Doctoral Internship in Clinical Psychology in the Department of Psychiatry at Kaiser Permanente, _____ (enter name of medical center training site). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at _____ (enter full street address)
and reporting to _____ (enter staff member's name).

Internship Term: September XX, 2020 – September XX, 2021

Total Hours: You will be scheduled to work 40 hours per week. At this rate, but not including the 80 hours of paid vacation/holiday that you are eligible for, you will accrue a total of 2000 hours of supervised training by the end of the training year. Your schedule will include some morning and some evening hours. It is expected that you will work all of your hours.

Contingent Offer Letter: You will be receiving a Contingent Offer Letter from our Human Resources Recruitment Department which will outline employment contingencies and pay.

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

Throughout the training year, you must keep a record of your Supervised Professional Experience (SPE). You can find a form to keep a record of your SPE on the California Psychology Internship Council's (CAPIC) website: <https://capic.net/resources/all-forms/#Internship%20Docs>

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

Please sign and return this Welcome Letter and accompanying Values Statement to your training director by fax at _____ (enter fax number) or email at _____ (enter email address).

Doctoral Intern's Signature: _____ Date: _____

Training Director's Signature: _____ Date: _____

Appendix P

Kaiser Permanente Mental Health Training Program Values Statement

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

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

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

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

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

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

- Show willingness to work with a wide range of patient populations and presentations often different from yourself
- Demonstrate respect for differing worldviews and value systems, even when they are in conflict with your own

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

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

Name: _____

Signature: _____

Date: _____

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

Appendix Q

KAISER PERMANENTE NORTHERN CALIFORNIA DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

Supplement to California Board of Psychology Supervision Agreement Form (Rev. 7/2021)

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

Supervisees at KPNC perform the following duties under supervision:

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

The doctoral internship program is sequential, cumulative, and graduated in complexity. The sequential aspects are achieved through supervision, evaluation, didactic seminars, case conferences, and provision of direct care.

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

The program has refined its seminar offerings based on yearly feedback from interns. All topics are designed to provide high-quality learning experiences and cover important clinical issues that interns face in their practice. Local didactic seminars increase in complexity; general overview seminars are offered in the beginning of the year, while more specialized trainings are offered at the end of the year. Toward the end of the year, seminars are also focused on clinical practice choices. Preparation for professional licensure is built into the regional seminar schedule, with speakers devoted to exam review topics. Interns are encouraged to enroll in license preparation classes, for which they are eligible to be reimbursed by KPNC. At the regional level, seminars focus on keeping psychologists up to date on important issues such as ethics, outcomes management, evidence-based practice, supervision, the adaptation of neuroscience to psychotherapy etc.

Interns' initial caseloads are significantly lighter than those of staff psychologists. Interns are scheduled for 20 clinical hours per week whereas full-time staff psychologists are expected to devote 30-32 clinical hours to direct patient care. Initially, interns' caseloads are triaged for less clinical complexity. As interns become increasingly competent and demonstrate their ability to work autonomously, they are assigned progressively more difficult cases. By mid-year, if proficient, interns are assigned cases that are generally indistinguishable from those assigned to staff psychologists. Interns undertake a program development/evaluation project during their training year and are encouraged to present the results and/or their doctoral dissertation findings at clinic meetings or departmental Continuing Medical Education (CME) events to gain teaching experience.

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

DOCTORAL INTERNSHIP PROFESSION-WIDE COMPETENCIES

A. Research

Competency Elements Measured:

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

B. Ethical and Legal Standards

Competency Elements Measured:

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

C. Individual and Cultural Diversity

Competency Elements Measured:

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

- The ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own

D. Professional Values, Attitudes and Behaviors

Competency Elements Measured:

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

E. Communication and Interpersonal Skills

Competency Elements Measured:

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

F. Assessment

Competency Elements Measured:

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

G. Intervention

Competency Elements Measured:

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

H. Supervision

Competency Elements Measured:

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

I. Consultation and Interdisciplinary Skills

Competency Elements Measured:

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

DOCTORAL INTERNSHIP PROGRAM-SPECIFIC COMPETENCY

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

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

Mentoring is an integral part of the supervision process, as cases are discussed, and professional issues are explored. For example, at the beginning of each training year, interns observe their supervisors and other staff psychologists conducting intake evaluations, therapy sessions, and group treatment programs. Interns continue to have opportunities throughout the training year to provide co-therapy with their supervisors, other staff psychologists, and with members of their training cohort.

The program's interns may meet with the other interns in their Northern California regional cohort, at least four times per year for the regional training seminars. Interns may stay after local trainings or arrive early to regional trainings in order to have lunch and socialize with their peers. During these gatherings, interns update each other on projects and compare notes regarding training experiences. Interns also have opportunities to meet with the psychologists who are presenters or attendees of the seminars. Frequently, seminar leaders invite interns to email or call them with further questions, thus broadening interns' access to professional networking in the Northern California Region.

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

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

All interns participate weekly in two-hour group supervision, whose focus is how best to provide direct patient care within the context of an HMO setting. The group supervision sessions also provide a place for the intern to present cases in a formal manner. Interns may also periodically present Best Practices literature reviews.

Group supervision sessions include provision of guidance throughout the year on the program evaluation project. The program evaluation seminar supervisor is available to any intern for additional questions or support outside of the regular meeting time. Furthermore, all interns receive supervision on psychological testing cases. They are required to complete a minimum of one testing battery per quarter during their training year and some choose to complete more.

All interns attend didactic trainings for two hours per week, which focus on aspects of clinical practice that the interns may not regularly encounter. It is important to note that diversity issues are always integrated into didactic seminars because without continual attention to these issues, the danger to over-pathologize and mistreat healthy cultural expressions of psychological distress can occur.

3) *Describe the structure and sequence of feedback as provided to the intern by the program.*

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

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

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

Appendix R



KAISER PERMANENTE®

Mental Health Training Program Exit Interview Questions

(optional) (NewJuly2022)

1. Please tell us any areas you see for improvement in the training program	
2. What were your favorite parts of the training experience?	
3. What were some of the biggest challenges you faced during your training year?	
4. What are you most looking forward to in your new role/where you're going next?	
5. Did you feel adequately supported, respected, and recognized in your role as part of the team this year?	
6. 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?	
7. Was your training experience consistent with your expectations from when you interviewed and accepted the offer? If not, what changed?	
8. Would you recommend training at our program to a peer? Why or why not?	