

Policy and Procedure Manual

KP Counseling Center (KPCC)

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**KAISER PERMANENTE COUNSELING CENTER
PSYCHOLOGY PRACTICUM EXTERNSHIP AND
SOCIAL WORK, MARRIAGE AND FAMILY THERAPY AND COUNSELING
PRE-MASTER'S INTERSHIP PROGRAMS**

POLICY AND PROCEDURE MANUAL

1. PROGRAM OVERVIEW

The Psychology Practicum Externships, and Social Work, Marriage and Family Therapy and Counseling Pre-Master's Internships are compliant with state and national guidelines. The programs are comprised of a hybrid model, virtual/in-person, therapeutic services within the Northern California region. The part-time positions (8 to 30 hours/week) begin as indicated by relationship/contracts with educational institutions and are designed to be completed in 9 to 15 months. All timelines are determined in collaboration with educational institutions and any changes must be approved by Kaiser Permanente Counseling Center (KPCC) Training Director and educational institution training coordinator.

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Confidential Office Space available at following locations:

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Milpitas Medical Offices – 611 S. Milpitas Blvd, Milpitas, CA

Lathrop Medical Offices - 17000 S. Harlan Rd Lathrop Ca 95330

This manual provides the policies and procedures that are applicable to KPCC Trainees and faculty. It is distributed to all faculty, staff and KPCC Trainees at orientation and will be available via PDF on our KPCC Faculty and Trainee TEAMS pages.

1.01 Mission Statement

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

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

The psychology practicum externships' and pre-master's mental health internships' mission statements declare a commitment to training graduate students within an integrated health care

system, in order to prepare them for dynamic roles as practicing mental health professionals in the health care system of the future. Our mission statement within the KPCC provide professionals with developmentally appropriate exposure and training opportunities in evidence-based, culturally responsive, and high-quality interventions within an integrated health care system.

1.02 Program Admission Requirements

Psychology Practicum Externs must be enrolled in a Ph.D., Psy.D, or Ed.D. program during their practicum at KPCC.

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

KPCC Training Director and managers work with the educational institutes field placement coordinators to recruit appropriate candidates. KPCC encourages applications from individuals who come from diverse, underserved, or disadvantaged backgrounds.

For applicants external to the Mental Health Scholars Academy (MHSA) and KP School of Allied Health Sciences: KPCC managers and clinical supervisors ensure that all applicants who meet general criteria for the program are included in the selection pool. Applications are reviewed by the training faculty and qualified candidates are identified and invited for interview. Interviews take place throughout the training year to support multiple start dates during the year.

For Mental Health Scholars and KP School of Allied Health Sciences, lists of prospective trainees are provided to KPCC by MHSA and KPSAHS. Applicants who meet general criteria for the placement are included in the selection pool.

Students receive an email from KPCC several months prior to the start of the practicum placement with information about the program and scheduling options for the training year. Students must adhere to deadlines regarding submitting their schedule preferences.

KPCC Trainees are a voluntary temporary position as indicated by school contract. Of note, KPCC Trainees are not connected with the possible unionized positions the KPCC Trainees may hold within their permanent employment at Kaiser Permanente.

All timecard issues and Kaiser Permanente permanent position concerns will be routed to the Mental Health Scholars Academy (MHSA), when appropriate. MHSA trainees are expected to be at practicum when being paid for their permanent positions. KPCC Trainees should note any changes appropriately within their timecards as evidence of timecard fraud will be investigated by designated departments. KPCC Trainees are encouraged to contact MHSA for additional clarification.

Trainees enrolled in the Mental Health Scholars Academy (MHSA) program are required to adhere to the weekly hour limits set by MHSA.

External trainees who are not connected with MHSA are expected to follow the rules and regulations of their educational institution and KPCC.

KPCC Trainees are required to complete the Attestation in Appendix I prior to meeting with patients.

1.03 Rights of KPCC Trainees

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

1.04 KPCC Trainee Policy Adherence Expectation

KPCC Trainees are subject to KPCC's general policies and procedures which are presented during the orientation period. Trainees may also access this information through the KPCC TEAMS Page. Policies pertaining to professional appearance/dress code and social media use are located in sections 8.03 and 8.04 of this manual and should be reviewed.

KPCC Trainees are strongly encouraged to affiliate with a professional association according to their mental health discipline and are required to refer to and abide by the professional association's code of ethics. These organizations include the American Psychological Association (APA), National Association of Social Workers (NASW), the American Association of Marriage and Family Therapists (AAMFT), the California Association of Marriage and Family Therapists (CAMFT) and the American Counseling Association (ACA). In addition, trainees are expected to understand and comply with all training program policies, departmental policies and state and federal laws.

2. PROGRAM CURRICULUM

2.01 Training Schedule Overview

In creating a schedule for the KPCC Trainees, the site clinical supervisor works closely with the trainee to ensure scheduling and clinic requirements are met. The trainees will provide hybrid psychotherapy services, which includes telehealth and in-person services. Trainees are not typically scheduled to work at night or on the weekends, unless requested by the trainee. Appropriate supervision is available when KPCC Trainees are scheduled, including evening and Saturday hours. In no case shall a KPCC Trainee be scheduled to work more than the hours agreed upon weekly by the counseling center training director and the trainee's educational institution contract and/or limits set by MHSA or Scholars Academy trainees.

Services provided by trainees may include but are not limited to intake evaluations, individual and family/couples psychotherapy, Spanish Bilingual Track, and co-facilitation of treatment groups. The remaining hours are spent in activities such as weekly individual and group supervision, and

didactic seminars. Trainees are allocated 25% of direct patient care time for Indirect Patient Care (IPC), which include patient charting and administrative duties, based on their scheduled hours and assigned responsibilities.

Requirements vary between tracks (Child Generalist, Couples Therapy, Spanish Bilingual Track), therefore trainees are requested to review guidelines carefully. Requirements for each track can be found on the KPCC TEAMS page. KPCC Trainees must pass Quarter 1 evaluations to move into a track. Please connect with your supervisor to determine if you qualify for a specific track.

As their academic and training schedule permits, KPCC Trainees are invited to attend regional seminars through the Regional Mental Health Training Programs. Current seminar schedules and a list of speakers and topics can be found on the Northern California Mental Health Training Programs website.

2.02 Administrative Support and Office Resources

Our Counseling Center has its own clerical and technical support staff to assist Mental Health Trainees during their tenure at the clinic. Administrative support staff may contact trainees for onboarding/offboarding needs, clinic paperwork, and/or patient care needs. Trainees are requested to seek support from primary supervisor prior to connecting with Administrative Support. Kaiser Permanente offers trainees the use of translation services, virtual telephone services, computers (when appropriate), and technical support.

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

KPCC Trainees are required to have stable and reliable internet connection or obtain access to an office space within KPCC and medical office relationship, secure and private environment to provide virtual therapy services, receive and answer phone messages via designated virtual phone program and schedule appointments. Group opportunities are provided based on trainee interests, availability and track requirements for each trainee. Additional training resources include live observation of phone and video visits, as well as peer shadowing via TEAMS, review of video or audio recordings of sessions in group and individual supervision, and review of video or audio recording in practicum classes, per graduate school requirements. The Kaiser My Doctor Online (MDO) web portal or Microsoft TEAMS will be used for shadowing and individual/couples therapy needs. In person and virtual spaces are subject to changes as indicated by healthcare guidelines or operational needs.

2.02.01 Equipment Provided

KPCC or the local medical center, as per your agreement, will provide laptop access for the training year. While this may include desktop computers, we request that all KPCC Trainees be provided with Kaiser Permanente issued laptops to facilitate their working across multiple departments and to accommodate the changing dynamics in healthcare. Given our training program includes telehealth and remote supervision, appropriate equipment will be essential to

completing patient care and to support working remotely when appropriate. Additional equipment outside of a laptop will not be provided by KPCC, however KPCC Trainees may utilize external monitor, keyboard, mouse and webcam at their own cost. At home office equipment is not provided. Trainees required to record patient telehealth sessions for their practicum classes must have access to two Kaiser Permanente devices.

2.03 Diversity, Inclusion and Culturally Competent Care

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

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

2.04 Psychotherapy Training

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

KPCC Trainees are taught evidence-based psychotherapy practices, specifically foundational clinical interviewing and Cognitive Behavioral Therapy skillsets within a short-term therapy model, through didactic seminars and case supervision. In addition, they are trained in Feedback Informed Care (FIC), an innovative approach to mental health treatment in which patients and therapists use patient reported information to track treatment progress and outcomes as well as the therapeutic alliance. This approach has been found to significantly improve patient outcomes.

At each visit, patients' complete questionnaires from Lucet, 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.

All KPCC Trainees are required to meet with the maximum number of patients as indicated by Cadence schedule unless otherwise specified. Trainees will continue to be scheduled new patients until 8 weeks prior to established end date of practicum for all students.

2.05 Mandatory Skills Acquisition Sequence

There are three distinct, graduated phases of skills acquisition which KPCC Trainees follow during

the training year. The date of completion of each phase is documented by the supervisor and discussed during evaluation phases, as designed by schools.

Phase I (1st Month of Training)

1. Shadowing of licensed staff members
2. Orientations: Health Connect; Departmental orientations; Policy and Procedure Manual, Review MHTP Resource Center
3. Graduate program's Training/Learning Agreement completed
4. Supervisor and site director *are* to assure the following competencies are met before the student begins treating patients by completing the Prerequisites Checklist

(Appendix B):

- Mental Status Examination
- Mandated Reporting (CPS, APS, etc.)
- Suicide/Homicide/Danger Assessment (Tarasoff, etc.)
- Ethics (i.e., confidentiality, professional boundaries, etc.)
- Psychopathology, Abnormal Psychology
- Theories and Practices of Psychotherapy
- Personality and Psychological Development
- Domestic Violence
- Chemical Dependency

Phase II:

1. Sitting in or co-performing intakes; documenting the intake and discussing documentation with supervisor
2. Trainee's readiness to see clients individually will be determined by the supervisor. This determination will be based on a) training faculty completion of the prerequisites checklist; and b) information gathered by any evaluation tool that the educational institutions have provided to supervisors to assess whether the student has attained a satisfactory level of skill.
3. Trainees are required to provide therapy for the maximum number of virtual and/or in-person patients allotted within their schedules. Exceptions to this model will be considered by the training team through consultation meetings and documented by supervisor.

Phase III

1. Patients are booked into the trainees' schedules by Connect 2 Care (C2C)
2. Trainees and supervisors perform weekly reviews of active cases, including risk management
3. Trainees are directed to immediately escalate concerns about risk to a supervisor (or designee).
4. If there is a question of self-harm, harm to others, or serious psychological decompensation, the procedure will be as follows: for patients in office, an urgent evaluation will be performed by a licensed clinician; for virtual patients, patient will be contacted and an urgent evaluation will be performed by a licensed clinician.

5. Trainees will only co-facilitate groups with licensed staff members; they will not lead groups alone.
6. Trainees will be observed through the My Doctor Online or Microsoft TEAMS platform by supervisors and may receive group observation through Microsoft TEAMS platform as deemed appropriate by supervisor.
7. If indicated by school assignments and needs, the trainees will complete process recordings, or make audio or video recordings of therapy sessions to present to supervisor. All trainees must follow the KPCC protocols and policies related to recording for school related presentations. Trainees will follow all relevant confidentiality and HIPAA standards.
8. Trainees are expected to audio/video record sessions (additional details in section 3.04) for training and supervision purposes. Trainees will follow all relevant confidentiality and HIPAA standards.

3. SUPERVISION OF CLINICAL TRAINING HOURS

3.01 Supervisor Training Requirements

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

ASW Supervisor Information and Qualifications: [ASSOCIATE CLINICAL SOCIAL WORKER SUPERVISOR INFORMATION & QUALIFICATIONS](#)

MFT Trainee & Associate MFT Information & Qualifications: [MFT TRAINEE & ASSOCIATE MARRIAGE AND FAMILY THERAPIST SUPERVISOR INFORMATION & QUALIFICATIONS](#)

APCC Information & Qualifications: [ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR SUPERVISOR INFORMATION & QUALIFICATIONS](#)

All licensed professionals are responsible maintaining an active license and remaining current on the BBS and APA guidelines for supervision.

3.02 Graduate School Training Agreement

KPCC must have an institutional contract in place with the university before considering a trainee for placement. A training agreement provided by the trainee's educational institution must be signed and dated by the KP Counseling Center director and/or primary supervisor and/or school field placement coordinator and/or trainee before training commences. KPCC supervisors must meet the training agreement requirements for supervisors of the trainee's educational institution.

3.03 Supervised Clinical Experience Log

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

KPCC Trainees must ensure they fulfill the specified practicum duration and specific requirements set by their educational institution degree programs and KPCC.

3.03.01 Trainee Time Off

Pre-masters trainees are permitted two weeks off from their practicum each year. However, if taking the full amount of time off jeopardizes trainee ability to meet the required hours for placement completion at KPCC, the trainee should consider taking less time off. When approving time off, patient care and clinical training required for the practicum are taken into account. If a holiday falls on a practicum day, trainees are allowed to flex by working an alternative business day if needed.

Requests for scheduled leave must be communicated to the clinical supervisor via email, providing a minimum notice of 30 business days. It is also the duty of KPCC Trainees and their clinical supervisors to check for scheduled patient care disruptions due to schedule closures and arrange for continuity of patient care. Both Clinical Supervisors and KPCC Trainees are required to activate an “out of office” notification on Health Connect and Outlook during their absence from the clinic.

For trainees with breaks between terms or semesters, it is expected that they continue their work or placement at KPCC during these periods. The time off parameters apply during these gaps. School breaks and KPCC time off are not equivalent. Additionally, you may not collect hours during school breaks; please check with your school for guidelines on hour collection during breaks. Lastly, ensure your malpractice insurance is active while working at KPCC, including during these breaks.

Employees of Kaiser Permanente in dual roles at the KPCC must adhere to the Family Medical Leave Act guidelines set forth by HR. KPCC Trainees within non-Kaiser Permanente positions should work with their academic institution to plan for any medical or family leave needs, as well as notifying their clinical supervisor and KPCC Director who will assist in notifying the appropriate parties.

3.04 Methods of Supervision

All supervision will take place over HIPAA compliant video applications. KPCC Trainees will receive regularly scheduled, face-to-face, individual or triadic supervision of no less than one hour per week by an LCSW, LMFT, LPCC, or PhD/PsyD throughout the year. Supervisors must provide one unit of supervision for every five patients seen within the trainee's schedule. Depending on educational institution and hours designated to practicum, supervision may start within the group format for one unit of supervision and transition to individual/triadic supervision, as well as group supervision for two units of supervision. Please refer to your educational institution and practicum contracts for clarity on your responsibility for scheduling these meetings. KPCC Trainees are expected to coordinate individual/triadic supervision, group supervision and didactics within their scheduled time at KPCC. When needed, supervision may be increased to meet individual trainee needs. If a KPCC Trainee cannot attend planned supervision for a given week, they are required to connect with supervisor via phone or email to coordinate alternative supervision.

Trainees from KPSAHS will participate in a weekly group consultation hour for the initial six months of their placement, as an alternative to the supervision schedule previously outlined. Upon completing this period, they will proceed to follow the established supervision schedule and expectations as outlined above and will include the outlined clinical expectations.

The supervisor's responsibilities include ensuring patient welfare, improving the trainee's clinical skills, fostering professional growth, assessing progress, and providing feedback. Acting as both mentor and guide, the supervisor supports the KPCC Trainee's clinical work and professional

development throughout their time at KPCC. Trainees can always reach their supervisor (or a designated substitute) via phone or TEAMS in case of emergencies. KPCC will ensure that a clinical supervisor is available during the trainees' working hours. With the exception of Saturdays, trainees are required to work on the same days as their supervisor. The KPCC Trainee is expected to align their scheduled time off with their supervisor's availability

All KPCC Trainees will receive two hours of group supervision per week facilitated by a licensed clinician. Topics of group supervision may include case consultation, professional development, interdisciplinary communication and systems issues, and multicultural competence and diversity awareness. All KPCC Trainees are expected to attend an hour of weekly didactics (at minimum 90% attendance) facilitated through TEAMS and/or Zoom. To support flexibility of trainee schedules, didactics are offered at various times throughout the week.

Evaluation of KPCC Trainee professional competencies must be based on direct observation at least twice each quarter and/or during each rotation. Direct observation by the supervisor may be completed live and in-person (e.g., in-room co-therapy with patient, co-led group therapy, in-room observation of an intake evaluation, one-way mirror observation), or by audio-video streaming, or through audio or video recording.

When audio or video recording takes place, trainees must obtain written consent from their patients and document the consent in the electronic health record. Trainees are to record sessions, either in audio or video format, and submit these recordings to their supervisor. These recordings will be utilized for trainee self-review, training other trainees (including KP Launch Trainees), and supervision purposes. Audio/video recordings will be deleted after six months.

Protocols are in place for the recording of sessions, for supervisory and training purposes as well as external educational use at academic settings. For Kaiser's internal purposes, one should follow the specific guidelines and procedures located in the Training TEAMS channel under the folder 'Video Recording Resources/Process For Internal Use'. For the purpose of external academic display, the corresponding policies and procedures can be found in the 'Video Recording Resources/Process For External Use' folder, also within the Training TEAMS channel. It is important to note that any patient information must be removed from videos before they are presented to an audience outside of Kaiser. Additionally, for any recordings meant for external display, both the trainee and the patient are required to sign an Informed Consent form. The completion and clinical supervisor's review of both a Video Recording Informed Consent form and a Video Recording Tracking Log are needed for each recorded patient.

3.05 Supervisor Evaluation of Trainee Competencies

To ensure that KPCC Trainees meet all the program's goals and requirements, each trainee will be formally evaluated by their supervisor quarterly or semiannually in accordance with the requirements of the educational institution. The KPCC Trainee's academic institute will provide KPCC supervisors with evaluation forms which should be utilized according to the school's field placement policies. Beyond the mandatory school assessments, supervisors at KPCC will conduct a KPCC evaluation every quarter to review the trainees' advancement and proficiency. These evaluations play a part in assessing whether a trainee qualifies to engage in one of our specialized tracks.

The supervisor should provide the KPCC Trainee with information regarding their progress during regularly scheduled, weekly individual supervision meetings. If a concern arises regarding a trainee's behavior or performance, the supervisor should provide such feedback during these

meetings, enabling the trainee to focus their attention on the specified area(s) of concern. Significant performance deficits may lead the supervisor and KPCC Director or manager to alert the graduate school field placement coordinator and to initiate remedial and/or corrective action.

3.06 KPCC Trainee Evaluation of Supervisors

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

4. MEDICAL-LEGAL ISSUES IN PATIENT CARE AND DOCUMENTATION

4.01 Patient Rights and Safety

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

4.02 Provision of Services by Psychology Trainee and Patient Consent

Each KPCC Trainee must clearly identify their title at the first meeting with any patient or potential patient as a KPCC Trainee. The trainee must inform the patient or patient's guardian of the trainee's last day of training and name of supervisor. The trainee should send each new patient a welcome letter via secure message, using the "dot phrase" .KPCPTWELCOME, after first visit with this information.

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

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

Patients may refuse therapy or request to be seen by a licensed staff member. In such cases, the trainee must document the patient's refusal in the electronic chart, noting that treatment was

explained, alternative treatment options were offered, and the consequences of declining treatment were discussed.

4.03 Notification to Supervisor Regarding Treatment of a Minor

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

4.04 Signing Legal Documents as Witnesses for Patients

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

4.05 Responding to Legal Documents

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

4.06 Medical Record Confidentiality: CMIA and HIPAA

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

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

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

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

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

KPCC Trainees are not allowed to use Artificial Intelligence (AI) tools such as ChatGPT or Grammarly as they are not within the compliance parameters of Kaiser Permanente.

4.07 Online Charting in KP Health Connect

All medical centers use the same database for online charting called KP Health Connect. Through Health Connect, trainees can access hospital records and perform online charting, as well as

respond to consultation requests electronically. KPCC Trainees are expected whenever possible to incorporate Lucet behavioral health outcomes data, gathered electronically at each patient visit, into treatment planning. KPCC Trainees are responsible for receiving training in the use of these databases. Entries into the mental health record, for example, must include only approved abbreviations and symbols.

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

4.08 Signing and Closing of Chart Notes by Supervisor

All KPCC Trainees should enter intake and progress notes into Health Connect after each patient contact session and forward the notes to the trainee's supervisor by the end of the workday. The supervisor will review the trainee's notes and may make any needed recommendations to the trainee. If necessary, the trainee will modify the notes. After approving the notes, the supervisor will enter the CPT code and co-sign and close the notes no later than two business days from the date of patient contact. Per KP Compliance guidelines, all notes must be closed within 48 hours of meeting with a patient.

4.09 Homework Assignments

All supervisors must be provided 48-72 hours (business hours) for any school assignments trainees may need completed for a class. Trainees are expected to prioritize patient care over school assignments when logged in for practicum hours.

5. REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

5.01 Remediation and Corrective Action Overview

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

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

5.02 Types of Remedial Action

The primary purpose of Remediation is to provide the KPCC Trainee with additional training and supervision for any competencies in which their performance has been identified as sub-standard. The two components of Remediation - Focused Competency Guidance and Letter of Warning - are conceptualized as responses to varying degrees of concern on the part of the clinical

supervisor, manager, or KPCC Director regarding a trainee's performance but not related to behaviors such as patient endangerment, professional misconduct, or criminal behavior. See Corrective Action below, for the program's response to these behaviors. A KPCC Trainee's performance deficits may be due to insufficient skill or knowledge or problematic behaviors that significantly impact their professional functioning.

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

5.03 Focused Competency Guidance

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

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

5.04 Letter of Warning

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

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

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

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

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

5.05 Types of Corrective Action

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

5.06 Probation Policy

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

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

When drafting the probationary notice, the KPCC Director and/or manager should take the following into consideration:

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

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

5.07 Suspension Policy

Suspension of a KPCC Trainee is a decision made between the KPCC Director and the clinical manager, with notice given to the graduate school field placement coordinator. As a result of this decision the trainee may be suspended from all or part of their usual and regular assignments at KPCC.

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

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

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

The KPCC Director and supervisor will submit a written letter to the trainee which addresses the following:

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

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

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

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

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

5.08 Termination Policy

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

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

Termination involves the permanent withdrawal of all privileges associated with KPNC and the KPCC. The decision to dismiss a KPCC Trainee is not made lightly and is made by the KPCC Director and clinical manager, in consultation with the trainee's educational institution. The KPCC Trainee will be notified of the decision in a letter that addresses the following:

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

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

5.09 Due Process Policy

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

In order to appeal a clinical supervisor decision, the KPCC Trainee must notify both the KPCC Director and KPCC management, in writing, as soon as possible after receipt of the decision. The KPCC Director would review the appeal and render a decision. However, the KPCC Director may choose to appoint/designate a KPCC manager to review the appeal and render a decision.

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

1. Name of the KPCC Trainee

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

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

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

6.0 DISPUTE RESOLUTION POLICIES

6.01 KPCC Trainee Grievance Overview

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

6.02 Verbal Grievance Communication

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

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

6.03 Written Grievance Communication

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

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

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

6.04 KPCC Trainee Grievance Appeal

If the Verbal and Written Grievance Communication procedures have been utilized and the issue has not been resolved to the trainee's satisfaction, the trainee may file a written Grievance Appeal with the KPCC Director and/or clinical manager(s). The KPCC Director may choose to appoint/designate a KPCC manager to review the appeal and render a decision.

The KPCC Trainee's appeal shall include the following information:

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

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

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

7. TRAINING FACULTY ROLES AND RESPONSIBILITIES

7.01 Supervisor Qualifications and Responsibilities

- Minimum of two (2) years of experience as a licensed psychologist, LCSW, LMFT or LPCC preferred
- Recommended to be a member of a professional association (i.e., APA, NASW, AAMFT, CAMFT, ACA, CPA, CSCSW).
- Relates to trainees, clinic colleagues, and department managers in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among trainees, including cultural or individual diversity issues
- Models ethical, professional behavior including recognition of and respect for differences among patients and colleagues
- Models commitment to the mission of Kaiser Permanente
- Models commitment to the mission and training model of the Mental Health Training Programs.
- Maintains agreed upon times for supervision and consultation

- Clearly communicates expectations of trainees and gives appropriate timely feedback regarding their progress
- Consults regularly with other professional staff who may have contact with the trainees and provides knowledge about their competencies and general performance
- Contacts the training director when questions or concerns arise regarding trainees' program requirements
- Attends all program-related meetings and keeps abreast of any changes in the program that may impact the trainees and communicates these in a direct, timely fashion to reduce any inconvenience to the trainees
- Follows all outlined grievance policies and due processes if problems arise concerning trainees

7.02 Maintenance of Trainee Records

The Administrative Coordinator and Clinical Supervisor jointly maintain a file for each KPCC Trainee and review all documents prior to filing them. Training files must be treated confidentially, retained indefinitely and stored securely for future reference.

The training file should include the following documents:

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

Upon advance request, KPCC Trainees may inspect their local training file in the presence of the KPCC Director or a designated representative. The trainee may also request a correction or deletion of a record by submitting a request to the KPCC Director who, in consultation with the clinical supervisor, will notify the KPCC Trainee whether the request has been granted or denied. The training director may also consult the graduate school field placement coordinator if the trainee expresses any dissatisfaction with their record.

8. KAISER PERMANENTE HUMAN RESOURCE POLICIES

8.01 Finding Policies on inside KP and Contacting HRSC

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

- Harassment-Free Work Environment

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

8.02 KP Non-Discrimination and Harassment-Free Workplace Policies

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

8.03 Professional Appearance Policy

Given the nature of virtual clinical work, KPCC Trainees are expected to be "camera ready" (detailed below) with video on and volume on mute when attending each meeting. Cell phone usage and messaging services are highly discouraged during clinical services and supervision. All KPCC Trainees are expected to be ready for supervision as instructed by clinical supervisors.

All KPCC Trainees and Clinical Supervisors 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

When considering professional attire and appearance, it's important to maintain a polished and respectful image while also considering the comfort and practicality of working remotely.

Remember, maintaining a professional appearance is essential to establish trust and credibility with clients. Here are some recommendations:

- Dress professionally: Even while working from home, it's essential to dress professionally to create a sense of credibility and maintain a respectful image. We recommend business casual attire, such as a collared shirt, blouse, or dress shirt. Avoid overly casual clothing like t-shirts, sweatshirts, or tank tops.
- Choose appropriate colors: Stick to neutral or muted colors like black, gray, navy blue, or earth tones. These colors are professional and less distracting for clients during therapy sessions. Avoid anything that might draw attention away from the therapy session.
- Grooming: Maintain a neat and clean appearance. Pay attention to your hair, ensuring it is well-groomed and styled appropriately. Keep facial hair trimmed and tidy, if applicable.

Minimal makeup is generally recommended for a professional and natural look.

- Consider the environment: Create a professional background that is free from distractions and clutter. Use a neutral and unobtrusive backdrop, such as a plain wall or a bookshelf with relevant books or decorations. Make sure the lighting is sufficient and your face is well-illuminated, allowing clients to clearly see your facial expressions.
- Jewelry and accessories: Keep accessories to a minimum to avoid distraction. Simple and professional jewelry pieces, like small earrings or a modest watch, can be worn. Avoid excessive or noisy jewelry that may divert attention during therapy sessions.
- Posture and body language: Sit upright and maintain good posture during virtual sessions. This conveys attentiveness and professionalism. Use appropriate facial expressions and maintain eye contact with the camera to create a sense of connection with clients.

If you are appearing within a clinic to perform clinical services, you are required to remain consistent with the following guidelines:

Name Badges (if on KP premises for training purposes):

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

Workplace Professional Attire and Professional Appearance

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

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 (virtual or in person) will be counseled and may be instructed to change clothing. If a trainee is counseled more than once about professional appearance, then the supervisor will inform the training director who will begin remediation. Failure to follow the remediation plan may result in dismissal. Exceptions to this standard will be made for bona fide religious activities on a case-by-case basis.

8.04 Social Media Policy

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

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

Appendix A

Kaiser Permanente Counseling Center (KPCC)

Values Statement

Respect for diversity and values different from one's own is a core tenet of the KPCC & the Mental Health Training Program (MHTP) 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). KPCC Trainees within Kaiser Permanente provide services to a diverse patient population, often consisting of members of social groups different from their own. As such, we strive to ethically and effectively treat a wide range of patients from varying social backgrounds.

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

Over the course of the practicum, 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 KPCC 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 KPCC 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 Counseling Center's (KPCC) Values Statement.

Name: _____

Signature: _____

Date: _____

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

Appendix B



Mental Health Training Program
Northern California

TRAINEE PREREQUISITES CHECKLIST (rev. 8/2020)

Training Year: _____ Date: _____
 Training Site: _____ Team: _____
 Trainee Name: _____
 Supervisor Name: _____ Site Director Name: _____



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

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

Name of Training Faculty Member who completed this form: _____

Appendix C



Mental Health Training Program
Northern California

KPCC TRAINEE REMEDIATION: FOCUSED COMPETENCY GUIDANCE PLAN (rev. 8/2020)

To be completed by the SUPERVISOR and signed by the SUPERVISOR and
the KPCC TRAINEE

Policy Statement:

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

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

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

Performance Evaluation Quarter and Training Year, and/or Date	
KPCC Trainee Name (print):	
Supervisor Name (print):	

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

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

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

Appendix D



Mental Health Training Program
Northern California

KPCC TRAINEE REMEDIATION: LETTER OF WARNING (rev. 8/2020)

To be completed by the SUPERVISOR and signed by the SUPERVISOR and KPCC TRAINEE

Policy Statement:

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

To implement the Letter of Warning, the supervisor completes All sections of this form. The supervisor and the site director then meet with the trainee to review the information outlined in the component sections and obtain the necessary signatures. **The supervisor must provide copies to the trainee, the site director, and the graduate school field placement coordinator of the initialed and signed Letter, which will also be placed in the trainee's file.**

Within the time frame outlined in the Letter, the supervisor will re-evaluate the trainee, and record their findings in the outcome's sections of this form. If the supervisor and site director determine that insufficient progress has been made and that further action is needed, they may together submit a written explanation of their concerns to the trainee. In addition, they may place the trainee on probation.

**Performance Evaluation
Quarter and Training Year,
and/or Date:**

KPCC Trainee Name (print):

Supervisor Name (print):

Supervisor and/or Site Director have consulted with trainee's graduate school field placement coordinator about the remediation plan

YES NO

Dates:

1. Notification that this Letter of Warning action may impact whether the trainee's supervised hours will be found to be satisfactory:

Trainee's
Initials:

Supervisor's
Initials:

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

Component of Letter of Warning (cont'd)

Outcome

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

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

Appendix E



The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF KPCC TREATMENT SERVICES BY A PRE-MASTER'S KPCC INTERN

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

- Social Work
- Marriage and Family Therapy
- Counseling

Intern Name: _____, BA/BS

Intern Contact #: _____

Internship Completion Date: _____

This Intern is working under the supervision of:

Supervisor Name: _____,

Supervisor License #: _____,

Supervisor Contact #: _____,

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

Appendix F



Mental Health Training Program
Northern California

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

KPCC TRAINEE EVALUATION OF SUPERVISOR (rev. 8/2020)

Training Site/Team: _____ Date: _____

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

Supervisor's Name: _____

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

KPCC Trainee Name: _____

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

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

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

Supervisor Provides Atmosphere for Professional Growth

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

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

Supervisor’s Style of Supervision

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

Supervisor Models Professional Behavior

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

Impact of Supervisor

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

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

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

Appendix G

KAISER PERMANENTE NORTHERN CALIFORNIA KPCC & MENTAL HEALTH TRAINING PROGRAMS

COMPETENCIES EVALUATION FOR KPCC TRAINEES FOUNDATIONAL AND FUNCTIONAL COMPETENCIES WITH BEHAVIORAL ANCHORS

Training Year:		Date:	
Training Site:		Training Team:	
Trainee:		Primary Supervisor:	

Rating	Measurement	Description
1 = Inadequate	At this point in the training program, Trainee's performance <u>never meets</u> expectations for a mental health trainee	A rating of "1" (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation Process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.
2 = Needs Improvement	At this point in the training program, Trainee's performance <u>sometimes meets</u> expectations for a mental health trainee	A rating of "2" (Needs Improvement) prompts the supervisor to: 1) Initiate the Focused Competency Guidance process (see Appendix F 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, Trainee's performance <u>consistently meets</u> expectations for a mental health trainee	A rating of "3" (Meets Expectations) indicates that Trainee's performance meets the competency requirements for Trainees at that stage of training.

Trainee must have a successful 1st quarter evaluation to enter any voluntary tracks, when not required by school requirements.

If, by the end of the fourth evaluation period, the Trainee has not achieved ratings of 3 or higher for all behavioral anchors, he/she will not receive a Certificate of Completion.

FOUNDATIONAL COMPETENCIES				
GOAL 1: PROFESSIONALISM				
A) Professional identity				
Essential Components:				
<ul style="list-style-type: none"> ■ Understands professional values; honesty, personal responsibility ■ Understands self as professional, "thinking like a mental health professional" 				
Behavioral Anchors:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates honesty and takes responsibility for own actions				
• Understands the need to take personal responsibility for ongoing learning and training opportunities				
B) Deportment				
Essential Component:				
■ Understands how to conduct one's self in a professional manner				
Behavioral Anchors:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
• Demonstrates appropriate personal hygiene and attire				

<ul style="list-style-type: none"> • Distinguishes between appropriate and inappropriate language and demeanor in professional contexts 				
C) Accountability				
Essential Component:				
<ul style="list-style-type: none"> ■ Acceptance of personal responsibility across settings and contexts 				
Behavioral Anchors:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Completes documentation on time • Plans and organizes own workload • Completes requested tasks/activities assigned by supervisor on time 				
Goal 1 Supervisor Comments				
Q1				
Q2				
Q3				
Q4				

GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT

A) Reflective practice				
Essential Component:				
<ul style="list-style-type: none"> ■ Basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action) 				
Behavioral Anchors:				
Displays:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Critical thinking/organized reasoning/problem-solving skills • Intellectual curiosity and flexibility • Demonstrates openness to considering own transference and counter-transference issues 				
B) Self-assessment				
Essential Component:				
<ul style="list-style-type: none"> ■ Knowledge of core competencies; emerging self-assessment regarding competencies 				
Behavioral Anchor:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Recognizes own clinical strengths and the areas needing further development 				
C) Self-care: Attention to personal health and well-being to assure effective professional functioning				
Essential Component:				
<ul style="list-style-type: none"> ■ Understands the importance of self-care in effective practice; knowledge of self-care methods; attention to self-care 				
Behavioral Anchor:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Demonstrates basic awareness and attention to self-care 				
Goal 2 Supervisor Comments				
Q1				
Q2				
Q3				
Q4				

GOAL 3: CULTURALLY SENSITIVE PRACTICE

Objectives: Self-awareness, awareness of others, and awareness of the interaction of self and others as shaped by individual and cultural diversity, taking into consideration any cultural, individual and role differences, including those based on age, gender, gender identity, race, ethnicity, national origin, religion, sexual identity, disability, language and socioeconomic status, and context

Essential Components:

- Knowledge, awareness, and understanding of:
 - One’s own dimensions of diversity and attitudes towards others’ diversity
 - Other individuals as cultural beings
 - The interaction between self and others as shaped by individual and cultural diversity and reflecting a confluence of diverse cultural beings/entities

Behavioral Anchors:

BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
--------------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

● Demonstrates openness to self-identify multiple individual and cultural identities				
● Demonstrates this self-knowledge, awareness, and understanding: For example: articulates how ethnic group values influence who one is and how one relates to other people				
● Demonstrates cultural sensitivity in practice				
● Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals				
● Demonstrates knowledge of methods and techniques for assessing the client’s values, personal preferences and cultural identity, as well as their experience of social and cultural biases and discrimination and the impact of these factors on the presenting problem				
● Demonstrates knowledge of methods and techniques for assessing the impact of other peoples’ values, culture and life experiences on the client’s presenting problem				
● Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments and organizations/agencies				
● Adapts and modifies one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient				

Goal 3 Supervisor Comments

Q1	
Q2	
Q3	
Q4	

GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY

Knowledge of ethical, legal and professional standards and guidelines

Essential Component:

- Basic knowledge of the principles of the NASW Code of Ethics, CA-MFT Ethical Standards or

American Counseling Association (ACA) Code of Ethics; beginning knowledge of legal and regulatory issues, including California and national law, in the practice of counseling that apply to practice while placed in a training setting

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Articulates importance of concepts of confidentiality, privacy, informed consent 				
<ul style="list-style-type: none"> • Demonstrates knowledge of NASW Code of Ethics, CA-MFT Ethical Standards or ACA Code of Ethics and conducts self according to all aspects of the Codes, especially regarding the key values of confidentiality, self-determination, non-judgmental attitude and maintenance of appropriate boundaries 				
<ul style="list-style-type: none"> • Demonstrates knowledge of typical legal issues in connected time frames (e.g., child and elder abuse reporting, HIPAA, Confidentiality, Informed Consent) 				

Goal 4 Supervisor Comments

Q1	
Q2	
Q3	
Q4	

GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS

Functioning in multidisciplinary and interdisciplinary contexts

Essential Component:

- Cooperation, teamwork and collaboration

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Demonstrates ability to cooperate with others in task Completion 				
<ul style="list-style-type: none"> • Develops collaborative relationships with and respect for other professionals 				

Goal 5 Supervisor Comments

Q1	
Q2	
Q3	
Q4	

FUNCTIONAL COMPETENCIES

GOAL 6: THERAPEUTIC RELATIONSHIPS

Interpersonal Relationships and Affective skills

Essential Component:

- Awareness of own and tolerance of other's affect

Behavioral Anchors:	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
<ul style="list-style-type: none"> • Demonstrates affect tolerance 				
<ul style="list-style-type: none"> • Tolerates and understands interpersonal conflict, ambiguity and uncertainty 				
<ul style="list-style-type: none"> • Listens to and acknowledges feedback from others 				

Goal 6 Supervisor Comments				
Q1				
Q2				
Q3				
Q4				
GOAL 7: INTERVENTION				
A) Counseling Skills & Treatment Planning				
Essential Components:				
<ul style="list-style-type: none"> ■ Basic knowledge of counseling skills and interventions ■ Knowledge of methods and techniques for assessing patients' experience and values through FIC ■ Awareness of the therapeutic process 				
Behavioral Anchors:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
● Demonstrates competence in performing mental status examinations				
● Demonstrates competence in substance abuse assessment				
● Demonstrates competence in assessing client's readiness for change				
● Demonstrates competence in assessing client's coping strategies to reinforce and improve adaptation to life situations, circumstances and events				
● Selects and modifies appropriate intervention strategies based on continuous clinical assessment				
● Articulates awareness of theoretical basis of intervention and some general strategies				
● Uses differential assessment and diagnoses				
● Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving				
● Uses Evidence-Based practice process in clinical assessment and intervention with clients				
B) Risk assessment				
Essential Component:				
<ul style="list-style-type: none"> ■ Demonstrates foundational background in assessing for risk 				
Behavioral Anchors:				
	BENCHMARK 1 st Quarter	BENCHMARK 2 nd Quarter	BENCHMARK 3 rd Quarter	BENCHMARK 4 th Quarter
● Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others				
● Demonstrates competence in assessing for grave Disability				
● Demonstrates competence in assessing for child and elder Abuse				
● Demonstrates competence in assessing for domestic Violence				
● Demonstrates knowledge of Tarasoff guidelines				

Goal 7 Supervisor Comments

Q1				
Q2				
Q3				
Q4				
Evaluation	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Trainee's Signature				
Supervisor's Signature				
Date				

Revised 2015 by Kaiser Permanente Northern California Traineeship Training Directors, from original adaptation 2010 by Kaiser Permanente Northern California Mental Health Training Programs and KPCC 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.

[Rev 21NOV2019]

Appendix H



Mental Health Training Program
Northern California

**KAISER PERMANENTE COUNSELING CENTER
PSYCHOLOGY PRACTICUM EXTERNSHIP AND
SOCIAL WORK, MARRIAGE AND FAMILY THERAPY AND COUNSELING
PRE-MASTER'S INTERSHIP PROGRAMS**

After you have completed reviewing this policy and procedures manual, please print this page. Read and sign this Attestation Statement and return to your clinical supervisor.

I acknowledge that I have completed reading/reviewing the Kaiser Permanente Counseling Center (KPCC) Policy and Procedure Manual.

Name: _____

Signature: _____

Date: _____