Policy and Procedure Manual

KP Counseling Center (KPCC)

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1. KPCC Program Overview

The Kaiser Permanente Counseling Center (KPCC) Pre-Master's Internship Programs in Social Work, Marriage and Family Therapy, and Counseling are designed to provide developmentally appropriate clinical training within an integrated health care system. These programs follow applicable state and national guidelines and offer hybrid training experiences that include both virtual and in-person therapeutic services across the Northern California region.

Part-time practicum positions range from 8 to 20 hours per week and begin according to the timelines established through contracts and relationships with educational institutions. Most placements are completed within 9 to 15 months. Final training timelines are determined in collaboration with the educational institution, and any changes must be approved by the KPCC Site Director and the institution's training coordinator.

This manual outlines the policies and procedures that apply to KPCC trainees and faculty. It is distributed to faculty, staff, and KPCC trainees during orientation and is also available in PDF format on the KPCC Faculty and Trainee Teams pages.

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Confidential Office Space Is Available at the Following Locations

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Stockton Medical Offices — 1305 Tommydon Street, Stockton, CA 95210

Petaluma Medical Offices — 1900 S. McDowell Boulevard, Petaluma, CA 94954

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1.01 Mission Statement

Kaiser Permanente is an integrated managed care organization founded in 1945 by Henry J. Kaiser and Sidney Garfield, MD. Kaiser Permanente operates in eight states and the District of Columbia and serves more than 12 million members nationally, including approximately 4.5 million members in Northern California. Care is centered on total health and is guided by personal physicians, specialists, and interdisciplinary teams.

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

Within KPCC, our mission is to provide trainees with developmentally appropriate exposure, supervision, and training in evidence-based, inclusive, and high-quality mental health interventions within an integrated health care system.

1.02 Program Admission Requirements

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

The KPCC Site Director and managers work with educational institutions' field placement coordinators to recruit qualified candidates. This program is open to applicants who support and are committed to the mission of KPCC. Applicants are not given preference based on race, ethnicity, sex, or any other protected characteristic.

<u>Applicants External to the Mental Health Scholars Academy (MHSA) and KP School of Allied Health Sciences</u>

External applicants who meet general program criteria will be included in the selection pool based on program capacity. Applications are reviewed by the training faculty, and qualified

candidates are invited to interview. Interviews take place throughout the training year to support multiple start dates.

Mental Health Scholars Academy and KP School of Allied Health Sciences Applicants

Lists of prospective trainees are provided to KPCC by MHSA and KPSAHS. KPCC managers and clinical supervisors ensure that all applicants who meet general criteria are included in the selection pool.

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

KPCC trainees are placed in voluntary temporary employee positions as indicated by school contract. KP employees who complete a KPCC pre-master's practicum while also working in another Kaiser Permanente role retain access needed for their employee role and are also granted access to systems required for KPCC work under a student role. KPCC practicum training is independent of any employed position, including any union-represented position, held by a trainee during the training period.

KPCC trainees enrolled in the Mental Health Scholars Academy must follow MHSA weekly hour limits. All timecard concerns related to KPCC/MHSA trainees are routed to MHSA. Unless otherwise arranged with the KPCC Director or managers, MHSA trainees are expected to be present and available during all scheduled practicum days and hours. MHSA/KPCC trainees must accurately record exceptions to scheduled work hours on their KP timecards, and suspected timecard fraud will be investigated by the appropriate departments. MHSA/KPCC trainees should contact MHSA directly with questions related to compensation or employment matters connected to the training experience.

All KPCC trainees who are not enrolled in MHSA are expected to follow the rules and requirements of their educational institution and KPCC.

KPCC trainees must review this Policy and Procedure Manual thoroughly and complete the Attestation in Appendix I before meeting with patients.

1.03 Rights of KPCC Trainees

KPCC trainees have the right:

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 relevant
5. To participate in evaluation of the training experience
6. To utilize due process to challenge program decisions
7. To utilize grievance procedures to resolve disputes
8. To be granted privacy and respect for their personal lives, including respect for individual differences and uniqueness

1.04 KPCC Trainee Policy Adherence Expectations

KPCC trainees are subject to KPCC's general policies and procedures, which are introduced during orientation. Trainees may also access this information through the KPCC Teams page. Policies related to professional appearance and social media use are addressed in Sections 9.03 and 9.04 of this manual and should be reviewed carefully.

KPCC trainees are strongly encouraged to affiliate with a professional association aligned with their discipline and are required to refer to and abide by the applicable code of ethics. These organizations may include the National Association of Social Workers (NASW), the American Association for Marriage and Family Therapy (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 applicable state and federal laws.

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.

Our mission within KPCC is to provide emerging professionals with developmentally appropriate exposure and training opportunities in evidence-based, inclusive, and high-quality interventions within an integrated health care system.

2. Program Curriculum

2.01 Training Schedule Overview

KPCC managers and clinical supervisors work closely with each trainee to develop a schedule that meets both training and clinic requirements. Trainees provide hybrid psychotherapy services, including telehealth and in-person care. Trainees are not typically scheduled for nights or weekends unless those hours are specifically requested by the trainee and approved as part of the practicum schedule.

To ensure that appropriate supervision is available, all KPCC trainee work hours, including evening and Saturday hours, must occur during the hours their clinical supervisor is scheduled to work. In no case may a KPCC trainee be scheduled to work more than the weekly hours approved by the KPCC Site Director and the trainee's educational institution contract and/or any applicable MHSA limits.

Services provided by trainees may include intake evaluations, individual psychotherapy, couples psychotherapy, and co-facilitation of treatment groups. Remaining practicum hours are dedicated to weekly individual supervision, group supervision, mandatory didactic seminars, charting, and other indirect patient care activities.

Didactic seminars are organized by the KPNC Mental Health Training Collaborative, occur weekly, and are one hour in duration. As academic and training schedules permit, KPCC trainees are also invited to attend the Mental Health Training Program Speaker Series, which features expert clinicians providing advanced-level training on specialized topics. Current seminar schedules, speakers, and topics are available through the KPNC Mental Health Training Collaborative website.

When offered, specialty tracks such as couples therapy are limited to trainees with 20-hour-per-week practicum schedules. Placement in specialty tracks is based on trainee interest, training readiness, and operational need.

2.02 Administrative Support and Office Resources

KPCC has dedicated support staff who assist mental health trainees during their placement. Administrative support staff may contact trainees regarding onboarding and offboarding tasks, clinic paperwork, and patient care support. Trainees are expected to seek guidance from their clinical supervisor before reaching out directly to administrative support staff whenever appropriate.

Kaiser Permanente provides trainees with access to translation services, virtual telephone systems, computers when appropriate, and technical support. Each trainee is responsible for using a KPCC-issued or KP-issued computer or laptop that provides access to the internet, electronic periodicals, KPNC's intranet, and online medical and psychological databases.

These databases may include Medline, Micromedex, PsycInfo, and evidence-based treatment resources for anxiety, depression, eating disorders, domestic violence, and other clinical areas. KPCC information technology support is available through a telephone help line. Standard office software, including word processing and presentation tools, is also available.

Each KPCC trainee is issued an individual telephone number through telephony software installed on the KPCC computer. Instructions for outgoing calls, voicemail setup, and voicemail use are available in the KP Counseling Center – Training Teams channel under the Job Aids folder. Trainees are expected to provide their individual telephone number to each patient at the start of care. At a minimum, trainees must check voicemail at the beginning and end of each practicum day and return patient calls promptly.

KPCC trainees must maintain a reliable internet connection and a secure, private environment for virtual therapy, voicemail access, and patient scheduling. Group opportunities are offered based on trainee interest, trainee availability, and operational need. Additional training resources may include live observation of phone and video visits, peer shadowing through Teams, review of audio or video recordings in supervision, and review of recordings for graduate school training

requirements. Kaiser My Doctor Online or Microsoft Teams may be used for shadowing and individual or couples therapy services. Both in-person and virtual spaces remain subject to change based on health care guidelines and operational needs.

2.02.01 Equipment Provided

KPCC or the local medical center, according to the applicable agreement, provides laptop access for the training year. Although this may sometimes include desktop computers, KPCC strongly prefers that trainees be provided with Kaiser Permanente-issued laptops to support work across multiple departments and accommodate evolving health care delivery needs.

Because the KPCC training model includes telehealth and remote supervision, appropriate equipment is essential for patient care and remote work when approved. Additional equipment beyond a laptop is not provided by KPCC. Trainees may use personal accessories such as headsets, external monitors, keyboards, mice, and webcams at their own expense. Home office equipment is not provided.

KPCC trainees may not take KP laptops or computers across state lines or perform practicum work outside California. This restriction includes patient telehealth appointments, KP Learn training modules, and didactic participation. If a trainee must travel locally with a KPCC laptop, the trainee must keep the device under direct control at all times and take all reasonable precautions to prevent loss or theft. KP laptops must never be left unattended in parked cars.

2.03 Inclusive Care Environment

Inclusion is integrated into every aspect of training. Each medical center and clinic serves diverse member populations with differences in age, disability status, race, ethnicity, immigration experience, gender, gender identity and expression, sexual orientation, religion, spirituality, socioeconomic status, and family structure.

Through seminar topics, supervision, and clinical work, trainees are supported in developing awareness and responsiveness to these dimensions of human experience so they can provide effective, inclusive mental health care.

KPCC trainees also have access to opportunities offered through the Northern California Mental Health Training Program's Inclusion and Belonging Committee, which organizes advanced trainings designed to promote an inclusive clinical environment. These trainings are intended to support trainees and provide a safe space for reflection without judgment. Before each regional seminar, an inclusion forum is held with expert speakers from the community and from within Kaiser Permanente on topics affecting trainees' clinical work and professional development.

2.04 Psychotherapy Training

All KPCC trainees are required to sign the Kaiser Permanente Counseling Center Values Statement, located in **Appendix A**, at the start of the training year. By signing, trainees indicate that they are willing to work with any patient who presents for treatment, except in situations in which the trainee's personal physical safety is actively threatened or when the clinical competence of both the trainee and supervisor would be insufficient to support safe patient care.

KPCC trainees are trained in evidence-based psychotherapy practices, including foundational clinical interviewing and Cognitive Behavioral Therapy skills within a short-term therapy model. Training occurs through didactic seminars and case supervision. In addition, trainees receive instruction in Feedback Informed Care, an approach in which therapists and patients use patient-reported data to monitor treatment progress, outcomes, and the therapeutic alliance. This model has been associated with improved patient outcomes.

At each visit, patients complete questionnaires through Lucet, an electronic behavioral health platform. These questionnaires address areas such as psychiatric symptoms, subjective well-being, functional impairment, medication adherence, and treatment response. The information gathered helps guide treatment planning and clinical decision-making.

All KPCC trainees are expected to meet with the maximum number of patients identified by the Cadence schedule unless otherwise specified. Trainees continue to be scheduled with new patients each week until approximately four weeks before the agreed practicum end date, although this may vary based on supervisor recommendation and operational need.

2.05 Mandatory Skills Acquisition Sequence

KPCC trainees progress through three graduated phases of skills acquisition during the training year. Completion of each phase is documented by the supervisor and discussed during evaluation periods as required by the trainee's educational institution.

Phase I: Onboarding

1. Complete orientation to the Policy and Procedure Manual, review the MHTP Resource Center, and complete all required onboarding trainings and attestations.
2. Complete the graduate program's training or learning agreement.
3. Demonstrate foundational competencies required for practicum readiness. KPCC supplements live didactic training with approved AI-enhanced training platforms that combine skills instruction, behavioral rehearsal, and technology-supported learning. These platforms have been reviewed by the KP Technology Risk Office and approved for KP use.

KPSAHS trainees participating in pre-practicum are expected to demonstrate required competencies immediately following pre-practicum and before beginning patient care in practicum. Trainees who do not complete pre-practicum must acquire these skills during onboarding and demonstrate them by week 6 of practicum, or sooner, before beginning patient care. KPCC faculty complete the Pre-Practicum Clinical Competency Assessment in **Appendix B** based on direct observation of trainee skills.

Core onboarding competency areas include:

- **Computer Competency**
    - Use of Microsoft systems such as Outlook and Teams
    - Use of the electronic health record, Health Connect
    - Accurate and timely completion of clinical notes
    - Patient scheduling in Health Connect and shared calendars
    - Chart routing

    - Video and telephone visit functions, including screen sharing and Lucet administration

- **Intake Competency**
    - Provide informed consent, including limits of confidentiality
    - Conduct a comprehensive intake interview
    - Administer relevant assessment measures
    - Identify presenting problems and treatment goals
    - Identify risk and involve a supervisor appropriately
    - Create a case conceptualization using DSM-5-TR diagnosis
    - Develop an initial treatment plan with measurable objectives
    - Document the intake session
- **Assessment Competencies**
    - Administer Lucet
    - Administer, interpret, and track PHQ-9
    - Administer, interpret, and track GAD-7
    - Administer and document the Mental Status Exam
    - Administer and document the C-SSRS
    - Interpret the Behavioral Health Index
- **Feedback Informed Care**
    - Explain how feedback is incorporated into care
    - Assess client progress, therapeutic alliance, and goodness of fit
    - Adjust treatment based on feedback and data

- **General CBT Skills**
    - Explain CBT
    - Describe the three-component model using relevant patient examples
    - Describe the role of automatic thoughts, intermediate beliefs, and core beliefs
    - Formulate a CBT case conceptualization
- **Multicultural Competence**
    - Identify cultural markers
    - Demonstrate cultural courage and immediacy
    - Attend to and address intersectionality
    - Engage in cultural self-reflection

Phase II: Beginning Patient Care

1. A trainee's readiness to begin individual patient care is determined by the supervisor. This determination may be based on completion of prerequisite checklists and information gathered from evaluation tools provided by the educational institution.
2. Patients are booked directly into trainee schedules. During this phase, trainee schedules typically include four or more therapy intakes per week to support caseload development. As return appointments increase, the number of new intakes usually tapers to an average of one per week for the remainder of the training year.
3. Trainees are expected to provide therapy for the maximum number of virtual and/or in-person patients assigned within their schedules. Exceptions may be made on a case-by-case basis if modifications are required.
4. Trainees are generally scheduled for an average of 10 direct patient care hours per week. They may not exceed 10 clinical hours per week without prior discussion and approval from the clinical supervisor and KPCC manager.

Phase III: Ongoing Clinical Training

1. Trainees and supervisors conduct weekly reviews of active cases, including risk management issues.
2. Trainees must immediately escalate any risk concerns to a supervisor or designated clinician.
3. If there is concern about self-harm, harm to others, or significant psychological decompensation, the trainee must immediately involve the supervisor during the patient appointment. For in-office patients, the on-site supervisor joins the session. For virtual patients, the supervisor or designated licensed clinician joins the virtual session to conduct the urgent evaluation.
4. Trainees may co-facilitate groups only with licensed staff and may not lead groups independently.
5. Trainees are observed at least twice per quarter by a clinical supervisor or designated KPCC faculty member through My Doctor Online or Microsoft Teams, at the supervisor's discretion.
6. Trainees are required to participate in peer observation activities in both clinician and observer roles through Microsoft Teams, as directed by the clinical supervisor.
7. When required by school assignments, trainees may complete process recordings or audio/video recordings of therapy sessions for supervision and training review. All KPCC protocols related to recording, confidentiality, and HIPAA must be followed at all times.
8. Trainees are expected to record sessions, in audio or video form, for training and supervision purposes as outlined in Section 3.04.

2.06 MHTC AI Policy

Trainees must complete a brief training module during onboarding on the responsible use of artificial intelligence. AI-based tools that have been reviewed and explicitly approved by Kaiser Permanente may be used for non-clinical purposes. If AI use is required as part of the training

curriculum, trainees are expected to use the designated approved tools. AI tools that have not been approved by Kaiser Permanente are strictly prohibited.

When using approved AI tools, trainees must promptly report any concerns, errors, or unexpected outcomes to their primary supervisor and/or training director. Trainees must also comply with all Kaiser Permanente Northern California and HIPAA data privacy requirements, including secure access practices and immediate reporting of any actual or suspected breach.

Any use of AI-generated content must include direct trainee oversight. AI-generated content may never replace clinical judgment or independent decision-making. Decisions regarding AI use within the training program are guided by Kaiser Permanente's principles for responsible use, including privacy, reliability, positive outcomes, transparency, equity, support for patients and staff, and trust.

3. Supervision of Clinical Training Hours

3.01 Supervisor Training Requirements

Although the California Board of Behavioral Sciences (BBS) does not have formal jurisdiction over the supervision of graduate students, KPCC requires supervisors of graduate trainees to meet the same licensing and continuing education expectations applied to KPNC supervisors of Associate Clinical Social Workers (ASWs), Associate Marriage and Family Therapists (AMFTs), and Associate Professional Clinical Counselors (APCCs).

The following BBS resources apply:

- **Associate Clinical Social Worker Supervisor Information and Qualifications**
- **MFT Trainee and Associate Marriage and Family Therapist Supervisor Information and Qualifications**
- **Associate Professional Clinical Counselor Supervisor Information and Qualifications**

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

3.02 Graduate School Training Agreement

KPCC must have an institutional contract in place with the university before a trainee can be considered for placement. A training agreement provided by the trainee's educational institution must be signed and dated by all required parties before training begins. Depending on the institution, required signatories may include the KPCC Site Director, clinical supervisor, university field placement coordinator, and trainee.

KPCC supervisors must also meet any supervisor requirements specified by the trainee's educational institution.

3.03 Supervised Clinical Experience Log

Each trainee is responsible for maintaining a weekly supervised clinical experience log with hours verified by the supervisor's signature. In addition to any tracking logs required by the BBS or the trainee's graduate program, trainees must also complete and accurately maintain the weekly hours tracker required by KPCC.

Trainees are expected to review experience logs weekly with their clinical supervisors during supervision meetings. Although supervisors support trainees in obtaining the hours and experiences needed for practicum, each trainee is ultimately responsible for monitoring their own progress and ensuring completion of practicum requirements.

KPCC cannot guarantee additional hours or a practicum extension beyond the original agreed end date if a trainee fails to obtain the hours required to complete practicum expectations.

3.03.01 Trainee Time Off

Pre-Practicum Time Off

Trainees from the Kaiser Permanente School of Allied Health Sciences (KPSAHS) who participate in pre-practicum complete 8 hours of pre-practicum each week. Two of these hours coincide with the trainee's Foundations for Practice Seminar. Pre-practicum trainees are expected to attend all scheduled training hours, log in as scheduled, check in with their pre-practicum trainer, and complete assigned tasks during their scheduled pre-practicum hours. Trainees are also expected

to comply with their university's attendance policy. One week of planned time off is allowed during the KPSAHS inter-quarter break.

Unplanned time off for illness, medical care, or bereavement must be reported to the trainee's pre-practicum trainer by both email and Teams chat at least 2 hours before the scheduled start of pre-practicum hours. The trainer then notifies KPCC management by Teams chat or email. The trainee is also responsible for notifying their Foundations for Practice instructor or other designated KPSAHS faculty member before the scheduled start time.

KPSAHS requires students to make up missed work according to the KPSAHS Program Make-Up Agreement. Synchronous didactic trainings are not recorded and cannot be recreated directly, but KPCC pre-practicum trainers and/or designated KPSAHS faculty may assign alternative work to make up missed training. Asynchronous work may be completed outside scheduled pre-practicum hours, with deadlines established by KPCC trainers and/or KPSAHS faculty.

Failure to complete required make-up work may result in the trainee not completing pre-practicum, and academic consequences under the KPSAHS attendance policy may apply. Excessive absences or tardiness will be reported by KPCC to the Master of Science in Counseling course instructor and training director and may result in a Focused Competency Guidance Plan.

Practicum Time Off

KPCC trainees are permitted up to two practicum weeks of time off during the practicum period. A practicum week is defined as the trainee's total scheduled hours for one week of practicum. If taking the full amount of allowed time off would jeopardize completion of practicum hour requirements, the trainee should consider taking less time.

Planned time off must be requested at least 60 calendar days before the start of the requested leave. This expectation applies to all planned absences.

Requests for time off for medical appointments or bereavement should be sent to the clinical supervisor by email and Teams chat using the "single change" format at least 48 hours before the start of the requested time off. The clinical supervisor reviews the request and forwards it to KPCC administrators, who contact schedule maintenance. The clinical supervisor is responsible

for contacting affected patients, rescheduling appointments, and documenting scheduling changes in Health Connect.

Unplanned time off due to illness or family emergency must be reported to the clinical supervisor by telephone and Teams chat at least 2 hours before the start of the trainee's scheduled day. The supervisor then completes either a "single change" or "multiple change" request and sends it to KPCC administrators within 1 hour of receiving the notice. The supervisor remains responsible for contacting and rescheduling patients and documenting the changes in Health Connect. Supervisors must follow KP guidelines for rebooking patients after clinician cancellation and ensure patients are rescheduled within required regulatory time frames.

KPCC strongly discourages trainees from working while ill, whether scheduled onsite or remotely. If a trainee becomes ill on a scheduled hub day and cannot safely report onsite, the trainee is expected to follow KPCC sick call procedures rather than request a work-from-home exception. This practice aligns with MHTC values that prioritize trainee well-being.

When time off is approved, patient care and training requirements are taken into account. Both trainees and supervisors must activate out-of-office notifications in Health Connect and Outlook during an absence.

For trainees whose breaks between school terms are fewer than 90 days, work at KPCC is expected to continue during those periods unless otherwise arranged. Standard KPCC time-off parameters still apply during school breaks. School breaks and KPCC-approved time off are not equivalent. Trainees should confirm with their educational institution whether practicum or BBS hours may be accrued during school breaks. Trainees must also ensure that malpractice insurance remains active while working at KPCC, including during these periods.

3.03.02 Trainee Schedule (Pattern) Change Requests

Schedule changes include permanent adjustments to work hours, such as days worked and daily start and end times. KPCC expects trainees to maintain their assigned schedule throughout practicum. Requests for schedule changes are considered only in rare cases involving extenuating circumstances.

Examples of extenuating circumstances may include significant life events, medical or health care needs supported by documentation from a treating provider, or other substantial needs. In most cases, KPCC scheduling systems require these requests to be submitted at least 3 months in advance.

Requests must be sent by the trainee to the clinical supervisor by email and should include both the requested change and the reason for the request. The clinical supervisor consults with KPCC managers to review the request. If approved, the clinical supervisor works with KPCC administrators to complete the required pattern change process.

3.03.03 Trainee Medical Leave Requests

Kaiser Permanente employees serving in dual roles at KPCC must follow Family and Medical Leave Act processes established by Human Resources. KPCC trainees who are not Kaiser Permanente employees should work with their academic institution to plan for medical or family leave and should also notify their clinical supervisor and KPCC Site Director so the appropriate parties can be informed.

3.03.04 Unplanned Time Off

If a trainee is unable to report for a scheduled shift because of illness or another emergency, the trainee must contact the supervisor by telephone or Teams as soon as possible. The trainee is responsible for ensuring that the supervisor is reached directly and that any urgent patient needs or rescheduling instructions are clearly communicated.

If the trainee cannot reach the supervisor before the scheduled start time, the trainee must contact a KPCC manager. Additional instructions are available in the Unplanned Time Off protocol located in the KP Counseling Center – Training Teams channel under the Policies and Procedures folder.

3.03.05 Power Outages

Before beginning patient care, trainees must review the Power Outage Protocol located in the KP Counseling Center – Training Teams channel under the Policies and Procedures folder.

3.04 Methods of Supervision

All supervision takes place either in person or through HIPAA-compliant video platforms. KPCC trainees receive regularly scheduled face-to-face individual or triadic supervision of no less than 1 hour per week from an LCSW, LMFT, LPCC, or PhD/PsyD supervisor throughout the training year.

Supervisors must provide at least one unit of supervision for every five clinical hours within the trainee's schedule. Depending on educational institution requirements and practicum hours, supervision may begin in a group format for one unit and later transition to a combination of individual or triadic supervision plus group supervision for two units. Trainees are responsible for confirming the supervision requirements outlined in their educational institution agreements and for scheduling supervision, group supervision, and didactics within their approved KPCC hours.

When needed, supervision may be increased to meet trainee learning needs. If a trainee cannot attend scheduled supervision during a given week, the trainee must contact the supervisor by phone or email to coordinate alternative supervision.

KPSAHS pre-practicum trainees participate in a weekly group consultation hour during pre-practicum instead of the standard supervision structure. After completing pre-practicum, they transition to the regular KPCC practicum supervision model.

Supervisor responsibilities include protecting patient welfare, supporting the development of clinical skill, fostering professional growth, evaluating progress, and providing timely feedback. Supervisors serve as both mentors and guides throughout the trainee's placement. KPCC ensures that a clinical supervisor or designated substitute is available during trainee work hours. Trainees are required to work on the same days and during the same hours as their clinical supervisor.

All KPCC trainees also receive 2 hours of group supervision each week facilitated by a licensed clinician. Group supervision topics may include case consultation, professional development, interdisciplinary communication, systems issues, multicultural competence, and diversity awareness.

All KPCC trainees are expected to attend 1 hour of weekly didactics, with a minimum attendance rate of 90 percent, facilitated through Teams and/or Zoom. To support schedule flexibility, didactics are offered at different times throughout the week.

Evaluation of trainee professional competencies must include direct observation at least twice each quarter. Direct observation may occur in person, through live video, or through audio/video recording. Examples include co-therapy, co-led groups, in-room observation of an intake, one-way mirror observation, livestreamed observation, or review of session recordings.

When audio or video recording is used, trainees must obtain written patient consent and document that consent in the electronic health record. Trainees must follow the procedures in the Video Recording Resources – Process for Internal Use guide located in the KP Counseling Center Training Teams folder. These recordings may be used for trainee self-review, supervision, and training of other trainees, including KP Launch trainees. The clinical supervisor logs these recordings for tracking purposes, and the trainee is responsible for permanently deleting them after use.

Separate protocols apply to recordings intended for external academic use. Those procedures are outlined in the Process for External Use guidance located in the same Training Teams folder. Any patient information must be removed before a recording is shown outside Kaiser Permanente. For any recording intended for external display in practicum classes, written informed consent must be obtained, confidentiality agreements must be completed by all viewers, and the clinical supervisor must review and approve the recording in advance. Supervisors must also ensure that all required Video Recording Informed Consent forms are collected and that the recording is documented in the Video Recording Tracking Log.

3.05 Supervisor Evaluation of Trainee Competencies

To ensure that KPCC trainees meet program expectations, each trainee is formally evaluated quarterly using the KPCC Pre-Master's Competency Evaluation. Supervisors may also complete any additional evaluation forms required by the trainee's educational institution in accordance with school policies.

KPCC supervisors receive evaluation forms electronically each quarter from MHTC based on the trainee's supervision start date. Educational institutions provide any additional forms that must also be completed.

Supervisors are expected to provide informal feedback on trainee progress during weekly individual supervision. If concerns arise about trainee performance or behavior, supervisors should address them directly during these meetings so the trainee can respond promptly to the identified area of concern.

Supervisors should also review the results of each quarterly Competency Evaluation with the trainee. Trainees who do not meet minimum competency expectations should expect to receive a Focused Competency Guidance Plan to support development or remediation in the relevant areas. Significant performance concerns may lead the supervisor and KPCC Site Director or manager to notify the graduate school field placement coordinator and initiate additional remedial or corrective action.

3.06 KPCC Trainee Evaluation of Supervisors

Each KPCC trainee completes a quarterly evaluation of supervisors using the Supervisor Evaluation Form in **Appendix G**. The form is distributed electronically each quarter based on the trainee's supervision start date.

The data from this form are reviewed by the KPCC Site Director and managers and treated as confidential. However, ratings of **1 (Does Not Meet My Expectations)** or **2 (Needs Improvement)** are brought to the supervisor's attention.

Trainees and supervisors should review the Supervisor Evaluation Form at the beginning of the training year so there is a shared understanding of supervision standards. They are encouraged to use the form's criteria throughout the year, particularly during competency evaluation periods, to support open and constructive discussion about the supervisory relationship.

4. Medical-Legal Issues in Patient Care and Documentation

4.01 Patient Rights and Safety

Patient rights and responsibilities, as outlined in KPCC local policies and procedures, must be observed at all times.

4.02 Provision of Services by Trainee and Patient Consent

At the first meeting with any patient or potential patient, each KPCC trainee must clearly identify their role as a KPCC trainee. The trainee must also inform the patient or the patient's guardian of the trainee's last day of training and the name of the clinical supervisor. After the first visit, the trainee should send each new patient a welcome letter through secure messaging using the dot phrase .KPCPTWELCOME.

The trainee must document in the electronic health record that the patient received this information and that the patient either agreed or declined to receive services from the trainee. The dot phrase .traineeinformedconsent should be used in the patient's chart to document this discussion. This dot phrase indicates:

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

In addition to electronic chart documentation, the trainee may complete a Notice of Provision of Mental Health Treatment Services by a Pre-Master's Mental Health Intern and provide it to the patient and/or guardian for reference.

Patients may decline therapy with a trainee or request to be seen by a licensed staff member. In these cases, the trainee must document the declination in the electronic chart, including that treatment was explained, alternative options were offered, and the consequences of declining treatment were discussed.

4.03 Notification to Supervisor Regarding Treatment of a Minor

Under California AB 1808, an unlicensed provider must notify a supervisor before or after any visit in which the provider treats a minor between the ages of 12 and 17, whether the session is individual or group-based, and whether or not the minor is accompanied by a parent or guardian.

If danger is present, the trainee must notify the supervisor verbally during the session or immediately after the session. KPCC management determines the workflow used to meet this requirement, and trainees are expected to follow department procedures.

4.04 Signing Legal Documents as Witnesses for Patients

KPCC trainees may not sign wills, powers of attorney, or other legal documents as witnesses for patients or their families. Requests to act as a witness must be courteously but firmly declined.

Trainees may also not sign forms that require the signature of a licensed psychologist or psychiatrist, including state disability forms.

4.05 Responding to Legal Documents

Any subpoena, court summons, request to examine a patient's medical record, request for information from a medical record, or letter from an attorney concerning a patient must be reported immediately to the Site Director and the trainee's supervisor.

KPCC trainees must not respond to any request for records or legal documentation unless they have received explicit direction from the supervisor and/or KPCC Site Director or managers.

4.06 Medical Record Confidentiality: CMIA and HIPAA

All KPCC trainees must comply with the California Confidentiality of Medical Information Act (CMIA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Additional confidentiality guidance is available through Kaiser Permanente compliance resources.

Patient information is confidential and protected by law. Accessing the records of patients other than those treated by the trainee is strictly prohibited and may result in termination. Trainees are also prohibited from accessing the records of their own family members.

Patient or chart information may not be released without patient consent unless disclosure is otherwise authorized by law. Trainees must 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.

If an actual or potential privacy breach occurs, the trainee must immediately notify the supervisor, Site Director, and/or a department manager. Failure to comply with this expectation may result in remedial or corrective action, up to and including termination.

KPCC trainees may not use artificial intelligence tools such as ChatGPT or Grammarly to write patient notes or while using KP devices if those tools are not approved within Kaiser Permanente compliance parameters.

4.07 Online Charting in KP Health Connect

KP Health Connect is the electronic system used for online charting across medical centers. Through Health Connect, trainees may access relevant hospital records, complete documentation, and respond electronically to consultation requests. KPCC trainees are expected, whenever possible, to incorporate Lucet behavioral health outcomes data collected at each visit into treatment planning.

Trainees are responsible for receiving training in the use of these systems. Documentation entered into the medical record must use approved abbreviations and symbols only.

Patient treatment progress must be documented at every contact. Records must be sufficiently detailed and organized according to departmental standards so that another staff member could provide appropriate care if needed. Documentation must reflect the patient's condition, the diagnostic and therapeutic interventions used, and any changes in condition or treatment response. Records should also support continuity of care and coordination among providers.

4.08 Signing and Closing of Chart Notes by Supervisor

All KPCC trainees must complete patient documentation and progress notes in Health Connect and route the encounter to the clinical supervisor on the same day as the patient visit. The

supervisor reviews the trainee's documentation, enters the appropriate CPT code, and signs and closes the encounter within 48 hours of the patient visit.

During documentation review, the supervisor must add language acknowledging their role as the licensed supervisor for the trainee providing services. The required statement is:

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

If documentation requires edits before note closure, the following workflow applies:

1. The supervisor communicates needed changes to the trainee within 48 hours of the encounter.
2. The trainee completes edits and routes the encounter back to the supervisor by the end of the trainee's next scheduled workday.
3. If further edits are needed, the supervisor provides additional feedback within 48 hours of receiving the revised note. The trainee completes those edits by the end of the next business day after receiving feedback.
4. This revision cycle may be repeated up to three times while maintaining the same response expectations.
5. If more edits are required after the third revision cycle, the supervisor should complete the steps necessary to close the encounter and escalate the documentation concern to KPCC management to determine whether a Focused Competency Guidance Plan is needed.

Attaching to Health Connect In-Baskets

Clinical supervisors may attach themselves to a trainee's Health Connect in-basket to monitor timely documentation completion, encounter closure, and patient communications.

To protect the confidentiality of non-KPCC patients, supervisors may not use in-basket attachment for trainees who also use Health Connect in another Kaiser Permanente role.

Supervisors must ensure that all trainee notes are signed and closed before offboarding is completed.

4.09 Homework Assignments

Supervisors must be given 48 to 72 business hours to review, complete, or sign any school-related assignments requested by trainees. Trainees are expected to prioritize patient care and practicum responsibilities over school assignments during practicum hours.

4.10 Voicemail

All trainees must follow the Voicemail Procedure for Trainees located in the KP Counseling Center – Training Teams channel under the Job Aids folder.

5. Resolution of Trainee-Supervisor Conflicts and Requests for Change of Supervisor

5.01 Purpose

This policy establishes a clear, fair, and timely process for resolving conflicts between trainees and supervisors and for reviewing requests to change supervisor assignments. The goal is to ensure that trainee development and patient care are not compromised.

5.02 Policy Statement

KPCC is committed to maintaining a professional, respectful, and supportive learning environment. Conflicts between trainees and supervisors must be addressed promptly through a structured process. Requests for a change of supervisor are considered rare and are reviewed as a last resort.

A request to change supervisors may be considered only in extenuating circumstances and will be evaluated in light of operational needs, trainee learning objectives, and continuity of patient care.

5.03 Procedures

5.03.01 Trainee-Supervisor Conflict Resolution Process

Step 1: Informal Resolution

The trainee and supervisor should first attempt to resolve concerns directly within 5 business days of the issue arising. Any efforts made toward resolution, as well as the outcomes of those efforts, should be documented by both the trainee and the clinical supervisor.

Step 2: Program-Level Mediation

If the issue is not resolved, the trainee must notify KPCC management. KPCC management will schedule a trainee support team meeting within 10 business days. Depending on the situation, the meeting may include the KPCC manager, KPCC Site Director, clinical supervisor, trainee, the Director of Clinical Training or another representative from the trainee's educational institution, and other relevant members of the trainee's support team.

A trainee support plan will be documented and will include:

- specific action steps
- outcome measures used to assess progress
- a timeline for reassessment

Safety Exception

If the trainee believes there is a risk to patient safety, ethical standards, or psychological safety, the trainee may bypass informal resolution and proceed directly to program-level mediation.

5.03.02 Requests to Change Supervisor

Requests to change supervisors are typically considered only after other resolution strategies have been attempted, unless unusual or extenuating circumstances make earlier review necessary. If a change of supervisor is not recommended, a formal support plan will be implemented to address the trainee's learning needs.

Submission Requirements

The trainee must submit a written request to the KPCC Site Director or designee that includes:

- the nature of the concern, including relevant facts, dates, and prior resolution attempts
- the impact on training and/or patient care
- the requested accommodation

Review Criteria

Requests will be reviewed based on:

- continuity of patient care
- training objectives and competency development
- availability of qualified supervisors
- prior remediation, mediation, or support efforts and their outcomes

Decision and Transition

The KPCC Site Director or designee will provide a written response within 10 business days of receiving the request. If the request is approved, a transition plan will be implemented within 15 business days.

5.03.03 Documentation and Confidentiality

All actions and decisions related to conflict resolution or supervisor change requests will be documented in the trainee's training file. Information will be shared only on a need-to-know basis.

Retaliation against a trainee for raising concerns or requesting a change of supervisor is prohibited.

5.03.04 Appeals

A trainee may submit a written appeal to the KPCC Site Director or designee within 5 business days of the decision. The KPCC Site Director or designee will provide a written response to the appeal within 10 business days.

6. Remediation, Corrective Action, and Due Process

6.01 Remediation and Corrective Action Overview

Several levels and types of remedial and corrective action may be used when significant concerns arise regarding a trainee's professional conduct, professional development, or performance. The clinical supervisor consults with the KPCC manager to determine the severity

of the concern and the most appropriate level and type of response. Actions are not required to occur in sequence and may be used concurrently when appropriate.

Supervisors may also refer to the trainee's educational institution policies for additional guidance.

For all remedial and corrective actions, the clinical supervisor must maintain clear written records describing the process, including meeting summaries, implemented plans, timelines, and outcomes. If any remedial or corrective action is initiated, the trainee may choose to file an appeal through the KPCC Trainee Due Process procedure.

6.02 Types of Remedial Action

The purpose of remediation is to provide the trainee with additional training and supervision when performance in one or more competency areas is below expectations. The two primary remedial responses are **Focused Competency Guidance** and **Letter of Warning**.

These responses are generally used when concerns relate to trainee development or competency and do not involve patient endangerment, professional misconduct, or criminal behavior. Those more serious issues are addressed through corrective action.

Performance concerns may reflect insufficient skill, insufficient knowledge, or problematic behaviors that significantly affect professional functioning.

Schedule Modification

Schedule modification is a time-limited and closely supervised training adjustment that may be implemented when either a Focused Competency Guidance Plan or a Letter of Warning is initiated. Possible components of schedule modification may include:

- increasing the amount of supervision
- assigning a different supervisor or additional supervisor support
- changing the format, focus, or emphasis of supervision
- recommending personal therapy
- reducing clinical or other workload

- requiring specific academic coursework or training activities

The KPCC Site Director determines the length and structure of any period of schedule modification.

6.03 Focused Competency Guidance

Focused Competency Guidance is typically used when a trainee demonstrates a need for improvement in one or more competency domains and would benefit from structured support. In many cases, the concern reflects a minor competency gap that may be addressed through additional guidance, practice, and supervision.

If competency concerns continue over time, the supervisor and KPCC manager may decide to initiate a Letter of Warning or corrective action instead.

After determining that Focused Competency Guidance is needed, the supervisor documents the concern in narrative form and meets with the trainee. During this meeting, the supervisor and trainee discuss the concern openly and complete the **Focused Competency Guidance Plan** in **Appendix D**.

The plan must include:

- the competencies being targeted
- recommended actions to address the identified concern
- a timeline for reassessment

If reassessment is scheduled before the next formal performance evaluation, the supervisor must complete that reassessment at the designated time and document the outcome. The plan must be signed and dated by both the trainee and the supervisor at the initial meeting and at any follow-up review.

Copies of the completed plan must be provided to the trainee, the KPCC Site Director, the KPCC manager, and the graduate school field placement coordinator. A copy must also be retained in the trainee's file.

6.04 Letter of Warning

A **Letter of Warning** is typically used when a trainee does not achieve timely or sustained improvement after completing a Focused Competency Guidance Plan and/or demonstrates a major competency deficit. If a trainee exhibits a severe competency deficit, corrective action may be initiated instead.

The Letter of Warning, located in **Appendix E**, includes the following elements:

1. A description of the trainee's unsatisfactory performance
2. Identification of the targeted clinical competency areas
3. A description of the measures to be used to remediate performance, which may include schedule modification, additional supervision, attendance at additional seminars or training activities, and/or required training resources
4. Clear expectations for successful improvement
5. Consequences of an unsuccessful outcome, which may include probation
6. Notification that the Letter of Warning may affect whether supervised hours are considered satisfactory
7. A timeline for completion

After the Letter of Warning is completed, the supervisor and KPCC Site Director or manager meet with the trainee to review the form and obtain required signatures. Copies must be provided to the trainee, the KPCC Site Director, the KPCC manager, and the graduate school field placement coordinator, and a copy must also be retained in the trainee's file.

Within the stated timeline, the supervisor re-evaluates the trainee and records findings in the outcomes section of the letter. If the supervisor, manager, and Site Director determine that progress remains insufficient, they may submit a written explanation of ongoing concerns to the trainee and the field placement coordinator and may place the trainee on probation.

6.05 Types of Corrective Action

The three forms of corrective action are:

- **Probation**
- **Suspension**
- **Termination**

These actions are used in response to more serious concerns regarding trainee performance and/or behavior. The supervisor, in consultation with the clinic manager or Site Director, may initiate any of these steps as the first response when the severity of the concern warrants it.

6.06 Probation Policy

A trainee may be placed on probation if they are at risk of not successfully completing program requirements because of serious competency-related concerns or because prior remedial actions have not resulted in sufficient improvement. During probation, the trainee's work is subject to more closely monitored supervision conducted by the clinical supervisor in consultation with the KPCC manager or Site Director.

The supervisor and KPCC manager prepare a written notice to the trainee outlining the concern and describing the consequences if the trainee does not demonstrate immediate and substantial improvement within the stated timeframe. The KPCC Site Director or designee and supervisor will also discuss the concerns with the field placement coordinator and meet with the trainee to ensure the trainee understands the terms of probation.

Copies of the probation notice are provided to the trainee, supervisor, and graduate school field placement coordinator, and a copy is retained in the trainee's file.

When preparing the probation notice, the following should be considered where applicable:

1. Description of the reasons for probation, including:
    - severity of the violation
    - number of violations and the dates on which they occurred
    - whether the violation reflects a pattern of inappropriate behavior
    - the trainee's history of non-compliance

- whether the trainee should reasonably have known the expectations
- whether the conduct was intentional or negligent
- whether the conduct was committed for personal gain

2. Identification of targeted competency areas and behavioral anchors
3. Notification that probation may affect whether supervised hours are considered satisfactory
4. Any required schedule modification
5. Criteria used to determine whether the concern has been adequately addressed
6. Consequences of an unsuccessful outcome, which may include extension of probation, suspension, and/or termination
7. Timeline for completion

6.07 Suspension Policy

Suspension is determined by the KPCC Site Director and clinical supervisor, with notice provided to the graduate school field placement coordinator. Suspension may remove the trainee from all or part of their usual duties at KPCC.

Suspension, up to and including termination, may be initiated in the following circumstances:

1. The behavior raises concerns related to patient endangerment, professional misconduct, and/or criminal behavior
2. The trainee has not met improvement expectations after probation
3. The trainee has failed to comply with state or federal law, KPNC or KPCC policies, or professional association guidelines
4. Removal from clinical service is in the best interest of the trainee, patients, staff, and/or the training program

Suspension may be paired with other remedial actions and remains in effect unless modified through appeal.

The KPCC Site Director and supervisor provide the trainee with a written suspension letter that includes:

1. A description of the trainee's unsatisfactory performance
2. Identification of any policy, regulation, or guideline violations
3. Notice of suspension and expected duration

The Site Director or manager and supervisor meet with the trainee to review the letter and discuss concerns fully and directly. The trainee is given an opportunity to respond, and the supervisor must document the discussion.

Depending on the seriousness of the issue, KPCC management may notify the trainee during or after this meeting that the trainee is suspended from the training program or terminated from the program. The Site Director and graduate school field placement coordinator must be informed of the outcome, and a copy of the suspension letter must be retained in the trainee's file.

6.08 Termination Policy

Termination may be initiated immediately if the competency concern and/or behavior clearly indicates patient endangerment, professional misconduct, criminal behavior, or another egregious offense. Termination may also occur for any of the following:

1. Violation of federal or state law, including HIPAA or CMIA, when imminent physical or psychological harm to a patient is a significant factor
2. Serious violation of KPNC policies, including KPCC policies and procedures, or professional association guidelines
3. Serious violation of the NASW, AAMFT, CAMFT, or ACA codes of conduct
4. Unprofessional, unethical, or otherwise unacceptable behavior as determined by the training program
5. Failure of remediation after a reasonable period of time

6. Inability to complete the program because of serious physical, mental, or emotional illness
7. Serious or repeated acts or omissions that compromise acceptable standards of patient care

Termination results in permanent withdrawal of all privileges associated with KPNC and KPCC. The decision to dismiss a trainee is made by the KPCC Site Director and clinical supervisor in consultation with the trainee's educational institution.

The trainee is notified in writing. The termination notice must include:

1. A description of the trainee's unsatisfactory performance
2. Identification of the relevant violation or violations
3. Notice of termination

If the trainee is dismissed and chooses not to appeal the decision, the trainee may elect to resign.

6.09 Due Process Policy

The purpose of due process is to provide a prompt and fair review mechanism for decisions made by training faculty regarding trainee evaluation, remedial action, corrective action, or status in the program. Trainees may not be subject to reprisal for participating in the due process procedure.

To appeal a supervisor decision, the trainee must notify both the KPCC Site Director and the clinical supervisor in writing as soon as possible after receiving the decision. The Site Director may review the appeal directly or may designate a KPCC manager to do so.

The trainee's written appeal must include:

1. The trainee's name
2. The current date
3. The date and description of the decision being disputed

4. The trainee's explanation of the disagreement, including supporting information
5. The trainee's desired outcome or objective for resolution

No later than 10 business days after receiving the written appeal, the KPCC Site Director or designee must meet with the trainee to discuss the matter. After the discussion, the Site Director or designee may conduct additional investigation and must respond to the trainee in writing within 10 business days.

Before issuing a final response, the Site Director or designee may consult with the clinical supervisor and the graduate school field placement coordinator to gather information and review the appeal. After a decision is made, those individuals, along with the trainee, must be informed of the outcome.

7. Dispute Resolution Policies

7.01 KPCC Trainee Grievance Overview

KPCC is committed to providing a learning environment that supports respectful and professional interactions among trainees and training faculty. When concerns arise, the program's goal is to support prompt, fair, and constructive resolution.

This grievance policy is intended to provide a clear process for addressing concerns that a trainee believes require formal attention. Trainees may not be subject to retaliation for using this grievance procedure.

7.02 Verbal Grievance Communication

If a KPCC trainee has a disagreement with a supervisor, another staff member, another trainee, or a matter of program policy, the trainee is encouraged, when appropriate, to communicate openly with the person involved or first discuss the issue with their own supervisor.

At any point before or during this process, the trainee may also discuss concerns directly with the KPCC Site Director and/or a clinical manager.

The trainee is responsible for communicating clearly and specifically, including describing the resolution they are seeking. If the issue is addressed with the supervisor first, the supervisor is

responsible for exploring the issue fully with the trainee and offering possible options for resolution.

This process aligns with **Section 5.03.01, Trainee-Supervisor Conflict Resolution Process**. If the trainee is dissatisfied with the outcome of verbal grievance communication, the trainee may proceed to written grievance communication.

7.03 Written Grievance Communication

If verbal grievance communication has been used and the issue has not been resolved to the trainee's satisfaction, the trainee may submit a written grievance to a KPCC manager describing the concern in detail.

No staff member who participated in the verbal grievance communication process may participate in the review of the written grievance.

As soon as possible, and no later than 10 business days after receipt of the written grievance, the KPCC manager must meet with the trainee and, when appropriate, the supervisor to discuss the matter. After that discussion, the KPCC manager or designee may conduct additional investigation as needed and must respond to the trainee in writing within 10 business days.

If the trainee remains dissatisfied with the outcome of the written grievance review, the trainee may proceed to the grievance appeal process.

7.04 KPCC Trainee Grievance Appeal

If both the verbal and written grievance procedures have been used and the issue remains unresolved to the trainee's satisfaction, the trainee may submit a written grievance appeal to KPCC management. The KPCC Site Director or designated manager will review the appeal and issue a decision.

The written appeal must include:

1. The trainee's name and training location
2. The current date
3. A copy of the original written grievance

4. An explanation of the trainee's disagreement with the prior decision and the basis for the appeal
5. The resolution being sought

As soon as possible, and no later than 10 business days after receipt of the grievance appeal, the KPCC Site Director and/or clinical manager must meet with the trainee to discuss the issue.

No staff member who participated in earlier stages of the grievance process may participate in the appeal review.

After the discussion, the KPCC Site Director and/or clinical manager may conduct further investigation as needed and must respond to the trainee in writing within 10 business days.

Before issuing a final response, the KPCC Site Director or designee will review the matter with the supervisor and may also consult with the trainee's graduate school field placement coordinator and an HR consultant and/or KP legal counsel, as appropriate.

8. Training Faculty Roles and Responsibilities

8.01 Supervisor Qualifications and Responsibilities

KPCC supervisors are expected to meet professional standards that support trainee development, patient care, and a positive learning environment.

Preferred and expected qualifications include:

- a minimum of 2 years of experience as a licensed psychologist, LCSW, LMFT, or LPCC
- membership in a relevant professional association when appropriate, such as APA, NASW, AAMFT, CAMFT, ACA, CPA, or CSCSW

KPCC supervisors are expected to:

- relate to trainees, clinic colleagues, and department managers in a collegial and professional manner
- support a positive learning environment
- respect individual differences among trainees, including cultural and individual diversity

- model ethical and professional behavior, including respect for differences among patients and colleagues
- demonstrate commitment to the mission of Kaiser Permanente
- demonstrate commitment to the mission and training model of the Mental Health Training Programs
- maintain agreed-upon times for supervision and consultation
- clearly communicate expectations and provide timely, appropriate feedback regarding trainee progress
- consult regularly with other professional staff who have contact with trainees and share relevant information about trainee competencies and performance
- contact the training director when questions or concerns arise regarding trainee program requirements
- attend all program-related meetings and remain current on program changes that may affect trainees
- communicate program changes directly and in a timely manner to minimize disruption to trainees
- follow all grievance and due process policies if problems arise concerning trainees

8.02 Maintenance of Trainee Records

The administrative coordinator and the clinical supervisor jointly maintain a file for each KPCC trainee and review all documents before filing them. Training files must be handled confidentially, retained indefinitely, and stored securely for future reference.

Each trainee file should include, when applicable:

1. Resume
2. Signed Values Statement
3. Copy of the graduate school training agreement signed by all required parties

4. Signed Student Checklist documenting completion of pre-admission screenings
5. Graduate school evaluation forms, whether quarterly or semester-based
6. Copies of completed and signed experience logs, whether weekly, quarterly, or semester-based
7. Documentation of support plans, grievances, remediation, corrective actions, or due process matters, including outcomes
8. Relevant correspondence related to the trainee

Upon advance request, a trainee may inspect their local training file in the presence of the KPCC Site Director or a designated representative. A trainee may also request correction or deletion of a record by submitting a request to the Site Director. The Site Director, in consultation with the clinical supervisor, will notify the trainee whether the request is granted or denied. If needed, the Site Director may also consult the graduate school field placement coordinator when the trainee expresses dissatisfaction with the record.

9. Kaiser Permanente Human Resources Policies

9.01 Finding Policies on inside KP and Contacting HRSC

The following policies are examples of Kaiser Permanente Human Resources policies that may apply to KPCC trainees. These and other policies are available on inside KP under the **Workspace** tab and/or within KP's **Principles of Responsibility** resources.

To speak directly with a representative regarding KPNC policy, trainees may contact the **Human Resources Service Center (HRSC)** at **1-877-457-4772**.

Examples of relevant policies include:

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

- Social Media Policy

9.02 KP Non-Discrimination and Harassment-Free Workplace Policies

KPCC and the Mental Health Training Collaborative are grounded in merit, qualification, and competence. Training practices are not unlawfully influenced or affected by ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran status, medical condition, marital status, age, gender, gender identity, or sexual orientation.

This policy applies to all aspects of training and employment, including hiring, compensation, benefits, assignment, discharge, and all other terms and conditions of the training experience.

It is also the policy of KPNC to provide a work environment free from sexual harassment and other forms of unlawful harassment. This policy applies to employees, applicants for employment, independent contractors, managers, supervisors, physicians, co-workers, and non-employees.

9.03 Professional Appearance Policy

Because much of KPCC's clinical work occurs virtually, trainees are expected to be **camera ready** for meetings, with video on and microphone muted unless speaking. Cell phone use and messaging during clinical services and supervision are strongly discouraged. Trainees are expected to be prepared for supervision in the manner directed by their clinical supervisor.

All KPCC trainees and clinical supervisors working in clinical or non-clinical settings are expected to follow the Professional Appearance Policy and maintain a well-groomed, professional image in order to:

- allow identification by patients, visitors, and staff
- support safe patient care
- reduce risk of staff injury
- demonstrate respect for Kaiser members and colleagues
- represent Kaiser Permanente in a professional and business-like manner
- enhance security within medical centers and clinics

Virtual Professional Appearance

When working remotely, trainees are expected to maintain a professional and respectful appearance that supports trust and credibility with patients.

Recommended expectations include:

- dress in professional or business-casual attire
- avoid overly casual clothing such as t-shirts, sweatshirts, tank tops, or athletic wear
- wear neutral or muted colors that are not distracting on camera
- maintain a neat, clean, and professional appearance
- keep accessories minimal and non-distracting
- use a professional background free from clutter or distractions
- ensure lighting allows facial expressions to be seen clearly

Name Badges

When onsite at a Kaiser Permanente location for training purposes:

- name badges must be worn above the waist and remain clearly visible at all times
- badges must not be altered, covered, or attached to unauthorized items
- only KP or health care-related badge attachments or pins are allowed
- if a lanyard is used, it must reflect Kaiser Permanente branding such as Thrive or KP Health Connect, rather than outside brands or messages

Workplace Professional Attire and Appearance

The general dress standard for trainees is workplace professional attire. Appearance should remain appropriate to the clinical environment and should not interfere with patient care, safety, or professional interactions.

The following expectations apply:

- clothing should be clean, neat, and appropriate to a professional clinical setting
- attire should not be excessively casual, revealing, or distracting

- shoes must be appropriate to the work setting and must support workplace safety
- in direct patient care areas, footwear must comply with applicable safety requirements
- jewelry, accessories, and personal items must not interfere with workplace safety, patient care, or a professional appearance
- hair and facial hair should be clean, neat, and professionally maintained
- fragrances should be avoided when they may affect patients, colleagues, or the clinical environment
- nails and grooming should be maintained in a manner consistent with infection control, safety, and professional presentation standards

If a laboratory coat is issued for a specific placement or department, the trainee is expected to wear it as required and return it at the end of the training year.

Local medical center or clinic expectations may be more specific than the general standards outlined here. Trainees are expected to follow the requirements of their assigned training site.

Workplace Attire in Specialty Clinics

In specialty settings, trainees are expected to follow the same attire expectations as the clinicians working in that department. When a particular department has role-specific appearance standards, trainees should be aligned with those standards in consultation with supervisors and site leadership.

Follow-Through and Exceptions

If a trainee does not meet professional appearance expectations, they may be counseled and may be asked to make immediate adjustments. Repeated concerns regarding professional appearance may result in additional coaching, remediation, or further follow-up consistent with training program expectations.

Requests for exceptions based on religion, disability, or other protected considerations should be handled through the appropriate Kaiser Permanente process.

9.04 Social Media Policy

Trainees at any level who use social media or other forms of electronic communication must remain mindful of how those communications may be perceived by patients, colleagues, faculty, and others.

KPCC trainees should take reasonable steps to avoid posting material that could be viewed as inappropriate for a mental health professional in training. To support this expectation, trainees are encouraged to set personal accounts to **private** and limit the amount of personal information shared publicly.

Trainees must never:

- add patients to their social network
- post information that could identify a patient
- share information that could compromise patient confidentiality in any way

If a trainee reports, or is depicted on social media or in electronic communication, engaging in unethical or illegal conduct, that information may be considered by the training program in determining whether probation or termination is warranted.

Voicemail greetings and other professional electronic communications must also be created thoughtfully and in accordance with supervisory guidance.

Appendix A: Values Statement

Kaiser Permanente Counseling Center (KPCC)

Values Statement

Respect for diversity and for values different from one's own is a core principle of KPCC and the Mental Health Training Collaborative (MHTC) at Kaiser Permanente. This principle is consistent with the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* and with relevant accreditation standards. KPCC trainees provide services to a diverse patient population that often includes individuals and communities whose backgrounds, identities, and experiences differ from their own. As a result, the training program is committed to preparing trainees to work ethically and effectively with a wide range of patients.

The KPCC program operates within multicultural communities that include individuals with diverse ethnic, racial, and socioeconomic backgrounds; national origins; religious, spiritual, and political beliefs; physical abilities; ages; genders; gender identities; sexual orientations; physical appearance; and family structures. Kaiser Permanente believes that training programs are strengthened by openness to learning about others and by sustained efforts to practice respect and inclusion. KPCC training faculty and trainees are expected to work together to create training environments grounded in respect, trust, and safety.

All members of the training program, including staff and trainees, are expected to be supportive and respectful of patients, peers, and colleagues regardless of differences in background, worldview, or identity.

KPCC also recognizes that no individual is free from all forms of bias or prejudice. For that reason, the training program expects a broad range of beliefs, behaviors, and attitudes to be present in any learning environment. All members of the training program are expected to commit themselves to values of respect, equity, and inclusion, and to engage in critical thinking and self-examination so that personal assumptions, attitudes, values, and behaviors can be evaluated in light of professional standards, scientific knowledge, and clinical responsibility.

Faculty and trainees are expected to demonstrate a genuine willingness 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.

In short, all members of the training program are expected to engage in ongoing reflection, to expand their knowledge and skills, and to remain committed to providing effective care regardless of differences in beliefs, attitudes, or values.

Over the course of practicum, training faculty may engage in and model self-disclosure and introspection when appropriate. This may include discussion of personal experiences, attitudes, beliefs, feelings, opinions, or histories when doing so supports professional learning and improves patient care. All members of the training program are expected to engage in lifelong learning in relation to multicultural competence.

In summary, all members of the KPCC program are committed to a training process that supports the development of professionally relevant knowledge and skills for working effectively with all individuals, inclusive of differences in identity, belief, attitude, and lived experience. Members of the program agree to participate in a mutually supportive learning process that examines how personal beliefs, attitudes, and values may affect work with patients and colleagues. This commitment is consistent with Kaiser Permanente's core values and with respect for diversity and for values both similar to and different from one's own.

As an incoming KPCC trainee at Kaiser Permanente, you are expected to:

- show willingness to work with a wide range of patient populations and presenting concerns, including those that may differ from your own lived experience
- demonstrate respect for differing worldviews and value systems, even when they differ from your own
- work effectively and respectfully with colleagues whose beliefs or perspectives may differ from your own

- remain willing, within reason, 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 supervisor would be insufficient to support safe patient care
- seek supervision, consultation, and training whenever questions of competency arise regarding a particular population or presenting concern

I have read and agree to abide by the Kaiser Permanente Counseling Center (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

PRE-PRACTICUM CLINICAL COMPETENCY ASSESSMENT (rev. 02/2026)

Trainee Name: _____ Date: _____

Pre-Practicum Trainer/ Clinical Supervisor: _____

Trainees will demonstrate the competencies listed below with the identified minimum score for initial and re-evaluation before beginning work with any patients. KPSAHS trainees are expected to demonstrate competencies by the end of pre-practicum training. Trainees who do not complete pre-practicum are expected to acquire the skills below and demonstrate them on or before the 8th week of practicum onboarding and before beginning work with patients.

Description	Initial Evaluation Date	Minimum Score	Re-evaluation Date	Minimum Score
Clinical and Technical Skill		Competency Level Definitions 0 – Not Present 1 - Developing 2 - Competent: Can perform independently 3 - Advanced: Can teach others		Competency Level Definitions 0 – Not Present 1 - Developing 2 - Competent: Can perform independently 3 - Advanced: Can teach others
COMPUTER COMPETENCY				
Use of Microsoft systems (Outlook, Teams, Etc.)		2		2
Use of Electronic Health Record - Health Connect		1		1
Completing Clinical Notes Accurately and Timely		1		2

Scheduling Patients (Health Connect, shared calendar)		1		1
Routing Charts		1		1
Video/Telephone Visits (including share screen, etc.)		2		2
INTAKE COMPETENCY				
Conveying informed consent (including limits of confidentiality)		2		2
Conduct comprehensive intake interview		1		2
Administer relevant assessment measures (paper, electronic)		1		1
Identify presenting problems and treatment goals		2		2
Identify risk and involve supervisor		2		2
Create case conceptualization using DSM5TR Diagnosis		1		1
Initial treatment planning		1		1
ASSESSMENT COMPETENCIES				
Proctoring Outcome Measurements (Lucet)		2		2
Administer, interpret and track PHQ-9 (Patient Health Questionnaire-9)		1		1
Administer, interpret, and track GAD-7 (Generalized Anxiety Disorder-7)		1		1

Administer, interpret, and document the Mental Status Exam		1		1
Administer and document the C-SSRS (Columbia Suicide 1Severity Rating Scale)		1		2
Interpret BHI (Behavioral Health Index)		1		1
FEEDBACK INFORMED CARE				
Explaining how feedback is incorporated into care		1		2
Assessing client progress, therapeutic alliance, and goodness of fit		1		2
Adjusting treatment based on feedback and/or data		1		2
GENERAL CBT SKILLS				
Explaining CBT		2		2
Describing the three-component model with relevant patient information		1		1
Describe the role of automatic thoughts, intermediate beliefs, and core beliefs		1		1
Formulate a CBT case conceptualization		1		1
MULTICULTURAL COMPETENCE				
Identifying cultural markers		1		1
Having cultural courage and immediacy		1		1

Attending and addressing intersectionality		1		1
Engagement in cultural self-reflection		1		1

Appendix C

SUPERVISION SUPPORT PLAN (rev. 11/21/25)

To be signed by the SITE DIRECTOR, SUPERVISOR, and the MENTAL HEALTH TRAINEE

Policy Statement:

Supervision Support Plan is triggered when a trainee reports problems with the supervisory relationship and requests a change of supervisor. The supervision support plan demonstrates a plan to address the trainee's concerns and provide support necessary to repair the supervisory relationship. The trainee and clinical supervisor will show a good faith effort to engage in all actions outlined below. The clinical supervisor, trainee, and site director will meet to create a collaborative plan of support for the trainee. During the meeting, the site director will present a support plan to the clinical supervisor and trainee, and the clinical supervisor and trainee may request additional support to facilitate the trainee's learning. The support plan will identify the trainee's concerns regarding supervision and recommended actions to address the trainee's concerns. The support plan will include a timeline for reassessment of the supervisory relationship. The plan will be signed and dated by the trainee, clinical supervisor, and site director, and copies will be provided to the trainee and clinical supervisor. A copy will also be placed in the trainee's file.

The trainee and supervisor acknowledge that by signing this Supervision Support Plan at the initial meeting, they agree to make a good faith effort to engage in the actions outlined below with the intent to attempt repair of the supervisory relationship. If the support plan is unsuccessful, next steps will be determined upon reassessment with consideration for the trainee's learning needs. The trainee and supervisor understand that a change of clinical supervisor is not guaranteed and is based on operational need.

Date	
Mental Health Trainee Name (print):	
Supervisor Name (print):	

Statement of Plan Completion:

On _____ (date), _____ (trainee) and _____ (clinical supervisor) successfully completed the Supervision Support Plan.

_____ _____

Supervisor Name (signature) and Date Trainee Name (signature) and Date

Supervision Support Plan		
A. **Trainee Concerns**	B. **Recommended Actions**	C. **Reassessment Status of Actions/Supervisory Relationship**
Supervision need identified:		
Supervision need identified:		
Supervision need identified:		
Supervision need identified:		

Timeline / Date of Next Assessment	**Mental Health Trainee Signature and Date**	**Supervisor Signature and Date**
Initial Meeting		
	Click or tap to enter a date.	Click or tap to enter a date.
Reassessment Meeting		
	Click or tap to enter a date.	Click or tap to enter a date.
Reassessment Meeting		
	Click or tap to enter a date.	Click or tap to enter a date.

Appendix D

KPCC TRAINEE REMEDIATION:

FOCUSED COMPETENCY GUIDANCE PLAN (rev. 2/13/2026)

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

Policy Statement:

The **Focused Competency Guidance Plan** (FCGP) is a collaborative and supportive process designed to help trainees strengthen developing skills and succeed in the training program. It is initiated when a trainee would benefit from additional structured support in one or more competency areas. These needs may reflect emerging skills that can be enhanced through targeted guidance, practice, and supervision. The intention of the FCGP is always to promote the trainee's growth, confidence, and clinical readiness. If, during the third or fourth quarter of the training year, a trainee continues to need additional support to reach expected competency benchmarks, the supervisor may recommend more formalized assistance through a Focused Competency Guidance Plan, Letter of Warning, or Corrective Action. The goal at every step is to ensure that trainees receive clear direction, resources, and encouragement to meet their developmental goals.

After identifying the need for focused support, the supervisor documents the areas for development and meets with the trainee to discuss these collaboratively. During this meeting, the supervisor and trainee engage in open, respectful dialogue to clarify strengths, opportunities for growth, and the specific skills to be supported. Together, they complete the Focused Competency Guidance Plan, identifying targeted competencies, recommended actions, and the support that will be put in place.

The plan also includes a mutually agreed-upon timeline for reassessment to help the trainee track progress and receive timely feedback. If reassessment is needed before the next scheduled evaluation, the supervisor will conduct it as outlined in the plan. The finalized FCGP is signed and dated by both the trainee and supervisor, with copies provided to the trainee, site director, and graduate school field placement coordinator to ensure aligned and consistent support.

By signing the Focused Competency Guidance Plan, the trainee acknowledges their partnership in this supportive process. They also understand that successful completion of the plan helps ensure their supervised hours remain eligible to be counted toward practicum requirements.

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:		
Competency/Issue:		

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

Appendix E

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 submit together 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 Initials:	Supervisor's Initials:	

trainee's supervised hours will be found to be satisfactory:			

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

Notice of Provision of KPCC Treatment Services by a Pre-Master's KPCC Intern

The Permanente Medical Group, Inc.

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

☐ Social Work

☐ Marriage and Family Therapy

☐ Counseling

Intern Name: _____, BA/BS

Intern Contact Number: _____

Internship Completion Date: _____

This intern is working under the supervision of:

Supervisor Name: _____

Supervisor License Number: _____

Supervisor Contact Number: _____

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

Appendix F

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 G

KPCC TRAINEE EVALUATION OF SUPERVISOR (rev. 12/2025)

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:

___Other_____

___Other_____

KPCC Trainee Name:_____

Please evaluate your supervisors using the criteria and rating scale below. The purpose of this evaluation is to inform KPCC 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 supervisor and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improvement.

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

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

Supervisor Provides Atmosphere for Professional Growth

_____Demonstrates a sense of support and acceptance

_____Establishes clear and reasonable expectations for my performance

_____Establishes clear boundaries (i.e., not parental, peer, or therapeutic)

_____Makes an effort to understand me and my perspective

_____Encourages me to formulate strategies and goals without imposing his/her/their own agenda

_____Recognizes my strengths

_____Conveys an active interest in helping me to grow professionally

_____Is sensitive to the stresses and demands of the practicum

_____Helps me to feel comfortable discussing problems

_____I feel comfortable talking to my supervisor about my reactions to him/her/them and the content of our meetings

Supervisor's Style of Supervision

_____Makes supervision a collaborative process

_____Balances instruction with exploration, sensitive to my style and needs

_____Encourages me to question, challenge, or doubt 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 I need to consult

_____Makes decisions and takes responsibility when appropriate

_____Makes concrete and specific suggestions when needed

_____Assists me in integrating different techniques

_____Addresses transference/countertransference/emotional reactions between me and patient

_____Raises cultural and individual diversity issues in supervisory conversation

Impact of Supervisor

_____Provides feedback that generalizes or transcends individual cases to strengthen my general skill level

_____Shows concern for my personal development as well as my performance

_____ Facilitates my confidence to accept new challenges

The most positive aspects of this supervision are:

The least helpful or missing aspects of this supervision are:

This supervision experience might improve if:

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

Appendix H

COMPETENCIES EVALUATION FOR KPCC TRAINEES

FOUNDATIONAL AND FUNCTIONAL COMPETENCIESWITH BEHAVIORAL ANCHORS

KAISER PERMANENTE NORTHERN CALIFORNIA

Training Year:		Date:	
Trainee		Primary Supervisor	

Rating	Rating Description	Supervision Structure	Rating Guideline
(N/A) Not Measured	The trainee's performance for this competency cannot be measured at this point in practicum. This may occur, for example, when a particular training activity takes place later in the training year		The supervisor must provide a comment if "N/A" is given. This rating can only be used in the 1st quarter or if no numerical rating has been assigned in the previous quarter.
(1) Below Entry Level Competency/Insufficient/Unacceptable	The trainee shows little or no evidence of the required counseling or intervention skills, therapeutic techniques, or professional behaviors or demonstrates harmful use of knowledge, skills, or techniques. Performance may be inconsistent or missing in key areas and does not meet minimum standards for safe and effective practice.	Augmented supervision, schedule modification, and/or supplemental training activities are required to support the trainee.	A rating of "1" (Below Expectations) at any point in practicum prompts the primary supervisor to initiate a Letter of Warning and complete a narrative describing the justification for this rating. The Director of Training or other designated university staff should be notified of KPCC's concerns. If the trainee is an MHSA scholar, designated MHSA staff may be notified as well.

(2) Demonstrates Emerging/Developing Entry Level Associate Competency	The trainee shows partial understanding and skill but is inconsistent. They can perform some therapy techniques and professional behaviors correctly but often need guidance or reminders. Performance meets some requirements but does not yet reach the expected level for entry level practice at the associate level.	During the first half of the training year, close, structured supervision is required. During the second half of the training year, augmented supervision, schedule modification, and/or supplemental training activities may be indicated to support the trainee.	A "2" rating "Emerging Competency" meets expected minimum levels of achievement in Q1-2 of the premaster's practicum. If at the end of the 3rd quarter the supervisor and trainee have concerns that trainee will not achieve a rating of "3" "Demonstrates Entry Level Associate Competency" by end of the 4th quarter, the supervisor should initiate a Focused Competency Guidance Plan to provide structured support to the trainee. The Director of Training or other designated university staff should also be notified of KPCC's concerns and the need for additional support. If the trainee is an MHSA scholar, designated MHSA staff may be notified as well.
(3) Demonstrates Entry Level Associate Competency	The trainee is demonstrating readiness for entry level, supervised practice as an associate as defined by the ability to perform routine clinical	Throughout the training year, routine supervision supports the trainee's	The trainee meets the required MINIMAL LEVEL OF ACHIEVEMENT (MLA) for this competency element by the end of 4th

	activities with minimal structure and assistance and is developing the ability to generalize skills across a variety of clinical activities.	ongoing adjustment to more diverse and complex clinical cases. Toward the end of the training year, focused supervision for novel or complex situations may be indicated to support the trainee.	quarter and is exhibiting readiness for advancement to fellowship placement following practicum.
(4) Exceeds Entry Level Associate Competency	The trainee exhibits counseling or intervention skills, therapeutic techniques, or professional behaviors that exceed expectations of an entry level associate and is performing at the level of an advanced associate or entry level professional. The trainee can successfully function independently in this area across a range of clinical and professional activities with little or no supervisory support.	Supervision for this competency element during the training year is routine and focuses on targeted feedback to strengthen independent clinical judgement, guide mastery of multiple evidence-based practices with the trainee proactively integrating feedback,	The trainee surpasses the required MINIMAL LEVEL OF ACHIEVEMENT (MLA) for successful completion of the practicum and is exhibiting strong readiness for advancement to fellowship or associate placement following practicum.

		independently maintaining accurate and timely documentation, and demonstrating readiness for more independence in navigating clinical complexity.	

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/they will not receive a Certificate of Completion.

FOUNDATIONAL COMPETENCIES				
GOAL 1: PROFESSIONAL VALUES, ATTITUDES, and BEHAVIORS				
A) Professional identity				
Essential Components:				
■ Behavior reflects the values of mental health professionals; honesty, integrity, personal responsibility				
■ Develops sense of self and insight consistent with a mental health professional				
Behavioral Anchors:	BENCHMARK **1st Quarter**	BENCHMARK **2nd Quarter**	BENCHMARK **3rd Quarter**	BENCHMARK **4th Quarter**
• Demonstrates honesty, integrity, and responsibility for own actions				
• Demonstrates initiative, motivation, and a growth mindset with ongoing learning and training opportunities				
B) Deportment				

Essential Component:				
■ Conducts self in a professional manner				
Behavioral Anchors:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Demonstrates appropriate personal hygiene and attire				
• Demonstrates appropriate use of standardized mental health terminology and professional language in documentation and verbal communication				

C) Accountability				
Essential Component:				
■Acceptance of personal responsibility across settings and contexts				
Behavioral Anchors:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Completes documentation on time				
• Plans and organizes own workload				
• Seeks supervision when needed				
• Comes prepared to supervision				
• Completes tasks/activities assigned by supervisor on time				

D) Reflective practice
Essential Component:
■ Engage in self-reflection regarding personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness
■ Engage in activities to maintain and improve performance, well-being, and professional Effectiveness; knowledge of core competencies

Behavioral Anchors:				
Displays:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Critical thinking/organized reasoning/problem-solving skills				
• Intellectual curiosity and flexibility				
• Displays insight regarding professional growth, trainee strengths, and areas for further development				
• Engages in activities to maintain and improve performance and professional effectiveness				
• Models effective self-care				
• Appropriate application of theory to practice; demonstrates application of theory and techniques learned in clinical practice courses and KPCC didactics in session with patients				
• Routinely reviews patient-reported outcomes and supervisor feedback to improve care (see Goal 7 for specific tools)				
• Displays ability to reflect on transference and counter-transference issues				

Goal 1 Supervisor Comments	
Q1	
Q2	
Q3	
Q4	

GOAL 2: CLINICAL TECHNOLOGY, DIGITAL LITERACY, and TELEHEALTH SKILLS
A) Clinical Technology
Essential Component:

■ Utilize clinical technology effectively to provide patient care, engage in training activities, and communicate with mental health providers and other health care professionals				
Behavioral Anchors:				
Displays:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Displays mastery of Microsoft systems such as Outlook and Teams for professional communications and training				
• Demonstrates ability to navigate electronic medical records to obtain relevant clinical information, communicate with patients, communicate with care team members, and route charts to clinical supervisor				
• Displays mastery of scheduling systems including Cadence for scheduling patient appointments, the shared calendar for training and shadowing, and Health Connect for viewing trainee schedules				
• Demonstrates mastery of video visit technology including joining video visit, inviting patient or others to visit as needed, sharing trainee during session as needed, administering Lucet, or other relevant skills.				
• Demonstrates use of training resources such as Lyssn and Therapy Assist to increase trainee's knowledge and application of evidence-based interventions				

Goal 2 Supervisor Comments	
Q1	

Q 2	
Q 3	
Q 4	

GOAL 3: CULTURALLY SENSITIVE PRACTICE				
Essential Components:				
■ Knowledge, awareness, and understanding of: ● Personal 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 **1st Quarter**	BENCHMARK **2nd Quarter**	BENCHMARK **3rd Quarter**	BENCHMARK **4th Quarter**
• Demonstrates an understanding of how trainee's own personal/ cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves				
• Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of others				
• 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 people's 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				
• Identifies issues of diversity which impact the therapeutic environment				
• The ability to work effectively with individuals whose group membership, demographic characteristics or worldviews create conflict with their own				

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, CAMFT Ethical Standards, or ACA) Code of Ethics; beginning knowledge of legal and regulatory

issues, including California and national law, in the practice of counseling in a training setting				
Behavioral Anchors:	**BENCHMARK 1st Quarter**	**BENCHMARK 2nd Quarter**	**BENCHMARK 3rd Quarter**	**BENCHMARK 4th Quarter**
• Articulates importance of concepts of confidentiality, privacy, informed consent				
• Demonstrates understanding of acting within the trainee's scope of practice and scope of competence				
• Identifies potential legal and ethical concerns as they arise in practicum and seeks consultation for these issues				
• Demonstrates knowledge of NASW Code of Ethics, CAMFT 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				
• 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	
Q 1	
Q 2	
Q 3	

Q4	

GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS				
Functioning in multidisciplinary and interdisciplinary contexts				
Essential Component:				
■ Cooperation, teamwork, and collaboration				
Behavioral Anchors:	BENCHMARK 1st Quarter	BENCHMARK 2ndQuarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Develops and maintains collaborative relationships with peers and professionals across disciplines				
• Demonstrates understanding of behavioral health within a healthcare organization				
• Works collaboratively with stakeholders including family members, informal support, and professionals to empower patients to navigate complex systems of care.				
• Demonstrate knowledge and respect for the roles and perspectives of other professions				
• Seeks and integrates feedback from non-supervisory interdisciplinary partners and secondary supervisors				

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 1st Quarter	BENCHMARK 2ndQuarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Demonstrates affect tolerance				
• Tolerates and understands interpersonal conflict, ambiguity, and uncertainty				
• Demonstrates empathy.				
• Demonstrates rapport building with patients.				
• Demonstrates understanding of the problem from the patient's perspective				
• Is aware of and uses impact of self on clients in treatment				
• Develops plan for termination of treatment with client				

Goal 6 Supervisor Comments	
Q1	
Q2	
Q3	
Q4	

GOAL 7: ASSESSMENT and INTERVENTION
A) Counseling Skills & Treatment Planning
Essential Components:
▪ Basic knowledge and use of counseling skills and evidence-based interventions

▪ Demonstrate skills necessary for initial patient assessment including clinical interview, biopsychosocial assessment, risk assessment, case conceptualization, and DSM5TR diagnosis.				
Behavioral Anchors:	BENCHMARK **1st Quarter**	BENCHMARK **2nd Quarter**	BENCHMARK **3rd Quarter**	BENCHMARK **4th Quarter**
• Clearly identifies presenting problem and patterns of behavior				
• Provides informed consent and explains limits of confidentiality				
• Explains interventions in ways patients can understand				
• Demonstrates competence in substance abuse assessment				
• Demonstrates competence in assessing patient's readiness for change				
• Demonstrates competence in assessing patient's strengths and 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 DSM diagnosis, connects presenting problem with diagnosis, and identifies possible comorbid disorders				

• Demonstrates ability to create an initial treatment plan that connects the client's symptoms and diagnosis with selected evidence-based interventions				
• Sets mutually agreed upon goals for treatment.				
• Administers and interprets standardized assessment tools including Lucet, PHQ-9, GAD-7, Mental Status Exam, C- SSRS, and BHI and uses data to inform treatment				
• Recognizes need for referrals and identifies appropriate services and resources				
• Utilizes feedback informed care to assess patient progress, the therapeutic alliance, and goodness of fit and adjusts treatment based on feedback and/or data				
• Demonstrates the ability to consistently select and apply evidence-based interventions throughout the course of treatment, ensuring that chosen approaches remain appropriate for the client's evolving needs and clinical presentation.				

B) Risk assessment

Essential Component:

■ Demonstrates foundational background in assessing for risk

Behavioral Anchors:	BENCHMARK 1st Quarter	BENCHMARK 2nd Quarter	BENCHMARK 3rd Quarter	BENCHMARK 4th Quarter
• Demonstrates competence in assessing suicidal behavior and behavior that is a danger to others				
• Demonstrates ability to engage patients in safety planning and to document a safety plan appropriately				

• Demonstrates competence in assessing grave disability				
• Demonstrates competence in assessing child and elder abuse				
• Demonstrates competence in assessing intimate partner violence				
• Demonstrates knowledge of Tarasoff guidelines				

Goal 7 Supervisor Comments

Q1	
Q2	
Q3	
Q4	

Evaluation	1st Quarter	2nd Quarter	3rd Quarter	4th 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.

Revised 2025 by Kaiser Permanente Northern California Mental Health Training Collaborative, from California State University, Fullerton (2018). Site Supervisor Final Evaluation. https://psychology.fullerton.edu

Revised 2025 by Kaiser Permanente Northern California Mental Health Training Collaborative, from American Association for Marriage and Family Therapy (2018). Competencies for Family Therapists Working in Healthcare Settings.www.aamft.org/healthcare.

Revised 2025 by Kaiser Permanente Northern California Mental Health Training Collaborative, from Journal of Marital and Family Therapy, Northey, Jr., W. F. and Gehart, D. R. (2019), The Condensed MFT Core Competencies: A Streamlined Approach for Measuring Student and Supervisee Learning Using the MFT Core Competencies. 2019, Vol 46 (1), 42-61.

[Rev 12/31/2025]

Appendix I:

Attestation

Kaiser Permanente Counseling Center (KPCC)

After completing your review of this Policy and Procedure Manual, please print this page, read the statement below, sign it, and return it to your clinical supervisor.

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

Name: _____

Signature: _____

Date: _____

KPCC P&P 5-2025