Policy and Procedure Manual
2017-2018
Post-Master’s Internship Programs
In Social Work
and Marriage & Family Therapy

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Kaiser Permanente Northern California
KAISER PERMANENTE
NORTHERN CALIFORNIA REGION

Post-Master’s Internship Programs
in
Social Work
and
Marriage and Family Therapy

Associate Clinical Social Workers
Marriage and Family Therapist Interns

Policy and Procedure Manual

Training Year
2017-2018

Issued by
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# TABLE OF CONTENTS

## 1. PROGRAM OVERVIEW

1.01 Mission Statement ................................. 6
1.02 Program Goals, Objectives and Competencies ................................. 7

## 2. PROGRAM PARTICIPATION POLICIES

2.01 Diversity and Equality in Selection and Recruitment .................. 9
2.02 Employment Statement ........................................ 9
2.03 Selection Process ........................................... 10
2.04 HR Employment Contingent Offer Letter .................................. 10
2.05 Welcome Letter .............................................. 10
2.06 Program Minimum Requirements ........................................ 10
2.07 Post-Master’s Intern Minimal Levels of Achievement .............. 11
2.08 Titles of Post-Master’s Interns ................................... 12
2.09 Rights of Post-Master’s Interns ..................................... 12
2.10 Post-Master’s Intern Program Survey .................................... 12
2.11 Post-Master’s Intern Grievance Procedures ............................. 12
2.12 Post-Master’s Intern Completion and Certification .................. 13
2.13 Post-Master’s Intern Resignation ..................................... 13
2.14 Regular Position Hiring ......................................... 13

## 3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

3.01 Evaluation of Post-Master’s Intern ........................................ 13
    Baseline Assessment ........................................ 13
    Competencies Evaluation .................................. 13
    Ongoing Evaluation ....................................... 14
3.02 About Remedial and Corrective Actions .................................. 14
3.03 Remediation of Post-Master’s Intern ...................................... 14
    Focused Competency Guidance ............................. 14
    Written Letter of Warning .................................. 15
    Schedule Modification ...................................... 15
3.04 Corrective Action for Post-Master’s Intern ................................ 15
    Probation ....................................................... 15
    Suspension ................................................... 16
    Termination .................................................. 16
3.05 Post-Master’s Intern Due Process ....................................... 17

## 4. PROGRAM CURRICULUM

4.01 Training Activities and Service Delivery .................................... 17
### 4.02 Community Partnership Projects

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
</tr>
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### 4.03 Program Evaluation/Research Project

<table>
<thead>
<tr>
<th>Page</th>
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<tbody>
<tr>
<td>17</td>
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### 4.04 Regional Training Seminars

<table>
<thead>
<tr>
<th>Page</th>
</tr>
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<td>18</td>
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### 5. SUPERVISION OF POST-MASTER’S INTERN

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<thead>
<tr>
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<tbody>
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<td>18</td>
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#### 5.01 Baseline Assessment of Post-Master’s Intern Competencies

<table>
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<td>18</td>
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#### 5.02 Post-Master’s Intern Individual Training Contract

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#### 5.03 Post-Master’s Intern Competencies Evaluation

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#### 5.04 Supervision of Post-Master’s Intern

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#### 5.05 Supervision Requirements for Post-Master’s Internship Programs

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<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>19</td>
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#### 5.06 Responsibility Statements for Supervisors of ASWs and MFTIs

<table>
<thead>
<tr>
<th>Page</th>
</tr>
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<tbody>
<tr>
<td>19</td>
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#### 5.07 Supervisor Requirements: Supervision of ASWs

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<thead>
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<tbody>
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<td>19</td>
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#### 5.08 Supervisor Requirements: Supervision of MFTIs

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<thead>
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<td>20</td>
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### 6. PROGRAM ADMINISTRATION

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#### 6.01 California Board of Behavioral Sciences (BBS)

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<th>Page</th>
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#### 6.02 Administrative Hours for Training Faculty – Regional Standards

<table>
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#### 6.03 Training Staff Responsibilities

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#### 6.04 Site Training Director – General Responsibilities

<table>
<thead>
<tr>
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#### 6.05 Consortial Training Director Responsibilities

<table>
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<tr>
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<td>21</td>
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#### 6.06 Program Administrative Support

<table>
<thead>
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<tbody>
<tr>
<td>22</td>
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#### 6.07 Administrative Meetings

<table>
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<tr>
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#### 6.08 Training Staff Dispute Resolution Procedure

<table>
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### 7. INTERN AND INTERVIEWEE FILES

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#### 7.01 Post-Master’s Intern Individual Files

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#### 7.02 Post-Master’s Intern Individual File Format

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#### 7.03 Post-Master’s Intern Individual File Contents

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#### 7.04 Interviewer Notes

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#### 7.05 Reviews/Requests Regarding Post-Master’s Intern Individual Files

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#### 7.06 Retention of Materials and Interviewers’ Notes

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#### 7.07 Retention of Materials Received from Applicants Who Were Not Interviewed

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### 8. PATIENT DOCUMENTATION

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#### 8.01 Medical/Legal Services

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<td>24</td>
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</tbody>
</table>

- Provision of Mental Health Treatment Services and Patient Consent
- Signing Legal Documents
- Responding to Legal Documents
- Contact with Attorneys/Other Individuals
9. INTERN BENEFITS AND SERVICES ................................................................................ 26

9.01 Scheduling of Hours of Work ............................................................................ 26
9.02 Overtime Pay Policy ........................................................................................... 26
9.03 Post-Master’s Intern Benefits ............................................................................ 26
9.04 Tuition Reimbursement ..................................................................................... 26
9.05 Resources for Post-Master’s Intern Support .................................................... 26
9.06 Professional Liability Insurance ......................................................................... 26
9.07 Administrative Support, Office and Online Resources ................................... 26

10. KAISER PERMANENTE HUMAN RESOURCE POLICIES .............................................. 27

10.01 Finding Human Resources Policies on MyHR and Contacting HRSC ....... 27
10.02 Non-Discrimination Policy ............................................................................... 28

11. TRAINING PROGRAM WEBSITE ..................................................................................... 28
APPENDICES

Appendix A: Baseline Assessment of Post-Master's Intern Competencies .................... 29
Appendix B: Post-Master’s Intern Individual Training Contract................................. 34
Appendix C: Post-Master’s Intern Competencies Evaluation....................................... 36
Appendix D: Post-Master’s Intern Grievance Procedures............................................. 43
Appendix E: Post-Master’s Intern Grievance Appeal (form) ......................................... 46
Appendix F: Post-Master’s Intern Remediation and Corrective Action ....................... 47
    Remediation ........................................................................................................ 48
    Corrective Action ............................................................................................... 50
Appendix G: Post-Master’s Intern Due Process........................................................... 51
Appendix H: Post-Master’s Intern Program Survey (MSWord Format).......................... 54
Appendix I: Training Staff Dispute Resolution ............................................................ 57
Appendix J: Welcome Letters ...................................................................................... 59
Appendix K: Notice of Provision of Psych Services (ASW) .......................................... 61
Appendix L: Notice of Provision of Psych Services (MFTI) .......................................... 62
Appendix M: Tuition Reimbursement Guidelines......................................................... 63
The Post-Master’s Degree Training Programs in Social Work and Marriage and Family Therapy are provided by and funded through the Kaiser Permanente Northern California (KPNC), and are consistent with state and national guidelines. This manual outlines the policies and practices that are applicable to Associate Clinical Social Workers (ASWs) and Marriage and Family Therapist Interns (MFTIs). The manual is posted on the program’s website at http://kp.org/psychtraining. The reader is referred to this website for most program information, including but not limited to: descriptions of the programs at individual training sites; directories of program contacts; and regional training seminar schedules.

Mental health interns, as employees of Kaiser Permanente Northern California (KPNC), are also subject to KPNC’s general policies and procedures. These criteria are presented to the intern during the orientation process. Interns may also access this information after their start date through MyHR, located as a link at http://insidekp.kp.org/ncal/portal/.

1. PROGRAM OVERVIEW

The Post-Master’s Degree Training Programs prepare mental health interns for careers in the fields of social work and marriage and family therapy. The programs are conducted at 13 training sites, all located within Kaiser Permanente Northern California. KPNC mental health interns train in a broad range of settings, in preparation for careers as licensed clinical social workers and marriage and family therapists.

The post-Master’s internships are full-time positions (40 hours per week). One-half of the intern’s time (approximately 20 hours per week) is spent providing direct services to clientele through individual, group or family therapy. The intern spends the remaining hours engaged in training activities, which include but are not limited to weekly supervision (both individual and group), and didactic seminars. Training activities also include an outward focus: We now require all mental health trainees to complete a minimum of 32 hours of work in their local communities.

1.01 Mission Statement

The Mission Statement for the Post Master’s Degree Training Programs is articulated by the following: Kaiser Permanente is committed to provide the highest possible training for mental health interns and to prepare them for a dynamic role as mental health professionals in the health-care system of the future.
1.02 Program Goals, Objectives and Competencies

**FOUNDATIONAL GOALS, OBJECTIVES AND COMPETENCIES**

**GOAL 1: PROFESSIONALISM**: To provide intern with opportunities to develop and enhance professionalism throughout the training year

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<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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<tr>
<td>A) Professional identity</td>
<td>▪ Understands professional values; honesty; personal responsibility</td>
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<td>▪ Understands self as professional, “thinking like a mental health professional”</td>
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<tr>
<td>B) Deportment</td>
<td>▪ Understands how to conduct oneself in a professional manner</td>
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<td>C) Accountability</td>
<td>▪ Accepts personal responsibility across settings and contexts</td>
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**GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT**: To encourage intern to develop reflective practice, self-assessment and self-care skills

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<td>A) Reflective practice</td>
<td>▪ Demonstrates basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action)</td>
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<td>B) Self-assessment</td>
<td>▪ Knowledge of core competencies; emerging self-assessment regarding competencies</td>
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<td>C) Self-care: Attention to personal health and well-being to assure effective professional functioning</td>
<td>▪ Understands the importance of self-care in effective practice; knowledge of self-care methods; attention to self-care</td>
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**GOAL 3: CULTURALLY SENSITIVE PRACTICE**: To enhance intern’s ability to treat patients of different socioeconomic backgrounds, ethnic groups, religious backgrounds, and gender and sexual identities with sensitivity and cultural competence

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| Objectives: Self-awareness; awareness of others; and awareness of the interaction of self and others as shaped by individual and cultural diversity, taking into consideration any cultural, individual and role differences, including those | ▪ Knowledge, awareness and understanding of:  
  - One’s own dimensions of diversity and attitudes toward others’ diversity  
  - Other individuals as cultural beings  
  - (Continued next page) |
based on age, gender, gender identity, race, ethnicity, national origin, religion, sexual identity, disability, language and socioeconomic status, and context  

- The interaction between self and others as shaped by individual and cultural diversity and reflecting a confluence of diverse cultural beings/entities  
  ▪ Knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity  
  ▪ Knowledge of methods and techniques for assessing patients' experience and values

GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY: To enhance intern’s knowledge and clinical application of legal and ethical issues involved in the practice of Social Work and Marriage and Family Therapy

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<td>Knowledge of ethical, legal and professional standards and guidelines</td>
<td>▪ Basic knowledge of the NASW Code of Ethics or CA-MFT Ethical Standards; beginning knowledge of legal and regulatory issues, including California and national law, in the practice of counseling that apply to practice in a training setting</td>
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GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS: To provide intern with opportunities to function autonomously in multi-disciplinary treatment teams and to develop and maintain professional relationships

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<td>Functioning in multidisciplinary and interdisciplinary contexts</td>
<td>▪ Cooperation, teamwork and collaboration</td>
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FUNCTIONAL GOALS, OBJECTIVES AND COMPETENCIES

GOAL 6: THERAPEUTIC RELATIONSHIPS: To provide intern with opportunities to develop healthy and effective therapeutic relationships with patients

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<td>Interpersonal relationships and affective skills</td>
<td>▪ Awareness of own and tolerance of other’s affect</td>
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GOAL 7: INTERVENTION: To provide intern with training in therapeutic interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and/or organizations

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| A) Counseling skills & treatment planning| ▪ Basic knowledge of counseling skills and interventions  
▪ Knowledge of methods and techniques for assessing patients’ experience and values  
▪ Awareness of the therapeutic process |
| B) Risk assessment                       | ▪ Foundational background in assessing for risk                                                      |
| C) Progress evaluation                   | ▪ Basic knowledge of the evaluation of progress and intervention outcome                             |

GOAL 8: COMMUNITY PARTNERSHIPS: Intern to provide outreach to underserved populations in the community to promote healthy behaviors and provide education and training

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<td>A) Provides outreach to underserved communities</td>
<td>▪ Provide a minimum of 32 hours spent on community projects, working to promote healthy behaviors to underserved populations</td>
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<tr>
<td>B) Demographic and outcome data</td>
<td>▪ Collects appropriate and relevant demographic information and outcome data</td>
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<tr>
<td>C) Community alliances</td>
<td>▪ Develops alliances with relevant individuals/agencies</td>
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2. PROGRAM PARTICIPATION POLICIES

2.01 Diversity and Equality in Selection and Recruitment
The training program strives to encourage applications from persons who indicate that they come from diverse, underserved or disadvantaged backgrounds. Practicum supervisors and directors review all applications and ensure that all applicants who meet general criteria for the program are included in a selection pool.

2.02 Employment Statement
Both interns and KPMC enter into the employment relationship voluntarily. An intern is free to resign at any time throughout the program. Similarly, KPMC may also at any time conclude the employment relationship where it believes it is in the best interest of Kaiser Permanente to do
so. This conclusion may be based on but not limited to the following circumstances: ethics violations; competency concerns; or failure to meet labor standards.

2.03 Selection Process
Interested applicants must apply to the training programs through the KP jobs website. Training directors and their training committees then review applicants’ qualifications. In general, candidates are interviewed and selected in the late winter and early spring for terms beginning in September. In scheduling the interviews, the training directors work closely with the departmental managers.

The term of the training program is up to one year, unless terminated earlier. A Post-Master’s intern may be offered an additional training year. Applicants must be authorized to work in the United States without an employer-sponsored visa (e.g. H-1B, TN) or a student visa (e.g. F-1 OPT).

2.04 HR Employment Contingent Offer Letter
KP Human Resources (HR) Recruitment sends the Contingent Offer Letter to the intern upon offer acceptance. This letter contains employment contingencies, pay and benefit enrollment information. It also includes information on I-9 and the Supervision Agreement.

2.05 Welcome Letter
The “Welcome Letter” is sent by the training director. This letter describes the training year and what will be offered to the intern in terms of training curriculum. The welcome letter does not include any payroll or benefits information. See Appendix J for Welcome Letters.

2.06 Program Minimum Requirements
1. Academic Standing
   All interns must have earned a master’s degree in Social Work, Counseling, or Psychology.

2. Prior Training
   All interns must have prior experience delivering outpatient psychotherapeutic services as a social work or MFT pre-master’s intern, or mental health counselor within a mental health agency.

3. Registration with California Board of Behavioral Sciences (BBS)
   Before beginning training, each Social Work intern must register with the BBS as an Associate Clinical Social Worker (ASW) and every MFT intern must register with the board as a Marriage and Family Therapist Intern (MFTI).

4. Pre-requisite Training
   Before they see patients individually, all interns must have prior training in the following areas:
   - Mental Status Evaluation
   - Mandated Reporting (CPS, APS, etc.)
   - Suicide/Homicide/Danger Assessment (Tarasoff, etc.)
   - Ethics (i.e. confidentiality, professional boundaries, etc.)
   - Psychopathology/Abnormal Psychology
   - Theories and Practices of Psychotherapy
   - Personality and Psychological Development
The intern and his/her training director will insure that these competencies are met before the intern begins seeing patients. To document this, the intern and training director will complete the Intern Prerequisite Checklist (see Appendix A, Baseline Assessment of Intern Competencies, for this form).

5. Policies of Training Program, NASW, AAMFT, state, federal and KP: On the first day of training, interns are directed on how to access, on-line, the training program's policies and procedures. Within their first week, interns are directed in how to record their patient's informed consent in the patient’s electronic chart (see Section 6, Patient Documentation, below, for more information on charting informed consent). Interns are also directed how to access a copy of the NASW or AAMFT Code of Ethics and are required to reference it during their tenure. Students are expected to understand and comply with all of these policies, in addition to those of KP, as well as state and federal laws (see Section 6 below, for more information on KP Policies)

2.07 Post-Master's Intern Minimal Levels of Achievement
The minimal levels of achievement expected of ASWs and MFTIs in order to successfully progress through and complete the program are identified and evaluated by the following:

Baseline Assessment of Intern Competencies
Within the first week of the training program, the intern and supervisor complete the Baseline Assessment of Intern Competencies (see Appendix A). This assessment identifies the intern’s level of experience and training at entry to the training program, in all expected competency areas. The baseline assessment also identifies competency areas on which the intern will focus during the year, which are described further in the Individual Training Contract (see next item, below and Appendix B) and is kept in the intern's file.

Post-Master's Intern Individual Training Contract
The individual training contract must be completed by the intern within the first week of the training year. The reader is advised to review section IV of the contract, "Responsibilities and Expectations of Intern," for details pertaining to intern participation and achievement. (See Section 5.02, below, and Appendix B.)

Provision of Direct Services
One-half of the intern’s time (approximately 20 hours per week) is to be spent providing direct services to clientele through individual, group or family therapy.

Competencies Evaluation (CE)
The Competencies Evaluation (CE) is the post-master’s training program’s formal evaluation instrument for evaluating interns’ progress (see Appendix C). The CE is a measurement tool that the supervisor uses to rate the intern on all behavioral anchors corresponding to program goals. The supervisor implements the CE periodically throughout the training year to ensure that the intern meets the program’s training goals. Each of the ratings on the CE indicates a specific stage of competency. By the end of the last training period the intern must achieve ratings of “3” (Meets Expectations) or higher for all behavioral anchors, in order to receive a Certificate of Completion. See procedures for each of the five ratings under Competencies Evaluation, below.
“Good Standing” Definition
An intern is in good standing if he/she has ratings of “3” or more for all behavioral anchors on the CE or if he/she is in Focused Competency Guidance. An intern is not in good standing when his/her primary supervisor initiates the Letter of Warning and/or Corrective Action procedures (see Appendix F for all of these processes).

Certificate and Letter of Completion
At the end of the training year, if the intern attains a minimum score of “3” (“Meets Expectations”) for each behavioral anchor on the fourth quarter CE, the intern receives a Certificate and Letter of Completion.  See Section 2.13, below, for more detailed information on these items.

2.08 Titles of Post-Master’s Interns
The title of a post-Master’s intern in Social Work is “Associate Clinical Social Worker” (ASW). The title of a post-Master’s intern in Marriage and Family Therapy is “Marriage and Family Therapist Intern” (MFTI). Each intern will clearly identify herself/himself as an intern at the first meeting with any patient or potential patient (see Section 6, Patient Documentation, below, for more information on charting informed consent).

2.09 Rights of Post-Master’s Interns
1. To be informed of the expectations of the internship 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 using Baseline Assessment
4. To receive ongoing evaluation that is specific, respectful, and pertinent
5. To engage in evaluation of the training experience
6. To utilize due process to challenge program decisions
7. To utilize grievance procedures to resolve disputes not related to program decisions
8. To be granted privacy and respect of one’s personal life including respect for one’s uniqueness and differences

2.10 Post-Master’s Intern Program Survey
Each intern evaluates the training program at the mid-year mark and at the end of the training year. The Intern Program Survey (accessed by a dedicated and confidential link to the online SurveyMonkey service for anonymity) allows the individual intern to assess their own experience of the program by the same parameters that are used in the CE (see above). The data from this survey provides valuable feedback about the training program and is used to make modifications to program procedures (see Appendix H for survey).

2.11 Post-Master’s Intern Grievance Procedures
If an intern has any disagreement with his/her supervisor, another staff member, a fellow intern, or a matter of program policy, he/she will be encouraged to communicate openly with his/her supervisor about the issue(s). The procedures for this are outlined in the Post-Master’s Intern Grievance and Appeal Procedures (see Appendices D and E). See also, “Resources for Post-Master’s Intern Support,” in Section 7, below.

The Post-Master’s Intern Grievance and Appeal procedures are not intended to be used by an intern to appeal the results of a program decision such as a performance evaluation or any remedial or corrective action (e.g., written letter of warning, probation, etc.). To appeal any of
these program decisions, the intern is directed to follow the Post-Master’s Intern Due Processes, as outlined in Appendix G.

2.12 Post-Master’s Intern Completion and Certification

Certificate of Completion
At the end of the training year, if the intern attains a minimum score of “3” (“Meets Expectations”) for each behavioral anchor on the fourth quarter CE, the intern receives a Certificate of Completion. The certificate states the total hours the intern accrued under supervised training, for the training year.

Letter of Completion
In addition to a certificate, each qualifying intern will receive a Letter of Completion at the end of their training year. This letter acknowledges the intern’s successful completion of their training year and certifies that all program requirements have been met and that the intern is in good standing in the program. The letter also describes general duties that the intern performed in their clinic and the team(s) rotations that the intern trained on. A copy of the Letter of Completion is kept in the intern’s individual file (see Section 7 for more information on intern files).

2.13 Post-Master’s Intern Resignation
Interns who voluntarily separate from the training program before the end of the training year are considered to have resigned and will not receive the Certificate or Letter of Completion. KPNC expects an intern to give written notice which must be received by the Program Director at least thirty calendar days prior to the effective date of a resignation.

2.14 Regular Position Hiring
There is no expectation that once the training program is completed that Kaiser Permanente will hire a former intern for a permanent position. Interns are expected to apply and compete for open positions, just like any other qualified candidates.

3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

The following policies apply to all ASW and MFTI post-master’s interns participating in Kaiser Permanente Northern California Mental Health Training Programs.

3.01 Evaluation of Post-Master’s Intern

Baseline Assessment of Intern Foundational and Functional Competencies
Within the first week of the training program, the intern and primary supervisor will complete the Baseline Assessment of Intern Foundational and Functional Competencies (Appendix A). This baseline assessment identifies the intern’s level of experience in all competency areas set forth in the Competencies Evaluation (“CE”; see below; see also Appendix C). It also identifies competency areas on which the intern will focus during the year and provides the basis for the intern's Individual Training Contract. The baseline assessment form is kept in the intern’s personnel file.

Competencies Evaluation (CE)
In order to ensure that interns meet all of the program’s goals and requirements, each intern will be formally evaluated by his or her primary supervisor at least once per quarter (and more frequently, if a competency concern arises: see “Ongoing Evaluation,” above) through the use of
the Competencies Evaluation (CE). The CE is the training program’s formal evaluation instrument for evaluating an intern’s progress. Primary supervisors use the CE to rate each intern on all the behavioral anchors corresponding to program goals.

Each of the ratings on the CE indicates a specific level of competency. The primary supervisor is instructed to rate the intern on all behavioral anchors for each of the program’s required training goals. In addition, all supervisors are instructed to provide a narrative explanation for all ratings other than a “3” (“Meets Expectations”). A rating of “3” indicates that the intern’s performance meets the competency requirements for interns at that stage of training.

Ratings of “1” (“Inadequate”) or “2” (“Needs Improvement”) on any behavioral anchor in the CE will trigger remedial and possibly corrective action (see below). If, by the end of the fourth quarter, the intern has not achieved ratings of 3 or higher for all behavioral anchors, he/she will not receive a Certificate of Completion.

The primary supervisor will meet with the intern to review completed CEs. The intern may respond in writing to the CE. The completed CE and any response will be placed in the intern’s personnel file.

Ongoing Evaluation
Ongoing evaluation provides the intern with information regarding his or her progress during regularly scheduled individual supervision sessions. If a concern arises regarding an intern’s behavior or performance, primary supervisors should provide such feedback during these sessions, enabling the intern to focus attention on the specified area or areas of concern.

If at any point in the training year an intern noticeably “Needs Improvement” or is “Inadequate” on any behavioral anchor, the primary supervisor will complete a CE (see below; see also Appendix C) on the intern. The ratings from the CE may prompt the primary supervisor to initiate remedial and/or corrective action procedure(s) for the intern (see below).

3.02 About Remedial and Corrective Actions
There are several levels and types of remedial and corrective actions that may be taken if a significant concern about an intern’s professional conduct, professional development or performance arises during their internship. The primary supervisor will consult with the training director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. Remedial and corrective action policies provide guidance when a particular action is taken, and the primary supervisor may select those action(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP’s Human Resources’ policies, available on MyHR.

3.03 Remediation of Post-Master's Intern
Focused Competency Guidance
This action is typically triggered when an intern receives one or more rating(s) of “2” on the CE (see above) for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (*However, should an intern receive a “2” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective
The primary supervisor will meet with the intern to discuss the competency issue(s) with the intern and to recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will also indicate a timeline for reassessment of the identified concerns. The supervisor will record this action, including the concerns and recommendations, in narrative form on the intern’s CE. See Appendix F for a full description of the Focused Competency Guidance procedure.

**Written Letter of Warning**
This action is typically taken by the primary supervisor when an intern: fails to achieve timely and/or sustained improvement after a focused competency review; and/or receives one or more rating(s) of “1” on the CE for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal behavior or substance abuse. (*However, should an intern receive a “1” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate a corrective action procedure.)

A letter of warning should contain: a description of the intern’s unsatisfactory behavior or performance, including: the targeted competency area(s)/behavioral anchors; necessary actions by the intern to correct the unsatisfactory behavior or performance; a timeline for correcting the problem; and the action that will be taken if the problem is not corrected in the specified time frame.

The primary supervisor will provide the training director with a copy of the letter of warning and a copy will be kept in the intern’s file. Within the time frame outlined in the letter, the primary supervisor will re-evaluate the intern using a CE. See Appendix F for full description of the Written Letter of Warning procedure.

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

**3.04 Corrective Action for Post-Master’s Intern Probation**
Interns who are in jeopardy of not successfully completing the competency requirements of the training program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the training director. The training director will monitor for a specified length of time the intern’s progress in changing or improving the behavior of concern.
Probation will be communicated to the intern in writing and should include: a description of the reason(s) for the probation; any required schedule modification; the time frame for probation during which the problem is expected to be ameliorated; and the criteria for determining whether the problem has been adequately addressed. The intern will also be notified that they are no longer considered in good standing with the training program. Failure to show substantial improvement in the identified competency areas within the specified time period may lead to an extension of the probationary period or to other actions, including dismissal or suspension. See Appendix F for full description of the Probation procedure.

Suspension
Suspension of an intern is a dual decision process made between the training director and the departmental manager, with notice given to the regional training director. As a result of this decision, the intern may be suspended from all or part of their usual and regular assignments in the training program. Suspension of an intern can occur as the result of but not limited to an intern’s unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the training program’s policies and procedures, or when the removal of the intern from the clinical service is required for the best interests of the intern, patients, staff and/or the training program.

The training director’s implementation of the Suspension procedure may, but need not be prompted by CE rating(s) of “1” (Inadequate) for anchor(s) related to these behaviors. The training director and primary supervisor will confirm the suspension in writing, stating the reason(s) for the suspension and its expected duration. As with probation, an intern suspended from the post-master’s internship program will be notified that they are no longer considered in good standing with the training program. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal. A suspension may be paid or unpaid. See Appendix F for full description of the Suspension procedure.

Termination
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Mental Health Training Programs. This action is invoked for any of the following reasons:

1. Violation of federal or state laws, including HIPAA and CMIA, and in which the imminent harm to a client either physically or psychologically is a major factor
2. Severe violation of KP policies, including training program policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The intern is unable to complete the program due to severe physical, mental or emotional illness
7. Serious or repeated act(s) or omission compromising acceptable standards of patient care.
In addition to the above, as employees of Kaiser Permanente, an intern’s employment may be terminated at any time, with or without cause, by the training director in conjunction with departmental management.

The decision to dismiss an intern is not made lightly and is made by the training director and departmental manager, in consultation with the HR consultant. Termination of an intern’s employment will result in dismissal of the intern in the training program. The intern will be notified of the decision in writing. For a full description of the Termination procedure, see Appendix F.

3.05 Post-Master’s Intern Due Process
The primary purpose of due process is to provide a mechanism by which all decisions made by the training program regarding an intern’s evaluation, remediation or corrective action, as well as an intern’s status in the program, can be fairly reviewed. Due process is a mechanism by which an intern may challenge any decisions made by the program. Due process procedures are outlined in full, in Appendix G. The training program’s procedure for Review of Intern Appeal is also located in Appendix G. If an intern has any disagreement with their supervisor, another staff member, a fellow intern, or a matter of program policy, they are directed to follow the Post-Master’s Intern Grievance Procedures, as outlined in Appendices D and E.

4. PROGRAM CURRICULUM

4.01 Training Activities and Service Delivery
The intern’s training schedule is organized in such a way that training activities and service delivery are equally apportioned. Training activities include but are not limited to individual and group supervision, program evaluation or research project(s) and presentation of outcomes, other scholarly presentations, attendance at local and regional training seminars, and at local grand rounds.

One-half of the intern’s time (approximately 20 hours per week) is spent providing direct services to clientele. Service delivery may include but is not limited to intake evaluations, patient psychotherapy appointments and co-facilitation of treatment groups.

All post-Master’s interns receive two (2) hours of individual supervision and two (2) hours of group supervision, each week. They also participate in two (2) hours of didactic trainings each week. See Sections 5.05 thru 5.08, below, for more information about supervision.

4.02 Community Partnership Projects
Each intern is required to complete a minimum of 32 community project hours during their training year and are evaluated on these activities by their supervisor, utilizing the Competencies Evaluation. More information about these projects is available from their training directors.

4.03 Program Evaluation/Research Project
Interns may be required to or elect to complete a program evaluation or research project during the training year. Or this process, the intern is directed to following these guidelines:

- The program evaluation/research project will be selected based upon the intern’s interests and the department’s needs.

17
The program evaluation/research project can be focused upon: the efficacy of a group; intake procedures; new programming; or a treatment modality.

- The intern can participate in on-going regional or departmental studies such as Outcome Monitoring or Division of Research studies to fulfill this requirement.

- At the end of the training year, the intern may give a presentation on the results of the study to the department or the team, whichever is more appropriate.

- Please note: All research and intellectual property generated in the course of employment at Kaiser Permanente are the property of Kaiser Permanente (5.1.3 of KP Principles of Responsibility).

### 4.04 Regional Training Seminars

Post-master’s interns are encouraged to attend regional training seminars, held live at Oakland. Seminar topics include ethics and law, and supervision, among other selected topics. In addition, webinar trainings are periodically broadcasted live throughout the year. These webinar trainings are also recorded and made available by links accessed from the website. For schedules and information on all of these trainings, as well as links to the webinars, go to [http://info.kaiserpermanente.org/html/psychtraining/about_training_seminars.html](http://info.kaiserpermanente.org/html/psychtraining/about_training_seminars.html)

### 5. SUPERVISION OF INTERNS

#### 5.01 Baseline Assessment of Post-Master’s Intern Competencies

Within the first week of the training program, the intern and supervisor complete the Baseline Assessment (see Section 3.01, above, for more information; see also Appendix A).

#### 5.02 Post-Master’s Intern Individual Training Contract

Within the first week of the training year, each intern collaborates with his/her primary supervisor in developing an Individual Training Contract (see Appendix B). This contract builds upon information gleaned by the Baseline Assessment (see above), with the intern and his/her supervisor developing training plans to address any competency areas identified by the assessment as requiring additional training focus. This collaborative process is flexible and goals can be revised at quarterly intervals. In addition, the intern uses this form to list any competency areas on which he/she wishes to obtain extra supervision during the year. The training contract also identifies the intern’s primary and secondary supervisors, and lists interns’ responsibilities and expectations for the training year. By signing this contract, the intern acknowledges that he/she has a copy of the Policy and Procedure manual and understands the basic requirements of the program and the competencies expected of him/her (see section 3.01, above; see also Appendix B).

#### 5.03 Post-Master’s Intern Competencies Evaluation

On a quarterly basis, supervisors will evaluate interns using the Competencies Evaluation form (see section 3.01, above; see also Appendix C).

#### 5.04 Supervision of Post-Master’s Intern

All post-Master’s interns receive two (2) hours of individual supervision and two (2) hours of group supervision, each week. See Sections 5.05 thru 5.08, below, for more information about supervision.
5.05 Supervision Requirements for Post-Master’s Internship Programs
The California Board of Behavioral Sciences requires that all post-Master’s internship programs:
- Provide 2 hours of individual supervision for every 20 hours of intern service provision
- Intern supervisors (primary supervisors only) complete, sign and date the BBS Responsibility Statement for Supervisors of ASWs or MFTIs form no later than the first day of the training program. See below, for more information.
- Supervisors keep intern files for seven years
- Supervisors be current with BBS supervisor training requirements (see below, for more information)
- In addition, interns are required to attend 2 hours of group supervision and two hours of didactic training, each week.

5.06 Responsibility Statements for Supervisors
The BBS Responsibility Statement for Supervisors of ASWs or MFTIs form must be completed, signed, and dated by the primary supervisor no later than the first day of the training program.
The supervisor then gives the original document to the ASW or MFTI, who retains it, to be submitted later, when intern applies for licensure. To print a copy of the BBS Responsibility Statement form, go to:

5.07 Supervisor Requirements – Supervision of ASWs
The KP Social Work training programs comply with the supervision guidelines as stipulated by the California BBS http://www.bbs.ca.gov/. The following information is taken directly from the BBS website and refers to sections 1870-1874 of Title 16 of the California Code of Regulations.

Licensed Clinical Social Worker (LCSW) Supervisors of ASWs:
In order for an LCSW supervisor to supervise an ASW intern, the supervisor must:
- Possess a current and valid California license
- Complete a minimum of fifteen (15) contact hours of supervision training
- Have practiced psychotherapy or directly supervised ASWs or MFTIs or trainees who perform psychotherapy as part of their clinical practice in two of the past five years immediately preceding the commencement of supervision.

Licensed Marriage & Family Therapist (LMFT) Supervisors of ASWs:
A note on LMFT supervision of ASW: The BBS stipulates that an ASW intern needs to complete a total of 3200 hours for licensure, and that a minimum of 1700 of these hours must be supervised by an LCSW. The remainder of the hours must be supervised by a licensed mental health professional acceptable to the board, and LMFTs qualify for this category. Please refer to 4996.23 in BBS Statutes and Regulations for more information.

In order for an LMFT supervisor to supervise an ASW intern, the supervisor must:
- Possess a current and valid California license
- Complete a minimum of fifteen (15) contact hours of supervision training
- Have practiced psychotherapy or directly supervised associates or marriage and family therapist interns or trainees who perform psychotherapy as part of their clinical practice in two of the past five years immediately preceding the commencement of supervision.
5.08 Supervisor Requirements – Supervision of MFTIs
The KP Marriage and Family Therapy training programs comply with the supervision guidelines as stipulated by the California Board of Behavioral Sciences (BBS) http://www.bbs.ca.gov/. The following information is taken directly from the BBS website and refers to sections 1833 – of Title 16 of the California Code of Regulations.

Licensed Clinical Social Worker (LCSW) Supervisors of MFTIs:
In order for an LCSW supervisor to supervise an MFTI, the supervisor must:
• Possess a current and valid California license for at least two years prior to the commencement of supervision
• complete a 6-hour supervision training within the two-year period immediately preceding supervision and every renewal period when supervising, NOTE: If the supervisor has never taken this course, it must be taken within 60 days of commencement of supervision
• Have practiced psychotherapy or directly supervised ASWs or MFTIs or trainees who perform psychotherapy as part of their clinical practice in two of the past five years immediately preceding the commencement of supervision.

Licensed Marriage & Family Therapist (LMFT) Supervisors of MFTIs:
In order for an LMFT supervisor to supervise an MFTI, the supervisor must:
• Possess a current and valid California license for at least two years prior to the commencement of supervision
• complete a 6-hour supervision training within the two-year period immediately preceding supervision and every renewal period when supervising, NOTE: If the supervisor has never taken this course, it must be taken within 60 days of commencement of supervision
• Have practiced psychotherapy or directly supervised associates or marriage and family therapist interns or trainees who perform psychotherapy as part of their clinical practice in two of the past five years immediately preceding the commencement of supervision.

6. PROGRAM ADMINISTRATION

6.01 California Board of Behavioral Sciences (BBS)
The ASW and MFTI post-Masters internship programs comply with the supervision guidelines as stipulated by the BBS. For more information, and to download forms, etc., please go to: http://www.bbs.ca.gov/

6.02 Administrative Hours for Training Faculty – Regional Standards
The region sets the following minimum standards for administrative time allotted to the training faculty:
• All primary supervisors in the post-Master’s internship programs are allocated up to one hour per week when supervising one intern and up to two hours per week when supervising more than one intern, for chart review and closing of notes. These hours are in addition to the actual face-to-face individual supervision that the supervisor provides.
• All secondary supervisors in the post-Master’s internship programs are not allocated additional administrative time unless they are closing notes, in which case they would share the administrative hours with the primary supervisor.
• All training directors are allotted two hours per week of administrative time, for their programs.
6.03 Training Staff Responsibilities

- Relate to interns in a collegial and professional manner that is conducive to a positive learning environment
- Respect individual differences among interns, including cultural or individual diversity issues
- Model ethical, professional behavior including recognition of and respect for differences among patients and colleagues
- Model commitment to the mission of KP
- Model commitment to the mission and training model of the Post-Master’s Internship programs
- Maintain agreed upon times for supervision, consultation, and co-therapy experiences
- Clearly communicate expectations of interns and give appropriate timely feedback regarding their progress
- Consult regularly with other professional staff who may have contact with the interns and provide knowledge about their competencies and general performance
- Contact the training director when questions or concerns arise regarding interns’ requirements
- Keep abreast of any changes in the program or agency that may impact the interns and communicate these in a direct, timely fashion to reduce any inconvenience to the interns
- Follow all outlined grievance policies and due process if problems arise concerning interns

6.04 Site Training Director Responsibilities

- Attends training program meetings, including two internship regional meetings per year, in Oakland, as well as teleconferenced meetings
- Coordinates and directs the training supervisors
- Ensures that program policies and procedures are followed
- Ensures support and resources for interns and supervisors
- Ensures that Board of Behavioral Sciences guidelines are followed
- Organizes the interview and selection process for new candidates
- Ensures timely evaluations of interns, utilizing the Competencies Evaluation
- Implements any needed modifications per intern feedback
- Participates with department managers in decision-making on issues concerning intern schedules, placements on teams and the internship candidate interviewing process

6.05 Consortial Training Director Responsibilities

- Reports to the Northern California Regional Training Director
- Attends all training program meetings, including three regional meetings per year (one general and two internship) in Oakland, as well as teleconferenced meetings
- Provides leadership for the consortium’s site training directors
- Meets on a regular basis with site training directors to review consortium functioning
- Works with supervisory teams to ensure that program standards are followed and the highest level of training is provided to the interns
- Writes program guidelines, including annual program reviews and, if applicable, oversees completion of the Annual Report Online
- Verifies that all Competencies Evaluations and other measures are performed in a timely manner
- Reviews interns’ evaluations to confirm their satisfactory progress and ascertain the program’s overall functioning
• Reviews intern program surveys to determine needed changes
• Ensures that program policies and procedures are followed
• Implements changes as needed

6.06 Program Administrative Support
Each internship consortium receives 10 hours per week of administrative support, funded by the KPNC Regional Mental Health Training Programs.

6.07 Administrative Meetings
The following training staff meetings occur regularly throughout the training year:

• Weekly
  - Informal meetings among site training directors and supervisors.

• Monthly
  - Formal supervisor meetings (minutes are recorded) among site training directors and supervisors (may be referred to as “supervisor meetings”). During these meetings the supervisors and site training director discuss the progress of the residents, curriculum, and develop plans as well as make decisions related to the administration of the program.
  - Formal consortial meetings (minutes are recorded) among site training directors and consortial director. Supervisors may be invited to attend. Interns may also attend and participate in the process as full contributing members. Decisions are made about curriculum, administration of the program, including recruitment, seminars, program planning, and accreditation.

• Three Times per Year
  - Regional meetings of site training directors bring together site training directors from the Northern California region to meet with the regional site training director in order to discuss new program developments, curriculum and APA issues.

6.08 Training Supervisor Dispute Resolution Procedure
If a training supervisor has any disagreement with another supervisor, another training faculty member, an intern or a matter of program policy, or wishes to dispute a corrective action or evaluation, concerning an issue related to the program, he/she will be encouraged to communicate openly with his/her training director about the issue. The procedure for this is outlined in Appendix I.

If the issue pertains to the department but not to the training program, he/she is encouraged to follow the KP policy, located in MyHR/Workspace/Working at KP.

7. INTERN AND INTERVIEWEE FILES

7.01 Post-Master's Intern Individual Files
• Interns’ records include the information noted below in Intern Individual File Contents. All letters and documents are to be reviewed by the site training director prior to filing.
• For each intern, the site training director establishes and maintains a record/file. These files are secure and confidential.
• Intern records are stored and archived in the local consortial office for the duration of the program’s current accreditation cycle.
At the end of every training year, each intern’s 4th Quarter Competency Evaluation, now identified by the intern’s employee number, is faxed to the HRSC for inclusion into their KP personnel file.

After five years, the interns’ file is sent to KP’s HR storage center in Livermore, with instructions for the center to destroy it after 5 years, with the following exception: all records pertaining to an intern dispute, grievance, corrective action or due process should be retained indefinitely (see also 7.02, below).

### 7.02 Post-Master’s Intern Individual File Format

Intern files can be formatted in hard copy or on efile. For hard copies: All intern files may be scanned into e-files for retention in consortial e-records before being sent to HR storage in Livermore.

### 7.03 Post-Master’s Intern Individual File Contents

All letters and documents are to be reviewed by the site training director prior to filing. A intern’s file should include the following documents:

- Letter of Intent
- Resume
- Letters of Recommendation
- Supervision Agreement (BBS form)
- Baseline Assessment
- Individual Training Contract
- Competencies Evaluation (CE)
- Verification of Experience (BBS form)
- Copy of Letter of Completion
- Documentation of any remediation or corrective actions, including the conclusions of such actions
- Any correspondence pertaining to the intern

### 7.04 Interviewer notes

- All notes made by interviewers during the selection process must not be kept in the intern’s individual file. These notes must be retained in a file separate from the intern’s individual file.
- KP Human Resources/Recruitment stipulates that interviewer notes made for all candidates must be retained for four years.

### 7.05 Reviews/Requests Regarding Intern Individual Files

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

### 7.06 Retention of Interviewees’ Application Materials and Interviewers’ Notes

KP Human Resources Recruitment policy requires training directors to retain all non-selected* interviewees’ application materials, along with all corresponding interview panel members’ interview notes, for a period of four years following the interviews. (*For policy addressing
7.07 Retention of Materials Received from Applicants Who Were Not Interviewed
Application materials from non-interviewed applicants need not be retained for any period.

8. PATIENT DOCUMENTATION

8.01 Medical/Legal Services
Provision of Treatment Services by an ASW/MFTI and Patient Consent: Before an intern provides mental health services to a patient, the intern must inform the patient or patient’s guardian of the intern’s status, last day of training, and name of supervisor. The intern must then document in the patient’s electronic chart that the patient received the information and gave (or refused) their consent to be seen by an intern. The “dot phrase” to be used to note this in the patient’s electronic chart is “.traineeinformedconsent”. This dot phrase signifies that “The pt. was informed that the undersigned (***) is a trainee working under the supervision of *** and other licensed staff members in the Dept. of ***, Kaiser Permanente Medical Group, Inc. The patient agreed to receive services by the undersigned.”

In addition to the above electronic charting, the intern may complete the information on the “Notice of Provision of Psychological Treatment Services by an ASW/MFTI” form, and provide the form to the patient and/or guardian, for their reference (see Appendices C and D).

Patients may refuse therapy. In such cases, the intern must document the patient’s refusal in the patient’s electronic chart, noting that treatment was explained and the consequences of refusal were discussed with the patient.

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

Responding to Legal Documents
Receipt of a subpoena, summons to a court, request to examine a patient’s medical record or otherwise obtain information from it, or a letter from a lawyer concerning a patient should be reported immediately to the training director and the intern’s supervisor.

Contact with Attorneys/Other Individuals
Patient information is confidential and protected by law. Patient or chart information cannot be released to anyone without the consent from the patient or as authorized by law. Interns should not discuss patient care matters with investigators or attorneys, without notice to and in the presence of attorneys representing Kaiser Permanente. The Medical-Legal Department is available for further information.

Patient Rights and Responsibilities
Patients’ rights and responsibilities, as outlined in the Kaiser Permanente Local Policies and Procedures Manual, shall be observed at all times.
**Patient Safety:** Patient’s safety is of utmost concern to interns and all other staff. For more information, go to: [http://kpnet.kp.org:81/california/qmrs/ps/](http://kpnet.kp.org:81/california/qmrs/ps/)

### 8.02 Mental Health Records
**Patient On-line Charting in HealthConnect**
Mental Health records are confidential. Viewing the medical records of any patients other than those treated by the intern is strictly prohibited.

Mental health records must be entered in the online HealthConnect system. The intern is responsible for attending or receiving training in the use of online charting. The online charting used must meet department standards. Only approved abbreviations and symbols may be used.

The patient’s progress is to be documented at each contact. All notes should be dated. In general, elements of the progress notes include:

1. Diagnosis(es)
2. Plan for treatment
3. Need for diagnostic or therapeutic services
4. Strategies employed
5. Progress of the patient
6. MSE
7. POQ or AOQ
8. Medication compliance
9. Comprehensive suicidal and homicidal assessments

The record should be sufficiently detailed and organized in accordance to departmental standards so that the responsible clinicians provide effective, continuing care to the patient and can, if necessary, at a later date, determine what the patient’s condition was at a specific time and can review the diagnostic and therapeutic intervention. The changes in condition of the patient and results of treatment need to be documented. The record should also enable another clinician to assume care of the patient at any time.

**Closing of Notes**
All interns should enter intake and progress notes into HealthConnect immediately after each patient contact session and forward the notes directly to intern’s supervisor. Supervisor will review intern’s notes and make any needed recommendations to intern. If necessary, intern will modify notes. After approving notes, supervisor will enter the CPT code and close the notes. Supervisor should close the notes immediately upon approval and no later than 2 business days from the patient contact date.

### 8.03 California Confidentiality of Medical Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
All interns must abide by standards set forth by the California Confidentiality of Medical Information Act and by HIPAA. See [Obligations Regarding Confidentiality CA 1.09](http://kpnet.kp.org/national/compliance/program/privacy_security.html), located under HR Policies in MyHR for more information. For an outline of these standards, go to [http://kpnet.kp.org/national/compliance/program/privacy_security.html](http://kpnet.kp.org/national/compliance/program/privacy_security.html)
9. POST-MASTER’S INTERN HOURS, BENEFITS AND SERVICES

9.01 Scheduling of Hours of Work
Interns are scheduled to work 40 hours per week. By the end of the training year, interns accrue a total of 2000 hours of supervised training. In creating a training schedule for the intern, the training director works closely with the department managers and the intern. Requirements vary between departments, and may include some evening and/or weekend hours. For example, CDS training programs may include weekend work.

9.02 Overtime Pay Policy
As a non-union, non-exempt KP employee, an intern who works more than 8 hours in a day must be paid an overtime wage equal to time and one-half of their base hourly pay, for the additional time worked. However, the mental health training programs’ annual budget does not provide for overtime pay. Therefore, interns and training faculty are requested to be diligent in monitoring interns’ work time so that they do not accrue overtime hours.

9.03 Post-Master’s Intern Benefits
For detailed information on all intern benefits, please review “Benefits in Brief” by clicking on “Benefits Overview” located on the regional mental health training programs’ homepage http://info.kaiserpermanente.org/html/psychtraining/trainee_salary_benefits.html

9.04 Tuition Reimbursement
After a 90-day waiting period, all interns are eligible to apply for tuition reimbursement for approved courses which offer credits/units/hours. Please refer to the latest reimbursement information on MyHR. In addition, Appendix M in this manual has detailed information on reimbursable courses and how intern can apply for this benefit.

9.05 Resources for Intern Support
Please refer to MyHR for employee resources.

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

9.07 Administrative Support, Office and On-line Resources
Clerical & technical support for the employees is provided by the departments of Psychiatry and Chemical Dependency at each site. As employees, interns are eligible to receive this assistance. The individual departments offer interns the use of translation services, copy machines, secretarial services, phones, computers, and technical support as needed. Legal support is provided by KP’s Regional and the local Medical-Legal teams. In addition, full-time administrative support is provided regionally and is available to assist all interns and training supervisors.

Each of the medical centers has its own clerical and technical support staff to assist the interns during their tenure at the medical center or the satellite. This support staff can be utilized to help schedule patients, handle phone messages, track disability paper work, and provide any other additional support that may be needed.
Every intern has a computer station that provides a full range of services, including Internet, electronic periodicals, KP’s own intranet, Medline, and Evidence-Based Treatment materials, as well as other internal and external resource materials. KP’s information technology support is available to all interns through a telephone help line. All medical centers access the same database for online charting (HealthConnect). Through HealthConnect, interns can access hospital records and perform online charting, as well as respond to consultation requests electronically. Other computer programs such as word processing and slide-show presentation programs, as well as a variety of online databases, are readily available. The online databases include Micromedix, an internal medical database search engine, and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence, and other problem areas. In addition, an online clinical library is easily accessible, and the medical center library is available to interns at each site.

At all training sites, interns are provided with offices to meet with patients, receive and answer phone messages, and schedule patients. Larger rooms are available to provide group or family therapy. Interns working with children have access to play rooms or offices equipped with toys and games. Additional training resources (which vary by site) include one-way mirrors, video equipment, and audio tape recorders. Consent forms regarding the photographing of interns and patients can be obtained from the bottom of the following web page:
https://wiki.kp.org/wiki/display/CMI/Video+Ethnography+Tool+Kit

Each medical center campus has many departments, which include conference rooms, cafeterias and exercise rooms. Conference rooms are also available to interns at the regional center. Each medical center has its own medical library, and librarians routinely conduct literature reviews and arrange for inter-library loans, if needed. The regional library includes access to KP’s inter-library loan services which connects to all the major university and research institution libraries, domestic and foreign.

10. KAISER PERMANENTE HUMAN RESOURCE POLICIES

10.01 Finding Human Resources Policies on MyHR and Contacting HRSC
To locate a KP Human Resources policy, log on to MyHR. A link to the policies is located on the home page under Top Picks/Employees/Policies. Another link is located under Workspace/Working at KP/Policies. To speak to someone directly about any KP policy, contact the Human Resources Services Center (HRSC), at 1-877-457-4772.

The following are a sampling of KP’s HR policies that pertain to interns. These and other policies are listed on MyHR and/or in KP’s Principles of Responsibility:

- Bereavement Leave
- Jury Duty
- Maternity/Paternity Leave
- Pregnancy Disability Leave
- Family Medical Leave
- Employee Assistance Program
- Harassment-Free Work Environment
- Equal Employment Opportunity
- Accommodation for Disabilities
- Drug and Substance Abuse
10.02 Non-Discrimination Policy
The post-Master’s Internship programs are an integral part of KP. Internships are based on merit, qualification, and competence. Training practices are not unlawfully influenced or affected by a person’s ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran’s status, medical condition, marital status, age, gender or sexual identity. Additionally, it is the policy of KP to provide a work environment free of sexual and other forms of unlawful harassment. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of internship.

11. WEBSITE

Our website includes but is not limited to:
   a. Listings by individual site
   b. Policy and Procedure Manual
   c. Regional Training Seminar schedule
   d. Links to related websites

Northern California Mental Health Training Programs website:
http://kp.org/psychtraining

Northern California Post-Master’s Degree Internship Programs web pages:
http://info.kaiserpermanente.org/html/psychtraining/social_work_mft_post.html
Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

BASELINE ASSESSMENT OF FOUNDATIONAL AND FUNCTIONAL COMPETENCIES
ASW/MFTI INTERN

Training Year: __________________________ Date: __________________________
Training Site: __________________________ Team: __________________________
Intern Name: __________________________
Primary Supervisor Name: __________________________

**PART I: PREREQUISITES CHECKLIST**

Before any intern can see patients individually, he/she must have prior training in the areas listed in the Prerequisites Checklist, below. The intern and his/her training director will insure that these competencies are met before the intern begins seeing patients. To document this, the intern and training director will complete the list located below, and keep the original form on file.

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

**PART II: INTERN’S COMPETENCY BASELINES**

1 = No Experience: Intern has **no experience** in this competency area: needs focused training in this competency area to meet expectations of an entry-level ASW/MFTI intern

2 = Minimal Experience: Intern has **minimal experience** in this competency area: needs focused training in this competency area to meet expectations of an entry-level ASW/MFTI intern

3 = Meets Expectations: Intern’s experience **meets expectations** of an entry-level ASW/MFTI intern

4 = Exceeds Expectations: Intern’s experience **exceeds expectations** of an entry-level ASW/MFTI intern
### GOAL 1: PROFESSIONALISM

#### A) Professional identity

**Essential Component:**
- Understands professional values; honesty, personal responsibility
- Understands self as professional, “thinking like a mental health professional”

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates honesty and takes responsibility for own actions</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates knowledge of practicing within one’s competence</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Understands the need to take personal responsibility for ongoing learning and training opportunities</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

#### B) Deportment

**Essential Component:**
- Understands how to conduct oneself in a professional manner

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates appropriate personal hygiene and attire</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Distinguishes between appropriate and inappropriate language and demeanor in professional contexts</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

#### C) Accountability

**Essential Component:**
- Acceptance of personal responsibility across settings and contexts

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Completes documentation on time</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Plans and organizes own workload</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

### GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT

#### A) Reflective practice

**Essential Component:**
- Basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action)

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Critical thinking/organized reasoning/problem-solving skills</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Intellectual curiosity and flexibility</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates openness to considering own transference and counter-transference issues</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

#### B) Self-assessment

**Essential Component:**
- Knowledge of core competencies; emerging self-assessment regarding competencies

**Behavioral Anchor:**

- Recognizes own clinical strengths and the areas needing further development

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

#### C) Self-care: Attention to personal health and well-being to assure effective professional functioning

**Essential Component:**
- Understands the importance of self-care in effective practice; knowledge of self-care methods; attention to self-care

**Behavioral Anchor:**

- Demonstrates basic awareness and attention to self-care

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Baseline Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
GOAL 3: CULTURALLY SENSITIVE PRACTICE

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

Essential Components:
- Knowledge, awareness, and understanding of:
  - One’s own dimensions of diversity and attitudes towards others’ diversity
  - Other individuals as cultural beings
  - The interaction between self and others as shaped by individual and cultural diversity and reflecting a confluence of diverse cultural beings/entities
- Knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity
- Knowledge of methods and techniques for assessing patients’ experience and values

Behavioral Anchors:
- Demonstrates openness to self-identify, multiple, individual and cultural identities 1 2 3 4
- Demonstrates this self-knowledge, awareness, and understanding: For example: articulates how ethnic group values influence who one is and how one relates to other people 1 2 3 4
- Demonstrates cultural sensitivity in practice 1 2 3 4
- Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals 1 2 3 4
- 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 1 2 3 4
- Demonstrates knowledge of methods and techniques for assessing the impact of other peoples’ values, culture and life experiences on the client’s presenting problem 1 2 3 4
- Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments and organizations/agencies 1 2 3 4
- Adapts and modifies one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient 1 2 3 4

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 or CA-MFT Ethical Standards; beginning knowledge of legal and regulatory issues, including California and national law, in the practice of counseling that apply to practice in a training setting

Behavioral Anchors:
- Articulates importance of concepts of confidentiality, privacy, informed consent 1 2 3 4
- Demonstrates knowledge of NASW Code of Ethics or CA-MFT Ethical Standards and conducts self according to all aspects of the Code, especially regarding the key values of confidentiality, self-determination, non-judgmental attitude and maintenance of appropriate boundaries 1 2 3 4
- Demonstrates knowledge of typical legal issues in connected time frames (e.g., child and elder abuse reporting, HIPAA, Confidentiality, Informed Consent) 1 2 3 4

GOAL 5: INTERDISCIPLINARY SYSTEMS AND PROFESSIONAL RELATIONSHIPS

Functioning in multidisciplinary and interdisciplinary contexts

Essential Component:
- Cooperation, teamwork and collaboration

Behavioral Anchors:
- Demonstrates ability to cooperate with others in task completion 1 2 3 4
- Develops collaborative relationships with and respect for other professionals 1 2 3 4
### FUNCTIONAL COMPETENCIES

#### GOAL 6: THERAPEUTIC RELATIONSHIPS

Interpersonal relationships and affective skills

**Essential Component:**
- Awareness of own and tolerance of other’s affect

**Behavioral Anchors:**
- Demonstrates affect tolerance
- Tolerates and understands interpersonal conflict, ambiguity and uncertainty
- Listens to and acknowledges feedback from others

#### GOAL 7: INTERVENTION

**A) Counseling skills & treatment planning**

**Essential Components:**
- Basic knowledge of counseling skills and interventions
- Knowledge of methods and techniques for assessing patients’ experience and values
- Awareness of the therapeutic process

**Behavioral Anchors:**
- Demonstrates competence in performing mental status examinations
- Demonstrates competence in substance abuse assessment
- Demonstrates competence in assessing client’s readiness for change
- Demonstrates competence in assessing client’s coping strategies to reinforce and improve adaptation to life situations, circumstances and events
- Selects and modifies appropriate intervention strategies based on continuous clinical assessment
- Articulates awareness of theoretical basis of intervention and some general strategies
- Uses differential assessment and diagnoses
- Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving
- Uses Evidence-Based practice process in clinical assessment and intervention with clients

**B) Risk assessment**

**Essential Component:**
- Demonstrates foundational background in assessing for risk

**Behavioral Anchors:**
- Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others
- Demonstrates competence in assessing for grave disability
- Demonstrates competence in assessing for child and elder abuse
- Demonstrates competence in assessing for domestic violence
- Demonstrates knowledge of Tarasoff guidelines

**C) Progress evaluation**

**Essential Component:**
- Demonstrates basic knowledge of the evaluation of progress and intervention outcome

**Behavioral Anchors:**
- Demonstrates basic knowledge of methods to examine intervention outcomes
### GOAL 8: COMMUNITY PARTNERSHIPS

<table>
<thead>
<tr>
<th>Essential Component:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides outreach to underserved populations in the community to promote healthy behaviors and provide education and training</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral Anchors:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides outreach to community via community projects, working to promote healthy behaviors to underserved populations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Collects appropriate and relevant demographic information and outcome data</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Develops alliances with relevant individuals and/or systems to improve the lives of those served</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Primary Supervisor Signature: ___________________________ Date: ___________________________

Appendix B

KAISER PERMANENTE NORTHERN CALIFORNIA
POST-MASTER INTERNSHIP PROGRAMS IN SOCIAL WORK AND MARRIAGE & FAMILY THERAPY

ASW/MFTI INDIVIDUAL TRAINING CONTRACT

Training Year: ____________________________ Date: ____________________________
Consortium: ____________________________ Site: ____________________________
Intern: ____________________________ Team: ____________________________
Primary Supervisor Name: ____________________________

I. TRAINING PLANS FOR MINIMAL EXPERIENCE COMPETENCY AREAS
List plan(s) for addressing all competency area(s) which intern and supervisor have rated as “1” (Minimal Experience) on the Baseline Assessment of Intern Foundational and Functional Competencies form, and which will be areas of focused training for intern:

II. COMPETENCY AREAS WHICH INTERN HAS IDENTIFIED FOR ADDED FOCUS
List all competency areas on which intern wishes to focus during the training year:

III. TRAINING AGREEMENTS

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

B. Secondary Supervisor: I agree with the plan for ____________________________ to be my secondary supervisor for my internship year.
IV. RESPONSIBILITIES AND EXPECTATIONS OF INTERN

I understand the basic requirements and expected competencies of this internship program, and I have the Policy and Procedure Manual that details other expectations and responsibilities of the program. My progress with these responsibilities and expectations will be evaluated at quarterly intervals. This information will be confidential with the exception that it will be reported by my primary supervisor to the supervisory team.

My responsibilities and expectations are to:

- Spend approximately 20 hours per week providing direct services to clientele through individual, group or family therapy and conducting psychological assessments
- Achieve a rating of “3” or higher for each behavioral anchor listed in the 4th quarter Competencies Evaluation
- Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries, as outlined by Kaiser Permanente, the BBS, NASW, AAMFT and the State of California
- Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
- Advise my patients of my trainee status and my supervisors information, obtain consent from patients and document consent in HealthConnect
- Advise my patients that my supervisors will be reviewing my therapy notes
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Participate in community activities such as mental health screening clinics and community partnerships
- Attend Training Seminars (90%)
- Complete assigned readings
- Consistently make progress on all behavioral anchors throughout the training year
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner, that they may be re-closed within the required period.

I also understand and agree that:

- Supervisors bear liability in supervision regarding the standard of patient care/client welfare, and need to have complete information regarding patients and files.
- Immediately upon my patient reporting any child, dependent adult or elder abuse, or danger to self or danger to others, or gravely disabled, I will inform my supervisor(s)
- In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
- In the event that my own personal process(es) do disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
- My primary supervisor will present me with formal written feedback on my performance using the Competencies Evaluation, at least once per quarter and more frequently if necessary, if a concern arises in any competency area.
- I have read “Therapy Never Includes Sex” within the first week of training
- My failure to abide by professional and ethical standards as noted above may result in remediation or corrective action, as outlined in the ASW/MFTI Policy and Procedure Manual.
- If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies.
- In order to complete the training program, I must achieve a minimum rating of “3” (Consistently Meets Expectations) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation.

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

The Intern Individual Training Contract has been agreed to on this _________________ of ___________________________, 20________

Required Signatures:
Intern:   _______________________________________________________________ Date: ___________________
Primary Supervisor: _______________________________________________________________ Date: ___________________
Site training director: _______________________________________________________________ Date: ___________________

Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

COMPETENCIES EVALUATION FOR ASW/MFTI INTERN
FOUNDATIONAL AND FUNCTIONAL COMPETENCIES
WITH BEHAVIORAL ANCHORS

<table>
<thead>
<tr>
<th>Rating</th>
<th>Measurement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 = Inadequate</td>
<td>At this point in the training program, Intern’s performance <em>never meets</em> expectations for an ASW/MFTI intern</td>
<td>A rating of “1” (Inadequate) prompts the supervisor to: 1) Complete the Letter of Warning procedure in the Remediation Process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>2 = Needs Improvement</td>
<td>At this point in the training program, Intern’s performance <em>sometimes meets</em> expectations for an ASW/MFTI intern.</td>
<td>A rating of “2” (Needs Improvement) prompts the supervisor to: 1) Initiate the Focused Competency Guidance process (see Appendix F of the Policy and Procedure Manual), and 2) Complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>3 = Meets Expectations</td>
<td>At this point in the training program, Intern’s performance <em>consistently meets</em> expectations for an ASW/MFTI intern.</td>
<td>A rating of “3” (Meets Expectations) indicates that Intern’s performance meets the competency requirements for interns at that stage of training.</td>
</tr>
<tr>
<td>4 = Exceeds Expectations</td>
<td>At this point in the training program, <em>for a majority of the time</em>, Intern’s performance <em>exceeds</em> expectations for an ASW/MFTI intern.</td>
<td>A rating of “4” (Exceeds Expectations) requires the supervisor to complete a narrative describing the justification behind this rating.</td>
</tr>
</tbody>
</table>

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

FOUNDATIONAL COMPETENCIES

GOAL 1: PROFESSIONALISM

A) Professional identity

**Essential Components:**

- Understands professional values; honesty, personal responsibility
- Understands self as professional, “thinking like a mental health professional”

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchors</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates honesty and takes responsibility for own actions</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates knowledge of practicing within one’s competence</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Understands the need to take personal responsibility for ongoing learning and training opportunities</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>
B) Deportment

**Essential Component:**
- Understands how to conduct oneself in a professional manner

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
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<tr>
<td>Demonstrates appropriate personal hygiene and attire</td>
<td>1 2 3 4</td>
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<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Distinguishes between appropriate and inappropriate language and demeanor in professional contexts</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

C) Accountability

**Essential Component:**
- Acceptance of personal responsibility across settings and contexts

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th></th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
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</thead>
<tbody>
<tr>
<td>Completes documentation on time</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Plans and organizes own workload</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</tbody>
</table>

Goal 1 Supervisor Comments

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**GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT**

A) Reflective practice

**Essential Component:**
- Basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action)

**Behavioral Anchors:**

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<thead>
<tr>
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<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
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<tbody>
<tr>
<td>Critical thinking/organized reasoning/problem-solving skills</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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<td>1 2 3 4</td>
</tr>
<tr>
<td>Intellectual curiosity and flexibility</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>Demonstrates openness to considering own transference and counter-transference issues</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
<td>1 2 3 4</td>
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</table>

B) Self-assessment

**Essential Component:**
- Knowledge of core competencies; emerging self-assessment regarding competencies

**Behavioral Anchor:**
C) Self-care: Attention to personal health and well-being to assure effective professional functioning

**Essential Component:**
- Understands the importance of self-care in effective practice; knowledge of self-care methods; attention to self-care

**Behavioral Anchor:**
- Demonstrates basic awareness and attention to self-care

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**GOAL 3: CULTURALLY SENSITIVE PRACTICE**

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

**Essential Components:**
- Knowledge, awareness, and understanding of:
  - One’s own dimensions of diversity and attitudes towards others’ diversity
  - Other individuals as cultural beings
  - The interaction between self and others as shaped by individual and cultural diversity and reflecting a confluence of diverse cultural beings/entities
- Knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity
- Knowledge of methods and techniques for assessing patients’ experience and values

**Behavioral Anchors:**

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<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
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</thead>
<tbody>
<tr>
<td>● Demonstrates openness to self-identify multiple individual and cultural identities</td>
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</tr>
<tr>
<td>● Demonstrates this self-knowledge, awareness, and understanding: For example: articulates how ethnic group values influence who one is and how one relates to other people</td>
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<tr>
<td>● Demonstrates cultural sensitivity in practice</td>
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<tr>
<td>● Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals</td>
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</tr>
<tr>
<td>● 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</td>
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</table>
**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 or CA-MFT Ethical Standards; beginning knowledge of legal and regulatory issues, including California and national law, in the practice of counseling that apply to practice while placed in a training setting

**Behavioral Anchors:**
- Articulates importance of concepts of confidentiality, privacy, informed consent
- Demonstrates knowledge of NASW Code of Ethics or CA-MFT Ethical Standards and conducts self, according to all aspects of the Code, 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 3 Supervisor Comments**

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**Goal 4 Supervisor Comments**

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## GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS

Functioning in multidisciplinary and interdisciplinary contexts

**Essential Component:**
- Cooperation, teamwork and collaboration

**Behavioral Anchors:**

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</tbody>
</table>

- Demonstrates ability to cooperate with others in task completion
- Develops collaborative relationships with and respect for other professionals

### Goal 5 Supervisor Comments

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## FUNCTIONAL COMPETENCIES

### GOAL 6: THERAPEUTIC RELATIONSHIPS

Interpersonal Relationships and Affective skills

**Essential Component:**
- Awareness of own and tolerance of other’s affect

**Behavioral Anchors:**

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<th>Benchmark</th>
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<th>3rd Quarter</th>
<th>4th Quarter</th>
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<tr>
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<td>1</td>
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</tbody>
</table>

- Demonstrates affect tolerance
- Tolerates and understands interpersonal conflict, ambiguity and uncertainty
- Listens to and acknowledges feedback from others

### Goal 6 Supervisor Comments

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### GOAL 7: INTERVENTION

#### A) Counseling Skills & Treatment Planning

**Essential Components:**
- Basic knowledge of counseling skills and interventions
- Knowledge of methods and techniques for assessing patients’ experience and values
- Awareness of the therapeutic process

**Behavioral Anchors:**
- Demonstrates competence in performing mental status examinations
- Demonstrates competence in substance abuse assessment
- Demonstrates competence in assessing client's readiness for change
- Demonstrates competence in assessing client's coping strategies to reinforce and improve adaptation to life situations, circumstances and events
- Selects and modifies appropriate intervention strategies based on continuous clinical assessment
- Articulates awareness of theoretical basis of intervention and some general strategies
- Uses differential assessment and diagnoses
- Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving
- Uses Evidence-Based practice process in clinical assessment and intervention with clients

#### B) Risk assessment

**Essential Component:**
- Demonstrates foundational background in assessing for risk

**Behavioral Anchors:**
- Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others
- Demonstrates competence in assessing for grave disability
- Demonstrates competence in assessing for child and elder abuse
- Demonstrates competence in assessing for domestic violence
- Demonstrates knowledge of Tarasoff guidelines

#### C) Progress evaluation

**Essential Component:**
- Demonstrates basic knowledge of the evaluation of progress and intervention outcome

**Behavioral Anchor:**
- Demonstrates basic knowledge of methods to examine intervention outcomes
## GOAL 8: COMMUNITY PARTNERSHIPS

**Essential Component:**
- Intern to provide outreach to underserved populations in the community to promote healthy behaviors and provide education and training

**Behavioral Anchors:**
- Provides outreach to community via community projects, working to promote healthy behaviors to underserved populations
  - 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4

- Collects appropriate and relevant demographic information and outcome data
  - 1 2 3 4 1 2 3 4 1 2 3 4

- Develops alliances with relevant individuals and/or systems to improve the lives of those served
  - 1 2 3 4 1 2 3 4 1 2 3 4

### Goal 8 Supervisor Comments

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Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

ASW/MFTI INTERN
GRIEVANCE PROCEDURES

This policy includes the following sections:

- VERBAL GRIEVANCE COMMUNICATION
- WRITTEN GRIEVANCE COMMUNICATION
- GRIEVANCE APPEAL

POLICY STATEMENT

It is the goal of the Mental Health Training Programs to provide a learning environment that fosters congenial professional interactions among training faculty and interns that are based on mutual respect. However, it is possible that situations will arise that prompt interns to file grievances.

If an intern has any disagreement with his/her supervisor, another staff member, a fellow intern, or a matter of program policy, he/she will be encouraged to communicate openly with the person involved, if possible, or with the intern’s own supervisor about the issue. At any time before or during the procedure, the intern may discuss his/her concerns about the issue directly with the site training director and/or a Human Resources Consultant. The procedure for this is outlined, below.

Interns will not be subject to reprisal in any form as a result of participating in this grievance procedure.

PURPOSE

This policy is intended to facilitate prompt resolution of a problem identified by an intern as requiring attention and/or resolution. This policy is not intended to be used by an intern to challenge the results of a performance evaluation, or any remedial or corrective action (e.g., letter of warning, probation, etc.). To challenge a program decision, the intern is directed to follow the Post-Master’s Intern Due Process, as outlined in Appendix G.

COVERAGE

These policies apply to all post-master’s interns participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS

KP will make these policies available for viewing on the internship programs' web pages.

None of the meetings involved in the following procedure may be electronically recorded.
PROCEDURES

➤ VERBAL GRIEVANCE COMMUNICATION

If an intern has any disagreement with his/her supervisor, another staff member, a fellow intern, or a matter of program policy, he/she will be encouraged to communicate openly with the person involved, if possible, or with the intern’s own supervisor about the issue. At any time before or during the procedure, the intern may discuss his/her concerns about the issue directly with the site training director and/or a Human Resources Consultant.

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

➤ WRITTEN GRIEVANCE COMMUNICATION

If Verbal Grievance Communication as outlined above has been completed, and the issue has not been resolved to the intern’s satisfaction, the intern may submit a written document to the training director or departmental administrator (or designee), describing their grievance in detail. However, in no case shall any staff member who has participated in the verbal communication process also participate in the review of written grievance communication.

As soon as possible, but no later than 10 business days from receipt of the written grievance, the training director and/or departmental administrators should meet with the intern (and the supervisor, if appropriate) to discuss the issue. After this discussion, the training director and/or departmental administrators (or designee) will, if necessary, conduct an investigation, and respond to the intern’s grievance in writing within 10 business days. If the intern is dissatisfied with the outcome of the review of written communication, he or she is directed to follow the procedure for Grievance Appeal, as outlined below.

➤ GRIEVANCE APPEAL

If Verbal and Written Grievance Communication procedures (as outlined, above) have been completed, and the issue has not been resolved to the intern’s satisfaction, the intern may file a Grievance Appeal. To do so, the intern is directed to: complete the Grievance Appeal form (see Appendix E), attaching a copy of the written communiqué; and submit these items to the regional training director (or designee). However, in no case shall any staff members who have participated in the verbal or written grievance communication processes also participate in the review of appeal.

The regional training director should follow the procedure outlined above, in Written Grievance Communication, including meeting with the intern, establishing a time estimate for a response, conducting any necessary investigation, and responding to the intern. The response should be given within 10 business days after the discussion.
Before responding to the intern, the regional director will meet with the training director and supervisor to review the dispute and discuss the issues involved. The group may also choose to meet together with the intern at this time.

Additionally, before responding, the regional training director may review their findings with the Human Resources Department and/or legal counsel, as appropriate.
Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

ASW/MFTI INTERN
GRIEVANCE APPEAL

Please Note:
1) This form is to be completed by an ASW/MFTI intern when appealing a program decision regarding a grievance. To appeal the results of an evaluation or other program decision such as remediation or corrective action, the intern is directed to follow the ASW/MFTI Intern Due Process, as outlined in Appendix G.
2) This appeal process excludes employees covered by collective bargaining agreements.

<table>
<thead>
<tr>
<th>This Grievance Appeal is Addressed To:</th>
</tr>
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<tbody>
<tr>
<td>Regional Training Director Name:</td>
</tr>
<tr>
<td>Departmental Administrator Name:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intern Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Location:</td>
<td>Department:</td>
</tr>
<tr>
<td>Primary Supervisor:</td>
<td>Training Director Name:</td>
</tr>
<tr>
<td>Training Schedule:</td>
<td></td>
</tr>
<tr>
<td>Work Extension:</td>
<td>Home Phone:</td>
</tr>
</tbody>
</table>

Date of Original Grievance:
Basis of Appeal:

Details of Appeal: (Please attach a copy of the Written Communication to the back of this form)

Resolution Sought:

Signature of Intern: Date:
Appendix F

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

ASW/MFTI INTERN
REMEDIATION AND CORRECTIVE ACTION PROCEDURES

REMEDIATION AND CORRECTIVE ACTION

There are several levels and types of remedial and corrective actions that may be taken if a significant concern about an intern’s professional conduct, professional development or performance arises during his or her internship. The primary supervisor will consult with the training director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. While these policies provide guidance regarding when a particular action is taken, the primary supervisor may initiate any procedure(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP’s Human Resources’ policies, available on MyHR.

The policies in this appendix target intern performance issues or problematic behavior according to their degree of severity. Due process is a mechanism by which an intern may challenge any decisions made by the program, including those outlined in the policies in this appendix. For Post-master’s Intern Due Process, please see Appendix G.

RECORD-KEEPING

For Focused Competency Guidance, the supervisor will make notations on the intern’s CE in narrative form describing their concerns and recommendations. For Letter of Warning and all Corrective Actions, training faculty will maintain clear written records (e.g., memos and/or narratives of meetings) describing what transpired during the procedure, including any action plans that were followed, their timelines and outcomes.

PURPOSE

These policies are intended to address and, if possible, correct, competency issues found to be substandard in an intern.

COVERAGE

These policies apply to all post-master’s interns participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS

KP will make these policies available for viewing on the internship programs' web pages.
SECTION I - REMEDIATION

This section includes:

- **FOCUSED COMPETENCY GUIDANCE**
- **LETTER OF WARNING**

**OVERVIEW**

The primary purpose of Remediation is to provide an intern with additional training and supervision for any competencies for which performance has been identified as sub-standard. The two components of Remediation (Focused Competency Guidance and Letter of Warning) are conceptualized as responses to varying degrees of concern on the part of training faculty for an intern’s performance not related to behavior such as patient endangerment, professional misconduct or criminal behavior. (See Corrective Action in Section II, below, for the program’s response to these behaviors).

When specific concern about an intern’s performance arises at any point during the training year, including but not limited to quarterly intervals, the supervisor will utilize the Competencies Evaluation (CE). An intern’s performance deficits may be due to insufficient skill or knowledge, or problematic behaviors that significantly impact their professional functioning, and the CE ratings will determine the appropriate course of action for the supervisor and intern. By following the Focused Competency Guidance and/or Letter of Warning, the training faculty will assist an intern in improving their performance in the targeted competency areas. To this end, the program will provide the intern with additional training and/or remedial experiences, and/or will recommend resources to them.

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

In response to the initiation of either remediation procedure, the intern may choose to write an appeal. To do so, the intern is directed to follow Post-Master’s Intern Due Processes, in Appendix G.

- **FOCUSED COMPETENCY GUIDANCE**

  **Policy Statement**

  Focused Competency Guidance is typically triggered when an intern receives one or more ratings of “2” (“Needs Improvement”) on the CE for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (For program’s response to behaviors such as these, see Corrective Action policies, below.)
The “2” rating typically indicates **minor** competency deficit(s) that may be easily ameliorated by added training. However, should an intern receive a “2” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure (see below).

**Focused Competency Guidance Process**

After utilizing the CE, the primary supervisor is responsible for meeting with the intern to discuss the competency issue(s) fully, openly, and candidly with the intern. The supervisor will also recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will create a timeline for reassessment of the identified concerns. In addition, the supervisor will record this action, including the concerns and recommendations, in narrative form on the intern’s CE.

### LETTER OF WARNING

**Policy Statement**

The Letter of Warning is usually triggered when an intern receives one or more ratings of “1” for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse (to respond to behaviors such as these, see Corrective Action policies, below). A rating of “1” (“Inadequate”) on the CE or Baseline Assessment typically indicates **major** competency deficit(s) that call for more rigorous remediation than that provided by Focused Competency Guidance (see above).

However, should an intern receive a “1” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate a corrective action procedure (see below).

A Letter of Warning may also be created when training faculty have determined that further action is needed after the intern completes the Focused Competency Guidance process (see above). In each case, the primary supervisor gives the intern a Letter of Warning.

**Letter of Warning Process**

The following components will be included in the Letter of Warning to the intern:

1. Description of intern’s unsatisfactory performance
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that intern is no longer considered in “Good Standing” within the internship program
4. Outline of measures to be undertaken to remediate intern performance, including but not limited to: schedule modification; provision of opportunities for the intern to receive added 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

The supervisor will provide the intern and the training director with copies of this letter. Within the time frame outlined in the plan, the supervisor and the training director will re-evaluate the
intern, using a CE. If the training faculty determines that insufficient progress has been obtained and further action is needed, they may submit a written explanation of their concerns to the intern. In addition, they may initiate the Probation procedure at this time, as outlined below. They must inform the intern in writing of the training faculty’s decision to move to intern to probation.

SECTION II – CORRECTIVE ACTION

This section includes:

- **PROBATION**
- **SUSPENSION**
- **TERMINATION**

OVERVIEW
The three procedures of corrective action (Probation, Suspension, and Termination) are conceptualized as responses to varying degrees of concern on the part of training faculty and departmental management for an intern’s performance and/or behavior. The training faculty, in conjunction with the departmental management, is directed to initiate any of these processes as their first response: the severity of the concern will determine the starting point.

The Probation process may be initiated by the training director along with departmental management in response to circumstances including but not limited to when an intern has serious competency concerns that have been unresponsive to Remediation (see Section I, above), or that call for a higher level of action by the program.

Suspension of an intern may be initiated as a result of the following: 1) if the competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior on the part of the intern; and/or 2) if, after the Probationary period, the intern has not met expectations for improvement in identified competencies.

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Mental Health Training Programs. Termination of an intern will be initiated if the competency area(s) and/or behavior(s) of concern indicate(s) a certainty of patient endangerment, professional misconduct and/or criminal behavior on the part of the intern. Termination may also be invoked for any other egregious offense on the part of the intern, including but not limited to those listed in the section on Termination, below. In addition, an intern, as an employee of Kaiser Permanente, may have their employment terminated at any time, with or without cause, by the training director in conjunction with departmental management. Termination of an intern’s employment will result in dismissal of the intern from the training program.

In response to any of the corrective action procedures outlined in these policies, the intern may choose to write an appeal. To do so, the intern is directed to follow the Intern Due Processes, in Appendix G.
PROBATION

Policy Statement
Interns who are in jeopardy of not successfully completing the competency requirements of the training program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the training director. The training director in conjunction with the departmental manager will make this determination and implement the probationary process. The training director will monitor for a specified length of time the intern’s progress in changing or improving the behavior of concern. The outcome of Probation may be refusal of certificate of completion or termination of intern.

As noted for Letter of Warning, above, the intern is not considered in “Good Standing” when on Probation. Following due process, the intern may choose to appeal a probationary action. To do so, the intern is directed to follow the Post-Master’s Intern Due Process, in Appendix G.

Written Probationary Notice
The training director, in conjunction with the primary supervisor and departmental manager, will submit a letter to the intern outlining the program’s concerns regarding the intern’s performance or behavior, and formally placing the intern on probation. This letter will also describe the consequence(s) of the intern’s failure to show immediate and substantial improvement in the identified competency areas within the planned time period. Possible consequences for failure include refusal of certificate of completion and/or suspension and/or termination of the intern. The training director will provide the supervisor with a copy of this letter.

When drafting the probationary notice, the training director should take the following into consideration:
1. Description of the reasons for probation, to include the following, if applicable:
   a. Severity of the violation
   b. Number of violations
   c. Whether the violation was part of a pattern or practice of inappropriate behavior
   d. Intern’s past history of non-compliance
   e. Whether the intern should have known the rules
   f. Whether the violation was intentional or negligent
   g. Whether the action was committed for personal gain
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that intern is no longer considered in “Good Standing” within the internship program
4. Any required schedule modification
5. Criteria for determining whether the problem has been adequately addressed
6. Consequences of an unsuccessful outcome (may include refusal of certificate of completion and/or suspension and/or termination of intern)
7. Timeline for completion
Probationary Period

Improvement in the intern’s competence must be observed within the time frame outlined in the probationary notice and must be evidenced by CE rating(s) of “3” (“Consistently Meets Expectations”) or above, for targeted competency areas. Failure to show substantial improvement in the identified competency areas within the specified time period may lead to an extension of the probationary period or to other actions, including suspension or termination (see below).

➢ **SUSPENSION**

Policy Statement

Suspension of an intern is a dual decision process made between the training director and the departmental manager, with notice given to the training director. As a result of this decision, the intern may be suspended from all or part of their usual and regular assignments in the training program.

Suspension, up to and including termination, of an intern may be initiated as a result of the following: 1) if the competency area(s) and/or behavior(s) of concern indicate(s) a question of patient endangerment, professional misconduct and/or criminal behavior on the part of the intern; and/or 2) if, after the Probationary period, the intern has not met expectations for improvement in identified competencies.

Suspension of an intern can be initiated immediately as the direct result of but not limited to an intern’s unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the training program’s policies, procedures or professional association guidelines, or when the removal of the intern from the clinical service is required for the best interests of the intern, patients, staff and/or the training program.

The training director’s implementation of the Suspension procedure may, but need not, be prompted by CE rating(s) of “1” (Inadequate) for anchor(s) related to these behaviors. The training director and primary supervisor will confirm the suspension in writing, stating the reason(s) for the suspension and its expected duration.

As with probation, an intern suspended from the post-master’s training program will be notified that they are no longer considered in good standing with the training program. Suspension may be coupled with or followed by other remedial actions and will continue as indicated unless and until overturned by appeal.

Following due process, the intern may choose to appeal this action. To do so, the intern is directed to follow Post-Master’s Intern Due Process, outlined in Appendix G.

**Written Suspension Notice**

The training director, in conjunction with the manager and the HR Liaison, initiates Suspension for an intern, informing the training director of this action.

The training director and primary supervisor will submit a written letter to the intern which addresses the following:
1. Description of intern’s unsatisfactory performance
2. Identification of violation(s), including corresponding competency area(s) and behavioral anchors
3. Notice of Suspension

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

In addition, the training director will contact the intern (copying the supervisor) to schedule a hearing, wherein the intern will be given an opportunity to respond to the training director and supervisor’s concerns (see below).

**Suspension Hearing**
The training director and primary supervisor will meet with the intern to review the letter, voicing their concerns fully, openly and candidly. The intern will be asked to respond to the letter and group’s concerns. The training director will take notes during the hearing, making a clear record of the interaction.

Depending on the severity of the violation, the training faculty may choose at this point, with or without warning, to notify the intern that they have been suspended from the training program or to terminate the intern from the program. In the event that the intern is terminated from the program, the intern may choose to appeal this action. To do so, the intern is directed to follow the Post-Master’s Intern Due Process in Appendix G. Or, the intern may choose to resign from the program.

The group will inform the regional training director of the proceedings of the hearing.

**TERMINATION**

**Policy Statement**
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Mental Health Training Programs. This action is invoked for any of the following reasons:

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

Termination of an intern can be initiated immediately if the training faculty or department staff observes endangerment to patient welfare, professional misconduct or criminal behavior on the part of the intern.

In addition to the above, an intern, as an employee of Kaiser Permanente, may have their employment terminated at any time, with or without cause, by the training director in conjunction with departmental management. Termination of an intern’s employment will result in dismissal of the intern in the training program.

Following due process, the intern may choose to appeal a decision to terminate. To do so, the intern is directed to follow the Post-Master’s Intern Due Process, Appendix G.

**Written Termination Notice**

The decision to dismiss an intern is not made lightly and is made by the training director and departmental manager, in consultation with the HR consultant. The intern will be notified of the decision in writing, in a letter that addresses the following:

- Description of intern’s unsatisfactory performance
- Identification of violation(s), including corresponding competency area(s) and behavioral anchors
- Notice of Termination

The termination notice may also include details such as are listed in the Written Suspension Notice, above.
OVERVIEW
The primary purpose of due process is to provide a mechanism by which all decisions made by the training program regarding an intern’s evaluation, remediation and corrective action, and status in the training program can be fairly reviewed. Due process is a mechanism by which an intern may challenge any decision made by the program.

Interns will not be subject to reprisal in any form as a result of participating in this grievance procedure.

PURPOSE
This policy is intended to facilitate a prompt and fair review of an intern’s challenge to a program decision. It is not intended to be used by an intern to resolve a disagreement with his/her supervisor, another staff member, a fellow intern, or a matter of program policy. To resolve such a disagreement, the intern is directed to follow the Post-Master’s Intern’s Grievance Procedures, as outlined in Appendices G and H.

COVERAGE
These procedures apply to all post-master’s interns participating in Kaiser Permanente Northern California mental Health Training Programs.

PROVISIONS
KP will make these policies available for viewing on the internship programs' web pages.

Intern’s Written Challenge to Program Decision
If an intern objects to the results of a program decision or an evaluation, or wishes to challenge any remedial or corrective action initiated by members of the training staff, the intern may request a review of the decision or action. In order to challenge any such decision, the intern must notify the training director in writing as soon as possible after receipt of the decision. This written notification shall include the following information:

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

1. As soon as possible, but no later than 5 business days after receipt of the intern’s written notification, the site director (or their designee) will appoint a Hearing Committee. Every effort will be made to expedite the committee formation and process.

The Hearing Committee:

a. Will be composed of no fewer than three members
b. Will include individuals from the training faculty, departmental administration and HR consultation
c. May include any appropriate licensed staff recommended by the intern
d. Will not include the training director
e. In no case shall anyone who has participated in the decision in question up to this point be a member of this committee.

2. Within 10 business days from receipt of the intern’s written notification, the Hearing Committee will conduct a hearing in which all relevant material is presented. The intern has the right to hear all facts about the concern, as well as to present supporting materials of his/her own. The intern also has the right to dispute or explain the concerns presented.

3. Within 10 business days from completion of the hearing, the Hearing Committee will make the final decision. Decisions will be made by majority vote of the committee, and submitted to the intern and the training director. If they chose, the intern can appeal the decision to the regional training director.

Appeal

If an intern is dissatisfied with the Hearing Committee’s decision, they may appeal the decision to the regional training director (or their designee), who will consult with management personnel other than those who participated on the committee. The intern must submit their written appeal, along with a copy of their original written challenge to the regional training director within 10 business days from the date of the Hearing Committee’s decision. This written appeal shall include the following information:

1. Name of intern
2. Current date
3. Date and description of Hearing Committee decision under appeal
4. Description of intern’s disagreement and basis for appeal

Appeal Review

Within 5 business days after receipt of appeal, the regional training director (or their designee) will review the decision along with the intern’s appeal and either accept or reject the committee’s recommendations:

- If the regional training director accepts the Hearing Committee’s recommendations, they will inform the training director who, in turn, will inform the intern and supervisors of the decision. The intern may appeal the regional training director’s final decision by contacting Human Resources consultant and their departmental manager.
• If the regional training director rejects the Hearing Committee’s recommendations, they may either: refer the matter back to the Hearing Committee for further consideration (such as the gathering of further documentation); or make a final decision. The regional training director will inform the training director of the rescission, who, in turn, will inform the intern and supervisors.
Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA
POST-MASTER’S INTERNSHIP PROGRAMS
IN SOCIAL WORK AND MARRIAGE & FAMILY THERAPY

INTERN PROGRAM SURVEY

Training Year: _______________________________  Check One:  Mid Year    End of Year
Training Site: _______________________________  Date: _______________________________

EVALUATION INSTRUCTIONS
This form is designed to allow the intern to evaluate the program over a range of professional domains, using the Likert scale, below.
1  Inadequate  Program never meets my expectations*
2  Needs Improvement  Program sometimes meets my expectations*
3  Meets Expectations  Program consistently meets my expectations
4  Exceeds Expectations  Program often exceeds my expectations

SEMINARS AND SUPERVISORS

1. How would you rate the quality of the weekly seminars at your site?  1  2  3  4
2. How would you rate the quality of the regional seminars?  1  2  3  4
3. How would you rate the quality of your individual primary supervision?  1  2  3  4
4. How would you rate the quality of your secondary supervision?  1  2  3  4
5. How would you rate the quality of your group supervision?  1  2  3  4
6. How would you rate the overall training received during your internship year?  1  2  3  4
7. How would you rate the quality of resources available to you, such as the web-based Clinical Library and the Best Practices models, and the availability of senior staff members?  1  2  3  4
8. Was your training graduated in complexity during the year?  1  2  3  4
9. Did you feel welcomed and treated with respect by the professional staff at your site during year?  1  2  3  4

FOUNDATIONAL COMPETENCIES

<table>
<thead>
<tr>
<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: PROFESSIONALISM</td>
<td>Professional Identity</td>
<td>I have been encouraged to take responsibility for my own actions and to practice within my competence</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been encouraged to take responsibility for ongoing learning and training opportunities</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td></td>
<td>Deportment</td>
<td>I have been encouraged to take responsibility for professional behavior in the work environment</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td></td>
<td>Accountability</td>
<td>I have been given sufficient training in completing documentation and organizing my own workload</td>
<td>1  2  3  4</td>
</tr>
<tr>
<td>2: REFLECTIVE PRACTICE/SELF-ASSESSMENT</td>
<td>Reflective Practice</td>
<td>I have been supported in developing problem-solving skills, critical thinking and organized reasoning skills</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been encouraged to consider my own transference and counter-transference issues</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>Self-Assessment</td>
<td>I have been encouraged to explore my own strengths and those areas which need further development</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>Self-Care</td>
<td>I have been given support to practice ongoing self-assessment and good self-care</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

| 3: CULTURALLY SENSITIVE PRACTICE     | Awareness of one’s own bias: self, others, and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual, and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context | I have been encouraged to independently apply knowledge, skills and attitudes regarding dimensions of diversity to my professional work | 1 2 3 4 |
|                                      | Applications based on individual and cultural context | I have been encouraged to independently monitor and apply knowledge of diversity to patient treatment | 1 2 3 4 |

| 4: ETHICS                             | Knowledge of ethical, legal, and professional standards and guidelines | The program emphasizes the application of knowledge of ethical, legal and professional standards, and NASW and CAMFT ethical standards as well as California laws | 1 2 3 4 |

<p>| 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS | Functioning in multidisciplinary and interdisciplinary contexts | I have been encouraged to develop and maintain effective relationships with a wide range of patients, colleagues, organizations and communities | 1 2 3 4 |
|                                                |                                                             | The program offers opportunities for me to communicate effectively with other professionals | 1 2 3 4 |
|                                                |                                                             | I have been encouraged to contribute as a fully participating team member | 1 2 3 4 |</p>
<table>
<thead>
<tr>
<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6: THERAPEUTIC RELATIONSHIPS</td>
<td>Interpersonal Relationships and Affective Skills</td>
<td>I have learned to tolerate and understand interpersonal conflict, ambiguity and uncertainty</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been encouraged to develop awareness of my own affect</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have learned to accept feedback</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td>7: INTERVENTION</td>
<td>Counseling Skills and Treatment Planning</td>
<td>I have developed competence in performing mental status examinations</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have developed competence in performing substance abuse assessment</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been trained to enhance my diagnostic skills</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given the opportunity to demonstrate clinical skills with a wide variety of patients</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been trained how to set realistic treatment goals with patients that incorporate empirical models</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>Risk Assessment</td>
<td>I have been trained to enhance my abilities to evaluate and respond to risk, child/elder abuse and domestic violence</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have developed competence in performing assessments for child/elder abuse and domestic violence</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been instructed on Tarasoff guidelines</td>
<td>1 2 3 4</td>
</tr>
<tr>
<td></td>
<td>Progress Evaluation</td>
<td>I have developed competence in understanding methods that examine intervention outcomes</td>
<td>1 2 3 4</td>
</tr>
</tbody>
</table>

PLEASE WRITE COMMENTS BELOW—THANK YOU!
Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

DISPUTE RESOLUTION FOR
ASW/MFTI INTERNSHIP TRAINING STAFF

POLICY STATEMENT
If a training supervisor has any disagreement with another supervisor, another training faculty member or an intern, or wishes to dispute a matter of program policy, he/she will be encouraged to communicate openly with his/her training director about the issue. The procedure for this is outlined, below. At any time before or during the procedure, the training supervisor may discuss his/her concerns about the issue directly with a Human Resources Consultant.

If the issue is not resolved to the training supervisor’s satisfaction, the training director, the training director and/or departmental manager may become involved in the resolution process. Also, KP provides a process to secure impartial and prompt disposition of disputes. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

PURPOSE
This policy is intended to facilitate prompt resolution of a problem identified by a training supervisor as requiring attention and/or resolution.

COVERAGE
These procedures apply to all training staff participating in Kaiser Permanente Northern California Mental Health Training Programs.

PROVISIONS
KP will make these policies available for viewing on the programs’ web pages.

None of the meetings involved in the following procedure may be electronically recorded.

PROCEDURES

STEP 1
The training supervisor should first discuss the problem with the person with whom the problem is identified, if possible. The training supervisor is responsible for specifically describing how he/she intends to gain satisfactory resolution in the area identified.

If the initial discussion proves unsatisfactory to the training supervisor, he/she should address the issue fully with the training director. The training director is responsible for offering ideas for resolving the issue, and providing the supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The training director will then gather any needed information and respond to the training supervisor verbally or in writing. The response will be given in a timely manner, usually within 10 business days after the discussion.
STEP 2
If Step 1 has been completed, and the issue has not been resolved to the training supervisor’s satisfaction, the training supervisor may contact the manager and the training director, detailing his/her concerns. Departmental managers and training directors should follow the procedure outlined above, in Step 1, for the training director, including meeting with the training supervisor, establishing a time estimate for a response, conducting any necessary investigation, and responding to the training supervisor. The response should be given within 20 business days after the discussion.
Appendix J

Welcome Letters

KAISER PERMANENTE NORTHERN CALIFORNIA
ASW INTERNSHIP PROGRAM

Date ________________

Dear ________________

We are pleased to welcome you to the ASW Internship Program in the Department of Psychiatry at Kaiser Permanente, ________________ (medical center training site). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at ________________ (full street address), and reporting to ________________ (staff member).

Internship Term: September X, 20XX - September X, 20XX

Total Hours: You will be scheduled to work _____ hours per week. Your schedule will include some evening and weekend hours. It is expected that you will work all of your hours.

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

California Board of Behavioral Sciences (BBS) Requirements: Before your internship begins, you must register with the BBS as an Associate Clinical Social Worker (ASW). Information regarding registration can be found at: http://www.bbs.ca.gov/pdf/forms/lcs/aswapp.pdf

Along with your supervisor, you will also need to complete the Responsibility Statement for Supervisors. This form can be found on the BBS website at: http://www.bbs.ca.gov/pdf/forms/lcs/lcrespon.pdf

Additionally, you must keep a record of your supervised hours. A log for these hours can be found on the BBS website at: http://www.bbs.ca.gov/pdf/forms/lcs/aswlog.pdf

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

Please sign and return this welcome letter to your training director by fax at _________(fax number) or email at _______________________________(email address).

Intern’s Signature: ________________________________ Date: _______________

Training Director’s Signature: ________________________________ Date: _______________
Date: ____________

Dear: ____________

We are pleased to welcome you to the MFTI Internship Program in the Department of Psychiatry at Kaiser Permanente, ______________________(medical center training site). We believe that this will be a rewarding year in which you will be able to expand professionally.

You will be working at ______________________(full street address), and reporting to ______________________(staff member).

**Intership Term:** September X, 20XX - September X, 20XX

**Total Hours:** You will be scheduled to work ___ hours per week. Your schedule will include some evening and weekend hours. It is expected that you will work all of your hours.

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

**California Board of Behavioral Sciences (BBS) Requirements:** Before your internship begins, you must register with the BBS as a Marriage and Family Therapist Intern (MFTI). Information regarding registration can be found here: [http://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf](http://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf)

Along with your supervisor, you will also need to complete the Responsibility Statement for Supervisors of Marriage and Family Therapist Trainee or Intern. This form can be found on the BBS website at: [http://www.bbs.ca.gov/pdf/forms/mft/mfrespon.pdf](http://www.bbs.ca.gov/pdf/forms/mft/mfrespon.pdf)

Additionally, you must keep a record of your supervised hours. A log for these hours can be found on the BBS website at: [http://www.bbs.ca.gov/pdf/forms/mft/mfwkylolg.pdf](http://www.bbs.ca.gov/pdf/forms/mft/mfwkylolg.pdf)

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

Please sign and return this welcome letter to your training director by fax at ________ (fax number) or email at _______________________________(email address).

Intern’s Signature: _______________________________ Date: ____________

Training Director’s Signature: _______________________________ Date: ____________
Appendix K

The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF PSYCHOLOGICAL TREATMENT SERVICES BY A CLINICAL ASSOCIATE SOCIAL WORKER (ASW)

This is to inform you that the psychological services you are receiving are provided by an Associate Clinical Social Worker intern.

Intern Name: ____________________________, ASW

Intern Registration #: ______________________

Intern Contact #: __________________________

Internship Completion Date: ______________________

This intern is working under the supervision of:

Supervisor Name: ____________________________, LCSW

Supervisor License #: ____________________________,

Supervisor Contact #: ____________________________,

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

The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF PSYCHOLOGICAL TREATMENT SERVICES BY A MARRIAGE & FAMILY THERAPIST INTERN (MFTI)

This is to inform you that the psychological services you are receiving are provided by a Marriage and Family Therapist intern:

Intern Name: ________________________________, MFTI

Intern Registration #: _______________________

Intern Contact #: __________________________

Internship Completion Date: ____________________

This intern is working under the supervision of:

Supervisor Name: ________________________________, LMFT

Supervisor License #: ________________________________,

Supervisor Contact #: ________________________________,

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

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

Tuition Reimbursement Guidelines for Mental Health Trainees
2017-2018 Training Year

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

A. GENERAL INFORMATION

1. To obtain this benefit, MH trainees must be actively employed by KP for at least 90 contiguous days prior to attending any event or making any purchase for which they have applied for reimbursement. For example, if a trainee's start date is September 6th, their "eligibility date" for obtaining TR benefits will be on or after December 6th of the same year.

2. Any educational event for which the trainee seeks reimbursement must begin on or after the trainee's "eligibility date" and must end before the trainee's last day of training. This means that, if an event for which a trainee seeks reimbursement ends after the trainee's last day at KP, the event is not reimbursable.

3. Any MH trainee (as well as any regular employee) who is scheduled to work 20 or more hours per week is eligible to receive a maximum of $3000 in tuition reimbursement, per calendar year. Up to $500 of this total may be spent on travel to educational events (see section 5.3.3.2 of the KPNC national policy, copied on page 2, below, for more information about travel reimbursement).

4. A MH trainee must submit their TR application well before the course starts and should submit it also before they plan to pay for a course or purchase exam prep tools. It is recommended that the trainee submit their application to the National Tuition Reimbursement Administration (NTRA) a minimum of 8 weeks (2 months) before the course registration deadline, and well in advance of the course start date. By knowing in advance if they will be reimbursed for the course(s), the trainee can make an informed decision as to whether or not to purchase the course(s).

5. The MH trainee should talk with their manager about which approved courses/tools they are interested in taking/purchasing. Their manager will need to approve any TR application before it is submitted to the NTRA. Note: The TR application process requires TWO approvals: 1) from trainee’s manager; and 2) from the NTRA.

6. The TR application is accessed and completed online at http://www.kpcareerplanning.org/

7. The average TR application processing time is 2 to 4 pay periods (4 to 8 weeks).

8. The MH trainee can monitor the status of their application online at http://www.kpcareerplanning.org/

9. Once the application is approved, it may take an additional 2 to 4 pay periods (4 to 8 weeks) for the trainee to receive reimbursement, which occurs after the trainee has submitted all of their supporting documentation, including invoice/statement of charges, grades and receipts.
10. The trainee will have up to 90 days* after the end of the course to submit the documentation described in item (9), above. (*This does not apply to the purchase of packages of study materials designed to prepare the trainee for taking their licensing exam. Please see section B-Il-3-b, below, for more information.)

11. If the trainee is no longer employed by KP at the time that they receive their final documentation pertaining to an approved course, they should contact the NTRA office to arrange for sending their documents and obtaining reimbursement (see NTRA contact information on page 4 of this document).

B. WHAT IS REIMBURSABLE?

PLEASE NOTE: For any purchase to be reimbursable by NTRA, it must provide the purchaser with credits/units/hours.

I. All KP Employees

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

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

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

5.3.3.2 Travel, room/lodging expenses up to $500 per calendar year, which is limited to expenses for courses identified in section 5.1.2.3. [NOTE: The $500 is included in the $2,300 or $3,000 reimbursement maximum and is not available for college undergraduate or graduate degree programs. Only certain travel expenses are reimbursable. See additional information on MyHR, under Education Assistance, including how to submit a travel application and supporting documents.

2. Covered expenses are limited to:
   - Tuition
   - Books
   - Laboratory fees
   - Course registration fees
   - Eligible travel (see 5.3.3.2, shown above)

3. Licensing examination fees are specifically excluded from reimbursement coverage.
II. Mental Health Trainees:
The following reimbursable items pertain to mental health trainees:

1. **School Tuition:** MH interns, such as Pre-Masters and Doctoral Interns, who are currently enrolled in academic programs, can apply to have their tuition reimbursed.

2. **Pre-Licensure Coursework:** Before they are eligible to register for their licensure exams and/or obtain their licenses, ASWs, MFTIs and Postdoctoral Residents are required by the California Board of Behavioral Sciences or Board of Psychology to complete certain pre-licensure coursework. After their TR eligibility date, should a trainee plan to take any of the courses listed in the Addendum at the end of this document, that are pertinent to their licensure, these courses are reimbursable through TR, **provided that the courses award credits, units or hours.**

3. **Exam Prep:**
   As mentioned above, in section A-4, trainees must submit their TR applications and have them approved before making their purchase.

The information listed below pertains to prep resources for the following exams:
- **LCSW-SWE** (Standard Written Exam)
- **LCSW-WCVE** (Written Clinical Vignette Exam)
- **MFT-SWE**
- **MFT-WCVE**
- **EPPP**
- **CPLEE**

**PLEASE NOTE:**
- **Licensing examination fees are specifically excluded from any reimbursement coverage.**
- **The NTRA will only reimburse exam prep items if they are purchased from AATBS:** AATBS is the only non-academic provider of these courses/workshops/materials that meets the NTRA criteria for approval.
  a. **Workshops** that prepare participants for licensing examinations **must award credits, units or hours** to be reimbursable. The trainee must upload their certificate of completion showing credits earned for the workshop to NTRA as part of their supporting materials.
    i. The automated certificate for the **EPPP 4-Day workshop** is issued the following week after completion of the event. For all other workshops, please email Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105) after completion of the event. Once attendance is verified, a certificate of completion will be emailed to the participant.
    ii. The certificate of completion for the **online self-paced workshop** is issued 30 days* after it is purchased. The trainee is responsible for contacting Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105) and requesting Dr Norton to email them a certificate for the workshop (*no sooner than 30 days; no later than the end of the training year). All current trainees’ name have been submitted in advance, to Dr Norton.
  b. **Packages that Include Workshop and Study Materials:** In order for you to be reimbursed for your purchase of a package that includes a workshop and study materials, you must upload documentation for **each package item** into your existing TR case as part of your supporting materials. Documentation must attest to the completion of credits, units or hours for each item. AATBS will issue an individual certificate for the study materials in the package and a separate certificate for any workshop attended:
    i. See Sections II.3.a.i and a.ii, above, for information on workshop certificates.
    ii. The certificate of completion for the **study materials** is issued 30 days* after they are purchased. The trainee is responsible for contacting Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105) and requesting Dr Norton to email them a certificate
iii. for the study materials (“no sooner than 30 days; no later than the end of the training year). All current trainees’ name have been submitted in advance, to Dr Norton.

iv. The trainee must upload ALL certificates of completion for the package to NTRA as part of their supporting materials (i.e., for workshop, study materials, etc.).

c. Packages with Exam Study Materials Only (i.e., no workshop included), are only reimbursable for licensing exams listed in B.II.3., above, and only under the following conditions:

i. The trainee must complete and pass the exam before the end of their training year.

ii. After they pass their exam, the trainee is responsible for contacting Kevin Norton at AATBS (knorton@aatbs.com 805-665-5105). Trainee must:
   • Provide AATBS with their passing score
   • Request Dr Norton to email them a certificate for the study materials

iii. AATBS will then award them with a certificate showing credits earned.

iv. The trainee must upload this certificate into their existing TR case, as their supporting documentation.

4. Other courses/classes/workshops: Other courses/classes/workshops that pertain to the fields of mental and behavioral health, psychology and social work, that award credits, units or hours, and that are approved by trainee’s manager are reimbursable. As long as the course/workshop/program that the trainee plans to participate in award credits, units or hours, that course/workshop/program is reimbursable. Although trainees cannot earn continuing education (CE) units, as they are not licensed, this will not prevent them from being reimbursed.

C. TUITION REIMBURSEMENT APPLICATION & TRACKING

I. Applying for Tuition Reimbursement
To apply for tuition reimbursement, go to http://www.kpcareerplanning.org/

II. Viewing Application Status and Submitting Supporting Materials

a) To view application status, log into MyHR or go to http://www.kpcareerplanning.org/. Click on the green bar “View Reimbursement Request Status”. Application status will be one of the following, as described below:
   • “Submitted” = No one has approved yet
   • “Manager accepted” = Manager approval received; NTRA still needs to approve
   • “Approved” = Manager & NTRA have approved
   • “Denied” = NTRA denied
   • “Pending receipts” = NTRA needs receipts—see (b), below
   • “Pending grades” = NTRA needs proof of completion—see (b), below
   • “Documents missing” = Both the receipt and the proof of completion are missing—see (b), below

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

D. NATIONAL TUITION REIMBURSEMENT ADMINISTRATION (NTRA)

KP’s National Tuition Reimbursement Administration (NTRA) approves courses that a) help the employee in their current position (vertical growth), or b) are part of an established career path within Kaiser
Permanente (horizontal growth). 99% of all applications are approved, as long as the employee meets eligibility requirements. NTRA administers the regional TR program and makes variance determinations on situations that don't fall cleanly into the defined categories.

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

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

(See the following page for Required Courses for MH Licensing Examinations)
Addendum to Tuition Reimbursement Guidelines for Mental Health Trainees
Required Courses for Mental Health Licensing Examinations that are Reimbursable Through TR:

**ASW**
(The following requirements can be found at [http://www.bbs.ca.gov/app-reg/lcs_requirement.shtml](http://www.bbs.ca.gov/app-reg/lcs_requirement.shtml))

1. Child Abuse Assessment and Reporting (7 hours)
2. Human Sexuality (10 hours)
3. Alcoholism and Chemical Substance Dependency (1 semester unit course with no less than 15 hours of classroom training)
4. Spousal or Partner Abuse Assessment, Detection and Intervention Strategies (15 hours for those who entered a degree program on or after 1/1/2004; course can be any length for those who entered a degree program from 1/1/1995 to 12/31/2003)
5. Aging and Long-Term Care, and Elder/Dependent Adult Abuse (10 hours only for those who entered a degree program on or after 1/1/2004; for all others, this is not a pre-licensure requirement)
6. California Law and Professional Ethics for Clinical Social Workers (18 hours of coursework that includes all pertinent subjects as listed on the BBS website) This requirement only pertains to ASWs with out-of-state experience or education.

**MFTI**
(The following requirements can be found at [http://www.bbs.ca.gov/app-reg/mft_requirement.shtml](http://www.bbs.ca.gov/app-reg/mft_requirement.shtml); However, please refer to web page for further details on timeframes regarding all MFT licensure requirements.)

1. Child Abuse Assessment and Reporting (7 hours)
2. Human Sexuality (10 hours)
3. Alcoholism and Chemical Substance Abuse Dependency (15 hours must be taken in qualifying degree program)
4. Spousal/Partner Abuse Detection and Intervention (15 hours for those who entered degree program on or after 1/1/2004; Course can be any length for those who entered a qualifying degree program between 1/1/1995 to 12/31/2003: Must be taken in qualifying degree program).)
5. Psychological Testing (2 semester units or 3 quarter units only for those who entered a qualifying degree program on or after 1/1/2001)
6. Psychopharmacology (2 semester units or 3 quarter units only for those who entered a qualifying degree program on or after 1/1/2001)
7. California Law and Professional Ethics (2 semester or 3 quarter units)
8. Aging and Long Term Care (10 hours only for those who entered a degree program on or after 1/1/2004; For all others this is not a pre-licensure requirement)

**Psychology Postdoctoral Resident**
(The following requirements can be found at [http://www.psychology.ca.gov/licensees/faq.shtml](http://www.psychology.ca.gov/licensees/faq.shtml))

1. Human Sexuality (10 hours)
2. Child Abuse Assessment and Reporting (7 hours)
3. Substance Abuse Detection and Treatment (equivalent of one quarter or semester term or 15 contact hours)
4. Spousal or Partner Abuse Assessment, Detection and Intervention (15 hours)
5. Aging and Long-Term Care (10 hours)