Policy and Procedure Manual

2017-2018

Pre-Master’s Degree Internships
In Social Work

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Kaiser Permanente Northern California
KAISER PERMANENTE
NORTHERN CALIFORNIA REGION

Pre-Master’s Degree Internships
in
Social Work

Policy and Procedure Manual

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Issued by
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The Pre-Master’s Internship Programs in Social Work are provided by and funded through Kaiser Permanente Northern California (KPNC), and are consistent with state and national guidelines. This manual outlines the policies and practices that are applicable to pre-Master’s interns. The manual is posted on the regional mental health training 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.

Pre-Master’s interns, as employees of KPNC, are also subject to Kaiser Permanente’s (KP) general policies and procedures. These criteria are presented to the intern during the orientation process. Interns may also access this information through MyHR, located as a link at http://insidekp.kp.org/ncal/portal/, and/or by contacting their local Human Resources consultant.

1. PROGRAM OVERVIEW

The Pre-Master’s Internship Programs in Social Work are conducted at three training sites, all located within KPNC. Northern California pre-master’s interns train in a range of settings, in preparation for careers as licensed clinical social workers.

1.01 Mission Statement
The Mission Statement for the Pre-Master’s Internship programs is articulated by the following:
KP is committed to provide the highest possible training for 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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Integrity: Honesty, personal responsibility and adherence to professional values</td>
<td>▪ Understands professional values; honesty; personal responsibility</td>
</tr>
<tr>
<td>B) Deportment</td>
<td>▪ Understands how to conduct oneself in a professional manner</td>
</tr>
</tbody>
</table>
GOAL 2: REFLECTIVE PRACTICE/SELF-ASSESSMENT/SELF-CARE To encourage intern to develop reflective practice, self-assessment and self-care skills

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Reflective practice</td>
<td>▪ Demonstrates basic mindfulness and self-awareness; basic reflectivity regarding professional practice (reflection-on-action)</td>
</tr>
<tr>
<td>B) Self-assessment</td>
<td>▪ Knowledge of core competencies; emerging self-assessment regarding competencies</td>
</tr>
<tr>
<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>
</tr>
</tbody>
</table>

GOAL 3: INDIVIDUAL AND CULTURAL DIVERSITY AWARENESS: 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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Awareness of one’s own bias; self 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 identity, disability, language, and socioeconomic status) and context</td>
<td>▪ Demonstrates knowledge, awareness and understanding of one’s own dimensions of diversity and attitudes toward others’ diversity</td>
</tr>
<tr>
<td>B) Awareness of others 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 identity, disability, language, and socioeconomic status) and context</td>
<td>▪ Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals ▪ Demonstrates knowledge of methods and techniques for assessing patients’ experience and values</td>
</tr>
</tbody>
</table>
### C) Awareness of 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 identity, disability, language, and socioeconomic status) and context

- Demonstrates knowledge and understanding of interactions between self and others as reflecting a confluence of diverse cultural beings

### D) Application of individual and cultural knowledge into practice

- Applies knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity

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### 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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A)</strong> Knowledge of ethical, legal and professional standards and guidelines</td>
<td>Demonstrates 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>
</tr>
<tr>
<td><strong>B)</strong> Awareness and application of ethical decision-making</td>
<td>Demonstrates the importance of using an ethical decision-making model</td>
</tr>
<tr>
<td><strong>C)</strong> Ethical conduct</td>
<td>Demonstrates ethical attitudes and values by conduct</td>
</tr>
</tbody>
</table>

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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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A)</strong> Knowledge of the shared and distinctive contributions of other professionals on interdisciplinary team(s)</td>
<td>Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals</td>
</tr>
<tr>
<td><strong>B)</strong> Functioning in multidisciplinary and interdisciplinary contexts</td>
<td>Demonstrates cooperation, teamwork and collaboration</td>
</tr>
<tr>
<td><strong>C)</strong> Awareness of how participation in interdisciplinary collaboration/consultation enhances outcomes</td>
<td>Demonstrates knowledge of how interdisciplinary collaboration/consultation can be directed toward shared goals</td>
</tr>
</tbody>
</table>
FUNCTIONAL GOALS, OBJECTIVES AND COMPETENCIES

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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Interpersonal relationships</td>
<td>▪ Demonstrates interpersonal skills as evidenced by conduct</td>
</tr>
<tr>
<td>B) Affective skills</td>
<td>▪ Demonstrates awareness of own and tolerance of other’s affect</td>
</tr>
<tr>
<td>C) Expressive skills</td>
<td>▪ Demonstrates effective verbal and non-verbal communication skills</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
</table>
| A) Counseling skills      | ▪ Demonstrates knowledge and practice of basic counseling skills & interventions  
                            ▪ Demonstrates knowledge of methods and techniques for assessing patients’ experience and values  
                            ▪ Demonstrates awareness of the therapeutic process  |
| B) Treatment planning     | ▪ Demonstrates basic knowledge of treatment planning goals and objectives |
| C) Risk assessment        | ▪ Demonstrates foundational background in assessing for risk            |
| D) Progress evaluation    | ▪ Demonstrates basic knowledge of the evaluation of progress and intervention outcome |

GOAL 8: ADVOCACY & COMMUNITY PARTNERSHIPS: To provide intern with opportunities to develop skills in patient advocacy and intern to provide outreach to underserved populations in the community to promote healthy behaviors

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Empowerment</td>
<td>▪ Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek interventions</td>
</tr>
<tr>
<td>B) Systems change</td>
<td>▪ Demonstrates understanding of the differences between individual and institutional level interventions and system level changes</td>
</tr>
</tbody>
</table>
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. Supervisors and training 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 KP enter into the employment relationship voluntarily. An intern is free to resign at any time throughout the program. Similarly, KP may also at any time conclude the employment relationship where it believes it is in the best interest of KP 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
The selection of second year pre-Master’s mental health interns is initiated by the training director and his/her training committee. The term of the training program is up to one year, unless terminated earlier. The training directors coordinate with school’s field placement directors in selecting candidates for the training program. These directors work together throughout the year to monitor the interns’ progress through evaluation and ongoing feedback for pre-Master’s interns. 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).

Applicants are interviewed in the late winter and early spring for terms beginning in September. In scheduling the interviews, the training director works closely with the departmental managers. IN general, the selection process takes place during the month of March. The supervision agreement form must be signed and dated by both the primary supervisor and the school's
placement director from the academic institution, and the intern, before the training program begins.

Candidate Selection Criteria
All candidates must:
- Be enrolled in an accredited MSW or MA/MS program
- Be enrolled in second year of MSW or MA/MS program
- Be enrolled in a clinical academic track
- Have previous experience in mental health
- Have completed training in the nine pre-requisite study areas (see item 3, Pre-requisite Training, in “Program Minimum Requirements, below; see also Appendix A)

Candidate Selection Process
All candidates are interviewed using a standardized list of interview questions. Individual sites can add to the main template specific questions pertaining to basic training competencies.

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 B for Welcome Letter.

2.06 Program Minimum Requirements
1. Academic Standing
   All interns must be in advanced standing in their second year of their Master’s programs.

2. Prior Training
   All interns must have prior experience delivering outpatient psychotherapeutic services as a social work intern or mental health counselor within a mental health agency.

3. 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
   - Domestic Violence
   - Chemical Dependency
The intern and his/her training director will insure that these competencies are met before the intern begins seeing patients. A checklist with these items is included in the Baseline Assessment of Intern Competencies (see Appendix A).

4. Policies: Training Program, NASW, 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 Code of Ethics and are required to reference it during their tenure. Interns 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 7, below, for more information on KP Policies).

2.07 Pre-Master’s Intern Mandatory Sequence of Skills Acquisition
There are four distinct phases of training which the pre-Master’s intern follows during their training year. Activities pertaining to each phase in this sequence of skills acquisition are outlined in Section 4.01, below.

2.08 Pre-Master’s Intern Minimal Levels of Achievement
The minimal levels of achievement expected of an intern in order to successfully progress through and complete the training 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 and is kept in the intern’s file.

School Evaluations and Program Evaluation Tools
All pre-Master’s interns are concurrently enrolled in Master’s programs, and these programs perform evaluation of the interns throughout the training year. KPNC Pre-Master’s Internship programs work with the schools and are directed to augment the schools’ evaluation tools, if necessary, to ensure that all training goals are met. See Section 3, below, for the Competencies Evaluation (CE), to be used to augment the schools’ evaluations. See also Appendix D for the CE.

“Good Standing” Definition for KP Programs
An intern is in good standing if they are in good standing in their respective programs. They may also be in Focused Competency Guidance for the first evaluation period. An intern is not in good standing when his/her primary supervisor initiates the Focused Competency Guidance process subsequent to the first evaluation period, or the Letter of Warning and/or any Corrective Action Policies at any time (see Appendix E for all of these procedures).

2.09 Title of Pre-Master’s Intern
The title of a pre-Master’s intern in Social Work is “Social Work Pre-MSW Intern”. 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).
2.10 Rights of Pre-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

2.11 Pre-Master’s Intern Grievance Procedures

*Kaiser Mental Health training directors will work with the intern’s school’s Field Placement Directors to ensure that there is accord between the two institutions regarding these 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 procedure for this is outlined in the Intern Grievance and Appeal Procedures (see Appendices G and H).

The Intern Grievance and Appeal procedures are not intended to be used by an intern to appeal the results of 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 Intern Due Process, as outlined in Appendix H.

2.12 Pre-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 interns 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 Pre-Master’s Intern Resignation
Interns who voluntarily separate from the training program before the end of the training year are considered to have resigned. KP 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 KP will hire a former intern for a permanent position. Interns are expected to apply and compete for open positions, just like any other qualified candidate.

3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

Kaiser Mental Health training directors will work with the pre-Master’s intern’s school’s Field Placement Directors to ensure that there is accord between the two institutions regarding the following procedures, as listed in Section 3, below.

3.01 Evaluation of Pre-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 D). It also identifies competency areas on which the intern will focus during the year. The baseline assessment form is kept in the intern’s personnel file.

Competencies Evaluation (CE) and Intern’s School Evaluation
The training director will ensure that the intern’s school evaluation is augmented by any additional evaluation required by the CE that is not covered by the school’s instrument. The training director may also choose to use both instruments in their entirety, in evaluating their interns.

In order to ensure that interns meet the program’s goals and requirements, each intern will be formally evaluated by his or her primary supervisor at least once per every three months (and more frequently, if a competency concern arises: see “Ongoing Evaluation,” above) through the use of the 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. See Appendix D for the Competencies Evaluation.

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”), which indicates that the intern’s performance meets the competency requirements for interns at that stage of training.

Ratings of “1” (“Does Not meet Expectations”) or “2” (“Needs Improvement”) on any behavioral anchor in the CE will trigger remedial and possibly corrective action (see below).

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 D) 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 for Interns
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 and school’s field placement 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 contain guidance regarding when a particular action is taken, 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 My HR.

3.03 Remediation of Pre-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 later in the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure.) The supervisor or the training director will contact the school to coordinate remedial procedures.

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 E 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 later in 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 and the school with a copy of the letter of warning and a copy will be kept in the intern’s file. A copy of this letter will also be sent to the school. Within the time frame outlined in the letter, the primary supervisor will re-evaluate the intern using a CE. See Appendix E 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 Pre-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 E 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 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, KP 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” (Does Not Meet Expectations) 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 internship 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. A suspension may be paid or unpaid. See Appendix E 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 NASW Code of Ethics
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.

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 addition to the above, as an employee of Kaiser Permanente, an intern’s employment may be terminated at any time, with or without cause, by the training director in conjunction with
Termination of an intern’s employment will result in dismissal of the intern in the training program. See Appendix E for full description of termination procedure.

3.05 Pre-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 H. The Training Program's procedure for Review of Intern Appeal is also located in Appendix H.

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 Intern Grievance Procedures, as outlined in Appendices F and G.

4. SUPERVISION AND TRAINING ACTIVITIES OF PRE-MASTER’S INTERN

4.01 Pre-Master’s Internship Mandatory Sequence of Skills Acquisition
There are four distinct phases of training which the pre-Master’s intern follows during their training year at KP. The following phases outline the mandatory graduated and sequential training activities for all interns:

Phase I:
- Shadowing of licensed staff members
- Orientations: NEO; PARS; HealthConnect; Departmental; Training Policy and Procedure manual
- Learning Agreement and Baseline Assessment
- Pre-Requisites Checklist documented

Phase II:
- Sitting in or co-facilitating groups; documenting the group notes and discussing notes with supervisor
- Sitting in or co-performing intakes; documenting the intake and discussing documentation with supervisor
- Intern’s readiness to see clients individually will be determined by their supervisor. That determination will be based on the following criteria: 1) intern’s completion of the required training as detailed in the Policy and Procedure manual, and 2) the supervisor employing any supplemental evaluation tool that the program uses to augment the school’s tool, in order to assess that intern has reached the appropriate skill level.

Phase III:
- Clients are screened in person by licensed therapists, who then assign cases to interns based on the determination that the case will not exceed the intern’s competence (“warm cases”)
- Clients are given the option to see a licensed therapist instead of an intern
- All clients who are seen by interns sign the “Notification of Provision of Psychological Treatment Services by a Pre-[Master’s] Intern” form (see Appendices C and D)
- Intern and supervisor perform weekly reviews of open cases, including risk management
Intern is directed to immediately escalate concerns about risk to a supervisor or designee. If there is a question of self-harm, harm to others, or serious decompensation, procedure will be as follows:

- For patient in office: an urgent evaluation will be performed by a licensed clinician
- For patient out of office: patient will be contacted and asked to come in for an urgent evaluation to be performed by a licensed clinician

- Intern will only co-facilitate groups; they will not lead groups alone. However, they will chart group notes and discuss them with their supervisor.
- Intern will complete process recordings, or make audio or video recordings of individual sessions as determined by supervisor

Phase IV:

- Interns perform intakes only after cases are vetted by supervisor based on intern’s appropriate pre-requisite training (“lukewarm cases”)
- Specialized training if needed, by the department, and appropriate for the intern’s level of competence
- Pre-Master’s interns continue to co-facilitate groups, documenting the group notes and discussing notes with supervisor. At no point in the training year do pre-Master’s interns facilitate groups on their own.
- All bullets in Phase III, as outlined above, except for the first one, apply to Phase IV as well

4.02 Community Partnership Projects
Each intern is required to complete community project hours during their training year, and are evaluated on their contributions. More information about these projects is available from their training directors.

4.03 Supervisor Requirements for Pre-Master’s Internship Programs
All supervisors of pre-Master’s interns must meet BBSE requirements for supervision of post-Master’s interns, as follow:

- Provide 1 hour of individual supervision for every 10 hours of intern service provision
- Keep intern files for seven years

Additionally, primary supervisors for pre-Master’s interns:

- Must meet the training agreement requirements of the school
- Will be allocated one hour/week for chart and referral reviews (two hours of group supervision = one hour of individual supervision)
- See “Supervision of Pre-MSW by LMFT,” below, for more information

4.04 Supervision of Pre-MSW Intern by LMFT
The BBSE does not have any jurisdiction over pre-MSW interns, and therefore cannot stipulate the terms of their supervision. However, the board does stipulate that an ASW needs to complete a total of 3200 hours for licensure, and 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). Reflecting these requirements, KP allows for a pre-MSW intern to be supervised by an LMFT, provided that the school is in agreement.
4.05 Pre-Master's Intern Competencies Evaluation
See Section 3, above, for Competencies Evaluation.

5. PROGRAM ADMINISTRATION

5.01 California Board of Behavioral Sciences (BBS)
The Social Work training 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/

5.08 Supervisor Chart Review Hours
All primary supervisors in the pre-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.

5.03 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 Pre-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
- Attend meetings

5.04 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
- Coordinates and directs the site training directors
- 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

5.05 Training Staff 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, he/she will be encouraged to communicate openly with his/her site director about the
issue. The procedure for this is outlined in Appendix I.

6. INTERN AND INTERVIEWEE FILES

6.01 Pre-Master’s Intern Individual Files
• Interns’ records include the information noted below in Pre-Master’s 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 training director’s office.
• 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 intern’s 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).

6.02 Pre-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 e-records before being sent to HR storage in Livermore.

6.03 Pre-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:
• Resume
• Letters of Recommendation
• Baseline Assessment
• Competencies Evaluation (CE)
• Documentation of appointments
• Letter of Completion
• Documentation of any remediation or corrective actions, including the conclusions of
  such actions
• Any correspondence pertaining to the intern

6.04 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.
6.05 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.

6.06 Retention of Pre-Master’s Intern Files
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.

All intern files may be scanned into e-files for retention in program e-records before being sent to HR storage in Livermore.

6.07 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 retention of application materials from selected interviewees, see Pre-Master Intern Personnel Files, above.)

6.08 Retention of Materials Received from Applicants Who Were Not Interviewed
Application materials from non-interviewed applicants need not be retained for any period.

7. PATIENT DOCUMENTATION

7.01 Medical/Legal Services
Provision of Mental Health Treatment Services by an Intern 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 Mental Health Treatment Services by a Pre-MSW Intern” form, and provide the form to the patient and/or guardian, for their reference (see Appendix C).

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 KP 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/

7.02 Patient 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. POQ or AOQ
7. Medication compliance
8. 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.

7.03 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, located under HR Policies in My HR, for more information. For an outline of these standards, go to http://kpnet.kp.org/national/compliance/program/privacy_security.html

8. PRE-MASTER’S INTERNS WAGES, BENEFITS AND SERVICES

8.01 Scheduling of Hours of Work
In creating a training schedule for the intern, the training director works closely with the department managers and the intern. Requirements vary between departments. For example, CDS training programs may include weekend work. All departments may include weekday evening work. It is expected that interns will work all of their scheduled hours.

8.02 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.

8.03 Pre-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

8.04 Tuition Reimbursement
After a 90-day waiting period, all interns who work a minimum of 20 hours per work are eligible to apply for tuition reimbursement for approved courses to be taken after the waiting period.
Please read Appendix J for detailed information on reimbursable courses and how to apply for this benefit.

8.05 Resources for Pre-Master’s Intern Support
All interns have access to the Employee Support Toolkit on the intranet, at MyHR. This “toolkit” targets specific challenges to employees, such as personal finance, managing change, and emotional health, wellness, and self-care, and provides problem-solving ideas and step-by-step processes for addressing these issues. Also, the Employee Assistance Program provides confidential, cost-free services available to interns (see Human Resources Policies, below).

8.06 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.

hospitalized, or within the first week of illness if disabled at home. Benefits become payable on the first day of hospital confinement or on the eighth day of disability at home.

8.07 Administrative Support, Office and Online Services
Administrative assistance is available to all interns at their local training sites. Interns should contact training supervisors for information on obtaining assistance with office equipment, procedures, etc.

9. KAISER PERMANENTE HUMAN RESOURCE POLICIES

9.01 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.

9.02 Non-Discrimination Policy
The pre-Master’s Social Work Internship programs are integral parts 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.

Human Resources Services Center (HRSC) for the most up-to-date policies regarding family leave and pregnancy disability. The HRSC’s telephone number is 1-877-457-4772.

10. WEBSITE

Our website includes but is not limited to:
- Listings by program and by individual site
- Training Program Policy and Procedure Manual
- Regional Training Seminar schedule
- Links to related websites

Go to “Social Work Internships” on our website: http://kp.org/psychtraining.

Or click on http://info.kp.org/html/psychtraining/social_work_pre.html
## 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.

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

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

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

3 = Meets Expectations: Intern’s experience meets expectations of a person who has completed one year of pre-Master’s internship.

4 = Exceeds Expectations: Intern’s experience exceeds expectations of a person who has completed one year of pre-Master’s internship.

5 = Outstanding: Intern’s experience is commensurate with license-eligibility
### FOUNDATIONAL COMPETENCIES

#### GOAL 1: PROFESSIONALISM

**A) Integrity: Honesty, personal responsibility and adherence to professional values**

**Essential Component:**
- Understands professional values: honesty, personal responsibility

**Behavioral Anchors:**
- Demonstrates honesty, even in difficult situations
- Takes responsibility for own actions
- Displays basic understanding of core professional values
- Demonstrates ethical behavior & basic knowledge of NASW Code of Ethics or CA-MFT Ethical Standards: see below: Foundational Competency: Ethical-legal standards-policy

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**B) Deportment**

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

**Behavioral Anchors:**
- Demonstrates appropriate personal hygiene and attire
- Distinguishes between appropriate and inappropriate language and demeanor in professional contexts

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**C) Accountability**

**Essential Component:**
- Independently accepts personal responsibility across settings and contexts

**Behavioral Anchors:**
- Turns in assignments in accordance with established deadlines
- Demonstrates personal organization skills
- Plans and organizes own workload
- Aware of and follows policies and procedures of KPNC

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**D) Concern for the welfare of others**

**Essential Component:**
- Independently acts to safeguard the welfare of others, patients as well as colleagues

**Behavioral Anchors:**
- Displays initiative to help others
- Articulates importance of concepts of confidentiality, privacy, informed consent
- Demonstrates compassion

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**E) Professional identity**

**Essential Component:**
- Understands self as professional; “thinking like a mental health professional”

**Behavioral Anchors:**
- Demonstrates knowledge about practicing within one’s competence
- Understands the need to take personal responsibility for on-going learning and training opportunities
- Understands own role in the generation of new clinical knowledge, through research and practice

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

**A) Reflective practice**

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

**Behavioral Anchors:**

Displays:
- Problem-solving skills
- Critical thinking
- Organized reasoning
- Intellectual curiosity and flexibility

Demonstrates openness to:
- Considering own personal concerns & issues
- Recognizing impact of self on others
- Articulating attitudes, values, and beliefs toward diverse others
- Self-identifying multiple individual and cultural identities
- Systematically reviewing own professional performance with supervisors

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</tbody>
</table>
## B) Self-assessment

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

**Behavioral Anchors:**
- Demonstrates awareness of clinical competencies for professional training
- Recognizes own clinical strengths and the areas needing further development
- Develops initial competency goals for early training (with input from supervisors)

## 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

# GOAL 3: INDIVIDUAL AND CULTURAL DIVERSITY AWARENESS

**A) Awareness of one’s own bias, self as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context**

**Essential Component:**
- Demonstrates knowledge, awareness, and understanding of one’s own dimensions of diversity and attitudes toward other’s diversity

**Behavioral Anchor:**
- 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.

**B) Awareness of others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context**

**Essential Components:**
- Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals
- Demonstrates knowledge of methods and techniques for assessing patients’ experience and values

**Behavioral Anchors:**
- Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals
- Demonstrates knowledge of methods and techniques for assessing the impact of other peoples’ values, culture and life experiences on the client’s presenting
- Demonstrates knowledge of methods and techniques for assessing the client’s experience of social and cultural biases and discrimination and their impact on the presenting problem
- Demonstrates knowledge of methods and techniques for assessing how client’s values, personal preferences and cultural identity impact the presenting problem

**C) Awareness of the interaction of self and others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context**

**Essential Component:**
- Demonstrates knowledge and understanding of interactions between self and others as reflecting a confluence of diverse cultural beings/entities

**Behavioral Anchor:**
- Demonstrates knowledge and understanding of the way culture and context shape interactions between and among individuals, departments and organizations/agencies

**D) Application of individual and cultural knowledge into practice**

**Essential Component:**
- Applies knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity

**Behavioral Anchor:**
- Adapts and modifies one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient
## GOAL 4: ETHICAL/LEGAL STANDARDS AND POLICY

### A) 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:**
- 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)

### B) Awareness and application of ethical decision-making

**Essential Component:**
- Demonstrates the importance of using an ethical decision-making model

**Behavioral Anchors:**
- Recognizes ethical dilemmas and follows principles for ethical decision-making
- Recognizes the importance of basic ethical concepts applicable in initial practice (e.g., child abuse reporting, Informed consent, confidentiality, multiple relationships, and competence)
- Identifies potential conflicts between personal belief systems, NASW/LMFT ethics code and legal issues in practice

### C) Ethical conduct

**Essential Component:**
- Demonstrates ethical attitudes and values by conduct

**Behavioral Anchors:**
- Evidences desire to help others
- Demonstrates openness to new ideas
- Shows honesty/integrity/values ethical behavior
- Displays a capacity for appropriate boundary management
- Implements ethical concepts into professional behavior
- Completes timely and well-written reports
- Adheres to agency expectations for record-keeping

## GOAL 5: INTERDISCIPLINARY SYSTEMS AND PROFESSIONAL RELATIONSHIPS

### A) Knowledge of the shared and distinctive contributions of other professionals on interdisciplinary teams

**Essential Component:**
- Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals

**Behavioral Anchor:**
- Demonstrates knowledge, respect, and valuing of roles, functions and service delivery systems of other professions

### B) Functioning in multidisciplinary and interdisciplinary contexts

**Essential Component:**
- Demonstrates cooperation, teamwork and collaboration

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

### C) Awareness of how participation in interdisciplinary collaboration/consultation enhances outcomes

**Essential Component:**
- Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals

**Behavioral Anchors:**
- Demonstrates understanding of collaborative concept
- Develops collaborative relationships with and respect for other professionals
### FUNCTIONAL COMPETENCIES

#### GOAL 6: THERAPEUTIC RELATIONSHIPS

**A) Interpersonal Relationships**

**Essential Component:**
- Demonstrates interpersonal skills as evidenced by conduct

**Behavioral Anchors:**
- Listens and is empathic with others
- Respects and shows appropriate interest in others’ cultures, experiences, values, points of view, goals and desires, fears, etc.

**GOAL 7: INTERVENTION**

**A) Counseling skills**

**Essential Components:**
- Demonstrates basic knowledge of counseling skills and interventions
- Demonstrates knowledge of methods and techniques for assessing patients’ experience and values
- Demonstrates awareness of the therapeutic process

**Behavioral Anchors:**
- Demonstrates therapeutic skills, such as empathic listening, framing problems
- Demonstrates competence in performing mental status examinations
- Demonstrates competence in substance abuse assessment
- Uses multi-dimensional bio-psycho-social-spiritual assessment tools
- 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
- Uses differential and multi-axial 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) Treatment Planning**

**Essential Component:**
- Demonstrates basic knowledge of treatment planning goals and objectives

**Behavioral Anchors:**
- Articulates awareness of theoretical basis of intervention and some general strategies
- Critically evaluates, selects and applies best practices and evidence-based interventions
- Demonstrates the use of appropriate clinical techniques for a range of presenting concerns identified in the assessment, including crisis intervention strategies as needed
- Collaborates with other professionals to coordinate treatment interventions
### C) 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

### D) 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
- Contributes to the theoretical knowledge base of the social work profession through practice-based research
- Uses clinical evaluation of the process and/or outcomes to develop best practice interventions for a range of bio-psycho-social-spiritual conditions

### GOAL 8: ADVOCACY & COMMUNITY PARTNERSHIPS

#### A) Empowerment

**Essential Component:**
- Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention

**Behavioral Anchor:**
- Articulates social, political, economic or cultural factors that may impact on human development and functioning

#### B) Systems change

**Essential Component:**
- Demonstrates understanding of the differences between individual and institutional level interventions and system level changes

**Behavioral Anchor:**
- Articulates the role of therapist as change agent outside of direct patient contact

#### C) Community outreach & outcome data

**Essential Component:**
- Demonstrates understanding of needs of underserved communities

**Behavioral Anchor:**
- Contributes to community projects, working to promote healthy behaviors to underserved populations
- Collects appropriate and relevant demographic information and outcome data

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Appendix B

Welcome Letter

Kaiser Permanente Northern California
Pre-MSW Internship Programs

Date ____________________

Dear ____________________

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

You will be working at ________________________ (enter full street address), and reporting to __________________________ (enter staff member’s name).

Internship Term: ________________ (enter month, date, year) to ________________ (enter month, date, year)

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.

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

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 ________ (enter fax number) or email at ______________________________________ (enter email address).

Intern’s Signature: ____________________________  Date: ______________

Training Director’s Signature: ____________________________  Date: ______________
Appendix C

The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF MENTAL HEALTH TREATMENT SERVICES
BY A PRE-MASTER’S INTERN

This is to inform you that the mental health services you are receiving are provided by a Pre-Master’s Social Worker intern:

Intern Name: ___________________________________, BA/BS
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.
### Training Year: ___________________________ Date: ___________________________
Training Site: ________________________________________________ Team: ___________________________
Intern Name: ________________________________________________
Primary Supervisor Name: _________________________________________

<table>
<thead>
<tr>
<th>Rating</th>
<th>Measurement</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 = Inadequate</td>
<td>At this point in the training program, Intern’s performance never meets expectations for a post-master’s degree 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 E 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 sometimes meets expectations for a post-master’s degree intern.</td>
<td>A rating of “2” (Needs Improvement) prompts the supervisor to: 1) Initiate the Focused Competency Guidance process (see Appendix E 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 consistently meets expectations for a post-master’s degree 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, for a majority of the time, Intern’s performance exceeds expectations for a post-master’s degree intern.</td>
<td>A rating of “4” (Exceeds Expectations) requires the supervisor to complete a narrative describing the justification behind this rating.</td>
</tr>
<tr>
<td>5 = Outstanding</td>
<td>At this point in the training program, Intern’s performance consistently exceeds expectations for a post-master’s degree intern.</td>
<td>A rating of “5” (Outstanding) 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) Integrity: Honesty, personal responsibility and adherence to professional values**

**Essential Component:**
- Understands professional values; honesty, personal responsibility

**Behavioral Anchors:**
- Demonstrates honesty, even in difficult situations
- Takes responsibility for own actions
- Displays basic understanding of core professional values
- Demonstrates ethical behavior & basic knowledge of NASW Code of Ethics or CA-MFT Ethical Standards: see below: Foundational Competency: Ethical-legal standards-policy

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<tr>
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**B) Deportment**

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

**Behavioral Anchors:**
- Demonstrates appropriate personal hygiene and attire
- Distinguishes between appropriate and inappropriate language and demeanor in professional contexts

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</table>
C) Accountability

**Essential Component:**
- Independently accepts personal responsibility across settings and contexts

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<tbody>
<tr>
<td>• Turns in assignments in accordance with established deadlines</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Demonstrates personal organization skills</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Plans and organizes own workload</td>
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<tr>
<td>• Aware of and follows policies and procedures of KPNC</td>
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D) Concern for the welfare of others

**Essential Component:**
- Independently acts to safeguard the welfare of others, patients as well as colleagues

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<tr>
<td>• Displays initiative to help others</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Articulates importance of concepts of confidentiality, privacy, informed consent</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>• Demonstrates compassion</td>
<td>1 2 3 4 5</td>
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E) Professional identity

**Essential Component:**
- Understands self as professional, “thinking like a mental health professional”

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<tr>
<td>• Demonstrates knowledge about practicing within one’s competence</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Understands the need to take personal responsibility for on-going learning and training opportunities</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Understands own role in the generation of new clinical knowledge, through research and practice</td>
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Supervisor Comments

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

A) Reflective practice

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

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<tr>
<td>Displays:</td>
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<tr>
<td>● Problem-solving skills</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Critical thinking</td>
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<td>● Organized reasoning</td>
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<tr>
<td>● Intellectual curiosity and flexibility</td>
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<td>1 2 3 4 5</td>
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<tr>
<td>Demonstrates openness to:</td>
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<tr>
<td>● Considering own personal concerns &amp; issues</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Recognizing impact of self on others</td>
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<tr>
<td>● Articulating attitudes, values, and beliefs toward diverse others</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Self-identifying multiple individual and cultural identities</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Systematically reviewing own professional performance with supervisors</td>
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### B) Self-assessment

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<td>• Demonstrates awareness of clinical competencies for professional training</td>
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<td>• Recognizes own clinical strengths and the areas needing further development</td>
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### 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

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**Supervisor Comments**

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**GOAL 3: INDIVIDUAL AND CULTURAL DIVERSITY AWARENESS**

**A) Awareness of one’s own bias; of self as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context**

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**B) Awareness of others as shaped by individual and cultural diversity (e.g., cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context**

**Essential Components:**
- Demonstrates knowledge, awareness, and understanding of other individuals as cultural beings
- Demonstrates knowledge of methods and techniques for assessing patients’ experience and values

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**Essential Component:**
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B) Awareness and application of ethical decision-making

**Essential Component:**
- Demonstrates the importance of using an ethical decision-making model

**Behavioral Anchors:**
- Recognizes ethical dilemmas and follows principles for ethical decision-making
- Recognizes the importance of basic ethical concepts applicable in initial practice (e.g., child abuse reporting, Informed consent, confidentiality, multiple relationships, and competence)
- Identifies potential conflicts between personal belief systems, NASW/LMFT ethics code and legal issues in practice

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<th>Benchmark 1st Evaluation</th>
<th>Benchmark 2nd Evaluation</th>
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<td>1 2 3 4 5</td>
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### C) Ethical conduct

**Essential Component:**
- Demonstrates ethical attitudes and values by conduct

**Behavioral Anchors:**

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<tr>
<th>Behavioral Anchor</th>
<th>1st Evaluation</th>
<th>2nd Evaluation</th>
<th>3rd Evaluation</th>
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<tbody>
<tr>
<td>● Evidences desire to help others</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Demonstrates openness to new ideas</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Shows honesty/integrity/values ethical behavior</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Displays a capacity for appropriate boundary management</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Implements ethical concepts into professional behavior</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Completes timely and well-written reports</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Adheres to agency expectations for record-keeping</td>
<td>1 2 3 4 5</td>
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**Supervisor Comments**

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### GOAL 5: INTERDISCIPLINARY SYSTEMS AND PROFESSIONAL RELATIONSHIPS

**A) Knowledge of the shared and distinctive contributions of other professions.**

**Essential Component:**
- Demonstrates beginning, basic knowledge of the viewpoints and contributions of other professions/professionals

**Behavioral Anchor:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>1st Evaluation</th>
<th>2nd Evaluation</th>
<th>3rd Evaluation</th>
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<tbody>
<tr>
<td>● Demonstrates knowledge, respect, and valuing of roles, functions and service delivery systems of other professions</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</table>

**B) Functioning in multidisciplinary and interdisciplinary contexts**

**Essential Component:**
- Demonstrates cooperation, teamwork and collaboration

**Behavioral Anchors:**

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<tr>
<th>Behavioral Anchor</th>
<th>1st Evaluation</th>
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<th>3rd Evaluation</th>
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<tbody>
<tr>
<td>● Demonstrates ability to cooperate with others in task completion</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>● Develops collaborative relationships with and respect for other professionals</td>
<td>1 2 3 4 5</td>
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</table>

**C) Awareness of how participation in interdisciplinary collaboration/consultation enhances outcomes**

**Essential Component:**
- Demonstrates knowledge of how participating in interdisciplinary collaboration/consultation can be directed toward shared goals

**Behavioral Anchor:**

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<thead>
<tr>
<th>Behavioral Anchor</th>
<th>1st Evaluation</th>
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<tbody>
<tr>
<td>● Demonstrates understanding of collaborative concept</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>● Develops collaborative relationships with and respect for other professionals</td>
<td>1 2 3 4 5</td>
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**Supervisor Comments**

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FUNCTIONAL COMPETENCIES

**GOAL 6: THERAPEUTIC RELATIONSHIPS**

A) Interpersonal Relationships

**Essential Component:**
- Demonstrates interpersonal skills as evidenced by conduct

**Behavioral Anchors:**

- Listens and is empathic with others 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Respects and shows interest in others’ cultures, experiences, values, points of view, goals and desires, fears, etc. 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

B) Affective skills

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

**Behavioral Anchors:**

- Demonstrates affect tolerance 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Tolerates and understands interpersonal conflict 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Tolerates ambiguity and uncertainty 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Demonstrates awareness of inner emotional experience 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Demonstrates emotional maturity 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Listens to and acknowledges feedback from others 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

C) Expressive skills

**Essential Component:**
- Demonstrates effective verbal and non-verbal skills

**Behavioral Anchors:**

- Verbally communicates ideas, feelings and information appropriately 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Non-verbally communicates ideas, feelings and information appropriately 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5

**GOAL 7: INTERVENTION**

A) Counseling skills

**Essential Components:**

- Demonstrates basic knowledge of counseling skills and interventions
- Demonstrates knowledge of methods and techniques for assessing patients’ experience and values
- Demonstrates awareness of the therapeutic process

**Behavioral Anchors:**

- Demonstrates therapeutic skills, such as empathic listening, framing problems 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Demonstrates competence in performing mental status examinations 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Demonstrates competence in substance abuse assessment 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Uses multi-dimensional bio-psycho-social-spiritual assessment tools 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Demonstrates competence in assessing client’s readiness for change 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Demonstrates competence in assessing client’s coping strategies to reinforce and improve adaptation to life situations, circumstances and events 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Selects and modifies appropriate intervention strategies based on continuous clinical assessment 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Uses differential and multi-axial diagnoses 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Implements effective interventions with individual clients and families, including counseling, case management, and problem-solving 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
- Uses Evidence-Based practice process in clinical assessment and intervention with clients 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
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<tr>
<td>B) Treatment Planning</td>
<td>■ Demonstrates basic knowledge of treatment planning goals and objectives</td>
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<td></td>
<td><strong>Behavioral Anchors:</strong></td>
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<tr>
<td></td>
<td>● Articulates awareness of theoretical basis of intervention and some general strategies</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>● Critically evaluates, selects and applies best practices and evidence-based interventions</td>
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<td>● Demonstrates the use of appropriate clinical techniques for a range of presenting concerns identified in the assessment, including crisis intervention strategies as needed</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>● Collaborates with other professionals to coordinate treatment interventions</td>
<td>1 2 3 4 5</td>
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<tr>
<td>C) Risk Assessment</td>
<td>■ Demonstrates foundational background in assessing for risk</td>
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<td></td>
<td><strong>Behavioral Anchors:</strong></td>
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<td></td>
<td>● Demonstrates competence in assessing for suicidal behavior and behavior that is a danger to others</td>
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<td>● Demonstrates competence in assessing for grave disability</td>
<td>1 2 3 4 5</td>
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<td></td>
<td>● Demonstrates competence in assessing for child and elder abuse</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>● Demonstrates competence in assessing for domestic violence</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td></td>
<td>● Demonstrates knowledge of Tarasoff guidelines</td>
<td>1 2 3 4 5</td>
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<tr>
<td>D) Progress evaluation</td>
<td>■ Demonstrates basic knowledge of the evaluation of progress and intervention outcome</td>
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<td></td>
<td><strong>Behavioral Anchors:</strong></td>
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<tr>
<td></td>
<td>● Demonstrates basic knowledge of methods to examine intervention outcomes</td>
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<td>● Contributes to the theoretical knowledge base of the social work profession through practice-based research</td>
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<td>● Uses clinical evaluation of the process and/or outcomes to develop best practice interventions for a range of bio-psycho-social-spiritual conditions</td>
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Supervisor Comments

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GOAL 8: ADVOCACY & COMMUNITY PARTNERSHIPS

A) Empowerment

**Essential Component:**

■ Demonstrates awareness of social, political, economic and cultural factors that impact individuals, institutions and systems, in addition to other factors that may lead them to seek intervention

**Behavioral Anchor:**

● Articulates social, political, economic or cultural factors that may impact on human development and functioning | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

B) Systems change

**Essential Component:**

■ Demonstrates understanding of the differences between individual and institutional level interventions and system’s level change

**Behavioral Anchor:**

● Articulates the role of therapist as change agent outside of direct patient contact | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
C) Community outreach & outcome data

**Essential Component:**
- Demonstrates understanding of needs of underserved communities

**Behavioral Anchor:**
- Contributes to community projects, working to promote healthy behaviors to underserved populations
- Collects appropriate and relevant demographic information and outcome data

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Supervisor Comments

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Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

PRE-MASTER’S INTERN
REMEDIAITION AND CORRECTIVE ACTION PROCEDURES

Kaiser Permanente Mental Health Training Directors will work with the pre-Master’s intern’s school’s Field Placement Directors to ensure that there is accord between the two institutions regarding these policies.

REMEDIAL AND CORRECTIVE ACTIONS

Mental health interns are required to abide by applicable federal, state, and local laws or regulations, to comply with KP policies and procedures, as well as with the Mental Health Internship Programs’ policies, procedures and professional association guidelines such as the NASW Code of Ethics, and to conduct themselves in accordance with KP’s Principles of Responsibility.

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 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 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.

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 the Pre-Master’s Intern Due Process, please see Appendix H.

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 procedures apply to all mental health pre-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 the Pre-Master’s Intern Due Process, outlined in Appendix H.
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 if the 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 in the second half of the training year, the supervisor may choose to initiate a corrective action procedure (see below).

A Letter of Warning can 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. In addition, the supervisor places a copy of the letter in the intern’s file, and sends a copy to the school’s field placement director.

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, including but not limited to: 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 school’s field placement director will be notified at each step.

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).

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 KPNC Mental Health Internship 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 will result in dismissal of the intern in 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 Pre-Master’s Intern Due Process, outlined in Appendix H.

➢ **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 Pre-Master’s Intern Due Process, outlined in Appendix H.

**Written Probationary Notice**
The training director, in conjunction with the primary supervisor and departmental manager, will submit a letter to the intern which outlines the program’s concerns regarding the intern’s performance or behavior, and formally places 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 and the school’s field placement director with a copy of this letter.

When drafting the written notice, the training director should take the following into consideration:

1. Description of intern’s unsatisfactory performance, 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 for 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 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, 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 also occur 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, KP and/or the training program’s policies, procedures or professional association guidelines, such as the NASW Code of Ethics, 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 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.

Following due process, the intern may choose to appeal this action. To do so, the intern is directed to follow the Pre-Master’s Intern Due Process, outlined in HI.
Written Suspension Notice
The training director, in conjunction with the manager, school’s field placement director and the
HR liaison, initiates Suspension for an intern, informing the regional training director of this
action. Suspension 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. The training director’s implementation of this procedure may be prompted
by consistent CE ratings of “1” (Inadequate) for anchors related to these behaviors.

The training director and primary supervisor will submit a 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 either 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 to schedule a hearing (copying the
supervisor), 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 Pre-Master’s Intern Due Process, outlined in Appendix H. Or, the intern may choose to
resign from the program.

The group will inform the regional training director of the proceedings of the hearing.
Policy Statement
Termination involves the permanent withdrawal of all privileges associated with the KPNC Mental Health Internship 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 NASW Code of Ethics
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, as an employee of Kaiser Permanente, an intern 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 Pre-Master’s Intern Due Process, outlined in Appendix I.

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.
Appendix F

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

PRE-MASTER’S INTERN
GRIEVANCE PROCEDURES

Kaiser Permanente Mental Health Training Directors will work with the pre-Master’s intern’s school’s Field Placement Directors to ensure that there is accord between the two institutions regarding this policy.

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 Pre-Master’s Intern Due Process, as outlined in Appendix I.

COVERAGE

These procedures apply to all mental health pre-Master’s interns participating in KPNC 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 administrator should meet with the intern (and the supervisor, if appropriate) to discuss the issue. After this discussion, the training director and/or departmental administrator 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 G), 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.

  Regional training directors 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 G

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

PRE-MASTER’S INTERN
GRIEVANCE APPEAL

Kaiser Permanente Mental Health Training Directors will work with the pre-Master’s intern’s school’s Field Placement Directors to ensure that there is accord between the two institutions regarding this policy.

Please Note:
1) This form is to be completed by a pre-Master’s 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 Pre-Master’s Intern Due Processes, as outlined in Appendix H.
2) This appeal process excludes employees covered by collective bargaining agreements.

This Grievance Appeal is Addressed To:

Regional Training Director Name: 

<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 H

KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

PRE-MASTER’S INTERN
DUE PROCESS

Kaiser Permanente Mental Health Training Directors will work with the intern’s school’s Field Placement Directors to ensure that there is accord between the two institutions regarding this policy.

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 the due process 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 Pre-Master’s Intern’s Grievance Procedures, as outlined in Appendices G and H.

COVERAGE
These procedures apply to all mental health pre-Master’s interns participating in KPNC 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 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 regional 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:
   - Will be composed of no fewer than three members
   - Will include individuals from the training faculty, departmental administration and HR consultation
   - May include any appropriate licensed staff recommended by the intern
   - Will **not** include the training director
   - 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. Within 10 business days from the date of the Hearing Committee’s decision, the intern must submit their written appeal, along with a copy of their original written challenge, to the regional training director. 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 site 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, school's field placement director and program training supervisors of the decision.
POLICY STATEMENT
If a training supervisor has any disagreement with another supervisor, another training faculty member, an intern or a matter of program policy, he/she will be encouraged to communicate openly with his/her site 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. In disputing a corrective action, or evaluation, the training supervisor may follow the KP policy, located in MyHR/Workspace/WorkingatKP.

If the issue is not resolved to the training supervisor’s satisfaction, the training director, and/or the chief psychologist/manager of the department 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 KPNC 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 site director. The site director is responsible for offering ideas for resolving the issue, and providing the training supervisor with a time estimate in which to expect a response if one cannot be provided immediately. The site 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 chief psychologist/manager detailing his/her
concerns. Chief psychologists/managers should follow the procedure outlined above, in Step 1,
for the site 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

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-II-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:

a) **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.

b) **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*.

c) **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
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.

iii. 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.

   d) 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)