Policy and Procedure Manual
2016-2017
Fresno Doctoral Internship
In Clinical Psychology

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Kaiser Permanente Northern California
KAISER PERMANENTE
NORTHERN CALIFORNIA REGION

Fresno
Doctoral Internship in
Clinical Psychology

Policy and Procedure Manual

Training Year

2016-2017

Issued by
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Kaiser Permanente's Fresno Internship in Clinical Psychology offers training to three interns each year. This manual outlines the policies and practices that are applicable to psychology interns at Kaiser Permanente (KP)-Fresno. The manual is posted on the internship’s web page at http://info.kaiserpermanente.org/html/psychtraining/psych_pre_fresno.html

The reader is referred to this web page for most program information, including but not limited to: description of the program; directory of program contacts; and regional training seminar schedule.

KP's Doctoral Internship Programs in Clinical Psychology are provided by and funded through Kaiser Permanente Northern California. As employees of KP, doctoral interns are subject to KP’s general policies and procedures. These criteria are presented to the intern during the orientation process. Interns may also access this information through KP’s intranet web site, My HR, located as a link at http://insidekp.kp.org/ncal/portal/, and/or by contacting their local KP Human Resources consultant.

Furthermore, the internship was accredited by the Commission on Accreditation (CoA) of the American Psychological Association on October 21, 2011, and abides by the CoA's guidelines and principles. The program’s next accreditation review will be in 2018. Questions related to the internship’s accreditation status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association, 750 First Street NE, Washington, DC 20002-4242. Phone: 202-336-5979; TDD-TTY: 202-336-6123; Email apaaccred@apa.org Web Site: http://www.apa.org/ed/accreditation/programs/internships-state.aspx.

The Fresno internship is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and follows APPIC policies, including recruiting its interns through the APPIC Internship Matching Program. APPIC website: http://www.appic.org

1. PROGRAM OVERVIEW

The Fresno doctoral internship program is a one-year training program in general clinical psychology, funded by KP. All interns work toward achieving the same core set of competencies through their training experiences.

The internships are full-time only (40 hours per week) positions, to be completed in no less than 12 months. One-half of the intern’s time (approximately 20 hours per week) is spent providing direct services to clientele through individual, group or family therapy and conducting psychological assessments. Over the course of the year, doctoral interns accrue 2000 training hours.

1.01 Mission

The Mission Statement for KP’s Internships in Clinical Psychology is articulated by the following: Kaiser Permanente is committed to provide the highest possible training for doctoral interns and to prepare them for dynamic roles as psychologists in the health-care system of the future.
1.02 Educational Model
The Internship in Clinical Psychology at KP-Fresno employs the Local Clinical Scientist educational model in its training of interns. The local clinical scientist brings the attitudes and knowledge base of the scientist to bear on the problems that must be addressed by the clinician in the consulting room, and is consistent with evidence-based practice. The following goals are applied through this model and the competencies are measured through the Competencies Evaluation (see Section 3, below, for more on intern evaluations).

1.03 Program Goals, Objectives and Competencies

FOUNDATIONAL GOALS
GOAL 1: PROFESSIONALISM: To provide intern with opportunities to develop and enhance professionalism in psychology throughout the training year

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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<tbody>
<tr>
<td>A) Integrity and professional identity</td>
<td>- Continually monitors and independently resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity</td>
</tr>
<tr>
<td>B) Accountability</td>
<td>- Independently accepts personal responsibility across settings and contexts</td>
</tr>
<tr>
<td>C) Concern for the welfare of others</td>
<td>- Independently acts to safeguard the welfare of others, patients as well as colleagues</td>
</tr>
<tr>
<td>D) Self-assessment and self-care</td>
<td>- Demonstrates self-reflection in the context of professional practice</td>
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<td>- Accurately assesses self in all competency domains</td>
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<td></td>
<td>- Actively self-monitors issues related to self-care</td>
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GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP): To provide intern with training in the incorporation of scientific knowledge and EBP into practice

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<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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<tbody>
<tr>
<td>A) Scientific mindedness</td>
<td>- Integrates science and practice</td>
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<td></td>
<td>- Uses theoretical and research knowledge to conceptualize cases and form appropriate treatment goals</td>
</tr>
<tr>
<td>B) Scientific foundation of psychology</td>
<td>- Utilizes available databases, professional literature, seminars and training sessions, and other resources</td>
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<td></td>
<td>- Models a commitment to educational and scholarly endeavors to keep current with the most recent research</td>
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<td></td>
<td>- Understands the biopsychosocial etiology of psychological disorders</td>
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GOAL 3: DIVERSITY: 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>
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| A) Awareness of one’s own bias; self, others and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual, and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual identity, disability, language, and socioeconomic status) and context | ▪ Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment and consultation  
▪ Demonstrates competence in building rapport quickly with all patients regardless of issues of diversity or socioeconomic backgrounds |
| B) Application of individual and cultural knowledge into practice | ▪ Applies knowledge, skills and attitudes regarding intersecting and complex dimensions of diversity |

GOAL 4: ETHICS: To enhance intern’s knowledge and clinical application of legal and ethical issues involved in the practice of psychology

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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| A) Knowledge of ethical, legal and professional standards and guidelines | ▪ Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct  
▪ Demonstrates understanding of California laws, national practices and APA policies that apply to the practice of professional psychology  
▪ Demonstrates competence in identifying the ethical issues relevant to clinical cases |
| B) Application of ethical and professional standards | ▪ Consistently integrates ethical and legal standards into all foundational and functional competencies |

GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS: To provide intern with opportunities to function autonomously in multi-disciplinary treatment teams and to develop and maintain professional relationships

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<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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<tr>
<td>A) Knowledgeable and respectful of the shared and distinctive contributions of and collaboration with other professionals on interdisciplinary team(s)</td>
<td>▪ Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems</td>
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</table>
FUNCTIONAL GOALS

**GOAL 6: ASSESSMENT:** To enhance intern's proficiency in the use of assessment instruments for the purpose of evaluation, diagnosis, and treatment planning

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<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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<tbody>
<tr>
<td><strong>A) Understanding of evaluation methods</strong></td>
<td>▪ Understands the strengths and limitations of assessment instruments and diagnostic approaches</td>
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<tr>
<td></td>
<td>▪ Integrates the interpretation of results from multiple measures of diagnosis into treatment planning</td>
</tr>
<tr>
<td><strong>B) Selection and implementation of measurement and psychometrics</strong></td>
<td>▪ Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups</td>
</tr>
<tr>
<td><strong>C) Interpretation of results and establishment of diagnoses</strong></td>
<td>▪ Competently interprets assessment results</td>
</tr>
<tr>
<td></td>
<td>▪ Utilizes case formulation and diagnosis for intervention planning in the contexts of stages of human development and diversity</td>
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<tr>
<td></td>
<td>▪ Organizes reports and communicates results that answer referral questions and give specific recommendations to the referring provider</td>
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<td>▪ Demonstrates competence to conduct an understandable feedback interview explaining the test results and recommendations to the patient</td>
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**GOAL 7: INTERVENTION:** To provide intern with advanced training in psycho-therapeutic interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and/or organizations

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<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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<tr>
<td><strong>A) Intervention knowledge and planning</strong></td>
<td>▪ Applies knowledge of evidence-based practice, including empirical bases of intervention strategies</td>
</tr>
<tr>
<td>GOAL 8: PROGRAM EVALUATION AND RESEARCH: To provide intern with opportunities to engage in program evaluation and/or research within a team setting that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities</td>
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<tr>
<td><strong>Sub Areas/Objectives</strong></td>
<td><strong>Essential Components/Competencies</strong></td>
</tr>
<tr>
<td>A) Scientific approach to the expansion of knowledge</td>
<td>▪ Within a team setting, develops and implements program evaluation and/or research projects to improve program efficacy</td>
</tr>
<tr>
<td>B) Application of outcomes to practice</td>
<td>Within a team setting:</td>
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<td>▪ Demonstrates competence in evaluating outcomes</td>
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<tr>
<td></td>
<td>▪ Presents results/findings to staff and/or peers</td>
</tr>
<tr>
<td></td>
<td>▪ Applies outcomes to improve program</td>
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GOAL 9: MANAGEMENT AND ADMINISTRATION: To provide intern with opportunities to manage the direct delivery of services and/or administration of organizations, programs or agencies

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<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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| A) Management and administration | ▪ Delivers professional services with awareness of basic principles of resource allocation  
▪ Demonstrates awareness of principles of policy and procedure manuals as essential program resources  
▪ Demonstrates knowledge of Kaiser Permanente Medical Centers’ health care delivery system, including electronic record-keeping systems |
| B) Evaluation of management and leadership | ▪ Develops plans for how best to manage and lead a program or practice |

GOAL 10: CONSULTATION: To offer intern opportunities to provide expert guidance or professional assistance to other service providers in response to a patient’s needs or goals

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<th>Essential Components/Competencies</th>
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<tbody>
<tr>
<td>A) Role of consultant</td>
<td>▪ Demonstrates knowledge and awareness of professional leadership skills as a consultant and/or psychological liaison in multidisciplinary teams</td>
</tr>
<tr>
<td>B) Addressing referral questions</td>
<td>▪ Demonstrates knowledge of and ability to select appropriate means of assessment/data gathering to answer consultation question</td>
</tr>
<tr>
<td>C) Communication of findings</td>
<td>▪ Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations</td>
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GOAL 11: SUPERVISION: To offer intern opportunities to learn about the supervisor role within the context of the “fishbowl” supervision setting, thereby enhancing the professional knowledge base and providing a foundation for supervision skills

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<th>Essential Components/Competencies</th>
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<tr>
<td>A) Expectations, roles, and ethics</td>
<td>▪ Understands complexity of the supervisor role including ethical, legal, and contextual issues</td>
</tr>
<tr>
<td>B) Processes and procedures</td>
<td>▪ Demonstrates knowledge of processes and procedures of competency-based supervision via the “fishbowl” process</td>
</tr>
<tr>
<td>C) Supervisory skills development</td>
<td>▪ Reflects about own relationships with supervisees, as well as supervisee’s</td>
</tr>
</tbody>
</table>
relationships with patients within the fishbowl context
  ▪ Demonstrates understanding of other individuals and groups, and intersecting dimensions of diversity

GOAL 12: TEACHING AND ADVOCACY: To provide intern with opportunities to develop skills in teaching and advocacy (e.g., providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology)

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<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
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</table>
| A) Knowledge and skills               | ▪ Demonstrates competence in evaluating the effectiveness of learning/teaching strategies that address key skill sets  
                                          ▪ Demonstrates competence in making presentations                                               |
| B) Advocacy and systems change        | ▪ Advocates to promote action on factors impacting development and functioning of patients        |

2. PROGRAM PARTICIPATION POLICIES

2.01 Diversity and Equality in Selection and Recruitment
The internship 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 internship are included in a selection pool.

2.02 Employment Statement
Both interns and KPNC 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 Kaiser Permanente to do so. This conclusion may be based on but not limited to the following circumstances: ethics violations; competency concerns; patient endangerment; or failure to meet labor standards.

2.03 Interview and Selection Processes
The KPNC internships in clinical psychology participate in the annual APPIC match program for selecting candidates for the internships, and abide by all APPIC policies and guidelines. The training directors work together throughout the year to monitor the interns' progress through evaluation and ongoing feedback to interns.

Applicants are interviewed in late December and January for terms beginning the following August. In scheduling the interviews, the training director works closely with departmental managers. In general, the selection process takes place during the month of February in accordance with APPIC Match policies. The term of the internship is up to one year, unless terminated earlier.
2.04 HR Employment Contract/Offer Letter
The KP Human Resource (HR) Employment Contract/Offer Letter is sent to the intern by HR and is legally binding. In this letter, the specific details regarding pay and benefits are clearly stated and defined.

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 A for Welcome Letter.

2.06 Internship Minimum Requirements
1. Academic Program
   All interns’ doctoral (PhD/PsyD/EdD) programs must be accredited by the American Psychological Association (APA).

2. Advanced Standing
   All interns must be in advanced standing within their doctoral programs.

3. Prior Training
   All interns must have prior experience delivering outpatient psychotherapeutic services as a psychological practicum trainee, intern or mental health worker within a mental health agency.

4. Pre-requisite Training
   Before they see patients individually, all interns must have prior training in the following areas:
   - Practicum training in a mental health setting
   - 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.

5. Policies: Fresno Internship, APA, state, federal and KP: On the first day of their training, interns are directed on how to access, on-line, the internship’s policies and procedures. Prior to seeing patients, interns are directed in how to record their patient’s informed consent in the patient’s electronic chart (see Section 7, Patient Documentation, below, for more information on charting informed consent). Interns are also directed how to access a copy of the APA Ethical Principles and Code of Conduct 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 9, below, for more information on KP Policies).

2.07 Intern Minimal Levels of Achievement

Competencies Evaluation (CE)
The Competencies Evaluation (CE) is the internship’s formal evaluation instrument for evaluating interns’ progress (see Appendix C). The CE is a measurement tool that the supervisor uses to rate the intern on all behavioral anchors corresponding to program goals. The supervisor implements the CE at quarterly intervals throughout the training year to ensure that the intern meets the program’s training goals. Each of the ratings on the Competencies Evaluation indicates a specific stage of competency. If the intern has not achieved ratings of “3” (Meets Expectations) or higher for all behavioral anchors, by the end of the fourth quarter, he/she will not receive a Certificate of Completion. See procedures for each of the five ratings under Competencies Evaluation, below.

“Good Standing” Definition
An intern is in good standing if he/she has ratings of “3” or more for all behavioral anchors on the CQPR or if he/she is in Focused Competency Guidance (see Appendix D). An intern is not in good standing when his/her primary supervisor initiates the Remediation and/or the Corrective Action procedure (see Appendix D for these processes).

2.08 Title of Intern

The title of an intern in clinical psychology is “Psychology Intern”. Each intern must clearly identify herself/himself as a doctoral intern at the first meeting with any patient or potential patient (see Section 6, Patient Documentation, below, for more information on charting informed consent).

2.09 Rights of Interns
1. To be informed of the expectations of the internship
2. To be trained by professionals who behave in accordance with the ethical guidelines of their profession
3. To have individual training needs identified and documented using Baseline Assessment
4. To receive ongoing evaluation that is specific, respectful, and pertinent
5. To engage in evaluation of the training experience
6. To utilize due process to challenge program decisions
7. To utilize grievance procedures to resolve disputes not related to program decisions
8. To be granted privacy and respect of one’s personal life including respect for one’s uniqueness and differences

2.10 Intern Feedback Processes

Intern Program Survey
Throughout the training year, it is our expectation that our interns, as developing professionals, will apprise us of any problems that they may encounter with the internship as they arise. This informal notification could happen at any point in the training year. In addition, all training staff members actively solicit intern feedback on a regular basis. In consideration of an intern’s possible perceived concerns of retaliation for criticizing the program, care is taken by all members of the training committee and the training director to create an open and non-retaliatory training environment. In such an environment, our interns may feel safe to offer constructive criticism of the program as part of their professional development.
In addition to seeking interns’ informal feedback, the interns provide the program with formal feedback twice per year, utilizing a confidential online program survey wherein the interns remain anonymous. Both the mid-year and the end of year surveys are sent to the interns by the Kaiser Permanente Regional Training office and results are returned to the training director by the regional personnel. If interns consistently rate the program or a portion of the program at less than a “3” (meets expectations) on either the mid-year or the end of year program survey, action will be taken by the program to clarify and, if warranted, to remedy the deficiency. Listed below are the steps the program will follow in order to address consistent intern feedback that indicates that the program falls below their expectations:

For Mid-Year Survey:

1. During the first regularly scheduled training committee meeting following the receipt of mid-year program survey feedback, the committee will review all program surveys and discuss all intern responses. The committee will focus the discussion on any program areas that interns have consistently rated at less than “3” (meets expectations), in order to objectively evaluate and understand the facts leading to this ranking.

2. At the first group clinical supervision following the training committee meeting cited in step 1, the training director will open a discussion on the internship goals that received unsatisfactory ratings from the interns. This discussion with the interns will be conducted in an open, non-defensive and non-confrontational manner. Given that an intern might feel uncomfortable discussing an area of the program they see as needing improvement, the training director will assure all interns that there is a policy prohibiting retaliation for providing such ranking. Additionally, the training director will promote the interns’ professional development by encouraging them to engage in an open and candid discussion of the program’s strengths and weaknesses. The training director will solicit intern suggestions for improvement in any training area that they ranked as deficient. These suggestions will be brought to the training committee for their review and consideration at the next committee meeting.

3. At the next training committee meeting, faculty members will identify the program changes to be targeted and will set a schedule for implementing these changes. They will also keep the interns updated and involved, and solicit open and candid feedback from the interns during the remediation process. The program and the intern(s) work together to be responsible for communicating openly, specifically describing how they intend to gain satisfactory resolution of the problem.

For End of Year Survey:

1. During the first regularly scheduled training committee meeting following the receipt of the end-of-year program survey feedback, the committee will review all program surveys and discuss all intern responses. The committee will focus the discussion on any program areas that interns have consistently rated at less than “3” (meets expectations), in order to objectively evaluate and understand the facts leading to this ranking. Faculty members will identify the program changes to be targeted and will set a schedule for implementing these changes.
2. During the next successive committee meeting, the training faculty will follow up on any planned program changes.

**Intern Evaluation of Supervisor**
Each intern evaluates his/her supervisor at the mid-year mark and at the end of the training year. The Supervisor Evaluation form directs the intern and supervisor to engage in a dialogue to address issues such as the supervisor’s professional behavior, facilitation of collaborative processes, and personal impact on intern (see Appendix F). The data from this evaluation is reviewed by the site training director in their evaluation of supervisors, and is kept confidential. In the event that an intern has a grievance regarding their supervisor, they are directed to follow the procedure for this. See below for Intern Grievance Procedures; see also Appendices I & J.

**Seminar Evaluation**
After each training seminar, interns evaluate the seminar on such criteria as whether the course was appropriately challenging and relevant, and whether the presenter was sufficiently prepared and attentive to questions. The form, which is patterned after the California Psychological Association’s Mandatory Continuing Education Provider (MCEP) evaluation, mentioned below, also asks for interns’ input in suggesting future seminar topics (see Appendix G). Interns’ feedback from these evaluations guides the program in developing and scheduling the training seminars.

**Regional Seminar Evaluation (CPA OPD Evaluation)**
After each regional training seminar, interns evaluate the seminar in the same manner as described above.

**Informal, Ongoing Feedback**
In addition to the above survey and evaluations, interns are encouraged to provide training staff and directors with ongoing, informal feedback.

**Post-Internship Experience Survey**
In order to gather ongoing and long-term internship outcomes evaluation, the internship gives past interns the opportunity to provide feedback by sending them the Post-Internship Experience Survey (see Appendix H). This survey is sent out once a year to all program past participants, to glean data on licensure and career development, in addition to competencies related to internship goals.

**2.11 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.*

In the event that an intern has a grievance, including disputing an evaluation or other record of performance, or any corrective action taken, the intern and supervisor should follow the guidelines set forth in the Grievance Procedures (see Appendices I and J).

The Student 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 K.

2.12 Completion and Certification (Certificate and Letter of Completion)
To receive a Certificate and Letter of Completion at the end of the training year, the intern must attain a minimum score of “3” (“Consistently Meets Expectations”) for each behavioral anchor on the CE by the fourth quarter of the training year. The intern must also have accrued 2000 hours of supervised training by the end of the training year, to receive a Certificate of Completion.

**Letter of Completion**
In addition to a Certificate of Completion, 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 supervised hours and certifies that all program requirements have been met and the intern is in good standing in the program. The letter also describes general duties that the intern performed in their clinic and the team(s) rotations that the intern trained on. A copy of the Letter of Completion is kept in the intern’s individual file (see Section 7 for more information on intern files).

**Denial of Certificate of Completion**
Interns who are dismissed from the Program or who fail to receive a minimum score of “3” (“Consistently Meets Expectations”) for each behavioral anchor on the CE by the end of the fourth quarter of training and two thousand (2000) hours of supervised training will not receive a Certificate of Completion. The training director will notify the intern as soon as reasonably practicable of the denial of the Certificate of Completion.

2.13 Intern Resignation
Interns who voluntarily separate from the internship before the end of the training year are considered to have resigned and will not receive the Certificate or Letter of Completion. KP expects an intern to give written notice which must be received by the Training Director at least thirty calendar days prior to the effective date of a resignation. (See Employment Statement, above, for more information.)

2.14 Regular Position Hiring
There is no expectation that once the internship is completed that Kaiser Permanente will hire a former intern for a post-doctoral residency position or a permanent position. Interns are expected to apply and compete for open positions, like any other qualified candidate.

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

*Kaiser Internships’ training directors will work with the 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 Intern
**Intern Baseline and Semi-Annual Self-Assessment**
Within the first week of the internship, the intern and primary supervisor will complete the Intern Baseline and Semi-Annual Self-Assessment (Appendix L). This baseline assessment identifies the intern’s level of experience in all competency areas set forth in the Competencies Evaluation
It also identifies competency areas on which the intern will focus during the year and provides the basis for the intern’s Individual Training Contract. In addition, the intern utilizes this form twice more during the training year, at the second and fourth quarters, as a self-assessment to evaluate their own progress. The self-assessment form is kept in the intern’s personnel file.

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

Each of the ratings on the CE indicates a specific level of competency. The primary supervisor is instructed to rate the intern on all behavioral anchors for Goals 1-11, and if the intern elected to train in Goal 12, Teaching and Advocacy, on all behavioral anchors for this goal. Primary supervisors are instructed to provide a narrative explanation for all ratings other than a “3” (“Meets Expectations”). A rating of “3” indicates that the intern’s performance meets the competency requirements for interns at that stage of training.

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

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

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

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

3.02 Semi-Annual Collection of Evaluation Data
The Competencies Evaluation is the internship’s formal evaluation instrument for evaluating interns’ progress. The second and fourth quarter ratings from this evaluation, along with the semi-annual Intern Program Surveys, provide the training program with semi-annual data used for the overall evaluation of the internship.
## 3.03 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 site training director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently. Remedial and corrective action policies provide guidance when a particular action is taken, and the primary supervisor may select those action(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP’s Human Resources’ policies, available on MyHR.

### 3.04 Remediation of Intern

#### Focused Competency Guidance

This action is typically triggered when an intern receives one or more rating(s) of “2” on the CE (see above) for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (*However, should an intern receive a “2” for any of these anchors during the third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective 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 D for a full description of the Focused Competency Guidance procedure.

#### Written Letter of Warning

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

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

The primary supervisor will provide the site training director and the school with a copy of the letter of warning and a copy will be kept in the intern’s file. Within the time frame outlined in the letter, the primary supervisor will re-evaluate the intern using a CE. See Appendix D 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 site training director will determine the length and nature of any period of schedule modification.

3.05 Corrective Action for 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 site training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the site training director. The site 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. A copy of this communiqué will be provided to the school. 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 D for full description of the Probation procedure.

Suspension
Suspension of an intern is a dual decision process made between the site training director and the departmental manager, with notice given to the school. As a result of this decision, the intern may be suspended from all or part of their usual and regular assignments in the training program. Suspension of an intern can occur as the result of but not limited to an intern’s unprofessional or unethical behavior, for failing to comply with state law, federal law, Kaiser Permanente and/or the internship’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 site 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 site 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 will be notified that they are no longer considered in good standing with the 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 D for full description of the Suspension procedure.
Termination
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Internships in Clinical Psychology. 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 internship policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The intern is unable to complete the internship due to severe physical, mental or emotional illness
7. Serious or repeated act(s) or omission compromising acceptable standards of patient care.

In addition to the above, as employees of Kaiser Permanente, an intern’s employment may be terminated at any time, with or without cause, by the site training director in conjunction with departmental management.

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

3.06 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 internship, 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 K. The training program’s procedure for Review of Intern Appeal is also located in Appendix K.

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 I and J.

4. PROGRAM CURRICULUM

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

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

4.02 Community Partnership Projects
Each intern is required to complete community project hours during their training year. More information about these projects is available from their training director.

4.03 Program Evaluation/Research Project
General Requirements
Each intern is required to complete one program evaluation or research project during the training year which is to be completed, submitted to the training director prior to the completion of the training year, and which must be accepted as meeting the professional standards of a professional psychologist.

- The program evaluation/research project will be selected based upon the intern’s interests and the department’s needs.
- The program evaluation/research project can be focused upon the efficacy of a group; intake procedures; new programming; a treatment modality; or APA requirements for training program.
- The intern can participate in on-going regional or departmental studies such as Outcome Monitoring or ongoing Division of Research studies to fulfill this requirement.
- The focus of the program evaluation/research project must be approved by the Research Mentor and the training director by no later than December 1st of the training year.
- The intern will meet with program advisors (i.e., research supervisor) throughout the year for learning, mentoring, and to provide updates on their progress.
- At the end of the training year, the intern will give a presentation on the results of the study to the department or the team, whichever is more appropriate.
- All research and intellectual property generated in the course of employment at Kaiser Permanente are the property of Kaiser Permanente (5.1.3 of KP Principles of Responsibility).

Timeline for Program Evaluation/Research Project (see next page)
4.04 Psychological Testing/Assessment
The intern completes a minimum of ten psychological assessments per year. Each test battery will include measures appropriate for assessing the diagnosis question. The testing supervisor is responsible for training the intern in testing procedure.

4.05 Local Training Seminars
The intern is expected to attend weekly didactic seminars held at the local level. Attendance should be at 90% minimum.

4.06 Regional Training Seminars
The intern is also invited to attend regional training seminars, held at Oakland. Seminar topics include ethics and law, and supervision, among other selected topics.

5. SUPERVISION OF INTERN

5.01 Methods of Supervision
All interns receive regularly scheduled, individual supervision for 2 hours per week throughout their training year. Each intern receives individual supervision from staff psychologists at the intern’s training site and who are responsible for the services provided by the intern.

Interns also spend two hours a week in group supervision facilitated by a staff clinical psychologist that may also be a primary or specialty supervisor and has an interest in training advanced skills in professional practice. The functions of both the primary and secondary supervisors include monitoring patient welfare, enhancing clinical skills, promoting professional growth, evaluating intern’s progress, and providing feedback to interns. The primary supervisor oversees the intern’s clinical work and professional development during their tenure at KPNC.
The secondary supervisor is responsible for the intern’s assessment work and provides additional feedback and guidance.

In accordance with California State Law as outlined by the state Board of Psychology, each intern has access to their primary or secondary supervisor at all times, via phone or beeper, in case of emergency.

5.02 Intern Baseline and Semi-Annual Self-Assessment
Within the first week of the internship, the intern and primary supervisor will complete the Intern Baseline and Semi-Annual Self-Assessment. The intern utilizes this assessment tool twice more during the training year, to self-evaluate (see Section 3, above: see also Appendix L).

5.03 Competencies Evaluation
On a quarterly basis, supervisors will evaluate interns using the Competencies Evaluation form (see section 3, above; see also Appendix C).

6. PROGRAM ADMINISTRATION

6.01 California Board of Psychology (BOP)
The KP internships comply with the supervision guidelines as stipulated by the BOP. The BOP requires that all supervisors receive a minimum of 6 hours of supervision training every two years, to keep current on ethical and legal issues, and to enhance their awareness of diversity, and personal and professional issues. For more information, and to download forms, etc., please go to: http://www.psychboard.ca.gov/

6.02 Commission on Accreditation (CoA) Requirements
The CoA is a division of the American Psychological Association (APA) that oversees accredited programs. Unless otherwise noted, the following tasks are performed at the program level by the training director.

The CoA requires all accredited programs to complete the following:
- Complete and submit the Annual Report Online (ARO), every fall
- Pay annual accreditation fees (this is done by the regional Mental Health Training Program office)
- Contact the CoA directly, to provide any program updates that could potentially impact the program’s functioning, such as a change in directorship or training rotation, or multiple personnel changes
- All other routine program changes (e.g., occasional changes in training faculty) can be reported to the CoA on an annual basis, via the ARO

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

All training directors are allotted two hours per week of administrative time, for their programs.

### 6.04 Training Staff Responsibilities
- Relates to interns in a collegial and professional manner that is conducive to a positive learning environment
- Respects individual differences among interns, including cultural or individual diversity issues
- Models ethical, professional behavior including recognition of and respect for differences among patients and colleagues
- Models commitment to the mission of KPNC
- Maintains agreed upon times for supervision, consultation, and co-therapy experiences
- Clearly communicates expectations of interns and gives appropriate timely feedback regarding their progress
- Consults regularly with other professional staff who may have contact with the interns and provides knowledge about their competencies and general performance
- Contacts the training director when questions or concerns arise regarding interns’ requirements
- Keeps abreast of any changes in the program or KPNC that may impact the interns and communicates these in a direct, timely fashion to reduce any inconvenience to the interns
- Follows all outlined grievance policies and due process if problems arise concerning interns
- Attends meetings

### 6.05 Training Director Responsibilities
- Attends training program meetings, including two internship regional meetings per year, in Oakland, as well as teleconferenced meetings
- Coordinates and directs the site training supervisors
- Ensures that internship policies and procedures are followed
- Ensures support and resources for interns and supervisors
- Ensures that Board of Psychology (BOP), APPIC, and APA guidelines are followed
- Organizes the interview and selection process for new candidates, and coordinates with other site directors in consortium
- Ensures timely evaluations of interns, utilizing the Competencies Evaluation
- Ensures timely evaluations of program and supervisors, utilizing the Intern Program Survey and Intern Evaluation of Supervisor
- Implements modifications per feedback from program evaluation
- Provides opportunities for interns to work with the regional training director to secure quality assurance in training
- Participates with department managers in decision-making on issues concerning intern schedules, placements on teams and the candidate interviewing process

### 6.06 Administrative Meetings
Three types of training staff meetings occur regularly throughout the training year:
- **Weekly**
  - Informal meetings among training director and supervisors.
Monthly
Formal supervisor meetings (minutes are recorded) among training director and supervisors (may be referred to as “supervisor meetings”). During these meetings the supervisors and training director discuss the progress of the interns, curriculum, and develop plans as well as make decisions related to the administration of the program.

Semi-Annually
Regional meetings bring together training directors from across the Northern California region to meet with the regional training director in order to discuss new program developments, curriculum and APA issues.

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

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

7. INTERN AND INTERVIEWEE FILES

7.01 Intern Individual Files
• Interns’ records include the information noted below in Intern Individual File Contents. All letters and documents are to be reviewed by the site training director prior to filing.
• For each intern, the site training director establishes and maintains a record/file. These files are secure and confidential.
• Intern records are stored and archived in the local program’s office for the duration of the program’s current accreditation cycle.
• At the end of every training year, each intern’s 4th Quarter Competency Evaluation, now identified by the intern’s employee number, is faxed to the HRSC for inclusion into their KP personnel file.
• After the program’s accreditation cycle concludes, 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: The CoA requires accredited programs to retain indefinitely all records pertaining to a intern dispute, grievance, corrective action or due process. See also 7.02, below:

7.02 Intern Individual File Format
Intern files can be formatted in hard copy or on efile. For hard copies: After current accreditation period has ended, if the consortium prefers, all intern files may be scanned into e-files for retention in e-records before being sent to HR storage in Livermore.

7.03 Intern Individual File Contents
An intern’s file should include:
• Letter of Intent
• Resume
• Letters of Recommendation
• All interviewer notes
• Supervision Agreement (BOP form)
• Baseline & Semi-Annual Self-Assessment
• Individual Training Contract
• Competencies Evaluation (CE)
• Verification of Experience (BOP form)
• Documentation of any remediation or corrective actions, including the conclusions of such actions
• Copy of Letter of Completion
• Documentation of any remediation or corrective actions, including the conclusions of such actions
• Any correspondence pertaining to the intern

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

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

7.06 Retention of Intern Files
The CoA requires that all psychology intern files, with the exception of any files that pertain to an intern dispute, grievance, corrective action or due process (see next paragraph), must be retained by the training program for the current program accreditation cycle. For example, if the program was last accredited for seven years in 2009 and will be applying to renew its accreditation in 2016, all program files that reflect that seven-year cycle must be retained for the site visit in 2016. After the CoA renews the program’s accreditation, the program no longer needs to retain these files, but will begin accumulating files for the next review cycle.

The CoA requires accredited programs to retain indefinitely all files pertaining to an intern dispute, grievance, corrective action or due process. As with all intern files, and as noted above, in “Intern Personnel Files,” these records are to be kept in a secure location.

7.07 Retention of Materials Received from Non-Selected Interviewees
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 Intern Personnel Files, above.)
7.08 Retention of Materials Received from Applicants Who Were Not Interviewed
Application materials from non-interviewed applicants need not be retained for any period.

8. **PATIENT DOCUMENTATION**

8.01 Medical/Legal Services
Provision of Psychological Treatment Services by a Doctoral 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 Psychological Treatment Services by an Intern” form, and provide the form to the patient and/or guardian, for their reference (see Appendix B).

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

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

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

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

**Patient Rights and Responsibilities**
Patients’ rights and responsibilities, as outlined in the Kaiser Permanente Local Policies and Procedures Manual, shall be observed at all times.

**Patient Safety:** Patient’s safety is of utmost concern to interns and all other staff. For more information, go to: [http://kpnet.kp.org:81/california/qmrs/ps/](http://kpnet.kp.org:81/california/qmrs/ps/)
8.02 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.

8.03 California Confidentiality of Medical Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
All interns must abide by standards set forth by the California Confidentiality of Medical Information Act and by HIPAA. See Obligations Regarding Confidentiality CA 1.09, 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
9. **INTERN HOURS, BENEFITS AND SERVICES**

9.01 **Scheduling of Hours of Work**
Interns are scheduled to work 40 hours per week. At this rate, but not including the 80 hours of paid vacation/holiday that they are eligible for (see below), interns accrue a total of 2000 hours of supervised training by the end of the training year.

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

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

9.03 **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](http://info.kaiserpermanente.org/html/psychtraining/trainee_salary_benefits.html)

9.04 **Tuition Reimbursement**
After a 90-day waiting period, all interns are eligible to apply for tuition reimbursement for approved courses to be taken after the waiting period. Please read Appendix O for detailed information on reimbursable courses and how to apply for this benefit.

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

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

9.07 **Administrative Support, Office and On-line Resources**
Clerical & technical support for the employees is provided by the departments of Psychiatry, Chemical Dependency and/or Chronic Pain at each site. As employees, interns are eligible to receive this assistance. The individual departments offer interns the use of translation services, copy machines, secretarial services, phones, computers, and technical support as needed. Legal support is provided by KP’s Regional and the local Medical-Legal teams. In addition, a full-time administrative assistant is employed regionally and is available to assist all interns and training supervisors.
Each medical center has its own clerical and technical support staff to assist the interns during their tenure at the medical center or the satellite. This support staff can be utilized to help schedule patients, handle phone messages, track disability paper work, and provide any other additional support that may be needed.

Every intern has a computer station that provides a full range of services, including Internet, electronic periodicals, KP’s own intranet, Medline, and Evidence-Based Treatment materials, as well as other internal and external resource materials. KP’s information technology support is available to all interns through a telephone help line. All medical centers access the same database for online charting (HealthConnect). Through HealthConnect, interns can access hospital records and perform online charting, as well as respond to consultation requests electronically. Other computer programs such as word processing and slide-show presentation programs, as well as a variety of online medical and psychological databases, are readily available. The online databases include Micromedix, an internal medical database search engine, and evidence-based practice manuals for anxiety, depression, eating disorders, domestic violence, and other problem areas. In addition, an online clinical library (which includes PsychInfo) is easily accessible, and the medical center library is available to interns at each site.

Testing materials are available and include standard psychometric tests as well as more advanced neuropsychological measures. There are computer programs available in each department to help interns score psychometric tests. In addition, interns have access to various paper and pencil test measures that are frequently used. Interns are provided with an adequate work space that allows them to conduct psychotherapy and assessments within a confidential setting.

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

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

10. KAISER PERMANENTE HUMAN RESOURCES AND APPIC POLICIES

10.01 Finding Human Resources Policies on MyHR and Contacting HRSC
To locate a KP Human Resources policy, log on to MyHR. A link to the policies is located on the home page under Top Picks/Employees/Policies. Another link is located under Workspace/Working at KP/Policies. To speak to someone directly about any KP policy, contact the Human Resources Services Center (HRSC), at 1-877-457-4772.
The following are a sampling of KP’s HR policies that **pertain to interns**. These and other policies are listed on MyHR and/or in KP’s Principles of Responsibility:

- Bereavement Leave
- Jury Duty
- Maternity/Paternity Leave
- Pregnancy Disability Leave
- Family Medical Leave
- Employee Assistance Program
- Harassment-Free Work Environment
- Equal Employment Opportunity
- Accommodation for Disabilities
- Drug and Substance Abuse

### 10.02 Non-Discrimination Policy

The internship in clinical psychology is an integral part of KP. Internships are based on merit, qualification, and competence. Training practices are not unlawfully influenced or affected by a person’s ethnicity, religion, color, race, national origin, ancestry, physical or mental disability, veteran’s status, medical condition, marital status, age, gender or sexual identity. Additionally, it is the policy of KP to provide a work environment free of sexual and other forms of unlawful harassment. This policy governs all employment, including hiring, compensation and benefits, assignment, discharge and all other terms and conditions of internship.

### 10.03 APPIC Policies

As stated in Section 1.02 of this manual, all WCRICP Doctoral Internship program is an APPIC members. APPIC provides recommendations to be considered supplemental to KP’s institutional policies. Training directors are encouraged to visit the APPIC web site for more information: [https://www.appic.org/Training-Resources/For-Training-Directors](https://www.appic.org/Training-Resources/For-Training-Directors)

### 11. INTERNSHIP WEBSITE

The program website is the central bulletin board for program information, and includes but is not limited to the following information:

- Overview of Regional Doctoral Internships in Clinical Psychology Training Programs
- Program contact information
- Program Policy and Procedure Manual
- Regional schedule
- Links to related websites

Northern California Mental Health Training Programs website: [http://kp.org/psychtraining](http://kp.org/psychtraining)


Appendix A

Welcome Letter

KAISER PERMANENTE NORTHERN CALIFORNIA INTERNSHIPS IN CLINICAL PSYCHOLOGY

Date

Dear

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

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

Internship Term: (Date), 2017 – (Date), 2018

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

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

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

Throughout the training year, you must keep a record of your Supervised Professional Experience (SPE). You can find a form to keep a record of your SPE on the Association of Psychology Postdoctoral and Internship Centers (APPIC), website (http://www.appic.org).

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: ______________
This is to inform you that the psychological services you are receiving are provided by an intern in Clinical Psychology.

Intern Name: ________________________________________, MA/MS
Intern Contact #: ______________________________________
Internship Completion Date: _______________________________

This intern is working under the supervision of:
Supervisor Name: ________________________________________, PhD
Supervisor License #: ______________________________________
Supervisor Contact #: ______________________________________
in addition to other licensed staff members in the Department of Psychiatry, Kaiser Permanente Medical Group, Inc.
### FOUNDATIONAL COMPETENCIES

**GOAL 1: PROFESSIONALISM**

A) Integrity and professional identity

**Essential Component:**
- Continually monitors and resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity

**Behavioral Anchors:**
- Takes action to correct situations that are in conflict with professional values
- Understands the Local Clinical Scientist Model and how it relates to clinical practice

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<tr>
<th>Rating</th>
<th>Measurement</th>
<th>Description</th>
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<tr>
<td>1 = Inadequate</td>
<td>At this point in the internship, Intern’s performance <em>never meets</em> expectations for a psychology intern.</td>
<td>A rating of “1” (Inadequate) prompts the supervisor to implement the Focused Competency Guidance process (see Appendix D of the Policy and Procedure Manual). This rating also requires the supervisor to complete a narrative describing the justification behind this rating.</td>
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<td>2 = Needs Improvement</td>
<td>At this point in the internship, Intern’s performance <em>sometimes meets</em> expectations for a psychology intern.</td>
<td>A rating of “2” (Needs Improvement) is understandable for the first two quarters, given that the intern is in the early part of their training. If Intern receives this rating for the third quarter: 1) supervisor implements the Focused Competency Guidance process (see Appendix D of the Policy and Procedure Manual), and 2) supervisor completes a narrative describing the justification behind this rating.</td>
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<td>3 = Meets Expectations</td>
<td>At this point in the internship, Intern’s performance <em>consistently meets</em> expectations for a psychology 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. It should be noted that, given the high quality of interns who are enrolled in APA-accredited academic programs, this rating denotes a high caliber of competency.</td>
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<td>4 = Exceeds Expectations</td>
<td>At this point in the internship, <em>for a majority of the time</em>, Intern’s performance <em>exceeds</em> expectations for a psychology intern.</td>
<td>A rating of “4” (Exceeds Expectations) requires the supervisor to complete a narrative describing the justification behind this rating.</td>
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<td>5 = Outstanding</td>
<td>At this point in the internship, Intern’s performance <em>always exceeds</em> expectations for a psychology intern.</td>
<td>A rating of “5” (Outstanding) requires the supervisor to complete a narrative describing the justification behind this rating.</td>
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To receive a Certificate of Completion, Intern must achieve ratings of 3 or higher for ALL behavioral anchors by end of 4th quarter.
C) Concern for the welfare of others, patients as well as colleagues

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

**Behavioral Anchors:**
- Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and behavior
- Respectful of the beliefs and values of colleagues even when inconsistent with own personal beliefs and values
- Able to respond to and be flexible with improvements and changing demands in the delivery of patient care

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D) Self-assessment and self-care

**Essential Components:**
- Demonstrates self-reflection in the context of professional practice
- Accurately assesses self in all competency domains
- Actively self-monitors issues related to self-care

**Behavioral Anchors:**
- Communicates assessment of own strengths and weaknesses
- Takes action to resolve incongruences of gaps in professional competencies
- Models effective self-care

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**Supervisor Comments attached**

**GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)**

A) Scientific mindedness

**Essential Components:**
- Integrates science and practice
- Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals

**Behavioral Anchors:**
- Readily applies EBP to work with patients
- Is able to articulate contextual and idiopathic variables, consistent with the Local Clinical Scientist model, that may influence the use or result of an evidence-based practice intervention

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B) Scientific foundation of psychology

**Essential Components:**
- Utilizes available databases, professional literature, seminars and training sessions, and other resources
- Models a commitment to educational and scholarly endeavors to keep current with the most recent research
- Understands the bio-psychosocial etiology of psychological disorders

**Behavioral Anchors:**
- Accesses empirical data
- Applies a comprehensive, bio-psychosocial approach to helping patients
- Applies scientific knowledge and skills appropriately to the solution of problems

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**Supervisor Comments attached**

**GOAL 3: DIVERSITY**

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

**Essential Components:**
- Monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment and consultation
- Demonstrates competence in building rapport quickly with all patients regardless of issues of diversity or socioeconomic backgrounds

**Behavioral Anchors:**
- Articulates how one’s own cultural/ethnic identity may impact patients
- Initiates consultation and/or supervision about diversity issues

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B) Application of individual and cultural knowledge into practice

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

**Behavioral Anchors:**
- Adapts and modifies one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient
- Is able to articulate diversity issues that reflect the idiopathic and contextual factors involved in the Local Clinical Scientist Model and describe the change in intervention based on those factors

**Supervisor Comments attached**

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**GOAL 4: ETHICS**

A) Knowledge of ethical, legal and professional standards and guidelines

**Essential Components:**
- Demonstrates command and understanding of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of California laws, national practices and APA policies that apply to the practice of professional psychology
- Demonstrates competence in identifying the ethical issues relevant to clinical cases

**Behavioral Anchors:**
- Identifies complex ethical & legal issues
- Seeks consultation and/or supervision on complex ethical and legal matters

**Supervisor Comments attached**

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**GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS**

A) Knowledgeable and respectful of the shared and distinctive contributions of, and collaboration with other professionals on interdisciplinary team(s)

**Essential Components:**
- Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems
- Demonstrates knowledge of differing roles of other professionals

**Behavioral Anchor:**
- Utilizes the unique contributions of other professionals in the overall team planning and implementation

**Supervisor Comments attached**

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B) Expressive communication skills

**Essential Components:**
- Manages difficult communication and seeks clarification
- Possesses advanced interpersonal skills, command of language and expression of ideas

**Behavioral Anchors:**
- Seeks clarification in challenging interpersonal communications
- Communicates effectively with individuals from other professions

**Supervisor Comments attached**

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FUNCTIONAL COMPETENCIES

GOAL 6: ASSESSMENT

A) Understanding of evaluation methods

Essential Components:
- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Integrates the interpretation of results from multiple measures of diagnosis into treatment planning

Behavioral Anchors:
- Applies awareness and competent use of culturally sensitive instruments and norms
- Identifies limitations of assessment data as clearly reflected in assessment reports

B) Selection and implementation of measurement and psychometrics

Essential Component:
- Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups

Behavioral Anchor:
- Is flexible in selecting assessment tools which address diagnostic questions for specific patient populations

C) Interpretation of results and establishment of diagnoses

Essential Components:
- Competently interprets assessment results
- Utilizes case formulation and diagnosis for intervention planning in the contexts of stages of human development and diversity
- Organizes reports and communicates results that answer referral questions and give specific recommendations to the referring provider
- Demonstrates competence to conduct an understandable feedback interview explaining the test results and recommendations to the patient

Behavioral Anchors:
- Interprets assessment results accurately to identify problem areas and diagnoses
- Writes comprehensive reports which include discussion of strengths and limitations of assessment measures to develop effective treatment plans
- Provides timely, meaningful, understandable and useful feedback that is responsive to patient needs
- Considers idiopathic and contextual variables consistent with the Local Clinical Scientist Model in diagnostic issues, the interpretation of results and the feedback given to the patient

Supervisor Comments attached

GOAL 7: INTERVENTION

A) Intervention knowledge and planning

Essential Components:
- Applies knowledge of evidence-based practice, including empirical bases of intervention strategies
- Plans interventions, including conceptualization and intervention specific to context and patient preferences
- Demonstrates competence in clinical skills and judgment in evaluating a wide range of diagnoses and patient populations
- Assesses cases with an understanding of the bio-psycho-social nature of psychological disorders

Behavioral Anchors:
- Effectively evaluates patients for risk and safety issues
- Explains to patients and/or supervisor the rationale for empirically-supported intervention strategy
- Conceptualizes cases during intake that lead to well thought-out diagnoses
- Provides treatment plans based on the bio-psycho-social assessments
- Considers idiopathic and contextual variables consistent with the Local Clinical Scientist Model in the conceptualization of the patient and in the development of treatment plans
B) Psychotherapeutic skills and interventions

**Essential Components:**
- Demonstrates increasing competence to conceptualize more complex cases
- Uses empirical models with flexibility to adapt to patient needs
- Demonstrates competence in the constructive use of own emotional reactions to patients in the treatment
- Seeks consultation for complex cases

**Behavioral Anchors:**

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<td>● Effectively develops strong therapeutic alliances</td>
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<td>● Carries a progressively larger and more complex caseload</td>
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<td>● Effectively implements a wide range of interventions</td>
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<td>● Develops increasingly independent skills in facilitating group psychotherapy</td>
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<td>● Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model in developing therapeutic alliance and in the selection of interventions</td>
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C) Progress evaluation

**Essential Component:**
- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

**Behavioral Anchors:**

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<td>● Assesses treatment effectiveness and efficiency</td>
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<td>● Terminates treatment effectively</td>
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<td>● Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model that may influence a patient's progress and/or the efficacy of treatment</td>
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Supervisor Comments attached

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**GOAL 8: PROGRAM EVALUATION AND RESEARCH**

A) Scientific approach to the expansion of knowledge

**Essential Component:**
- Participates in a program evaluation and/or research project

**Behavioral Anchor:**

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<td>● Uses methods appropriate to the program evaluation/research question, setting and/or community</td>
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B) Application of outcomes to practice

**Essential Components:**
- As part of a team, demonstrates competence in evaluating outcomes
- As part of a team, presents results/findings to staff and/or peers
- As part of a team, applies outcomes to improve program

**Behavioral Anchors:**

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<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>● Effectively presents findings to staff/peers</td>
<td>1 2 3 4 5</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>● With team, identifies how outcome data can be applied to improve program</td>
<td>1 2 3 4 5</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>● Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model that may have influenced the outcome and is able to consider these variables in any suggestions to make improvements to a program, practice or further research</td>
<td>1 2 3 4 5</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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</tbody>
</table>

Supervisor Comments attached
### GOAL 9: MANAGEMENT, DEVELOPMENT AND ADMINISTRATION

**A) Management and administration**

**Essential Components:**
- Demonstrates awareness of the principles of policy and procedure manuals as essential program resources
- Demonstrates working knowledge of Kaiser Permanente Medical Centers’ health care delivery system, including electronic record-keeping

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Contributes, at meetings or through other communications, to the development</td>
<td>1 2 3 4 5</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>of administrative policies and/or programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Considers and is able to articulate idiopathic and contextual variables</td>
<td>1 2 3 4 5</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>consistent with the Local Clinical Scientist Model that may be influencing</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>professional services, policies and procedures, or resource allocation</td>
<td></td>
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</tr>
</tbody>
</table>

**B) Evaluation of management and leadership**

**Essential Components:**
- Develops plans for how best to manage and lead a program or practice

**Behavioral Anchor:**
- Appropriately participates in and discusses the findings of a program evaluation project

<table>
<thead>
<tr>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**Supervisor Comments attached**

### GOAL 10: CONSULTATION

**A) Role of consultant**

**Essential Component:**
- Demonstrates knowledge and awareness of professional leadership skills as a consultant and/or psychological liaison in multidisciplinary teams

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognizes situations in which consultation is appropriate</td>
<td>1 2 3 4 5</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>• Adapts to situations that require a consultation role</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**B) Addressing referral questions**

**Essential Component:**
- Demonstrates knowledge and ability to select appropriate means of assessment/data gathering to answer consultation question

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gathers information necessary to answer referral or consultation question</td>
<td>1 2 3 4 5</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>• Considers and is able to articulate idiopathic and contextual variables</td>
<td>1 2 3 4 5</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>consistent with the Local Clinical Scientist Model that may be influencing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>consultation process, referral question and assessment</td>
<td></td>
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</tbody>
</table>

**C) Communication of findings**

**Essential Component:**
- Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>Benchmark 1st Quarter</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 3rd Quarter</th>
<th>Benchmark 4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prepares clear, useful written reports and/or verbal feedback/recommendations</td>
<td>1 2 3 4 5</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>to all appropriate parties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Considers and is able to articulate idiopathic and contextual variables</td>
<td>1 2 3 4 5</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>consistent with the Local Clinical Scientist Model that may relate to the feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>situation and the recommendations made</td>
<td></td>
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</tbody>
</table>

**Supervisor Comments attached**
### GOAL 11: SUPERVISION

**A) Expectations, roles and ethics**

**Essential Component:**
- Understands complexity of the supervisor role including ethical, legal and contextual issues

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapts to a model of supervision that incorporates ethical, legal and contextual issues.</td>
<td>1 2 3 4 5</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>Uses supervision time effectively; is well-prepared and well-organized</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**B) Processes and procedures**

**Essential Component:**
- Demonstrates knowledge of processes and procedures of competency-based supervision via the “fishbowl” process

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides supervision to peers (in fishbowl format) thoughtfully and openly</td>
<td>1 2 3 4 5</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>Addresses supervisees’ competency challenges with concrete training plans</td>
<td>1 2 3 4 5</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>Clearly articulates how the supervisory relationship aids in the professional development of peers and their patients (individual and group)</td>
<td>1 2 3 4 5</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>Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model that may relate to their own supervision and how they might use those variables when they have opportunities to supervise</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**C) Supervisorial skills development**

**Essential Components:**
- Reflects about own relationships with supervisors as well as own relationships with patients
- Demonstrates understanding of other individuals, groups and intersecting dimensions of diversity

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrates diversity issues into conceptualization of supervision process and provides feedback to supervisors in this area</td>
<td>1 2 3 4 5</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>Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model that exemplify diversity issues in supervision</td>
<td>1 2 3 4 5</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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</tbody>
</table>

**Supervisor Comments attached**

### GOAL 12: TEACHING AND ADVOCACY

**A) Knowledge and skills**

**Essential Components:**
- Demonstrates competence in evaluating the effectiveness of learning/teaching strategies that address key skill sets
- Demonstrates competence in making presentations

**Behavioral Anchors:**

<table>
<thead>
<tr>
<th>Behavioral Anchor</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presents complex information to others</td>
<td>1 2 3 4 5</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>Utilizes an evaluation strategy to assess that learning objectives were met</td>
<td>1 2 3 4 5</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>Integrates feedback to modify future teaching strategies</td>
<td>1 2 3 4 5</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>Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model that could influence the effectiveness of their teaching and advocacy strategies</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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</table>

**B) Advocacy and systems change**

**Essential Component:**
- Advocates to promote action on factors impacting development and functioning of patients

**Behavioral Anchors:**

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<tr>
<th>Behavioral Anchor</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
<th>3rd Quarter</th>
<th>4th Quarter</th>
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<tbody>
<tr>
<td>Develops alliances with relevant individuals and/or systems to promote change</td>
<td>1 2 3 4 5</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>Assesses implementation and outcome of patients’ self-advocacy</td>
<td>1 2 3 4 5</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>Considers and is able to articulate idiopathic and contextual variables consistent with the Local Clinical Scientist Model that could influence the effectiveness of efforts to develop alliances to promote advocacy, implementation of advocacy strategies and the outcomes of patients’ self-advocacy</td>
<td>1 2 3 4 5</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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</table>

**Supervisor Comments attached**
<table>
<thead>
<tr>
<th>Quarter</th>
<th>Intern Signature</th>
<th>Date:</th>
<th>Supervisor Signature</th>
<th>Date:</th>
<th>Supervisor Signature</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Quarter</td>
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<tr>
<td>Second Quarter</td>
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<tr>
<td>Third Quarter</td>
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<tr>
<td>Fourth Quarter</td>
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Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

INTERN REMEDIATION AND CORRECTIVE ACTION PROCEDURES

Kaiser Permanente Internships’ 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.

REMEDIAL AND CORRECTIVE ACTIONS

Psychology 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 Internship Programs in Clinical Psychology policies, procedures and professional association guidelines such as the APA Ethical Principles and Code of Conduct, 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 Intern Due Process, please see Appendix F.

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 interns participating in Kaiser Permanente Northern California Internships in Clinical Psychology.

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

SECTION I - REMEDICATION

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 site 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 Intern Due Process, outlined in Appendix F.
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
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 site 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 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 Kaiser Permanente Northern California Internships in Clinical Psychology. 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 from the 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 Intern Due Process, outlined in Appendix F.

➢  **PROBATION**

**Policy Statement**
Interns who are in jeopardy of not successfully completing the competency requirements of the internship 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 site training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the site training director. The site training director in conjunction with the departmental manager will make this determination and implement the probationary process. The site 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 Intern Due Process, outlined in Appendix F.

**Written Probationary Notice**
The site 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 site training director will provide the supervisor and the school 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
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 site training director and the departmental manager, with notice given to the regional training director and the school field placement director. As a result of this decision, the intern may be suspended from all or part of their usual and regular assignments in the internship.

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, Kaiser Permanente and/or the internship’s policies, procedures or professional association guidelines, such as the APA Ethical Principles and Code of Conduct, 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 site 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 site 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 will be notified that they are no longer considered in good standing with the 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 Intern Due Process, outlined in Appendix F.

**Written Suspension Notice**

The site training director, in conjunction with the manager, school 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 internship 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 Intern Due Process, outlined in Appendix F. Or, the intern may choose to resign from the internship.

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

Policy Statement
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Internships in Clinical Psychology. 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 internship policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the 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 internship 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. The intern will be notified of the decision in writing. Dismissal of a student is made not only following discussions between the supervisor and departmental manager, but with consultation with the appropriate representative from the university where the student is enrolled.

However, 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 from the program.

Following due process, the intern may choose to appeal a decision to terminate. To do so, the intern is directed to follow Intern Due Process, outlined in Appendix D.

Written Termination Notice
The decision to dismiss an intern is made by the Training Director and Departmental Manager, in consultation with the school and HR consultant. The intern and the school will be notified of the decision in writing.
Appendix E

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

INTERN PROGRAM SURVEY

Internship Year: _______________________________ Check One: Mid-Year ______
End of Year ______
Training Site: _______________________________ Date: ______________________

EVALUATION INSTRUCTIONS
This form is designed to allow the intern to evaluate the internship over a range of professional domains, using the Likert scale, below.
1  Inadequate  Internship never meets my expectations*
2  Needs Improvement  Internship sometimes meets my expectations*
3  Meets Expectations  Internship consistently meets my expectations
4  Exceeds Expectations  Internship often exceeds my expectations
5  Outstanding  Internship consistently exceeds my expectations
N/A  Not Applicable  I did not train in this area (this only applies to Goals 10 B & C)
* please provide explanation for these ratings

SEMINARS AND SUPERVISORS

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

FOUNDATIONAL COMPETENCIES

Goals  Sub Areas/Objectives  Behavioral Anchors  Ratings
1: PROFESSIONALISM
Integrity  I have been encouraged to take action to correct situations that are in conflict with the values of the profession  1 2 3 4 5
Professional identity and conduct  I have been encouraged to keep up with advances in the profession and integrate science into practice in a professional manner  1 2 3 4 5
Reflective practice, self-Assessment, and self-care  I have been given support to practice on-going self-assessment and good self-care  1 2 3 4 5
### 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)

| Scientific mindedness | I have received training on how to apply EBP methods and scientific knowledge to provide answers and solutions to questions and problems | 1 2 3 4 5 |

### 3: DIVERSITY

| Awareness of one’s own bias: self, others, and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual, and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context | The program supports my efforts to monitor myself and my interactions with others as shaped by culture and context | 1 2 3 4 5 |

| Applications based on individual and cultural context | During assessment and therapy, I have been encouraged to apply knowledge of how patients are cultural beings | 1 2 3 4 5 |

### 4: ETHICS

| Knowledge of ethical, legal, and professional standards and guidelines | The program emphasizes the application of knowledge of ethical, legal and professional standards and APA ethics code as well as California laws | 1 2 3 4 5 |

### 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS

| Knowledge of the shared and distinctive contributions of other professionals | The program offers opportunities for me to apply knowledge of the shared as well as distinctive roles of other professionals | 1 2 3 4 5 |

| The program offers opportunities for me to communicate effectively with other professionals | The program encouraged me to contribute as a fully participating team member | 1 2 3 4 5 |

### FUNCTIONAL COMPETENCIES

<table>
<thead>
<tr>
<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6: ASSESSMENT</td>
<td>Selection and implementation of measurement and psychometrics</td>
<td>I have been taught how to effectively implement assessment instruments</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been taught how to effectively interpret assessment results</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>Communication of findings: Conceptualization and recommendations</td>
<td>I have been taught how to effectively communicate assessment findings and recommendations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7: INTERVENTION</td>
<td>Knowledge of interventions</td>
<td>I have been taught how to plan and apply EBP in working with patients</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>Clinical Skills</td>
<td>I have been trained to enhance my diagnostic skills, including evaluating risk</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12: TEACHING AND ADVOCACY</td>
<td>Knowledge and skills</td>
<td>I have been encouraged to develop competence in teaching</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------</td>
<td>--------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>Advocacy and systems change</td>
<td>I have been given the opportunity to demonstrate advocacy for clients within the health care system</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**PLEASE WRITE COMMENTS BELOW AND ON BACK –THANK YOU!**
Appendix F

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

PSYCHOLOGY INTERN EVALUATION OF SUPERVISOR

Training Site/Team: ___________________________  Date: ___________________________

Evaluation Period:  Year: ___________________________  September-February _________
                    March-August _____________

Supervisor’s Name: __________________________________________

Supervisor’s Status: _____ Primary individual supervisor
                    _____ Delegated individual supervisor
                    _____ Group supervisor - indicate which group:
                      _____ Case Conference
                      _____ Assessment
                      _____ Program Evaluation/Research Project
                      _____ Supervision

Supervisee’s/Intern’s Name: ___________________________

Please evaluate your individual and group supervisors using the ratings and criteria below. The purpose of the evaluation is to inform the supervisor of his or her strengths and weaknesses, and to help the supervisor to improve their practice of supervision. The evaluation process is optimally an ongoing part of the supervisory relationship. Both supervisor and supervisee should strive to talk openly about how the supervision is going, how well learning is taking place, and what needs improving.

Both supervisor and supervisee complete this form. Then, they exchange forms and discuss the evaluation. The form is kept by the supervisor being evaluated.

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

<table>
<thead>
<tr>
<th>Numerical Rating</th>
<th>Level of Satisfaction</th>
<th>Frequency of Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>“Far exceeds my expectations”</td>
<td>Always, or very true</td>
</tr>
<tr>
<td>4</td>
<td>“Significantly exceeds my expectations”</td>
<td>Usually, or fairly true</td>
</tr>
<tr>
<td>3</td>
<td>“We’re fine in this area”</td>
<td>Meets my expectations</td>
</tr>
<tr>
<td>2</td>
<td>“I need more in this area”</td>
<td>Below my expectations; Often or fairly untrue</td>
</tr>
<tr>
<td>1</td>
<td>“We’re not working at all in this area”</td>
<td>Needs much development; Always, or very untrue</td>
</tr>
</tbody>
</table>

**Supervisor Provides Atmosphere for Professional Growth**

_____ Demonstrates a sense of support and acceptance
_____ Establishes clear and reasonable expectations for my performance.
_____ Establishes clear boundaries (i.e. not parental, peer or therapeutic).
_____ Makes an effort to understand me and my perspective.
_____ Encourages me to formulate strategies and goals without imposing his/her own agenda.
Recognizes my strengths
Conveys active interest in helping me grow professionally
Is sensitive to the stresses and demands of the residency
Helps me to feel comfortable to discuss problems
I feel comfortable talking to my supervisor about my reactions to him/her and the content of our meetings

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

Supervisor Models Professional Behavior
Keeps the supervision appointment and is on time
Is available whenever I need to consult
Makes decisions and takes responsibility when appropriate.
Makes concrete and specific suggestions when needed
Assists therapist in integrating different techniques
Addresses countertransference issues between therapist and patient
Raises cultural and individual diversity issues

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

The most positive aspects of this supervision are:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

The least helpful or missing aspects of this supervision are:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

This supervision experience might improve if:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Appendix G

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

INTERN SEMINAR EVALUATION

Title of Seminar: ______________________________________________________
Date: __________________________________________________________________
Instructor(s): __________________________________________________________

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

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

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

   Excellent  Good  Fair  Poor

12. Suggestions for future seminar topics? __________________________________
    ______________________________________________________________________

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

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

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

   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

POST-INTERNSHIP EXPERIENCE SURVEY

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

Your information is important to us for the following reasons:
1) It provides us with valuable outcome data by which to gauge the efficacy of the program.
2) It provides you with the opportunity to communicate with us about your career.

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

I. PAST PARTICIPANT INFORMATION

1. Date ________________________________________________________________

2. Name ______________________________________________________________

3. Current Address ______________________________________________________

4. Phone Number _______________________________________________________

5. Email Address _______________________________________________________

6. Year of Doctoral Degree ____________________________________________

7. Training Year _______________________________________________________

8. KP Training Site _____________________________________________________

9. Initial Post-Internship Employment Setting (Circle one):
   1. Community Mental Health Center
   2. Health Maintenance Organization
   3. Medical Center
   4. Military Medical Center
   5. Private General Hospital
   6. General Hospital
   7. Veterans Affairs Medical Center
   8. Private Psychiatric Hospital
   9. State/County Hospital
   10. Correctional Facility
   11. School District/System
10. Initial Post-Internship Employment Setting-(Continued--Circle one):
   12. University Counseling Center
   13. Academic Teaching Position
   13a. doctoral program
   13b. master's program
   13c. 4-year college
   13d. community/2-year college
   13e. adjunct professor
   14. Independent Practice
   15. Academic Non-Teaching Position
   16. Medical School

33. Other (e.g., consulting), please specify below‡

44. Student

99. Not currently employed

‡33: Please specify: _____________________________________________________________________

11. Initial Job Title and Employer: _________________________________________________________

12. Current Employment Setting (Circle one):
   1. Community Mental Health Center
   2. Health Maintenance Organization
   3. Medical Center
   4. Military Medical Center
   5. Private General Hospital
   6. General Hospital
   7. Veterans Affairs Medical Center
   8. Private Psychiatric Hospital
   9. State/County Hospital
   10. Correctional Facility
   11. School District/System
   12. University Counseling Center
   13. Academic Teaching Position
   13a. doctoral program
   13b. masters program
   13c. 4-year college
   13d. community/2-year college
   13e. adjunct professor
   14. Independent Practice
   15. Academic Non-Teaching Position
   16. Medical School

33. Other (e.g., consulting), please specify below‡

44. Student

99. Not currently employed

‡33: Please specify: _____________________________________________________________________

13. Current Job Title and Employer: _________________________________________________________

14. Licensure:
   Yes
   No
15. Licensed in State(s)/Province(s): _______________________________

16. Primary licensure in State/Province: _______________________________

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

18. Other professional achievements (e.g., fellow status, diplomate, publications, presentations, research, etc.):
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

19. Additional Activities:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

20. Current Resume: Please feel free to email your current resume to the address(es) shown on page 6 of this survey.
**II. PROGRAM OUTCOMES INFORMATION: Foundational and Functional Goals**

We are interested in knowing how well your postdoctoral internship year prepared you for your professional career, and how well the internship met its goals for you. The following survey lists the internship’s goals and their corresponding behavioral anchors, and asks you to rate the anchors in terms of your experience. Please feel free to make any additional comments in the space provided, on page 6.

Please preface each behavioral anchor with the phrase, “As a result my internship year, my level of preparedness in the following skills is indicated, below:”

**Rating Scale:**

1. Not at All Prepared  
2. Slightly Prepared  
3. Moderately Prepared  
4. Very Prepared  
5. Extremely Prepared  
N/A Does Not Pertain to My Present Position

<table>
<thead>
<tr>
<th>FOUNDATIONAL GOALS</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: PROFESSIONALISM</td>
<td>Integrity</td>
<td>I take action to correct situations that are in conflict with professional values</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Professional identity and conduct</td>
<td>I keep up with advances in the profession and integrate science into practice in a professional manner</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Reflective practice, self-Assessment, and self-care</td>
<td>I practice on-going self-assessment and good self-care</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)</td>
<td>Scientific mindedness</td>
<td>I apply EBP methods and scientific knowledge to provide answers and solutions to questions and problems</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>3: DIVERSITY</td>
<td>Awareness of one’s own bias: self, others, and the interaction as shaped by individual and cultural diversity (e.g., cultural, individual, and role difference, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status) and context</td>
<td>I monitor myself and my interactions with others as shaped by culture and context</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Applications based on individual and cultural context</td>
<td>I apply knowledge of how clients are cultural beings</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>4: ETHICS</td>
<td>Knowledge of ethical, legal, and professional standards and guidelines</td>
<td>I research and apply knowledge of ethical, legal and professional standards and APA ethics code as well as California laws</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>
### 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS

<table>
<thead>
<tr>
<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Knowledge of the shared and distinctive contributions of other professionals</td>
<td>Apply knowledge of the shared as well as distinctive roles of other professionals</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I communicate effectively with other professionals</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I contribute as a fully participating team member</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

### FUNCTIONAL GOALS

<table>
<thead>
<tr>
<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6: ASSESSMENT</td>
<td>Selection and implementation of measurement and psychometrics</td>
<td>I effectively implement assessment instruments</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I effectively interpret assessment instruments</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Communication of findings: Conceptualization and recommendations</td>
<td>I effectively communicate assessment findings and recommendations</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>7: INTERVENTION</td>
<td>Knowledge of interventions</td>
<td>I plan and apply EBP in working with patients</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Clinical Skills</td>
<td>I enhance my diagnostic skills including evaluating risk</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I set realistic goals with patients that incorporate empirical models</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>8: PROGRAM EVALUATION AND RESEARCH</td>
<td>Scientific approach to knowledge generation</td>
<td>I develop and implement program evaluations</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Present findings on program evaluations</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>9: MANAGEMENT AND ADMINISTRATION</td>
<td>Management</td>
<td>I develop competence in managerial and administrative skills through participation at meetings and committees</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>10: CONSULTATION</td>
<td>Role of consultant</td>
<td>I provide consultation in a manner that utilizes research and clinical skills</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>11: SUPERVISION</td>
<td>Expectations, roles, and ethics</td>
<td>I monitor the ethical and legal aspects of supervision while maintaining a good rapport with supervisee</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Supervisorial skills development</td>
<td>I demonstrate knowledge of competency-building skills of supervisee taking into account awareness of diversity</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td>12: TEACHING AND ADVOCACY</td>
<td>Knowledge</td>
<td>I develop competence in teaching</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>Advocacy and empowerment</td>
<td>I advocate for clients within the health care system</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>
ADDITIONAL INFORMATION/COMMENTS:

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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

John B. Arden, Ph.D., Regional Training Director, Kaiser Permanente Northern California Region:
    707-491-3230
    john.arden@kp.org

Valerie M. Walker, Administrative Assistant:
    707-765-3785
    valerie.m.walker@kp.org

THANK YOU FOR COMPLETING THIS SURVEY!
Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

INTERN GRIEVANCE PROCEDURES

Kaiser Permanente Internships’ 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.

This policy includes the following sections:

- VERBAL GRIEVANCE COMMUNICATION
- WRITTEN GRIEVANCE COMMUNICATION
- GRIEVANCE APPEAL

POLICY STATEMENT

It is the goal of the internship 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 Intern Due Process, as outlined in Appendix D.

COVERAGE

These procedures apply to all doctoral interns participating in Kaiser Permanente Northern California Internships in Clinical Psychology.

PROVISIONS

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

None of the meetings involved in the following procedure may be electronically recorded.
GRIEVANCE 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 J), attaching a copy of the written communiqué; and submit these items to the regional training director (or designee). However, in no case shall any staff members who have participated in the verbal or written grievance communication processes also participate in the review of appeal.

The regional training director should follow the procedure outlined above, in Written Grievance Communication, including meeting with the intern, establishing a time estimate for a response, conducting any necessary investigation, and responding to the intern. The response should be given within 10 business days after the discussion.
Before responding to the intern, the regional director will meet with the local 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 J

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

INTERN GRIEVANCE APPEAL

Kaiser Permanente Internships’ 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.

Please Note:
1) This form is to be completed by an 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 Intern Due Processes, as outlined in Appendix K.
2) This appeal process excludes employees covered by collective bargaining agreements.

<table>
<thead>
<tr>
<th>This Grievance Appeal is Addressed To:</th>
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<tbody>
<tr>
<td>Regional Training Director (or designee) Name:</td>
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<table>
<thead>
<tr>
<th>Intern Name:</th>
<th>Job Title:</th>
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<tbody>
<tr>
<td>Training Location:</td>
<td>Department:</td>
</tr>
<tr>
<td>Primary Supervisor:</td>
<td>Site Training Director Name:</td>
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<tr>
<td>Training Schedule:</td>
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<tr>
<td>Work Extension:</td>
<td>Home Phone:</td>
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<tr>
<th>Date of Original Grievance:</th>
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<tr>
<td>Basis of Appeal:</td>
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Details of Appeal: (Please attach a copy of the Written Communication to the back of this form)

Resolution Sought:

Signature of Intern: Date:
Appendix K

Kaiser Permanente Northern California
Internships in Clinical Psychology

Intern Due Process

Kaiser Permanente Internships’ 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 program regarding an intern’s evaluation, remediation and corrective action, and status in the internship 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 prompt and fair review of an intern’s challenge to a program decision. This policy is not intended to be used by an intern to seek to resolve a disagreement with his/her supervisor, another staff member, a fellow intern, or a matter of program policy. To appeal such a program decision, the intern is directed to follow the Intern Grievance Procedures, as outlined in Appendices E and F.

Coverage

These procedures apply to all doctoral interns participating in Kaiser Permanente Northern California Internships in Clinical Psychology.

Provisions

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

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

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

Appeal

If an intern is dissatisfied with the Hearing Committee’s decision, they may appeal the decision to the regional training director (or their designee), who will consult with management other than those individuals participating on the Hearing 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 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 site training director of the rescission, who, in turn, will inform the intern, school field placement director and internship training supervisors of the decision.
Appendix L

KAISER PERMANENTE NORTHERN CALIFORNIA
FRESNO INTERNSHIP IN CLINICAL PSYCHOLOGY

INTERN BASELINE AND SEMI-ANNUAL SELF-ASSESSMENT
FOUNDATIONAL AND FUNCTIONAL COMPETENCIES
WITH BEHAVIORAL ANCHORS

Training Year: ___________________________ Date: __________________
Intern: ________________________________ Team: __________________
Primary Supervisor: ______________________
Secondary Supervisor: _____________________

Intern Self-Assessment Rating Scale:
5 = Outstanding: Intern's performance consistently exceeds program expectations.
4 = Exceeds Expectations: Intern's performance often exceeds program expectations.
3 = Meets Expectations: Intern's performance consistently meets program expectations.
2 = Needs Improvement: Intern’s performance sometimes meets program expectations.
1 = Inadequate: Intern’s performance never meets program expectations.

FOUNDATIONAL COMPETENCIES

GOAL 1: PROFESSIONALISM

A) Integrity and professional identity
Essential Component:
■ Continually monitors and independently resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity

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<tr>
<th>Behavioral Anchor:</th>
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<tbody>
<tr>
<td>• Takes independent action to correct situations that are in conflict with professional values</td>
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B) Accountability
Essential Component:
■ Independently accepts personal responsibility across settings and contexts

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<tbody>
<tr>
<td>• Holds self accountable for own behavior and decisions made</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>• Submits to external review of quality of service by supervisors and/or administrators</td>
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C) Concern for the welfare of others, patients as well as colleagues
Essential Component:
■ Independently acts to safeguard the welfare of others, patients as well as colleagues

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<tr>
<td>• Actions convey sensitivity to patients’ experiences and needs while retaining professional demeanor and behavior</td>
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<td>• Respectful of the beliefs and values of colleagues even when inconsistent with own personal beliefs and values</td>
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D) Self-assessment and self-care
Essential Components:
■ Demonstrates self-reflection in the context of professional practice
■ Appropriately assesses self in all competency domains
■ Actively self-monitors issues related to self-care

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<tr>
<td>• Communicates assessment of own strengths and weaknesses</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Takes action to resolve incongruences of gaps in professional competencies</td>
<td>1 2 3 4 5</td>
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<tr>
<td>• Models effective self-care</td>
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</table>
### GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)

#### A) Scientific mindedness

**Essential Components:**
- Integrates science and practice
- Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals

**Behavioral Anchor:**
- Readily applies EBP to work with patients

#### B) Scientific foundation of psychology

**Essential Components:**
- Utilizes available databases, professional literature, seminars and training sessions, and other resources
- Models a commitment to educational and scholarly endeavors to keep current with the most recent research
- Understands the bio-psychosocial etiology of psychological disorders

**Behavioral Anchors:**
- Applies a comprehensive bio-psychosocial approach to helping patients
- Accesses empirical data
- Applies scientific knowledge and skills appropriately to the solution of problems

### GOAL 3: DIVERSITY

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

**Essential Components:**
- Independently monitors and applies knowledge of self and others as cultural beings, and the interaction as shaped by individual and cultural diversity of participants in assessment, treatment and consultation
- Demonstrates competence in building rapport quickly with all patients regardless of issues of diversity or socioeconomic backgrounds

**Behavioral Anchors:**
- Articulates how one’s own cultural/ethnic identity may impact patients
- Initiates consultation and/or supervision about diversity issues

#### B) 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 patients

### GOAL 4: ETHICS

#### A) Knowledge of ethical, legal and professional standards and guidelines

**Essential Components:**
- Demonstrates command and application of the APA Ethical Principles and Code of Conduct
- Demonstrates understanding of California laws, national practices and APA policies that apply to the practice of professional psychology
- Demonstrates competence to identify the ethical issues relevant to clinical cases
**Behavioral Anchors:**

- Identifies complex ethical & legal issues
- Seeks consultation and/or supervision on complex ethical and legal matters

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**B) Application of ethical and professional standards**

**Essential Components:**

- Consistently integrates ethical and legal standards with all foundational and functional competencies
- Seeks consultation regarding complex ethical and legal dilemmas

**Behavioral Anchor:**

- Applies ethical principles and standards in professional writings and presentations, treatment and teaching

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**GOAL 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS**

**A) Knowledgeable and respectful of the shared and distinctive contributions of, and collaboration with other professionals on interdisciplinary team(s)**

**Essential Components:**

- Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems
- Demonstrates knowledge of differing roles of other professionals

**Behavioral Anchor:**

- Utilizes the unique contributions of other professionals in the overall team planning and implementation

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**B) Expressive communication skills**

**Essential Components:**

- Manages difficult communication and seeks clarification
- Possesses advanced interpersonal skills, command of language and expression of ideas

**Behavioral Anchors:**

- Seeks clarification in challenging interpersonal communications
- Communicates effectively with individuals from other professions

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**FUNCTIONAL COMPETENCIES**

**GOAL 6: ASSESSMENT**

**A) Understanding of evaluation methods**

**Essential Components:**

- Understands the strengths and limitations of assessment instruments and diagnostic approaches
- Integrates the interpretation of results from multiple measures into diagnosis and treatment planning

**Behavioral Anchors:**

- Applies awareness and competent use of culturally sensitive instruments and norms
- Identifies limitations of assessment data as clearly reflected in assessment reports

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**B) Selection and implementation of measurement and psychometrics**

**Essential Component:**

- Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups

**Behavioral Anchor:**

- Is flexible in selecting assessment tools which address diagnostic questions for specific patient populations

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</table>
### C) Interpretation of results and establishment of diagnoses

#### Essential Components:
- Competently interprets assessment results
- Utilizes case formulation and diagnosis for intervention planning in the contexts of stages of human development and diversity
- Organizes reports and communicates results that answer referral questions and give specific recommendations to the referring provider
- Demonstrates competence to conduct an understandable feedback interview explaining the test results and recommendations to the patient

#### Behavioral Anchors:

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<th>Benchmark Baseline</th>
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<th>Benchmark 4th Quarter</th>
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<tbody>
<tr>
<td>Interprets assessment results accurately to identify problem areas and diagnoses</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>Writes comprehensive reports which include discussion of strengths and limitations of assessment measures to develop effective treatment plans</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Provides timely, meaningful, understandable and useful feedback that is responsive to patient needs</td>
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### GOAL 7: INTERVENTION

#### A) Intervention knowledge and planning

#### Essential Components:
- Applies knowledge of evidence-based practice, including empirical bases of intervention strategies
- Plans interventions, including conceptualization and intervention specific to context, and patient preferences
- Demonstrates competence in clinical skills and judgment in evaluating a wide range of diagnoses and patient populations
- Assesses cases with an understanding of the bio-psychosocial nature of psychological disorders

#### Behavioral Anchors:

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<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 4th Quarter</th>
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<tbody>
<tr>
<td>Effectively evaluates patients for risk and safety issues</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>Explains to patients and/or supervisor the rationale for empirically-supported intervention strategy</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>Conceptualizes cases during intake that lead to well thought-out diagnoses</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tr>
<tr>
<td>Provides treatment plans based on the bio-psychosocial assessments</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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</tbody>
</table>

#### B) Psychotherapeutic skills and interventions

#### Essential Components:
- Demonstrates increasing competence to conceptualize more complex cases
- Uses empirical models with flexibility to adapt to patient needs
- Demonstrates competence in the constructive use of own emotional reactions to patients in the treatment
- Seeks consultation for complex cases

#### Behavioral Anchors:

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<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 4th Quarter</th>
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<tbody>
<tr>
<td>Effectively develops strong therapeutic alliances</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Carries a progressively larger and more complex caseload</td>
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<tr>
<td>Effectively implements a wide range of interventions</td>
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<tr>
<td>Develops increasingly independent skills in facilitating group therapy</td>
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</table>

#### C) Progress evaluation

#### Essential Component:

- Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate

#### Behavioral Anchors:

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<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
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<tbody>
<tr>
<td>Assesses treatment effectiveness and efficiency</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>Terminates treatment effectively</td>
<td>1 2 3 4 5</td>
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</table>
### GOAL 8: PROGRAM EVALUATION AND RESEARCH

**A) Scientific approach to the expansion of knowledge**

**Essential Component:**
- Participates in a program evaluation and/or research project

**Behavioral Anchor:**
- Uses methods appropriate to the program evaluation/research question, setting and/or community

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**B) Application of outcomes to practice**

**Essential Components:**
- Demonstrates competence in evaluating outcomes
- Presents results/findings to staff and/or peers
- Applies outcomes to improve program

**Behavioral Anchors:**
- Effectively presents findings to staff/peers
- Reports on how outcomes can be applied to improve program

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### GOAL 9: MANAGEMENT, DEVELOPMENT AND ADMINISTRATION

**A) Management and administration**

**Essential Components:**
- Demonstrates awareness of principles of policy and procedure manuals as essential program resources
- Demonstrates working knowledge of Kaiser Permanente Medical Centers’ health care delivery system, including electronic record-keeping

**Behavioral Anchor:**
- Contributes at meetings or other communications to the development of administrative policies and programs

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</table>

**B) Evaluation of management and leadership**

**Essential Components:**
- Develops plans for how best to manage and lead a program or practice

**Behavioral Anchor:**
- Appropriately participates in and discusses the findings of a program evaluation and/or develops and manages a clinical program

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<th>2nd Quarter</th>
<th>4th Quarter</th>
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### GOAL 10: CONSULTATION

**A) Role of consultant**

**Essential Component:**
- Demonstrates knowledge and awareness of professional leadership skills as a consultant and/or psychological liaison in multidisciplinary teams

**Behavioral Anchors:**
- Recognizes situations in which consultation is appropriate
- Adapts to situations that require a consultation role

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**B) Addressing referral questions**

**Essential Component:**
- Knowledge of and ability to select appropriate means of assessment/data gathering that answers consultation referral question

**Behavioral Anchor:**
- Gathers information necessary to answer referral question

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**C) Communication of findings**

**Essential Component:**
- Applies knowledge to provide effective assessment feedback and to articulate appropriate recommendations

**Behavioral Anchor:**
- Prepares clear, useful written reports and/or verbal feedback/recommendations to all appropriate parties

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<th>Benchmark</th>
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<th>2nd Quarter</th>
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**GOAL 11: SUPERVISION**

**A) Expectations, roles and ethics**

**Essential Component:**
- Understands complexity of the supervisor role including ethical, legal and contextual issues

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<th>Behavioral Anchors</th>
<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 4th Quarter</th>
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<tbody>
<tr>
<td>Adapts to a model of supervision that incorporates ethical, legal and contextual issues</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>Uses supervision time effectively; is well-prepared and well-organized</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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**B) Processes and procedures**

**Essential Component:**
- Demonstrates knowledge of processes and procedures of competency-based supervision via the “fishbowl” process

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<th>Behavioral Anchors</th>
<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 4th Quarter</th>
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<tbody>
<tr>
<td>Provides supervision to peers (in fishbowl format) thoughtfully and openly</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Addresses supervisees’ competency challenges with concrete training plans</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>Clearly articulates how the supervisory relationship aids in the professional development of peers and their patients (individual and group)</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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**C) Supervisory skills development**

**Essential Components:**
- Reflects about own relationships with supervisors, as well as their own relationships with patients
- Demonstrates understanding of other individuals, groups and intersecting dimensions of diversity

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<tr>
<th>Behavioral Anchor</th>
<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
<th>Benchmark 4th Quarter</th>
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<tbody>
<tr>
<td>Integrates diversity issues into conceptualization of supervision process, provides feedback to supervisors in this area</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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**GOAL 12: TEACHING AND ADVOCACY**

**A) Knowledge and skills**

**Essential Components:**
- Demonstrates competence in evaluating the effectiveness of learning/teaching strategy addressing key skill sets
- Demonstrates competence in making presentations

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<th>Benchmark Baseline</th>
<th>Benchmark 2nd Quarter</th>
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<tr>
<td>Presents complex information to others</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Utilizes evaluation strategy to assess learning objectives that were met</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>Integrates feedback to modify future teaching strategies</td>
<td>1 2 3 4 5</td>
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**B) Advocacy and systems change**

**Essential Component:**
- Advocates to promote action on factors impacting development and functioning of patients

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<tbody>
<tr>
<td>Develops alliances with relevant individuals and/or systems to promote change</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<tr>
<td>Assesses implementation and outcome of patients’ self-advocacy</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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DATES: 
INTERN’S INITIALS: 
SUPERVISOR’S INITIALS: 

Appendix M

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIP PROGRAMS IN CLINICAL PSYCHOLOGY

INTERN PRESENTATION EVALUATION

Topic: __________________________________________
Date: __________________________________________
Presenter’s Name: __________________________________

What is your current professional status?
↑ Doctoral Intern ↑ Other (specify) ______________________

Please use the following key to answer questions 1-2:
Excellent—5  Good—4  Undecided—3  Bad—2  Very Bad—1

1. On the basis of my overall impression, I would evaluate this presentation as: _______

2. The method of presentation was: _______

Please use the following key to answer questions 3-5:
Absolutely--1  Somewhat--2  Uncertain--3  Probably Not--4  Absolutely Not--5

3. The presenter was well-prepared for the presentation. _______

4. The material presented was interesting. _______

5. The presenter addressed relevant diversity and ethical issues, best practices research, etc. _______

6. The aspect of the presentation that I liked the most was: __________________________________________

7. The aspect that I liked the least was: __________________________________________

8. My suggestions for improving the topic or presentation: __________________________________________

9. Additional comments? (Use back of page if necessary) __________________________________________
Appendix N

KAISER PERMANENTE NORTHERN CALIFORNIA
INTERNSHIPS IN CLINICAL PSYCHOLOGY

INTERNSHIP TRAINING STAFF
DISPUTE RESOLUTION PROCEDURE

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.

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

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

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

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

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

PROCEDURES

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

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

**STEP 2**
If Step 1 has been completed, and the issue has not been resolved to the training supervisor’s satisfaction, the training supervisor may contact the 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 O

Tuition Reimbursement Guidelines for Mental Health Trainees
2016-2017 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 study materials designed to prepare the trainee for taking their licensing exam. Please see section B-II-3, 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:**
      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.
Courses/Workshops that prepare participants for licensing examinations must award credits, units or hours to be reimbursable.

Re: Courses/Workshop Packages that prepare participants for licensing examinations and that may include study materials: In order for all items in the package to be reimbursable, the package provider must award credits, units or hours for the entire package or for each item in the package.

Study materials purchased on their own (i.e., not purchased as part of a package that includes a course/workshop) are only reimbursable under the following conditions:

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

ii. After the trainee passes their exam, they must fill out a brief survey and provide AATBS with their passing score.

iii. AATBS will then award the trainee with credits.

iv. The trainee must upload proof of these credits 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)