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

Kathryn Wetzler, PsyD
Director of Training
Psychology, Social Work and MFT Programs
Kaiser Permanente Northern California
KAISER PERMANENTE
NORTHERN CALIFORNIA REGION

Walnut Creek
Doctoral Internship in
Clinical Psychology

Policy and Procedure Manual

Training Year
2016-2017

Issued by
Kathryn Wetzler, PsyD
Director of Training
Psychology, Social Work and MFT Programs
Kaiser Permanente Northern California
c/o Department of Psychiatry
1761 Broadway Street, Suite 100
Vallejo, CA 94589
Kathryn.Wetzler@kp.org
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Kaiser Permanente’s (KP) Walnut Creek Doctoral Internship in Clinical Psychology offers training to three interns each year. This manual is intended to provide the policies and procedures of the Walnut Creek internship that are applicable to clinical psychology interns and their supervisors. The manual is posted on the program’s webpage at http://info.kaiserpermanente.org/html/psychtraining/psych_pre_walnut_creek.html, the official “bulletin board” of the training program. This webpage contains most program information, including but not limited to: description of the training site; directory of program personnel; and regional training seminar schedules.

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 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 June 9, 2015, and abides by the CoA’s guidelines and principles. The program’s next accreditation review will be in 2022. 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.

In addition, KP’s Doctoral Internship Programs in Clinical Psychology are consistent with state and national guidelines. As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), the Walnut Creek internship follows APPIC’s policies, including recruiting its interns through the APPIC Internship Matching Program. The APPIC website is located at: http://www.appic.org

1. PROGRAM OVERVIEW

The Walnut Creek 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, and the program begins each training year on the first workday of the first pay period in September.

1.01 Mission Statement
KP’s mission is to provide efficient, high-quality, evidence-based, integrated health care while supporting innovation and continuous quality improvement. KP identifies this objective in its official mission statement, “to provide high quality, affordable health care services and to improve the health of our members and the communities we serve”.

The goal of the doctoral internship program in clinical psychology is to provide interns with advanced training within the integrated and multidisciplinary KP system. The training program’s mission statement declares that it is “committed to training clinical psychology interns within an integrated health care system in order to prepare them for dynamic roles as practicing psychologists in the health care system of the future”.

1.02 Educational Model
The doctoral internship program subscribes to the Practitioner-Scholar model of training. KP has embraced this model for its psychologists by investing considerable funds and staff time to research Evidence-Based Practice. All departments are expected to follow Evidence-Based Practice guidelines. Interns are taught clinical skills based on sound psychological principles and evidence-based treatments. The Practitioner-Scholar model promotes competencies congruent with the discipline of professional psychology and applicable to a large multidisciplinary HMO hospital and outpatient system.

1.03 Program Goals, Objectives and Competencies

<table>
<thead>
<tr>
<th>FOUNDATIONAL GOALS</th>
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**GOAL I: 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>
</tr>
</thead>
<tbody>
<tr>
<td>A) Integrity and professional identity</td>
<td>• Continually monitors and resolves clinical, organizational and interpersonal situations by incorporating professional values and integrity</td>
</tr>
<tr>
<td>B) Accountability</td>
<td>• Accepts personal responsibility across settings and contexts</td>
</tr>
<tr>
<td>C) Concern for the welfare of others</td>
<td>• 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 • Accurately assesses self in all competency domains • Actively self-monitors issues related to self-care</td>
</tr>
</tbody>
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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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Scientific mindedness</td>
<td>• Integrates science and practice • Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals</td>
</tr>
</tbody>
</table>
B) Scientific foundation of psychology

• 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 biopsychosocial etiology of psychological disorders

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>
</tr>
</thead>
</table>
| 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 | • 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>
</tr>
</thead>
</table>
| 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 |
| 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

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
</table>
| A) Knowledgeable and respectful of the shared and distinctive contributions of, and collaboration with, other professionals on interdisciplinary team(s) | • Demonstrates working knowledge of differing worldviews, professional standards, contexts and systems
• Demonstrates knowledge of differing roles of other professionals |
| B) Expressive communication skills | • Manages difficult communication and seeks clarification
• Possesses advanced interpersonal skills, command of language and expression of ideas |

FUNCTIONAL GOALS

GOAL 6: ASSESSMENT: To provide intern with training in the use of assessment instruments for the purpose of evaluation, diagnosis, and treatment planning

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
</table>
| A) Understanding of evaluation methods | • Understands the strengths and limitations of assessment instruments and diagnostic approaches
• Integrates the interpretation of results from relevant measures of diagnosis into treatment planning |
### B) Implementation of measurement and psychometrics
- Administers multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families and groups

### C) Interpretation of results and establishment of diagnoses
- 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

**GOAL 7: INTERVENTION:** To provide intern with training in psychotherapeutic interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and/or organizations

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
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</table>
| **A) Intervention knowledge and planning** | • 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 biopsychosocial nature of psychological disorders |
| **B) Psychotherapeutic skills and interventions** | • 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 |
| **E) Progress evaluation** | • Evaluates treatment progress and modifies planning, utilizing established outcome measures when appropriate |

**GOAL 8: PROGRAM EVALUATION AND RESEARCH:** To provide intern with instruction in program evaluation and/or research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A) Scientific approach to the expansion of knowledge</strong></td>
<td>• Participates in a program evaluation and/or research project to improve program efficacy</td>
</tr>
</tbody>
</table>
| **B) Application of outcomes to practice** | • Demonstrates competence in evaluating outcomes  
• Presents results/findings to staff and/or peers  
• Applies outcomes to improve program |

**GOAL 9: MANAGEMENT, DEVELOPMENT AND ADMINISTRATION:** To provide intern with opportunities to participate in the management of direct delivery of services and/or administration of organizations, programs or agencies

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
</table>
| **A) Management and administration** | • Demonstrates awareness of policy and procedure manuals as essential program resources  
• Demonstrates working knowledge of Kaiser Permanente’s 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 provide intern with opportunities to offer professional assistance to other service providers in response to a patient’s needs or goals

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<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>
</tr>
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</table>

GOAL 11: SUPERVISION: To provide intern with opportunities to supervise, thereby enhancing the professional knowledge base and effectiveness of supervision skills

<table>
<thead>
<tr>
<th>Sub Areas/Objectives</th>
<th>Essential Components/Competencies</th>
</tr>
</thead>
<tbody>
<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 competency-based supervision</td>
</tr>
<tr>
<td>C) Supervisorial skills development</td>
<td>• Reflects about own relationships with supervisors, as well as their own relationships with patients • Provides supervision to others in routine cases and seeks consultation as needed</td>
</tr>
</tbody>
</table>

GOAL 12: TEACHING & 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 skills in professional psychology)

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

2. PROGRAM PARTICIPATION POLICIES

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

2.02 Employment Statement
The term of the doctoral internship is one year and it is expected that the intern will remain in the program for the duration of the term. However, both intern and KP enter into the employment relationship voluntarily. Either party may, at any time, conclude the employment relationship. Conclusion of an intern’s employment by KP may be based on but not limited to ethics violations, significant and consistent competency concerns, and/or failure to meet labor standards.
2.03 Interview and Selection Processes
All applicants must use the APPI and participate in the Association of Psychology Post-doctoral and Internship Centers (APPI) match. Applications are reviewed by the training director and program faculty, who compare findings and ratings with each other in order to identify appropriately competent applicants. Qualified applicants are then selected by the training director and a selection panel, and are invited to be interviewed. In scheduling the interviews, the training directors work closely with the departmental managers. Applicants must be authorized to work in the United States without an employer-sponsored visa or a student visa. These individual interviews take place in December and January for the term beginning in the following September.

2.04 HR Employment Contingent Offer Letter
On the APPIC Match date, the training director informs KP Human Resources (HR) Recruitment of the three matched candidates. Then, HR Recruitment sends the Contingent Offer Letter to those three matched candidates upon their acceptances of the offers. This letter contains employment contingencies, pay and benefit enrollment information. It also includes information on I-9 and the Supervision Agreement.

2.05 Welcome Letter
The “Welcome Letter” is sent out to the intern by the training director, usually within a few days or weeks after the APPIC Match date. Each intern must sign and date the Welcome Letter, indicating his/her acceptance of the parameters of the training year. (See Appendix N for a copy of the Welcome Letter.)

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

2. Academic 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. Prerequisite 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

5. Policies: Training Program, APA, state, federal and KP: On the first day of their doctoral internship, interns are directed on how to access, online, the training program’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
The minimal levels of achievement expected of interns in order to successfully progress through and complete the program are identified and evaluated by the following:

• Baseline Assessment of Intern Foundational and Functional Competencies (see Section 3, below, and Appendix A)
• Intern Individual Training Contract (see Section 5, below, and Appendix B)
• Competencies Evaluation (CE) (see Section 3, below, and Appendix C)

In addition to the above, other criteria for intern achievement are as follows:

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

Certificate and Letter of Completion
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. The Certificate of Completion attests to the intern’s completion of 2000 hours of supervised training and consistent achievement of all competencies relevant to the goals of the program.

Any intern who does not complete the full 2000 hours will not receive a Certificate of Completion. However, the California Board of Psychology’s (BOP) Verification of Experience form (see below, in Supervision section), submitted to BOP at the end of the intern’s training, will reflect the actual hours that the intern completed and the supervisor accepted.

2.08 Title of Doctoral Interns
The title of an intern in clinical psychology is “Psychology Intern”. Each intern must clearly identify herself/himself as a intern in clinical psychology at the first meeting with any patient or potential patient (see Section 7, Patient Documentation, below, for more information on charting informed consent).
2.09 Rights of Doctoral Interns
1. To be informed of the expectations of the doctoral internship program
2. To be trained by professionals who behave in accordance with the ethical guidelines of their profession
3. To have individual training needs identified and documented using Baseline Assessment
4. To receive ongoing evaluation that is specific, respectful, and pertinent
5. To engage in evaluation of the training experience
6. To utilize due process to challenge program decisions
7. To utilize grievance procedures to resolve disputes not related to program decisions
8. To be granted privacy and respect of one’s personal life including respect for one’s uniqueness and differences

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

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 I). The data from this evaluation is reviewed by the 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 D & E.

Local Seminar Evaluation
After each weekly 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 Mandatory Continuing Education Provider (MCEP) evaluation, mentioned below, also asks for interns’ input in suggesting future seminar topics (see Appendix J). Interns’ feedback from these evaluations guides the program in developing and scheduling the training seminars.

Regional Seminar Evaluation (MCEP Evaluation)
After each regional training seminar, interns are given the opportunity to 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 Doctoral Internship Experience Survey
In order to gather ongoing and long-term program outcomes evaluation, the doctoral internship program gives past interns the opportunity to provide feedback by sending them the Post-Doctoral Internship Experience Survey (see Appendix K). 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 program 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.*

If an intern has any disagreement with his/her supervisor, another staff member, a fellow intern, or a matter of program policy, he/she will be encouraged to communicate openly with his/her supervisor about the issue(s). The procedures for this are outlined in the Intern Grievance and Appeal Procedures (see Appendices D and E). See also, “Resources for Intern Support,” in Section 8, below.

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

2.12 Completion and Certification (Certificate and Letter of Completion)

To receive a Certificate 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 training program before the end of the training year will be considered to have resigned and will not receive the Certificate or Letter of Completion. KP expects the intern to give written notice to the training director at least thirty calendar days prior to the effective date of the resignation. (See Employment Statement, above, for more information.)
2.14 Regular Position Hiring
There is no expectation that, after the one-year doctoral internship is completed, KP will hire a former intern for a postdoctoral residency or a permanent position. Interns will be expected to apply and compete for open positions, like any other qualified candidate.

3. EVALUATION, REMEDIATION, CORRECTIVE ACTION AND DUE PROCESS

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

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

Each of the ratings on the CE indicates a specific level of competency. The primary supervisor is instructed to rate the intern on all behavioral anchors listed for each of the program’s required training goals (Goals 1-11) on the CE. If the intern elected to train in Goal 12, Teaching and Advocacy, then the supervisor rates the intern on all behavioral anchors for that 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. It should be noted that, given the high quality of interns who complete APA-accredited academic programs and APA-accredited and/or APPIC-member doctoral internships, this rating denotes a high caliber of competency.

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.

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).

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

Semi-Annual Collection of Evaluation Data
The Competencies Evaluation is the training program’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 program.

3.02 About Remedial and Corrective Actions
There are several levels and types of remedial and corrective actions that may be taken if a significant concern about an intern’s professional conduct, professional development or performance arises during their internship. The primary supervisor will consult with the training director to determine the severity of the concern(s) and the appropriate level and type of remediation. These actions are taken at the discretion of the training program and need not be sequential. As appropriate, remedial actions may be taken concurrently.

Remedial and corrective action policies provide guidance when a particular action is taken, and the primary supervisor may select those action(s) described below that they deem appropriate under the circumstances. Additionally, the primary supervisor may refer to KP’s Human Resources’ policies, available on MyHR.

3.03 Remediation of 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 primary supervisor will meet with the intern to discuss the competency issue(s) with the intern and to recommend actions such as additional training and/or supervision in the targeted competency area(s) to rectify the behavior. The primary supervisor will also indicate a timeline for reassessment of the identified concerns. The supervisor will record this action, including the concerns and recommendations, in narrative form on the intern’s CE. See Appendix F for a full description of the Focused Competency Guidance procedure.

Written Letter of Warning
This action is typically taken by the primary supervisor when an intern: fails to achieve timely and/or sustained improvement after a focused competency review; and/or receives one or more rating(s) of “1” on the CE for behavioral anchor(s)* other than those related but not limited to patient endangerment, professional misconduct, criminal behavior or substance abuse.
Kaiser Permanente and/or the intern’s training program. Suspension of time
Failure are reasons(s) improving training program Interns
3.04 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 training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the training director. The training director will monitor for a specified length of time the intern’s progress in changing or improving the behavior of concern.

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

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

**Termination**

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Doctoral Internship Program 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 training program policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The intern is unable to complete the program due to severe physical, mental or serious or repeated act(s) or omission compromising acceptable standards of patient care.

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

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

**3.05 Intern Due Process**

The primary purpose of due process is to provide a mechanism by which all decisions made by the training program regarding an intern’s evaluation, remediation or corrective action, as well as an intern’s status in the program, can be fairly reviewed. Due process is a mechanism by which an intern may challenge any decisions made by the program. Due process procedures are outlined in full, in Appendix G. The training program’s procedure for Review of Intern Appeal is also located in Appendix G.

If an intern has any disagreement with their supervisor, another staff member, a fellow intern, or a matter of program policy, they are directed to follow the Intern Grievance Procedures, as outlined in Appendices D and E.
4. PROGRAM CURRICULUM

4.01 Training Activities and Service Delivery
The intern’s training schedule is organized in such a way that training activities and service delivery are equally apportioned. Training activities include but are not limited to individual and group supervision, program evaluation or research project(s) and presentation of outcomes, other scholarly presentations, psychological assessment training, attendance at local and regional training seminars, and at local grand rounds. See Appendix L 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 projects 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).
4.04 Psychological Testing/Assessment
The intern begins the training year with assessments of adult ADHD in the mental health department, and may complete 10 – 15 of these mini-assessments during the year. In addition, after the proper training in neuropsychological evaluation, the intern completes a minimum of one psychological assessment per quarter during the remainder of the training year. Each test battery will include at least one cognitive measure and one personality measure, along with other measure(s) appropriate for assessing the referral question. The testing supervisor is responsible for training the intern in the range of relevant testing procedures.

4.05 Weekly Training Seminars
The intern is expected to attend weekly didactic seminars. Attendance should be at 90% minimum.

4.06 Regional Training Seminars
The intern is also expected 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 primary individual supervision from staff psychologists at the intern’s training site, and delegated individual supervision from a licensed psychologist on the training faculty.

The primary and secondary supervisors oversee the interns’ clinical work and professional development during their tenure at KP. The primary and delegated supervisors are
responsible for the interns’ specific or focused clinical and professional concerns.

Interns also spend two hours a week in group supervision facilitated by licensed psychologists who may also be primary, secondary or specialty supervisors. The functions of both the primary and secondary supervisors include monitoring patient welfare, enhancing interns’ clinical skills, promoting their professional growth, evaluating their progress and providing feedback to interns. The primary supervisor serves as both mentor and monitor/guide for the intern’s clinical work and professional development during their tenure at KP. The secondary supervisor also monitors the intern’s caseload and provides feedback and guidance. The training director conducts the group supervision on professional development, which focuses on consultation, supervision, interdisciplinary communications, systems issues and program evaluation.

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.

Interns may be requested to audiotape, videotape or otherwise record a patient session. Consent forms for this, to be signed by 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

5.02 Supervision Agreement Form
The BOP Supervision Agreement form must be completed, signed, and dated by both the primary supervisor and the intern no later than the first day of the doctoral internship program. To print a copy of the BOP Supervision Agreement form, go to: http://www.psychboard.ca.gov/applicants/sup-agree.shtml

The completed BOP Supervision Agreement form must also be accompanied by the “Supplement to BOP Supervision Agreement” document (see Appendix Q for this document).

In addition, please note the following stipulation: On the first page of the Supervision Agreement form, in the Introduction section, the appropriate category to check is the third option, “BPC Section 2911 -- intern in a formal internship placement”. This indicates that the training will take place in a program affiliated with APA, APPIC or CAPIC.

After the training year is completed, the intern must submit the Supervision Agreement form, along with the Verification of Experience form (see below), to the BOP.

5.03 Baseline Assessment of Intern Foundational and Functional Competencies
Within the first week of the training program, the intern and supervisor complete the Baseline Assessment of Intern Foundational and Functional Competencies (see Evaluation section above, for more information; see also Appendix A).

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

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

5.06 Group Supervision – Default Model for Monthly Schedule
If additional hours of supervision are not allocated for the specific activities listed below, the default model for monthly group supervision follows this schedule (not necessarily in this order):

<table>
<thead>
<tr>
<th>WEEK</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week One:</td>
<td>Case Conference</td>
</tr>
<tr>
<td>Week Two:</td>
<td>“Fishbowl” Supervision</td>
</tr>
<tr>
<td>Week Three:</td>
<td>Assessment Supervision</td>
</tr>
<tr>
<td>Week Four:</td>
<td>Program Evaluation/Research Project Supervision</td>
</tr>
</tbody>
</table>

5.07 Supervision Log
It is the responsibility of the intern to keep a supervision log, bearing a supervisor’s signature for each week of program participation. (See Appendix O for Supervision Log.)

5.08 Verification of Experience
The BOP Verification of Experience form, along with the Supervision Agreement form (see above), is submitted to the board at the end of the training year. As with the Supervision Agreement form, the APPIC member title must be indicated on the Verification of Experience. Secondarily, the medical center where the actual training took place must be indicated, too. To print a copy of the BOP Verification of Experience form, go to: http://www.psychboard.ca.gov/applicants/sup-agree.shtml

6. PROGRAM ADMINISTRATION

6.01 California Board of Psychology (BOP)
The doctoral internship program complies with the supervision guidelines as stipulated by the BOP. The BOP requires that all primary 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 competency and professional issues. For more information, and to download forms, etc., please go to: http://www.psychboard.ca.gov/

6.02 APA 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 by the training director and/or program coordinator.
The CoA requires all accredited programs to complete the following:
- Complete and submit the Annual Report Online (ARO), every year
- 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 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 KP
- Models commitment to the mission and training model of the Doctoral Internships in Clinical Psychology
- 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 agency 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 training supervisors
- Ensures that program 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
- 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 and the local 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 Staff Dispute Resolution Procedure
If a training faculty member has a disagreement with another training faculty member, an intern or a matter of program policy, he/she will be encouraged to communicate openly with his/her training director about the issue. The procedure for this is outlined in Appendix M. If he/she wishes to dispute a corrective action or evaluation, he/she may follow the KP policy, located in MyHR/Workspace/Working at KP.

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

In addition to the items noted above, an intern’s file should include:

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

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

7.05 Reviews/Requests Regarding Intern Individual Files
Upon advance request, interns may inspect their local program files in the presence of the site training director or a designated representative. The intern may also request a correction or deletion of a record by submitting a request to the site training director who, in consultation with Human Resources, will notify the intern whether his/her request has been granted or denied.
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 APA CoA requires that all 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 Psychology Intern and Patient Consent:
Before the 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 a psychology intern. The “dot phrase” to be used to note this in the patient’s electronic chart is “.patientinformedconsent”. 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 a Psychology Intern” form, and provide the form to the patient and/or guardian, for their reference (see Appendix P).

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.

Interns may be requested to audiotape, videotape or otherwise record a patient session. Consent forms for this, to be signed by 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

**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. In addition, 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, a summons from a court, a request to examine a patient’s medical record or otherwise obtain information from it, or a letter from a lawyer concerning a patient, should be reported immediately to the 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 of the patient or as authorized by law. The intern should not discuss patient care matters with investigators or attorneys without notice to and in the presence of attorneys representing KP. The Medical-Legal Department is available for further information.

**Patient Rights and Responsibilities:** Patients’ rights and responsibilities will be observed at all times. To print a copy of California BOP Patient Bill of Rights, go to: http://www.psychboard.ca.gov/billofrights.pdf

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

**8.02 Patient Mental Health Records**

**Patient Online 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.

All interns utilize online charting (KP HealthConnect) to maintain patients’ records, and are responsible for attending or receiving training in the use of this database. The online charting performed by the intern must meet department standards.

Entries into mental health records must include only approved abbreviations and symbols. Mental health records are confidential. To protect each patient’s confidentiality, only those persons responsible for a patient’s care should use the paper or computer records.

The patient’s progress is to be documented at each contact. In general, elements of the progress note 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 patient’s record should be sufficiently detailed and organized in accordance to departmental standards so that staff can provide appropriate and effective care to the patient. A well-maintained patient record allows a staff member, at a later date, to determine the patients’ condition at any given time, as well as review the diagnostic and therapeutic interventions that were implemented. Any changes in the condition of the patient and/or results of treatment must be documented. The record should 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, and may include some evening and/or weekend hours. For example, CDS training programs may include weekend work. It is expected that interns will work all of their 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

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 R for detailed information on reimbursable courses and how intern can apply for this benefit.

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

9.06 Professional Liability Insurance
All KP employees of any kind are covered for professional liability as long as they act within the course and scope of their license and training. As unlicensed Kaiser Permanente employees who are supervised by licensed providers in an officially designated training program, 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 Online 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 of the medical centers has its own clerical and technical support staff to assist the interns during their tenure at the medical center or the satellite. This support staff can be utilized to help schedule patients, handle phone messages, track disability paper work, and provide any other additional support that may be needed.

Every intern has a computer station that provides a full range of services, including Internet, electronic periodicals, KP’s own intranet, Medline, and Evidence-Based Treatment materials, as well as other internal and external resource materials. KP’s information technology support is available to all interns through a telephone help line. All medical centers access the same database for online charting (HealthConnect). Through HealthConnect, interns can access hospital records and perform online charting, as well as respond to consultation requests electronically. Other computer programs such as word processing and slide-show presentation programs, as well as a variety of online 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 webpage: 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 doctoral internship program 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
11. TRAINING PROGRAM 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 Program website:
http://kp.org/psychtraining

Northern Californian Doctoral Internships in Clinical Psychology web pages:
http://info.kaiserpermanente.org/html/psychtraining/psych_pre.html

Walnut Creek Doctoral Internship in Clinical Psychology web page:
http://info.kaiserpermanente.org/html/psychtraining/psych_pre_walnut_creek.html
Appendix A

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
BASELINE ASSESSMENT OF FOUNDATIONAL AND FUNCTIONAL COMPETENCIES

Intern Name: ___________________________________ Training Year: _________
Training Site: ___________________________________ Team: __________
Primary Supervisor Name: ________________________________________________

PART I: PREREQUISITES CHECKLIST

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

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

DIRECTIONS:
The Walnut Creek Doctoral Internship in Clinical Psychology has specific training goals and competencies, which are listed on this form. Working collaboratively at the beginning of the training year, the intern and supervisor rate the intern on all competencies listed below. Together, they identify areas of focused training and supervision for the year to ensure that the intern meets minimum levels for all professional competencies upon completion of the internship program. The baseline ratings are then used as a communication tool for the intern and supervisor to aid them in developing the Individual Training Contract, tailoring the year’s training emphases to the specific needs of the intern.

Using the following scale, the intern and supervisor rate the intern’s experiences in all competency areas. Interns are encouraged to utilize the full range of the rating scale in order to maximize training opportunities and to clarify training focus.
### Baseline Assessment Rating Scale:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>5 = Outstanding:</td>
<td>Intern's experience is commensurate with that of a person who has completed a one-year psychology internship</td>
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<tr>
<td>4 = Exceeds Expectations:</td>
<td>Intern's experience meets expectations of an entry-level psychology intern</td>
</tr>
<tr>
<td>3 = Meets Expectations:</td>
<td>Intern's experience measures expectations of an entry-level psychology intern</td>
</tr>
<tr>
<td>2 = Minimal Experience:</td>
<td>Intern has minimal experience in this competency area; needs focused training on competency expectations of an entry-level psychology intern</td>
</tr>
<tr>
<td>1 = No Experience:</td>
<td>Intern has no experience in this competency area; needs focused training on competency expectations of an entry-level psychology intern</td>
</tr>
</tbody>
</table>

### 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 Anchor:**
- Takes action to correct situations that are in conflict with professional values

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<th>Baseline Ratings</th>
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**B) Accountability**

**Essential Component:**
- Accepts personal responsibility across settings and contexts

**Behavioral Anchors:**
- Holds self accountable for own behavior and decisions made
- Receives a feedback on quality of service by supervisors and/or administrators

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

**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 and be flexible to 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
- Actively self-monitors issues related to self-care

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

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### 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

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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 biopsychosocial etiology of psychological disorders
### 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

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

**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:**
- Demonstrates 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

**Behavioral Anchor:**
- Adapts and modifies one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient

### 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

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

B) Application of ethical and professional standards

**Behavioral Anchor:**
- Applies ethical principles and standards in professional writings and presentations, treatment and teaching

### 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

B) Expressive communication skills

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

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**B) 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 implementing assessment tools which address diagnostic questions for specific patient populations

| 1 2 3 4 5 |

**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

| 1 2 3 4 5 |

**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 biopsychosocial 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 biopsychosocial assessments

| 1 2 3 4 5 |

**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:**
- Effectively develops strong therapeutic alliances
- Carries a progressively larger and more complex caseload
- Effectively implements a wide range of interventions
- Develops increasingly independent skills in facilitating group psychotherapy

| 1 2 3 4 5 |

**C) Progress evaluation**

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

**Behavioral Anchors:**
- Assesses treatment effectiveness and efficiency
- Terminates treatment effectively

| 1 2 3 4 5 |
## 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 to improve program efficacy

**Behavioral Anchor:**
- Uses methods employed in ongoing program evaluation and departmental research

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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 participates in and shares findings from ongoing program evaluation with staff/peers
- Identifies how outcome data can be applied to improve program(s)

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## GOAL 9: MANAGEMENT, DEVELOPMENT AND ADMINISTRATION

**A) Management and administration**

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

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

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**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

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

**Behavioral Anchor:**
- Gathers information necessary to answer referral or consultation 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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## GOAL 11: SUPERVISION

**A) Expectations, roles and ethics**

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

**Behavioral Anchor:**
- Adapts to a model of supervision that incorporates ethical, legal and contextual issues
- Uses supervision time effectively; is well-prepared and well-organized

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B) Processes and procedures

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

**Behavioral Anchors:**
- Provides supervision to peers (in “fishbowl” format) thoughtfully and openly
- Addresses supervisees’ competency challenges with concrete training plans
- Clearly articulates how to use supervisory relationships to aid in the professional development of peers and their patients

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C) Supervisorial skills development

**Essential Components:**
- Reflects about own relationships with supervisors, as well as their own relationships with patients
- Provides supervision independently to others in routine cases and seeks consultation as needed

**Behavioral Anchors:**
- Integrates diversity issues into conceptualization of supervision process and provides feedback to supervisors in this area

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**OPTIONAL COMPETENCY**

**GOAL 12: TEACHING & 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:**
- Presents complex information to others
- Utilizes an evaluation strategy to assess that learning objectives were met
- Integrates feedback to modify future teaching strategies

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B) Advocacy and systems change

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

**Behavioral Anchors:**
- Develops alliances with relevant individuals and/or systems to promote change
- Assesses implementation and outcome of patients’ self-advocacy

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Intern’s Signature: ___________________________ Date: __________

Primary Supervisor’s Signature ___________________________ Date: __________

Appendix B

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
INDIVIDUAL TRAINING CONTRACT

Intern Name: ____________________________________________

Training Year: ___________________________ Date: ______________

Training Site: ___________________________ Team: ______________

Primary Supervisor Name: ____________________________________________

I. TRAINING PLANS FOR MINIMAL EXPERIENCE COMPETENCY AREAS

List plan(s) for addressing all competency area(s) which intern and supervisor have rated as “1” (Minimal Experience) on the Baseline Assessment of Intern Foundational and Functional Competencies form:

II. COMPETENCY AREAS WHICH INTERN HAS IDENTIFIED FOR ADDED FOCUS

List all competency areas on which intern wishes to focus during the training year:
III. TRAINING AGREEMENTS

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

B. Secondary Supervisor: I agree with the plan for Dr. ___________________________ to be my secondary supervisor for my psychology internship year.

IV. RESPONSIBILITIES AND EXPECTATIONS OF INTERN

I understand the basic requirements and expected competencies of this doctoral internship program, and I have the Policy and Procedure Manual that details other expectations and responsibilities of the program. My progress with these responsibilities and expectations will be evaluated at quarterly intervals. This information will be confidential with the exception that it will be reported by my primary supervisor to the supervisory team. Numerical data is collected from second and fourth quarter Competencies Evaluations and collated by training site and by the region for the purpose of program evaluation.

My responsibilities and expectations are to:

- Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries
- Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Complete Required Psychological Assessments (minimum of one per quarter)
- Complete Required Program Evaluation or Research Project
- Attend Training Seminars (90%)
- Complete assigned readings
- Consistently make progress on all behavioral anchors throughout the training year
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner, that they may be re-closed within the required two-day window

I also understand and agree that:

- Supervisors bear liability in supervision regarding the standard of patient care/client welfare, and need to have complete information regarding patients and files.
- In supervision, attention to personal factors and diversity issues such as values, belief systems, biases, conflicts, and predispositions may be discussed in relation to patient care/client welfare.
- In the event that my own personal process(es) do disrupt patient care, the supervisory team and/or site training director may suggest that I seek my own personal therapy.
- If any competency area is unsatisfactory, the supervisory team and site training director will specify strategies to help me meet these competencies.
- In order to complete the training program, I must achieve a minimum rating of “3” (Consistently Meets Expectations) by the end of the fourth quarter for all behavioral anchors in the Competencies Evaluation.

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

The Intern Individual Training Contract has been agreed to on this ___________ of ____________________, 20_____.

Required Signatures:

Intern: ___________________________________________ Date: __________________

Primary Supervisor: ___________________________ Date: __________________

Site training director: ___________________________ Date: __________________

Revised 2010 from original contract created by L. Kittredge, Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology, from Falender & Shafranske, Clinical Supervision: A Competency-Based Approach, American Psychological Association, Washington, D.C., 2004, and various models posted on the APPIC Website
Appendix C

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
COMPETENCIES EVALUATION
FOUNDATIONAL AND FUNCTIONAL COMPETENCIES
WITH BEHAVIORAL ANCHORS

Intern Name: ____________________________  Training Year: __________________

Training Site: ____________________________  Team: __________________________

Primary Supervisor Name: ____________________________

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<thead>
<tr>
<th>Rating</th>
<th>Measurement</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 = Inadequate</td>
<td>At this point in the training program, Intern's performance never meets expectations for a psychology intern.</td>
<td>A rating of “1” (Inadequate) prompts the supervisor to: 1) Complete the Letter of Waming procedure in the Remediation Process (see Appendix F of the Policy and Procedure Manual); and 2) Complete a narrative describing the justification behind this rating.</td>
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<tr>
<td>2 = Needs Improvement</td>
<td>At this point in the training program, Intern’s performance sometimes meets expectations for a psychology intern.</td>
<td>A rating of “2” (Needs Improvement) prompts the supervisor to: 1) Initiate the Focused Competency Guidance process (see Appendix F of the Policy and Procedure Manual), and 2) Complete a narrative describing the justification behind this rating.</td>
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<tr>
<td>3 = Meets Expectations</td>
<td>At this point in the training program, Intern’s performance consistently meets 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.</td>
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<tr>
<td>4 = Exceeds Expectations</td>
<td>At this point in the training program, for a majority of the time, Intern’s performance exceeds expectations for a 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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<tr>
<td>5 = Outstanding</td>
<td>At this point in the training program, Intern’s performance consistently exceeds 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.

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 Anchor:

■ Takes action to correct situations that are in conflict with professional values

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B) Accountability

Essential Component:

■ Accepts personal responsibility across settings and contexts

Behavioral Anchors:

■ Holds self accountable for own behavior and decisions made

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<tr>
<th>GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)</th>
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<tr>
<td><strong>A) Scientific mindedness</strong></td>
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<tr>
<td><strong>Essential Components:</strong></td>
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<tr>
<td>• Integrates science and practice</td>
</tr>
<tr>
<td>• Uses knowledge derived from research to conceptualize cases and form appropriate treatment goals</td>
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<tr>
<td><strong>Behavioral Anchor:</strong></td>
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<tr>
<td>• Readily applies EBP to work with patients</td>
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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 biopsychosocial etiology of psychological disorders |

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

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C) Concern for the welfare of others

**Essential Component:**
- 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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<tr>
<td>Able to respond and be flexible to improvements and changing demands in the delivery of patient care</td>
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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

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<td>Communicates assessment of own strengths and weaknesses</td>
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<td>Takes action to resolve incongruencies if gaps in professional competencies</td>
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<tr>
<td>Models effective self-care</td>
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**Supervisor Comments**
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

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<td>Articulates how one’s own cultural/ethnic identity may impact patients</td>
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<td>Initiates consultation and/or supervision about diversity issues</td>
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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 Anchor:

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<td>Adapts and modifies one’s professional behavior in a culturally sensitive manner, as appropriate to the needs of the patient</td>
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Supervisor Comments

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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

Behavioral Anchors:

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<tr>
<td>Identifies complex ethical &amp; legal issues</td>
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<tr>
<td>Seeks consultation and/or supervision on complex ethical and legal matters</td>
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B) Application of ethical and professional standards

Essential Component:
- Consistently integrates ethical and legal standards into all foundational and functional competencies

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<tr>
<td>Applies ethical principles and standards in professional writings and presentations, treatment and teaching</td>
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Supervisor Comments
**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:**

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<tr>
<td>• Utilizes the unique contributions of other professionals in the overall team planning and implementation</td>
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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:**

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<tr>
<td>• Seeks clarification in challenging interpersonal communications</td>
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<tr>
<td>• Communicates effectively with individuals from other professions</td>
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**Supervisor Comments**

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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 relevant measures of diagnosis into treatment planning

**Behavioral Anchors:**

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<tr>
<td>• Applies awareness and competent use of culturally sensitive instruments and norms</td>
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<tr>
<td>• Identifies limitations of assessment data as clearly reflected in assessment reports</td>
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B) 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:**

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<tr>
<td>• Is flexible in implementing assessment tools which address diagnostic questions for specific patient populations</td>
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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
  - 1 2 3 4 5
- Writes comprehensive reports which include discussion of strengths and limitations of assessment measures to develop effective treatment plans
  - 1 2 3 4 5
- Provides timely, meaningful, understandable and useful feedback that is responsive to patient needs
  - 1 2 3 4 5

### Supervisor Comments

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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 biopsychosocial nature of psychological disorders

**Behavioral Anchors:**
- Effectively evaluates patients for risk and safety issues
  - 1 2 3 4 5
- Explains to patients and/or supervisor the rationale for empirically-supported intervention strategy
  - 1 2 3 4 5
- Conceptualizes cases during intake that lead to well thought-out diagnoses
  - 1 2 3 4 5
- Provides treatment plans based on the biopsychosocial assessments
  - 1 2 3 4 5

**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:**
- Effectively develops strong therapeutic alliances
  - 1 2 3 4 5
- Carries a progressively larger and more complex caseload
  - 1 2 3 4 5
- Effectively implements a wide range of interventions
  - 1 2 3 4 5
- Develops increasingly independent skills in facilitating group psychotherapy
  - 1 2 3 4 5

**C) Progress evaluation**

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

**Behavioral Anchors:**
- Assesses treatment effectiveness and efficiency
  - 1 2 3 4 5
- Terminates treatment effectively
  - 1 2 3 4 5

### Supervisor Comments

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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 to improve program efficacy

**Behavioral Anchor:**
- Uses methods employed in ongoing program evaluation and departmental research

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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 participates in and shares findings from ongoing program evaluation with staff/peers
- Identifies how outcome data can be applied to improve program(s)

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Supervisor Comments

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GOAL 9: MANAGEMENT, DEVELOPMENT AND ADMINISTRATION

A) Management and administration

Essential Components:
- Demonstrates awareness of the policy and procedure manual(s) as essential program resource(s)
- Demonstrates working knowledge of Kaiser Permanente Medical Centers’ health care delivery system, including electronic record-keeping

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

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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

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Supervisor Comments
### 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:**
- Demonstrates knowledge of and ability to select appropriate means of assessment/data gathering to answer consultation question

**Behavioral Anchor:**
- Gathers information necessary to answer referral or consultation 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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**Supervisor Comments**

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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

**Behavioral Anchors:**
- Adapts to a model of supervision that incorporates ethical, legal and contextual issues
- Uses supervision time effectively; is well-prepared and well-organized

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**B) Processes and procedures**

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

**Behavioral Anchors:**
- Provides supervision to peers (in “fishbowl” format) thoughtfully and openly
- Addresses supervisees’ competency challenges with concrete training plans
- Clearly articulates how to use supervisory relationships to aid in the professional development of peers and their patients

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**C) Supervisorial skills development**

**Essential Components:**
- Reflects about own relationships with supervisors, as well as their own relationships with patients
- Provides supervision independently to others in routine cases and seeks consultation as needed

**Behavioral Anchors:**
- Integrates diversity issues into conceptualization of supervision process and provides feedback to supervisors in this area

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**Supervisor Comments**

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### GOAL 12: TEACHING & 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:**
- Presents complex information to others
- Utilizes an evaluation strategy to assess that learning objectives were met
- Integrates feedback to modify future teaching strategies

#### B) Advocacy and systems change

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

**Behavioral Anchors:**
- Develops alliances with relevant individuals and/or systems to promote change
- Assesses implementation and outcome of patients’ self-advocacy

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**Supervisor Comments**

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**SIGNATURES**

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<td>Intern Signature:</td>
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<td>Supervisor Signature:</td>
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<tr>
<td>Intern Signature:</td>
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<td>Supervisor Signature:</td>
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Appendix D

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
GRIEVANCE PROCEDURES

Kaiser Permanente Doctoral 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 Doctoral Internship Programs in Clinical Psychology 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.

This policy is included in the Walnut Creek Doctoral Internship in Clinical Psychology Policy and Procedure Manual, which is available online to interns at all times. Interns are directed to review this policy during the first hour of their internship, when they report to the department where they will be training.

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 Processes, as outlined in Appendix G.
COVERAGE
These policies apply to all interns participating in Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology.

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

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

PROCEDURES

➢ VERBAL GRIEVANCE COMMUNICATION

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

The intern is responsible for communicating openly, 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 site training director and/or departmental administrators should meet with the intern (and the supervisor, if appropriate) to discuss the issue. After this discussion, the training director and/or departmental administrators 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 E

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
GRIEVANCE APPEAL

*Kaiser Permanente Doctoral 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.*

<table>
<thead>
<tr>
<th>Please Note:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) This form is to be completed by a psychology intern when appealing a program decision regarding a <strong>grievance</strong>. 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’s Due Processes, as outlined in Appendix G.</td>
</tr>
<tr>
<td>2) This appeal process excludes employees covered by collective bargaining agreements</td>
</tr>
</tbody>
</table>

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This Grievance Appeal is Addressed To:
Regional Training Director (or designee) Name:

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

**Date of Original Grievance:**
**Basis of Appeal:**

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

**Resolution Sought:**

**Signature of Intern:**
**Date:**
Appendix F

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
REMEDICATION AND CORRECTIVE ACTION PROCEDURES

Kaiser Permanente Doctoral 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.

REMEDIATION AND CORRECTIVE ACTION

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

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

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

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

COVERAGE
These policies apply to all interns participating in Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology.

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

This section includes:

- FOCUSED COMPETENCY GUIDANCE
- LETTER OF WARNING

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

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

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

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

- FOCUSED COMPETENCY GUIDANCE

Policy Statement
Focused Competency Guidance is typically triggered when an intern receives one or more ratings of “2” (“Needs Improvement”) on the CE for any behavioral anchor(s) other than those related but not limited to patient endangerment, professional misconduct, criminal conduct or substance abuse. (For program’s response to behaviors such as these, see Corrective Action policies, below.)

The “2” rating typically indicates minor competency deficit(s) that may be easily ameliorated by added training. However, should an intern receive a “2” for any of these anchors during
the third or fourth quarters of the training year, the supervisor may choose to initiate either the Letter of Warning or a corrective action procedure (see below).

**Focused Competency Guidance Process**

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

➢ **LETTER OF WARNING**

**Policy Statement**

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

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

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

**Letter of Warning Process**

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

1. Description of intern’s unsatisfactory performance
2. Identification of the targeted competency area(s)/behavioral anchors
3. Notification that intern is no longer considered in “Good Standing” within the internship program
4. Outline of measures to be undertaken to remediate intern performance, including but not limited to: schedule modification; provision of opportunities for the intern to receive added supervision and/or to attend additional seminars and/or other training activities; and/or recommendation of training resources
5. Expectations for successful outcome
6. Consequences for unsuccessful outcome (which may include initiation of Probation)
7. Timeline for completion

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

SECTION II – CORRECTIVE ACTION

This section includes:

- PROBATION
- SUSPENSION
- TERMINATION

OVERVIEW

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

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

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

Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Doctoral Internship Program 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 of an intern’s employment will result in dismissal of the intern from the training program.

In response to any of the corrective action procedures outlined in these policies, the intern may choose to write an appeal. To do so, the intern is directed to follow the Intern Due Processes, in Appendix G.
Policy Statement
Interns who are in jeopardy of not successfully completing the competency requirements of the training program or who have serious competency-related concerns that go beyond, or have not been corrected after, a focused competency review or a letter of warning, may be placed on probation by the training director. The probationary period will include more closely scrutinized supervision conducted by the regular supervisors in consultation with the training director. The training director in conjunction with the departmental manager will make this determination and implement the probationary process. The training director will monitor for a specified length of time the intern’s progress in changing or improving the behavior of concern. The outcome of Probation may be refusal of certificate of completion or termination of intern.

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

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

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

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

➤ SUSPENSION

Policy Statement

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

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

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

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

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

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

Written Suspension Notice

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

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

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

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

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

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

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

➢ TERMINATION

Policy Statement
Termination involves the permanent withdrawal of all privileges associated with the Kaiser Permanente Northern California Doctoral Internship Programs 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 training program policies, procedures or professional organization guidelines
3. Severe violation of the APA Ethical Principles and Code of Conduct
4. Unprofessional, unethical or other behavior that is otherwise considered unacceptable by the training program
5. Attempts at remediation, after a reasonable period of time, have not rectified the competency problems
6. The intern is unable to complete the program due to severe physical, mental or emotional illness
7. Serious or repeated act(s) or omission compromising acceptable standards of patient care.
Termination of an intern can be initiated immediately if the training faculty or department staff observes endangerment to patient welfare, professional misconduct or criminal behavior on the part of the intern.

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

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

**Written Termination Notice**

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

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

The termination notice may also include details such as are listed in the Written Suspension Notice, above.
Appendix G

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL INTERN
DUE PROCESS

*Kaiser Permanente Doctoral 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 training program regarding an intern’s evaluation, remediation and corrective action, and status in the training program can be fairly reviewed. Due process is a mechanism by which an intern may challenge any decision made by the program.

Interns will not be subject to reprisal in any form as a result of participating in the due process procedure.

PURPOSE
This policy is intended to facilitate 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 D and E.

This policy is included in the Walnut Creek Doctoral Doctoral Internship in Clinical Psychology Policy and Procedure Manual, which is available online to interns at all times. Interns are directed to review this policy during the first hour of their internship, when they report to the department where they will be training.

COVERAGE
These policies apply to all interns participating in Kaiser Permanente Northern California Doctoral Internship Programs in Clinical Psychology.

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

**Intern’s Written Challenge to Program Decision**
If an intern objects to the results of a program decision or an evaluation, or wishes to challenge any remedial or corrective action initiated by members of the training staff, the intern may request a review of the decision or action. In order to challenge any such decision, the intern must notify the director in writing as soon as possible after receipt of the decision. This written notification shall include the following information:
1. Name of intern
2. Current date
3. Date and description of decision under dispute
4. Description of intern’s disagreement with decision, including supporting information
5. Description of intern’s objective/goal for resolving dispute

**Hearing & Hearing Committee**

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

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

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

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

**Appeal**

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

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

**Appeal Review**

Within 5 business days after receipt of appeal, the regional training director (or designee) will review the decision along with the intern’s appeal and either accept or reject the committee’s recommendations:
• If the regional training director accepts the Hearing Committee’s recommendations, they will inform the training director who, in turn, will inform the intern and supervisors of the decision. The intern may appeal the regional training director’s final decision by contacting Human Resources consultant and their departmental manager.

• If the regional training director rejects the Hearing Committee’s recommendations, they may either: refer the matter back to the Hearing Committee for further consideration (such as the gathering of further documentation); or make a final decision. The regional training director will inform the training director of the rescission, who, in turn, will inform the intern, school field placement director and internship training supervisors of the decision.
Appendix H

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL 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 program over a range of professional domains, using the Likert scale, below.

1  Inadequate  Program never meets my expectations*
2  Needs Improvement  Program sometimes meets my expectations*
3  Meets Expectations  Program consistently meets my expectations
4  Exceeds Expectations  Program often exceeds my expectations
5  Outstanding  Program consistently exceeds my expectations

* please provide explanation for these ratings

SEMINARS AND SUPERVISORS

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

FOUNDATIONAL COMPETENCIES

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<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
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<tbody>
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<td>1: PROFESSIONALISM</td>
<td>Integrity</td>
<td>I have been supported to continually monitor my professional values</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been encouraged to take action to correct situations that are in conflict with the values of the profession</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1: PROFESSIONALISM (cont’d)</td>
<td>Professional identity and conduct</td>
<td>I have been encouraged to conduct myself in a professional manner across all settings and situations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The program emphasizes advances in the profession and the integration of science into practice in a professional manner</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td>Reflective practice, self-Assessment, and self-care</td>
<td>I have received support to practice on-going self-assessment and good self-care</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP)</th>
<th>Scientific mindedness</th>
<th>I have received guidance in applying evidence-based practices</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>I have received guidance in applying a biopsychosocial approach</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

| 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 | I have been encouraged to apply knowledge, skills and attitudes regarding dimensions of diversity to my professional work | 1 2 3 4 5 |
|              | Applications based on individual and cultural context | I have been encouraged to monitor and apply knowledge of diversity to assessment, treatment and consultation | 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 |

<p>| 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS | Knowledge of the shared and distinctive contributions of other professionals | I have been encouraged to develop and maintain effective relationships with a wide range of patients, colleagues, organizations and communities | 1 2 3 4 5 |
|                                               |                                                   | The program offers opportunities for me to collaborate effectively with other professionals | 1 2 3 4 5 |
|                                               |                                                   | I have been encouraged to contribute as a fully participating team member | 1 2 3 4 5 |</p>
<table>
<thead>
<tr>
<th>FUNCTIONAL COMPETENCIES</th>
<th>Goals</th>
<th>Sub Areas/Objectives</th>
<th>Behavioral Anchors</th>
<th>Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>6: ASSESSMENT</td>
<td></td>
<td>Selection and implementation of measurement and psychometrics</td>
<td>I have received guidance in selecting relevant methods and means of evaluation for specific patient populations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have been given supervised support to effectively implement assessment instruments</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have received guidance in effectively interpreting assessment instruments</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication of findings: Conceptualization and recommendations</td>
<td>I have been trained in how to effectively communicate assessment findings and recommendations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment Group Supervision</td>
<td>I would rate the quality of my assessment group supervision as follows:</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7: INTERVENTION</td>
<td></td>
<td>Knowledge of interventions</td>
<td>I have been trained in how to apply Best Practices in working with patients</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have received supervision to enhance my diagnostic skills</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have received training that has enhanced my abilities to evaluate and respond to risk</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Skills</td>
<td>I have been given the opportunity to demonstrate clinical skills with a wide variety of patients</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have been given the opportunity to apply empirical models in planning interventions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have been encouraged to set appropriate treatment goals for patients based on comprehensive biopsychosocial assessments</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I have received guidance in how to evaluate treatment progress and modify planning as indicated</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>8: PROGRAM EVALUATION AND RESEARCH</td>
<td></td>
<td>Scientific approach to knowledge generation</td>
<td>I have been given the opportunity to implement a program evaluation</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program evaluation and research group supervision</td>
<td>I would rate the quality of my program evaluation and research group supervision as follows:</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9: MANAGEMENT AND ADMINISTRATION</td>
<td>Management</td>
<td>I have been encouraged to contribute to managerial and administrative functions, including participating in: team meetings; the hiring process for new interns; and/or program development</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>----------------------------------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------</td>
<td></td>
</tr>
<tr>
<td>10: CONSULTATION</td>
<td>Role of Consultant</td>
<td>I have been given the opportunity to provide consultation in a manner that utilizes my professional and clinical skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervision/Feedback</td>
<td>I have received constructive feedback on my consultation skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>11: SUPERVISION</td>
<td>Expectations, roles, and ethics</td>
<td>I have been trained to understand the ethical and legal aspects of supervision while maintaining a good rapport with supervisee</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervisorial skills development</td>
<td>I have been given guidance in developing my knowledge of competency-building skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given guidance in applying competency-building skills in my supervision of supervisee, taking into account awareness of diversity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I have been given guidance in addressing supervisee’s competency challenges with concrete training plans</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervision/Feedback</td>
<td>I would rate the quality of the supervision I received for my “fishbowl”/peer supervision experiences or my supervision of practicum students or interns as follows:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>12: TEACHING &amp; 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>
<td></td>
</tr>
<tr>
<td></td>
<td>Advocacy and systems change</td>
<td>I have been given the opportunity to demonstrate advocacy for patients within the healthcare system</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervision/Feedback</td>
<td>I have received constructive feedback on my teaching/advocacy skills</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE WRITE COMMENTS BELOW AND ON BACK—THANK YOU!
Appendix I

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

PSYCHOLOGY DOCTORAL 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 internship
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 intern’s 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 J

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

Weekly Seminar Evaluation

Title of Seminar: 
Date: 
Instructor(s): 

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

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

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. Was/were instructor(s) well-informed on subject matter? 
8. Was/were the instructor(s) well prepared? 
9. Was/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. 

"Post-Doctoral Internship Experience Survey" is a questionnaire that the Northern California Kaiser Permanente Doctoral Internship Programs in Clinical Psychology send out each year to past program participants. It is designed to provide the programs with information on participants' experiences after they have finished the program, 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!

1. 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-Doctoral 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-Doctoral Internship Employment Setting-(Continued--Circle one):
   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: ________________________________________________

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 psychology doctoral internship year prepared you for your professional career, and how well the program met its goals for you. The following survey lists the program’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 psychology doctoral 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>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 monitor my professional values</td>
<td>1 2 3 4 5 N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional identity and conduct</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>
<td></td>
</tr>
<tr>
<td></td>
<td>Reflective practice, self-Assessment, and self-care</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>
<td></td>
</tr>
</tbody>
</table>

| 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP) | Scientific mindedness | I practice on-going self-assessment and good self-care | 1 2 3 4 5 N/A |

| 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 | I apply knowledge, skills and attitudes regarding dimensions of diversity to my professional work | 1 2 3 4 5 N/A |
| | Applications based on individual and cultural context | I monitor and apply knowledge of diversity to assessment, treatment and consultation | 1 2 3 4 5 N/A |

| 4: ETHICS | Knowledge of ethical, legal, and professional standards and guidelines | I research and apply knowledge of ethical, legal and professional standards and APA ethics code as well as California laws | 1 2 3 4 5 N/A |
| 5: INTERDISCIPLINARY SYSTEMS AND RELATIONSHIPS | Knowledge of the shared and distinctive contributions of other professionals | I develop and maintain effective relationships with a wide range of patients, colleagues, organizations and communities | 1 2 3 4 5 N/A |
| | | I communicate effectively with other professionals | 1 2 3 4 5 N/A |
| | | I contribute as a fully participating team member | 1 2 3 4 5 N/A |

### 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</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I enhance my abilities to evaluate and respond to risk</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I enhance my abilities to conceptualize cases and plan appropriate interventions</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I work with a wide variety of patients</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></td>
<td></td>
<td>I enhance my abilities to evaluate treatment progress and modify planning as indicated</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 or research projects</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I present/publish findings</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, committees, the hiring process and/or program development</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>
</tbody>
</table>
### 11: SUPERVISION

<table>
<thead>
<tr>
<th>Expectations, roles, and ethics</th>
<th>I monitor the ethical and legal aspects of supervision while maintaining a good rapport with supervisee</th>
<th>1 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisorial skills development</td>
<td>I develop my knowledge of competency-building skills</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>I apply knowledge of competency-building skills in my supervision of supervisee, taking into account awareness of diversity</td>
<td>1 2 3 4 5 N/A</td>
</tr>
<tr>
<td></td>
<td>I address supervisee’s competency challenges with concrete training plans</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

### OPTIONAL GOAL

<table>
<thead>
<tr>
<th>12: TEACHING &amp; ADVOCACY</th>
<th>Knowledge and skills</th>
<th>I have developed competence in teaching</th>
<th>1 2 3 4 5 N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advocacy and systems change</td>
<td>I advocate for patients within the healthcare system</td>
<td>1 2 3 4 5 N/A</td>
</tr>
</tbody>
</table>

## ADDITIONAL INFORMATION/COMMENTS:

(Blank space for comments)

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

**John B. Arden, Ph.D., Regional Training Director, Kaiser Permanente Northern California**  
Region: 415-491-3230  
john.arden@kp.org

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

**THANK YOU FOR COMPLETING THIS SURVEY!**
Appendix L

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

EVALUATION OF PRESENTATION BY
PSYCHOLOGY DOCTORAL INTERN

Topic: 

Date: 

Presenter’s Name: 

What is your current professional status?

Psychology 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 M

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

DISPUTE RESOLUTION FOR
PSYCHOLOGY DOCTORAL INTERNSHIP
TRAINING STAFF

POLICY STATEMENT
If a training supervisor has any disagreement with another supervisor, another training faculty member or an intern, or wishes to dispute a matter of program policy, he/she will be encouraged to communicate openly with his/her 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, the regional training director and/or the chief psychologist/manager of the department may become involved in the resolution process. Also, KP provides a process to secure impartial and prompt disposition of disputes. Training supervisors will not be subject to reprisal in any form as a result of participating in this dispute resolution process.

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

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

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

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

PROCEDURES

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

If the initial discussion proves unsatisfactory to the training supervisor, he/she should address the issue fully with the site 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 training director, including meeting with the training supervisor, establishing a time estimate for a response, conducting any necessary investigation, and responding to the training supervisor. The response should be given within 20 business days after the discussion.
Appendix N

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS
IN CLINICAL PSYCHOLOGY

Date  ________________

Dear  ________________

We are pleased to welcome you to the Doctoral 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: September XX, 2017 – September XX, 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: 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: ________________
## Appendix O

### SUPERVISION LOG

**Kaiser Permanente Medical Center**

<table>
<thead>
<tr>
<th>Supervisee Weekly Log of Activities</th>
<th>Month/Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisee's Name</td>
<td></td>
</tr>
<tr>
<td>Work setting in which supervision took place</td>
<td></td>
</tr>
<tr>
<td>Supervised hours for the week ending:</td>
<td></td>
</tr>
</tbody>
</table>

### Supervision & Training

- Face-to-face individual supervision with primary supervisor
- Group supervision with primary supervisor
- Face-to-face individual supervision with delegated supervisor
- Group supervision with delegated supervisor
- Training activities (e.g., didactics, case conferences, etc.)

### Professional Services Performed

- Individual psychotherapy
- Couples, children &/or family psychotherapy
- Group psychotherapy
- Testing & assessment (administration, scoring, interpretation, report)
- Intakes
- Consultations

### Other Work Performed

- Staff meetings
- Administrative duties (e.g., paperwork)
- Other professional activities (describe)

- Was this week's supervised professional experience?
  - Satisfactory
  - Unsatisfactory

### Total number of hours of supervised experience per week

---

<table>
<thead>
<tr>
<th>Primary supervisor’s printed name and psychology license number</th>
<th>I certify that the information on this form accurately represents the training activities of (supervisee)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary supervisor’s signature and date</td>
<td>(work setting).</td>
</tr>
<tr>
<td>Delegated supervisor’s printed name, license type and number</td>
<td></td>
</tr>
<tr>
<td>Delegated supervisor’s signature and date</td>
<td></td>
</tr>
<tr>
<td>Delegated supervisor’s printed name, license type and number</td>
<td>Primary supervisor’s printed name and psychology license number</td>
</tr>
</tbody>
</table>
Prepared Weekly Log of Activities

Published as a courtesy to psychology interns by the California Psychology Internship Council (CAPIC), 2728 Durant Ave, Berkeley, CA 94704. (510) 841-9230-9230 x103 - Rev 11/00

Section 1387 of the California Code of Regulations
Regarding Supervised Professional Experience Log
This section became effective January 1, 2001.

a) The supervisee shall maintain a written weekly log of all hours of SPE earned toward licensure. The log shall contain a weekly accounting of the following information and shall be made available to the board upon request:
1) The specific work setting in which the SPE took place.
2) The specific dates for which the log is being completed.
3) The number of hours worked during the week.
4) The number of hours of supervision received during the week.
5) An indication of whether the supervision was direct, individual, face-to-face, group, or other (specifically listing each activity).

b) This log must also contain the following information:
1) The supervisee’s legibly printed name, signature and date signed.
2) The primary supervisor’s legibly printed name, signature, license type and number, and date signed.
3) Any delegated supervisors’ legibly printed name, license type and number, and date signed.
4) A description of the psychological duties performed during the period of supervised professional experience.
5) A statement signed by the primary supervisor attesting to the accuracy of the information.

c) When SPE is accrued as part of a formal doctoral internship, the internship site training director shall be authorized to provide all information required in Section 1387.5(b).

Was this week’s supervised professional experience satisfactory____ unsatisfactory____
Appendix P

The Permanente Medical Group, Inc.

NOTICE OF PROVISION OF PSYCHOLOGICAL TREATMENT SERVICES
BY A DOCTORAL INTERN IN CLINICAL PSYCHOLOGY

This is to inform you that the psychological services you are receiving are provided by a Doctoral Intern in Clinical Psychology.

Intern Name: _________________________________, MA/MS
Intern Contact #: _______________________________________

Doctoral Internship Completion Date: ____________________________

This intern is working under the supervision of:

Supervisor Name: ________________________________________, PsyD
Supervisor License #: ________________________________________,
Supervisor Contact #: ________________________________________,

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

KAISER PERMANENTE NORTHERN CALIFORNIA
DOCTORAL INTERNSHIP PROGRAMS IN CLINICAL
PSYCHOLOGY

Supplement to California Board of Psychology Supervision Agreement Form

1) Describe the specific duties the supervisee will perform as they engage in psychological activities that directly serve to prepare the supervisee for the independent practice of psychology once licensed.

The supervisee performs the following duties under supervision:

- Provide assessment and psychotherapy of adults, adolescents, children and/or families in a brief therapy model
- Conduct intake evaluations
- Provide crisis intervention as needed
- Co-facilitate psychoeducational groups
- Conduct program evaluation and/or research project
- Provide phone triage, hospital consultation and urgent services
- Administer and interpret psychological tests, and write reports
- Participate in regional and departmental training activities
- Participate in departmental administrative and educational meetings
- Maintain confidential patient files/records and information in a timely manner
- Comply with regional and local policies and procedures
- Comply with APA’s Code of Ethics and state laws pertaining to the delivery of mental health services
- Maintain professional and ethical standards, including but not limited to adherence to reporting laws, confidentiality, and respect for boundaries
- Maintain a log of supervisory hours (individual and group), treatment team documentation and completed assessments
- Present challenging cases as appropriate
- Demonstrate preparedness/receptivity for supervision
- Complete Required Psychological Assessments (minimum of 4)
- Complete Required Program Evaluation or Research Project
- Complete assigned readings
- Consistently make progress on all behavioral anchors throughout the training year, achieving a rating of “3” (Consistently Meets Expectations) by the end of the fourth quarter for all behavioral anchors in the Competencies Quarterly Progress Report.
- Model professional behavior by timeliness of record keeping, report writing, meetings, supervision, patient care, etc.
- Forward HealthConnect notes of all patient sessions to the primary supervisor for review in a timely manner, that they may be re-closed within the required two-day window

The doctoral internship program is sequential, cumulative, and graduated in complexity. Graduated and sequential aspects of the internship program are achieved through supervision, evaluation, didactic seminars, case conferences, and direct patient care.
At the beginning of the training year, each intern meets with his/her supervisor(s) to determine his/her strengths, challenges, and interests by completing a baseline assessment, which is a prerequisite for individualizing his/her training goals for the year. This assessment is modeled after the same foundational and functional competencies that are measured by the Competencies Evaluation. The primary supervisor and his/her respective intern collaboratively review this assessment, in consultation with the local site director. This assessment serves as a springboard to guide the intern’s focus of training and to develop an individualized training plan.

The program’s didactic training sequence is graduated in complexity. Over the years, the program has refined its seminars based on yearly feedback from the interns. All topics are designed for an advanced level of learning and all topics are focused on important clinical issues that interns often see in their practice at KPNC. Preparation for licensure is built into the regional seminar schedule, with a didactic training offered at mid-year. Additionally, interns are encouraged to enroll in license preparation classes, for which they are eligible to be reimbursed, through tuition reimbursement. Toward the end of the internship year, the program increases it focus on both licensure preparation and clinical practice choices. At the regional level, seminars focus on more global issues relevant to keeping psychologists up-to-date about ethics, outcomes management, evidence-based practice, supervision, etc. Throughout the training year, each intern’s progress is evaluated in an ongoing collaborative process with the intern and his/her supervisor, the supervisory team and the site director.

The interns’ initial caseloads are significantly lighter than those of staff psychologists. Interns are required to work 20 clinical hours per week whereas full-time staff psychologists are expected to devote 30-32 clinical hours to direct patient care. However, the number and difficulty of cases are increased as the intern’s competency and ability to work autonomously in the KPNC setting matures. Initially, caseloads are triaged for less clinical complexity. As interns become increasingly competent and demonstrate their ability to work independently, they are assigned progressively more complex cases, depending on their competence. By mid-year, if proficient, interns are assigned cases that are generally indistinguishable from cases assigned to staff psychologists. Didactic seminars also increase in complexity, so that the general overview seminars are offered in the beginning of the internship year, while the more specialized trainings are presented toward the end of the year. These seminars are designed to take into account the interns’ prior experiences and are offered at what would be considered an advanced level, if such programs were presented as Continuing Education Credit classes. Toward the end of the year, interns are also encouraged to present program evaluation results and/or dissertation findings at clinic meetings or departmental level Continuing Medical Education (CME) to provide them with teaching experience.

2) Summarize the goals and objectives of this plan for SPE, including how socialization into the profession will be achieved.

The goals and objectives of the training program are as follows:

**FOUNDATIONAL GOALS**

**GOAL I: PROFESSIONALISM:** To provide intern with opportunities to develop and enhance professionalism in psychology throughout the training year.
GOAL 2: SCIENTIFIC KNOWLEDGE AND EVIDENCE-BASED PRACTICE (EBP): To provide intern with training in the incorporation of scientific knowledge and EBP into practice

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

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

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

FUNCTIONAL GOALS

GOAL 6: ASSESSMENT: To provide intern with training in the use of assessment instruments for the purpose of evaluation, diagnosis, and treatment planning

GOAL 7: INTERVENTION: To provide intern with training in psychotherapeutic interventions designed to alleviate suffering and promote health and well-being of individuals, groups, and/or organizations

GOAL 8: PROGRAM EVALUATION AND RESEARCH: To provide intern with instruction in program evaluation and/or research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities

GOAL 9: MANAGEMENT, DEVELOPMENT AND ADMINISTRATION: To provide intern with opportunities to participate in the management of direct delivery of services and/or administration of organizations, programs or agencies

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

GOAL 11: SUPERVISION: To provide intern with opportunities to supervise, thereby enhancing the professional knowledge base and effectiveness of supervision skills

GOAL 12: TEACHING & 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 skills in professional psychology)

Psychology interns are provided with many opportunities, formal and informal, for socialization. They are in continual contact with their peers and supervisors. Interns regularly meet with various mental health staff and take active roles in team meetings, staff meetings, CME’s, social
gatherings, as well as during supervision, service delivery, and seminars. Interns are expected to attend staff meetings where they meet with psychologists, psychiatrists, social workers, and MFTs to discuss a variety of administrative and clinical issues. In addition, interns may periodically present research that they conducted for their dissertations, Best Practices literature reviews and/or program evaluation projects.

Mentoring is an integral part of the supervision process, as cases are discussed and professional issues are explored. For example, at the beginning of each training year, interns observe their supervisors and other staff psychologists conducting intake evaluations, therapy sessions, and group treatment programs. Interns continue to have opportunities throughout the training year to provide co-therapy with their supervisors, other staff psychologists, and cohort.

Interns are encouraged to meet with available non-supervising staff for consultation. This includes department professionals, such as psychologists, psychiatrists, and psychiatric nurses, as well as the interns’ individual supervisors. At the training site, interns interact with their cohort informally on a daily basis and more formally at the weekly two-hour training seminars.

The program’s interns may meet with the three other interns in their Northern California regional cohort, up to four times per year for the regional training seminars. Interns may stay after local trainings or arrive early to regional trainings in order to have lunch and socialize with their peers. During these gatherings, interns update each other on projects and compare notes regarding training experiences. Interns also have opportunities to meet with the psychologists who are presenters or attendees of the seminars. Frequently, seminar leaders invite interns to email or call them with further questions, thus broadening interns’ access to professional networking in the Northern California Region.

Interns exchange information on a variety of topics that are relevant to them including, but not limited to, wellness and work environment, preparing for the EPPP, and career development. Together, they generate new ideas which they communicate to their supervisors and site director.

All interns attend didactic trainings for two hours per week, which focuses on aspects of clinical practice that the interns may not regularly encounter. It is important to note that diversity issues are always integrated into didactic seminars because without continual attention to these issues, the danger to over-pathologize and mistreat healthy cultural expressions of psychological distress can occur.

All interns also have a minimum of two hours per week of individual supervision. Group supervision is weekly for two hours per session. In addition, guidance on the program evaluation project is provided throughout the year in the form of the local didactic seminars which meet monthly for an hour and a half. Furthermore, the program evaluation seminar supervisor is always available to any intern for additional questions or support.

Each intern meets individually with his/her primary supervisor for at least one hour per week, and with his/her secondary supervisor for one hour per week, to discuss cases. Supervisors are also responsible for reviewing, critiquing, and electronically signing all patient session notes that interns have entered online in patients’ charts.
All interns participate weekly in two-hour group supervision, whose focus is how best to provide direct patient care within the context of an HMO setting. The group supervision sessions also provide a place for the intern to present cases in a formal manner.
Appendix R
KAISER PERMANENTE NORTHERN CALIFORNIA
MENTAL HEALTH TRAINING PROGRAMS

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 website 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.

a. **Courses/Workshops** that prepare participants for licensing examinations *must award credits, units or hours* to be reimbursable.

b. **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.*

c. **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)