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INTERN HANDBOOK:

APA Ethics Code, Policies & Forms



ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002

Effective June 1, 2003

(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04

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Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

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**AMENDMENTS TO THE 2002
"ETHICAL PRINCIPLES OF
PSYCHOLOGISTS AND CODE OF
CONDUCT" IN 2010 AND 2016**

INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by an Ethical Standard does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; public service; policy development; social intervention; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; program design and evaluation; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, Internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members and student affiliates to comply with the standards of the APA Ethics Code and to the rules and procedures used to enforce them. Lack of awareness or misunderstanding of an Ethical Standard is not itself a defense to a charge of unethical conduct.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services.

In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether a psychologist has violated the Ethics Code standards does not by itself determine whether the psychologist is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur.

The American Psychological Association's Council of Representatives adopted this version of the APA Ethics Code during its meeting on August 21, 2002. The Code became effective on June 1, 2003. The Council of Representatives amended this version of the Ethics Code on February 20, 2010, effective June 1, 2010, and on August 3, 2016, effective January 1, 2017. (see p. 16 of this pamphlet). Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Office of Ethics, American Psychological Association, 750 First St. NE, Washington, DC 20002-4242. This Ethics Code and information regarding the Code can be found on the APA website, <http://www.apa.org/ethics>. The standards in this Ethics Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints will be adjudicated on the basis of the version of the Ethics Code that was in effect at the time the conduct occurred.

The APA has previously published its Ethics Code, or amendments thereto, as follows:

- American Psychological Association. (1953). *Ethical standards of psychologists*. Washington, DC: Author.
 - American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.
 - American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.
 - American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.
 - American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.
 - American Psychological Association. (1979). *Ethical standards of psychologists*. Washington, DC: Author.
 - American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.
 - American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.
 - American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.
 - American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.
 - American Psychological Association. (2010). 2010 amendments to the 2002 "Ethical Principles of Psychologists and Code of Conduct." *American Psychologist*, 65, 493.
 - American Psychological Association. (2016). Revision of ethical standard 3.04 of the "Ethical Principles of Psychologists and Code of Conduct" (2002, as amended 2010). *American Psychologist*, 71, 900.
- Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

The modifiers used in some of the standards of this Ethics Code (e.g., *reasonably*, *appropriate*, *potentially*) are included in the standards when they would (1) allow professional judgment on the part of psychologists, (2) eliminate injustice or inequality that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, or (4) guard against a set of rigid rules that might be quickly outdated. As used in this Ethics Code, the term *reasonable* means the prevailing professional judgment of psychologists engaged in similar activities in similar circumstances, given the knowledge the psychologist had or should have had at the time.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. In applying the Ethics Code to their professional work, psychologists may consider other materials and guidelines that have been adopted or endorsed by scientific and professional psychological organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights.

PREAMBLE

Psychologists are committed to increasing scientific and professional knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of principles and standards upon which psychologists build their professional and scientific work.

This Ethics Code is intended to provide specific standards to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a

personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

This section consists of General Principles. General Principles, as opposed to Ethical Standards, are aspirational in nature. Their intent is to guide and inspire psychologists toward the very highest ethical ideals of the profession. General Principles, in contrast to Ethical Standards, do not represent obligations and should not form the basis for imposing sanctions. Relying upon General Principles for either of these reasons distorts both their meaning and purpose.

Principle A: Beneficence and Nonmaleficence

Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Psychologists strive to be aware of the possible effect of their own physical and mental health on their ability to help those with whom they work.

Principle B: Fidelity and Responsibility

Psychologists establish relationships of trust with those with whom they work. They are aware of their professional and scientific responsibilities to society and to the specific communities in which they work. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and seek to manage conflicts of interest that could lead to exploitation or harm. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of those with whom they work. They are concerned about the ethical compliance of their colleagues' scientific and professional conduct. Psychologists strive to contribute a portion of their professional time for little or no compensation or personal advantage.

Principle C: Integrity

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of

psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. Psychologists strive to keep their promises and to avoid unwise or unclear commitments. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

Principle D: Justice

Psychologists recognize that fairness and justice entitle all persons to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices.

Principle E: Respect for People's Rights and Dignity

Psychologists respect the dignity and worth of all people, and the rights of individuals to privacy, confidentiality, and self-determination. Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, and socioeconomic status, and consider these factors when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities of others based upon such prejudices.

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable

steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

1.04 Informal Resolution of Ethical Violations

When psychologists believe that there may have been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual, if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved. (See also Standards 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 1.03, Conflicts Between Ethics and Organizational Demands.)

1.05 Reporting Ethical Violations

If an apparent ethical violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution under Standard 1.04, Informal Resolution of Ethical Violations, or is not resolved properly in that fashion, psychologists take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when psychologists have been retained to review the work of another psychologist whose professional conduct is in question. (See also Standard 1.02, Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

1.06 Cooperating with Ethics Committees

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they address any confidentiality issues. Failure to cooperate is itself an ethics violation. However, making a request for deferment of adjudication of an ethics complaint pending the outcome of litigation does not alone constitute noncooperation.

1.07 Improper Complaints

Psychologists do not file or encourage the filing of ethics complaints that are made with reckless disregard for or willful ignorance of facts that would disprove the allegation.

1.08 Unfair Discrimination Against Complainants and Respondents

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

2. Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Emergencies.

(c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

(f) When assuming forensic roles, psychologists are

or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards 2.01e, Boundaries of Competence, and 10.01b, Informed Consent to Therapy.)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees, or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training, or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Emergencies; 3.05, Multiple Relationships; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.02, Use of Assessments; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating Therapy.)

3. Human Relations

3.01 Unfair Discrimination

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.02 Sexual Harassment

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.

3.05 Multiple Relationships

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest

Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services

When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships

Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intima-

cies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent

(a) When psychologists conduct research or provide assessment, therapy, counseling, or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services

provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation, or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

Psychologists have a primary obligation and take reasonable precautions to protect confidential information obtained through or stored in any medium, recognizing that the extent and limits of confidentiality may be regulated by law or established by institutional rules or professional or scientific relationship. (See also Standard 2.05, Delegation of Work to Others.)

4.02 Discussing the Limits of Confidentiality

(a) Psychologists discuss with persons (including, to the extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limits of confidentiality and (2) the foreseeable uses of the information generated through their psychological activities. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists who offer services, products, or information via electronic transmission inform clients/patients of the risks to privacy and limits of confidentiality.

4.03 Recording

Before recording the voices or images of individuals to whom they provide services, psychologists obtain permission from all such persons or their legal representatives. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy

(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to (1) provide needed professional services; (2) obtain appropriate professional consultations; (3) protect the client/patient, psychologist, or others from harm; or (4) obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.04e, Fees and Financial Arrangements.)

4.06 Consultations

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, students, research participants, organizational clients, or other recipients of their services that they obtained during the course of their work, unless (1) they take reasonable steps to disguise the person or organization, (2) the person or organization has consented in writing, or (3) there is legal authorization for doing so.

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

(a) Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant applications, licensing applications, other credentialing applications, brochures, printed matter, directory listings, personal resumes or curricula vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated.

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim degrees as credentials for their health services only if those degrees (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item. (See also Standard 1.01, Misuse of Psychologists' Work.)

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that they accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations

When psychologists provide public advice or comment via print, Internet, or other electronic transmission,

they take precautions to ensure that statements (1) are based on their professional knowledge, training, or experience in accord with appropriate psychological literature and practice; (2) are otherwise consistent with this Ethics Code; and (3) do not indicate that a professional relationship has been established with the recipient. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials

Psychologists do not solicit testimonials from current therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential therapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster or community outreach services.

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

Psychologists create, and to the extent the records are under their control, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals, (2) allow for replication of research design and analyses, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work

(a) Psychologists maintain confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standards 4.01, Maintaining Confidentiality, and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) Psychologists make plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of psychologists' withdrawal from positions or practice. (See also Standards 3.12, Interruption of Psychological Services, and 10.09, Interruption of Therapy.)

6.03 Withholding Records for Nonpayment

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.04 Fees and Financial Arrangements

(a) As early as is feasible in a professional or scientific relationship, psychologists and recipients of psychological services reach an agreement specifying compensation and billing arrangements.

(b) Psychologists' fee practices are consistent with law.

(c) Psychologists do not misrepresent their fees.

(d) If limitations to services can be anticipated because of limitations in financing, this is discussed with the recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Therapy, and 10.10, Terminating Therapy.)

(e) If the recipient of services does not pay for services as agreed, and if psychologists intend to use collection agencies or legal measures to collect the fees, psychologists first inform the person that such measures will be taken and provide that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.03, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.05 Barter with Clients/Patients

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. Psychologists may barter only if (1) it is not clinically contraindicated, and (2) the resulting arrangement is not exploitative. (See also Standards 3.05, Multiple Relationships, and 6.04, Fees and Financial Arrangements.)

6.06 Accuracy in Reports to Payors and Funding Sources

In their reports to payors for services or sources of research funding, psychologists take reasonable steps to ensure the accurate reporting of the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.07 Referrals and Fees

When psychologists pay, receive payment from, or divide fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects, or community service), training goals and objectives, stipends and benefits, and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Statements.)

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Competence.)

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding

sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard 7.02, Descriptions of Education and Training Programs.)

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.05, Multiple Relationships.)

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard 3.05, Multiple Relationships.)

8. Research and Publication

8.01 Institutional Approval

When institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expect-

ed duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limits of confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. They provide opportunity for the prospective participants to ask questions and receive answers. (See also Standards 8.03, Informed Consent for Recording Voices and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments clarify to participants at the outset of the research (1) the experimental nature of the treatment; (2) the services that will or will not be available to the control group(s) if appropriate; (3) the means by which assignment to treatment and control groups will be made; (4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun; and (5) compensation for or monetary costs of participating including, if appropriate, whether reimbursement from the participant or a third-party payor will be sought. (See also Standard 8.02a, Informed Consent to Research.)

8.03 Informed Consent for Recording Voices and Images in Research

Psychologists obtain informed consent from research participants prior to recording their voices or images for data collection unless (1) the research consists solely of naturalistic observations in public places, and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm, or (2) the research design includes deception, and consent for the use of the recording is obtained during debriefing. (See also Standard 8.07, Deception in Research.)

8.04 Client/Patient, Student, and Subordinate Research Participants

(a) When psychologists conduct research with clients/patients, students, or subordinates as participants, psychologists take steps to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or an opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing with Informed Consent for Research

Psychologists may dispense with informed consent only (1) where research would not reasonably be assumed to create distress or harm and involves (a) the study of normal educational practices, curricula, or classroom management methods conducted in educational settings; (b) only anonymous questionnaires, naturalistic observations, or archival research for which disclosure of responses would not place participants at risk of criminal or civil liability or damage their financial standing, employability, or reputation, and confidentiality is protected; or (c) the study of factors related to job or organization effectiveness conducted in organizational settings for which there is no risk to participants' employability, and confidentiality is protected or (2) where otherwise permitted by law or federal or institutional regulations.

8.06 Offering Inducements for Research Participation

(a) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements for research participation when such inducements are likely to coerce participation.

(b) When offering professional services as an inducement for research participation, psychologists clarify the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.05, Barter with Clients/Patients.)

8.07 Deception in Research

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists do not deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the data collection, and permit participants to withdraw their data. (See also Standard 8.08, Debriefing.)

8.08 Debriefing

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and they take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When psychologists become aware that research procedures have harmed a participant, they take reasonable steps to minimize the harm.

8.09 Humane Care and Use of Animals in Research

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others.)

(d) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(e) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(f) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(g) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and in accordance with accepted procedures.

8.10 Reporting Research Results

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism

Psychologists do not present portions of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit

(a) Psychologists take responsibility and credit, in-

cluding authorship credit, only for work they have actually performed or to which they have substantially contributed. (See also Standard 8.12b, Publication Credit.)

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) Except under exceptional circumstances, a student is listed as principal author on any multiple-authored article that is substantially based on the student's doctoral dissertation. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate. (See also Standard 8.12b, Publication Credit.)

8.13 Duplicate Publication of Data

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data for Verification

(a) After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

(b) Psychologists who request data from other psychologists to verify the substantive claims through reanalysis may use shared data only for the declared purpose. Requesting psychologists obtain prior written agreement for all other uses of the data.

8.15 Reviewers

Psychologists who review material submitted for presentation, publication, grant, or research proposal review respect the confidentiality of and the proprietary rights in such information of those who submitted it.

9. Assessment

9.01 Bases for Assessments

(a) Psychologists base the opinions contained in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, on informa-

tion and techniques sufficient to substantiate their findings. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

(b) Except as noted in 9.01c, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions. When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence, and 9.06, Interpreting Assessment Results.)

(c) When psychologists conduct a record review or provide consultation or supervision and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the sources of information on which they based their conclusions and recommendations.

9.02 Use of Assessments

(a) Psychologists administer, adapt, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) Psychologists use assessment instruments whose validity and reliability have been established for use with members of the population tested. When such validity or reliability has not been established, psychologists describe the strengths and limitations of test results and interpretation.

(c) Psychologists use assessment methods that are appropriate to an individual's language preference and competence, unless the use of an alternative language is relevant to the assessment issues.

9.03 Informed Consent in Assessments

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when (1) testing is mandated by law or governmental regulations; (2) informed consent is implied because testing is conducted as a routine educational, institutional, or organizational activity (e.g., when participants voluntarily agree to assessment when applying for a job); or (3) one purpose of the testing is to evaluate decisional capacity. Informed consent includes an explanation of the nature and purpose of the assessment, fees, involvement of third parties, and limits of confidentiality and sufficient opportunity for the client/patient to ask questions and receive answers.

(b) Psychologists inform persons with questionable

capacity to consent or for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

(c) Psychologists using the services of an interpreter obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and include in their recommendations, reports, and diagnostic or evaluative statements, including forensic testimony, discussion of any limitations on the data obtained. (See also Standards 2.05, Delegation of Work to Others; 4.01, Maintaining Confidentiality; 9.01, Bases for Assessments; 9.06, Interpreting Assessment Results; and 9.07, Assessment by Unqualified Persons.)

9.04 Release of Test Data

(a) The term *test data* refers to raw and scaled scores, client/patient responses to test questions or stimuli, and psychologists' notes and recordings concerning client/patient statements and behavior during an examination. Those portions of test materials that include client/patient responses are included in the definition of *test data*. Pursuant to a client/patient release, psychologists provide test data to the client/patient or other persons identified in the release. Psychologists may refrain from releasing test data to protect a client/patient or others from substantial harm or misuse or misrepresentation of the data or the test, recognizing that in many instances release of confidential information under these circumstances is regulated by law. (See also Standard 9.11, Maintaining Test Security.)

(b) In the absence of a client/patient release, psychologists provide test data only as required by law or court order.

9.05 Test Construction

Psychologists who develop tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results

When interpreting assessment results, including automated interpretations, psychologists take into account the purpose of the assessment as well as the various test factors, test-taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant limitations of their interpretations. (See also Standards 2.01b and c, Boundaries of Competence, and 3.01, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others.)

9.08 Obsolete Tests and Outdated Test Results

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results

Regardless of whether the scoring and interpretation are done by psychologists, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that explanations of results are given to the individual or designated representative unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, preemployment or security screenings, and forensic evaluations), and this fact has been clearly explained to the person being assessed in advance.

9.11 Maintaining Test Security

The term *test materials* refers to manuals, instruments, protocols, and test questions or stimuli and does not include *test data* as defined in Standard 9.04, Release of Test Data. Psychologists make reasonable efforts to maintain the integrity and security of test materials and other assessment techniques consistent with law and contractual obligations, and in a manner that permits adherence to this Ethics Code.

10. Therapy

10.01 Informed Consent to Therapy

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about the nature and anticipated course of therapy, fees, involvement of third parties, and limits of confidentiality and provide sufficient opportunity for the client/patient to ask questions and receive answers. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.04, Fees and Financial Arrangements.)

(b) When obtaining informed consent for treatment for which generally recognized techniques and procedures have not been established, psychologists inform their clients/patients of the developing nature of the treatment, the potential risks involved, alternative treatments that may be available, and the voluntary nature of their participation. (See also Standards 2.01e, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is a trainee and the legal responsibility for the treatment provided resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Therapy Involving Couples or Families

(a) When psychologists agree to provide services to several persons who have a relationship (such as spouses, significant others, or parents and children), they take reasonable steps to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the psychologist's role and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that psychologists may be called on to perform potentially conflicting roles (such as family therapist and then witness for one party in divorce proceedings), psychologists take reasonable steps to clarify and modify, or withdraw from, roles appropriately. (See also Standard 3.05c, Multiple Relationships.)

10.03 Group Therapy

When psychologists provide services to several persons in a group setting, they describe at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Therapy to Those Served by Others

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. Psychologists discuss these issues with the client/patient or another legally authorized person on behalf of the client/patient in order to minimize the risk of confusion and conflict, consult with the other service providers when appropriate, and proceed with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies with Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients

Psychologists do not engage in sexual intimacies with individuals they know to be close relatives, guardians, or significant others of current clients/patients. Psychologists do not terminate therapy to circumvent this standard.

10.07 Therapy with Former Sexual Partners

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies with Former Therapy Clients/Patients

(a) Psychologists do not engage in sexual intimacies with former clients/patients for at least two years after cessation or termination of therapy.

(b) Psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. Psychologists who engage in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bear the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated; (2) the nature, duration, and intensity of the therapy; (3) the circumstances of termination; (4) the client's/patient's personal history; (5) the client's/patient's current mental status; (6) the likelihood of adverse impact on the client/patient; and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a posttermination sexual or romantic relationship with the client/patient. (See also Standard 3.05, Multiple Relationships.)

10.09 Interruption of Therapy

When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient. (See also Standard 3.12, Interruption of Psychological Services.)

10.10 Terminating Therapy

(a) Psychologists terminate therapy when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate therapy when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination psychologists provide pretermination counseling and suggest alternative service providers as appropriate.

AMENDMENTS TO THE 2002 “ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT” IN 2010 AND 2016

2010 Amendments

Introduction and Applicability

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing authority in keeping with basic principles of human rights.~~

1.02 Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority

If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. ~~If the conflict is unresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority, Under no circumstances may this standard be used to justify or defend violating human rights.~~

1.03 Conflicts Between Ethics and Organizational Demands

If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, resolve the conflict in a way that permits adherence to the Ethics Code. take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights.

2016 Amendment

3.04 Avoiding Harm

(a) Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

(b) Psychologists do not participate in, facilitate, assist, or otherwise engage in torture, defined as any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person, or in any other cruel, inhuman, or degrading behavior that violates 3.04a.



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___ Combined, Clinical-Counseling-School

___ Other

If Other: _____

4. Degree program type:

___ Ph.D.

___ Psy.D.

___ Ed.D.

___ Other

Annual Updates* (*For events that occurred in the 2022-2023 academic year ONLY*)

Professional Activities

Member of a professional or research society: _____ Yes _____ No

Scientific Publications:

(Number of books, book chapters, or articles in peer-reviewed professional/scientific journals of which the individual was an author or co-author. Publications "in press," "under review," or "submitted" should not be counted here.)

Scientific Presentations:

(Number of workshops, oral presentations and/or poster presentations at professional meetings of which the individual was an author or co-author)

Involved in leadership roles or activities in professional organizations: _____ Yes _____ No

(e.g., Roles in local, state/provincial, regional or national organizations)

Enrollment Information

1. Date started program (*applies to new interns in 2022-2023 cohort only*):*

____ / ____ / ____
(mm) (dd) (yyyy)

2. Date left program (*if applicable*):

____ / ____ / ____
(mm) (dd) (yyyy)

If intern left during the training year, please answer question 2a. If not, skip to question 3.



2a. Reason for leaving *(please select the most applicable):*

- Successful completion of program
- Academic reasons
- Awarded terminal master’s degree
- Change in psychology area specialization
- Change in career / Employed elsewhere
- Death of student
- Did not return from absence
- Dismissed – failed program requirements
- Family or relationship matters
- Financial
- Health / Medical
- New interest outside psychology
- No reason provided to program
- Personal reasons
- Student relocated
- Transferred to a different university
- Transferred to follow academic advisor
- Voluntary withdrawal – academic difficulties
- Other Reasons

3. Full- or part-time status:*

Full-Time Part-Time

4. In U.S. dollars, specify the amount of stipend provided to this trainee *(Enter digits only, without commas. Also, enter the actual stipend paid, not full-time equivalent.):**



NEVADA

Psychology Internship Consortium

NV-PIC Leave Request Form

Name: Date Submitted:

Signature:

Site: Southern Nevada Adult Mental Health Services Rural Counseling and Supportive Services

I am requesting: Paid Time Off (PTO) Professional Development Release Time Other

Dates of Requested Leave:

Number of PTO/PD Hours Available: Number of PTO/PD Hours Remaining if Approved:

Please indicate the reason for leave and include how you will meet internship requirements while you are away or once you return from leave (attach additional sheet if necessary):

On these dates, I will miss: NV-PIC Didactic Group Supervision

This training year, I've missed the following number of Mandatory Training Activities: NV-PIC Didactic Group Supervision

Course Information (if leave is training related):

Title:

Sponsor:

Location: Hours of Training/
Scheduled Class Hours:

FOR USE BY TRAINING COMMITTEE

**Primary Supervisor must complete, and send to Training Director who sends to Site Director*

Supervisor Name: Date Received by:

Sup. Signature: Primary Supervisor

TD Signature: Training Director

Site Director (Please upload to shared drive)

Supervisor/TD Comments:

Approved: Yes No

Note: Please complete and submit this form to your primary supervisor at least two weeks prior to the anticipated date(s) of leave. Electronic signatures are permissible. If approved, the intern is responsible for communicating absences to all clients and supervisor(s) for whom work will be missed. The primary supervisor is responsible for sharing the completed form with the NV-PIC Training Director who is responsible for sharing the form with the Site Director.

Clear Form



NV-PIC Mandatory Training Activities Attendance Policy

Attendance at weekly Didactic seminars and Group Supervision is mandatory for all interns in the Nevada Psychology Internship Consortium (NV-PIC) and required for successful completion of the internship. Attendance at these scheduled activities takes priority over other site obligations. Unless otherwise noted, Didactics are also held weekly for two hours on Fridays from 8-10am. There may be times when separate NV-PIC didactics are held, and interns will receive appropriate notice of these trainings. All supervisors are aware of these activities and the attendance requirement for interns.

Attendance at some didactic seminars occurs via HIPAA compliant, distance-mediated technology (Zoom). Interns and the didactic facilitator will participate from their respective office computers. Interns are expected to participate fully and actively in these mandatory activities; interns should not be checking email, surfing the internet, completing notes, texting, sending instant messages, or doing other computer-related or non-relevant activities during didactic seminars.

The Training Director must be notified in advance of scheduled PTO or Professional Development Release time that will require missing a mandatory training activity. If an intern misses a Didactic seminar or group supervision meeting because of a serious emergency or for a serious illness, he/she/they should alert the group facilitator and the Training Director as soon as possible. Attendance at each Didactic seminar and Group Supervision meeting is tracked by NV-PIC, and absences are reported to the Training Director.

Attendance at didactics is tracked via completion of a didactic evaluation form; interns who do not complete the Microsoft Forms evaluation form within 1 week of the didactic will be considered as having missed the didactic. Additionally, if a didactic is scheduled but is cancelled for any reason after the didactic start time and an intern is absent, this still counts as an absence. Interns who miss more than 3 didactic seminars will work with the Training Director to come up with a plan to make up for missed learning experiences. Interns will be required to contact the Training Director with a proposed plan for making up for missed learning experiences within 3 working days of returning to work after having missed a didactic. Interns have one week from the time the plan is agreed upon to complete the plan and submit proof of having done so.

Attendance at group supervision is tracked by the group facilitators; all absences are reported to the Training Director. Missing more than three sessions of group supervision will be dealt with on a case-by-case basis and an appropriate response will be determined. Unexcused absences from mandatory training activities may result in initiating the NV-PIC Due Process procedures.

Attendance at other meetings

Attendance at staff, treatment team, clinical meetings, agency, and NV-PIC required trainings, and any other administrative meetings is mandatory as this is an expectation of your training year and a critical part of demonstration of ongoing professionalism. Do not schedule over meetings with client appointments or for other activities unless approved by the Training Director.

Use of cell phones and other media

Please refrain from disruptive use of cell phones, smart watches, or other wearable smart devices during administrative, supervision, or training meetings. This includes checking voice mail, texting, sending emails, checking smart watches, etc. While many devices have silent or vibrating functions, repeated checking can be distracting for other members of meetings, so you are asked to refrain from use of these devices during meetings. If you are anticipating an urgent situation or emergency, please announce that you plan to step out of the meeting to take a time-sensitive call.



NV-PIC Intern Evaluation and Record Maintenance Procedures

Successful completion of the internship requires:

- Demonstrated competence as assessed by the intern's supervisor(s)
- Completion by the intern of 2080 hours of training
- Completion of 10 assessment reports
- Completion of an intern research or program development/evaluation project
- Attendance and participation in NV-PIC didactics and group supervision (see these sections for attendance and participation requirements)

Supervisor Evaluations

The Nevada Psychology Internship Consortium (NV-PIC) requires that interns demonstrate minimum levels of achievement across all training elements as outlined in the ten NV-PIC Training Competencies. Interns are expected to achieve an intermediate to advanced level of skill on each element and to demonstrate competency by the conclusion of the internship year.

Competencies are formally evaluated by all the intern's supervisors at 3 months into the internship year (approximately November), at 7 months (approximately March), and at the conclusion of internship year (approximately July). A standard rating form includes the supervisors' summative and narrative feedback about the interns' performance regarding NV-PIC's ten expected training competencies. At each evaluation period, all the intern's supervisors and the Training Director will review these evaluations with the intern and provide an opportunity for discussion of the intern's questions and concerns about the feedback. All data points from all supervisors will be considered in the evaluations.

If an intern disagrees with evaluation ratings, the intern may request a review. Such a request must be made in writing, identifying specific points of disagreement, and must be submitted within 10 days of the evaluation meeting held between the intern and Supervision Team. The Training Director will serve as the reviewing officer, or in the case of the Training Director being a primary supervisor, the Site Director will be designated as the reviewing officer. An intern may appeal the final decision rendered following the request for review of a contested evaluation rating(s), through the NV-PIC Grievance Procedures.

Demonstrations of competence are essential. The minimum level of achievement for successful completion of internship is defined as intermediate to high intermediate competence. By the end of the internship year, interns are expected to achieve intermediate to advanced level of skills on all elements and competencies. Thus, interns must receive a rating of 4 (HI) on at least 80% of all training elements, with no ratings of 1 (R) or 2 (E), indicating intermediate to advanced level of skill, on all elements and competencies to successfully complete the program.

Rating Descriptors

N/A = Not Applicable for training period/Not Assessed during training experience

1= Needs remediation

2= Entry level/Continued Intensive Supervision Needed

3=Intermediate/routine supervision

4= High Intermediate/Occasional supervised needed/equivalent to entry-level practice

5= Advanced/Exceeds standards expected of an intern

On the first (3-months) and second (7-months) formal evaluations, a rating of Remedial (1) or if any other significant concern is presented by the supervisor about the intern's performance or progress, the program's Due Process procedures

will be initiated. The Due Process guidelines can be found in the NV-PIC shared folder and in the Intern Handbook (also on the One Drive).

Hours requirement

In addition to demonstrated competence, all NV-PIC interns are expected to complete 2080 hours of training during the internship year.

Feedback to the intern's home doctoral program is provided at or near the mid-point and at the culmination of the internship year. If successful completion of the program comes into question at any point during the internship year, or if an intern enters the Due Process procedures due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program will be contacted within 30 days. This contact is intended to ensure that the home doctoral program, which also has a vested interest in the intern's progress, is kept engaged to support an intern who may be having difficulties during the internship year. The home doctoral program is notified of any further action that may be taken by NV-PIC secondary to the Due Process procedures, up to and including termination from the program.

Meeting the hours requirement, including attending required training experiences (e.g., didactic seminars), obtaining sufficient ratings on all evaluations, completing 10 assessment reports, and completing an intern project demonstrates that the intern has progressed satisfactorily through and completed the internship program. Doctoral programs are informed within one month following the end of the internship year that the intern has successfully completed the program.

Evaluations by interns

In addition to the evaluations described above, interns complete a self-evaluation form three times during the internship year: at the beginning of the internship year, 7-months into internship (March), and at the conclusion of the internship year. Additionally, interns complete an evaluation of their supervisor and a program evaluation concurrent with the evaluations done by their supervisors (November, March, and July) to provide information supporting changes or improvements in the training program. Evaluation forms are completed in Microsoft Forms. Copies of the forms can be located in NV-PIC shared folder and in the Intern Handbook.

Record maintenance procedures

Information about interns' training experiences, evaluations by supervisors, attendance at required training activities, and certificates of completion are maintained indefinitely in a secure digital file by the NV-PIC Training Director for future reference and credentialing purposes.

General Competency Rating Descriptions

NOTE: As described in the NV-PIC Intern Evaluation Policy on the first evaluation (3-months), and the second evaluation (7-months) a score of 1 will initiate the program's Due Process procedures.

By the end of the internship year, interns are expected to achieve intermediate to advanced level of skills on all elements and competencies. Thus, interns must receive a rating of 4 (HI) on at least 80% of all training elements, with no ratings of 1 (R) or 2 (E), indicating intermediate to advanced level of skill, on all elements and competencies to successfully complete the program.

5 = Advanced. The intern shows **strong evidence** of the knowledge, awareness, and/or skill. Performance is **consistent**, even in novel situations. The intern shows **flexibility** and **exceeds** standards expected of an intern. Can perform **independently** most of the time. Seeks supervision on the most difficult or complex cases; Reviews clinical work, professional behavior, and ethical issues in a **proactive** manner with colleagues/supervisors.

4 = High Intermediate/**Occasional supervision** needed. A **frequent rating at the completion of internship**. Competency attained in all but non-routine cases; **supervisor provides overall management** of trainee's activities; depth of supervision varies as clinical needs warrant. **Equivalent to entry-level practice**.

3 = Intermediate/**Should remain a focus of supervision. Common rating throughout** internship. Routine supervision of each activity.

2 = Entry level/Continued **intensive** supervision is needed. Routine, but intensive, supervision is needed.

1 = Needs **remediation**. Increased supervision and remedial work will be required if this rating is given. This is not an acceptable level of competency for entry-level practice.

NA = Not applicable for this training experience/Not assessed during training experience/Not enough information

RESEARCH

Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems

Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications)

Disseminates research and other scholarly activities (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level

ETHICS

Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines

Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels

Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas

Conducts self in an ethical manner in all professional activities

DIVERSITY

Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with people different from them

Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service

Articulates and applies a framework for working effectively with areas of individual and cultural diversity

Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own

Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles

Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality

PROFESSIONAL VALUES & ATTITUDES

Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others

Engages in self-reflection regarding one's own personal and professional functioning

Engages in activities to maintain and improve performance, well-being, and professional effectiveness

Actively seeks and demonstrates openness and responsiveness to feedback and supervision

Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship

Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time

Maintains appropriate boundaries in professional and clinical relationships

Completes all required documentation in a timely manner

Follows proper procedure in protecting client information and case files

COMMUNICATION & INTERPERSONAL SKILLS

Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services

Demonstrates effective interpersonal skills and the ability to manage difficult situations

Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication

Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication

Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication

ASSESSMENT

Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology

Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conceptualization

Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural)

Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process

Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments

Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective

Identifies and synthesizes relevant data from multiple sources and methods into a holistic understanding of client and client's treatment needs

Generates recommendations consistent with assessment questions and assessment findings

Communicates the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences

INTERVENTION

Establishes and maintains effective professional relationships with clients

Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals

Demonstrates the ability to apply the relevant research literature to clinical decision making

Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking

Evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation

States and explains one's theoretical orientation regarding behavior change

Conceptualizes cases accurately and specifically to case, context, and diversity characteristics

INTERVENTION

Appropriately assesses and intervenes with clients who are at risk of harm to self or others

Demonstrates self-awareness and impact of self on therapeutic relationship

Terminates treatment appropriately and successfully

SUPERVISION

Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals

Applies the supervisory skill of observing in direct or simulated practice

Applies the supervisory skill of evaluating in direct or simulated practice

Applies the supervisory skills of giving guidance and feedback in direct or simulated practice

Communicates supervision needs and preferences

Seeks supervision to address challenges and barriers in clinical work

Appropriately discusses hypotheses and approaches to clinical work in supervision

Integrates feedback in order to further professional development and enhance clinical skills

Works with supervisor to set training goals and tracks progress toward achieving those goals

CONSULTATION

Demonstrates knowledge and respect for the roles and perspectives of other professions

Applies knowledge of consultation models and practices with staff across disciplines

Demonstrates ability to work within a team-based approach to clinical services

PUBLIC HEALTH

Demonstrates understanding of the public behavioral health system

Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis and treatment planning

Demonstrates knowledge of organizational, local and state policies, regulations and statutes and their impacts on the profession of psychology and the delivery of services

Demonstrates the ability to critically evaluate the system of care, including strengths, challenges and impacts on the persons served



NV-PIC Intern Evaluation Form

To be completed by all intern supervisors and by the intern as a self-evaluation.

* Required

* This form will record your name, please fill your name.

Competency Rating Descriptions

NOTE: As described in the NV-PIC Intern Evaluation Policy on the first evaluation (3-months), and the second evaluation (7-months) a score of 1 will initiate the program's Due Process procedures.

By the end of the internship year, interns are expected to achieve intermediate to advanced level of skills on all elements and competencies. Thus, interns must receive a rating of 4 (H) on at least 80% of all training elements, with no ratings of 1 (R) or 2 (E), indicating intermediate to advanced level of skill, on all elements and competencies to successfully complete the program.

5 = Advanced. The intern shows **strong evidence** of the knowledge, awareness, and/or skill. Performance is **consistent**, even in novel situations. The intern shows **flexibility** and **exceeds** standards expected of an intern. Can perform **independently** most of the time. Seeks supervision on the most difficult or complex cases; Reviews clinical work, professional behavior, and ethical issues in a **proactive** manner with colleagues/supervisors.

4 = High Intermediate/**Occasional supervision** needed. A **frequent rating at the completion of internship**. Competency attained in all but non-routine cases; **supervisor provides overall management** of trainee's activities; depth of supervision varies as clinical needs warrant. **Equivalent to entry-level practice.**

3 = Intermediate/**Should remain a focus of supervision. Common rating throughout** internship. Routine supervision of each activity.

2 = Entry level/Continued **intensive** supervision is needed. Routine, but intensive, supervision is needed.

1 = Needs **remediation**. Increased supervision and remedial work will be required if this rating is given. This is not an acceptable level of competency for entry-level practice.

NA = Not applicable for this training experience/Not assessed during training experience/Not enough information

1. Supervisor's Name *

- Dr. Bradley
- Dr. Brouwers
- Dr. Crellin
- Dr. Lech
- Dr. Fidler
- Dr. Roley
- Dr. Damas
- Dr. Fyfe
- Dr. Shermack-Warner

2. Intern's Name *

- [REDACTED]
- [REDACTED]

3. Today's Date *

4. Training year *

- 2022-2023
- 2023-2024
- 2024-2025

5. This evaluation is based on the following sources of information (check all that apply): *

- Direct observation
- Discussions in meetings
- Audio/video tape review
- Feedback from others
- Participation in meetings
- Review of clinical records
- Individual Supervision
- Group Supervision
- Other (specify)

Competency 1: Research

6. Research Competency

5 = Exhibits excellent skills in utilization of research. Consistently and independently seeks out, critically evaluates, and appropriately interprets literature to form an evidence-based practice. Is capable of teaching or guiding others in areas of research.

4 = Exhibits good skills in utilization of research. Frequently seeks out, critically evaluates, and appropriately interprets literature to form an evidence-based practice and mostly does so independently. Seeks out supervision and consultation effectively when identifying and evaluating relevant material.

3 = Exhibits some skills in utilization of research. Demonstrates some degree of independence and proactive approach to seeking out research literature but continues to require supervision to prompt and assist with literature review and evaluation. Is responsive to supervisory input and suggestions.

2 = Exhibits some awareness of the importance of effectively utilizing and evaluating the research literature and is receptive to guidance. May struggle to independently seek out relevant literature. May struggle to appropriately evaluate and interpret information from literature.

1 = Exhibits little to no understanding or familiarity with utilization of research, including a lack of awareness about these deficiencies and/or an unwillingness to correct them.

	1: Little to no	2: Some awareness	3: Some skills	4: Good skills	5: Excellent skills	Not enough information
Independently accesses and applies scientific knowledge and skills appropriately to the solution of problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the substantially independent ability to critically evaluate research or other scholarly activities (e.g., case conferences, presentations, publications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminates research and other scholarly activities (e.g., case conferences, presentations, publications) at the local (including host institution), regional, or national level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Research *

Comments (including strengths & training goals related to Research Competency):

[Empty text box for comments]

Competency 2: Ethical and Legal Standards

- 5 = Demonstrates a **superior level of knowledge** of ethical codes, professional standards, and relevant regulations. **Consistently and independently identifies** ethical dilemmas and engages in appropriate ethical decision-making. Is able to conduct self in an ethical manner across professional activities with **considerable skill** and seeks consultation on ethical matters as needed. **Knowledge base is sufficient to teach skills** to others.
- 4 = Demonstrates a **high level of knowledge** of ethical codes, professional standards, and relevant regulations. **Consistently identifies** ethical dilemmas and effectively engage in ethical decision-making. Is able to conduct self in an **ethical and skillful manner across** professional activities and **independently seeks** out supervisory support or consultation as needed.
- 3=Exhibits **knowledge** of ethical codes, professional standards, and relevant regulations. Is **generally able to recognize** ethical dilemmas and engage in ethical decision-making with some supervisory support and may occasionally need assistance from others to identify ethical issues. **Seeks out supervisory support or consultation** to help address ethical and legal issues. Demonstrates ability to conduct self in an ethical manner across professional activities.
- 2 = Exhibits **incomplete knowledge** of ethical codes, professional standards, and relevant regulations. May **require frequent assistance** from supervisors in regard to recognizing ethical dilemmas and engaging in ethical decision-making. **May require occasional support** from supervisors in order to conduct self in an ethical manner across professional activities.
- 1 = Exhibits **relatively little knowledge** of ethical codes, professional standards, or relevant regulations. Has **marked difficulty recognizing** an ethical dilemma or engaging in ethical decision-making. May **struggle with conducting self** in an ethical manner across professional activities. May willfully and/or repeatedly engage in **unethical, unprofessional, and/or illegal practice**. May exhibit some **defensiveness or disregard** for supervisory input regarding ethics, professional standards, and/or legal issues.

8. Competency 2: Ethical and Legal Standards *

	1-Little Knowledge	2-Incomplete Knowledge	3-Exhibits Knowledge	4-High Knowledge	5-Superior Knowledge	Not enough information
Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct and relevant professional standards and guidelines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes ethical dilemmas as they arise, applies ethical decision-making processes, and seeks supervision and consultation in order to resolve ethical dilemmas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducts self in an ethical manner in all professional activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Ethics & Legal Comments (including Strengths & Training Goals related to Ethical and Legal Standards Competency): *

[Empty text box for comments]

Competency 3: Individual and Cultural Diversity

5 = Demonstrates a **high level of awareness** of the ways their cultural history relates to the different historical backgrounds of others. Displays **expertise in theoretical and empirical literature** related to diversity. **Effectively integrates knowledge and awareness** of individual and cultural differences across professional roles. Demonstrates a **high level of ability** to apply knowledge to working effectively with a range of diverse individuals and groups and seeks professional consultation on these issues as needed. **Independently demonstrates** motivation to increase knowledge on human diversity. Skill level suggests an **overall level of expertise** and could effectively teach others.

4 = Demonstrates **strong awareness** of the ways their cultural history relates to the different historical backgrounds of others. Is **knowledgeable** of theoretical and empirical literature related to diversity. Has **solid knowledge and awareness** of individual and cultural differences across professional roles. Demonstrates a **high level of skill** for applying knowledge to working effectively with diverse individuals and seeks supervision or consultation on these issues as needed. Seeks to increase knowledge on human diversity when an issue or need arises.

3 = Demonstrates **awareness** of the ways their cultural history relates to the different historical backgrounds of others. Accepts feedback and has a **developing level of knowledge** of the theoretical and empirical literature related to diversity. **Demonstrates knowledge and awareness** of individual and cultural differences across professional roles and needs **occasional supervisory support** on these issues. Displays **growing skills** in applying knowledge to working effectively with diverse individuals and groups and seeks supervision on these issues as needed. Is **capable of increasing knowledge** on factors related to diversity, though may occasionally require prompting from a supervisor to do so.

2 = Demonstrates **beginning awareness** of the ways their cultural history relates to the different historical backgrounds of others. Has **some knowledge** of theoretical and empirical literature related to diversity but requires development in this area. With the support of supervision, the student is **beginning to integrate** knowledge and awareness of individual and cultural differences across professional roles. Has a **beginning level of skill** in applying knowledge of working effectively with diverse individuals and groups but continues to require significant supervisory guidance. Generally, **requires guidance** on when and how to expand knowledge base on human diversity.

1 = Demonstrates **very limited understanding** of the ways their cultural history relates to the different historical backgrounds of others and has a relatively **low level of knowledge** of theoretical and empirical literature related to diversity. Has **limited ability** to integrate knowledge and awareness across professional roles. **Struggles to apply** knowledge of working effectively with diverse individuals and groups. **May disregard or be unwilling** to explore or improve upon deficits.

10. Competency 3: Individual and Cultural Diversity *

	1-Very Limited Understanding	2-Beginning Awareness	3-Awareness	4-Strong Awareness	5-High Awareness	6-Not Observed
Demonstrates an understanding of how one's own personal/cultural history, attitudes, and biases affects how one understands and interacts with others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Articulates and applies a framework for working effectively with areas of individual and cultural diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to independently apply knowledge and approaches in working effectively with a range of diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews create conflict with one's own.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has the ability to integrate and awareness and knowledge of individual and cultural differences in the conduct of professional roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Considers relevant cultural issues in case conceptualization, selection of assessment tools, diagnosis, and determination of treatment modality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Diversity Comments (Including Strengths & Training Goals related to Individual and Cultural Diversity Competency): *

[Empty text box for diversity comments]

Competency 4: Professional Values, Attitudes, and Behaviors

5 = Demonstrates **strong professional values** and serves as a role model for other health service psychologists. Has an **excellent self-reflective** ability and shows openness to feedback. Handles complex situations with **considerable skill** and seeks consultation as needed. Has a **clear understanding of strengths and weaknesses** and is **independently motivated** to improve performance. **Consistently completes all documentation** on time and is punctual. Meaningfully participates in professional activities.

4 = **Consistently demonstrates** the professional values of health service psychology. Displays a **strong self-reflective** ability. **Demonstrates openness** to feedback and supervision. **Responds well** to complex situations and independently seeks supervisory or consultative support. Has a **good understanding** of strengths and weaknesses. **Completes most documentation** in a timely manner and is punctual. Meaningfully participates in professional activities the majority of the time.

3 = Demonstrates **developing professional values** of health service psychology. **Engages in self-reflection but may require supervisory support** in this area. **Generally, accepts feedback** and supervision without requiring supervisory support in applying this feedback. Is **capable of responding professionally** to complex situations with some supervisory support. Has **reasonable understanding** of strengths and weaknesses. **Generally completes** documentation in a timely manner with some occasional prompting. Is **generally punctual** with a few exceptions. Is **consistently attentive** and often meaningfully participates in professional activities.

2 = Demonstrates **beginning level of development** of the professional values of health service psychology. Has **emerging ability** to engage in self-reflection. **Generally accepts feedback** and supervision but **may require supervisory support in applying** feedback. Requires **significant support in demonstrating professionalism** in complex situations. May have **some difficulties with documentation timeliness** and may struggle at times with punctuality and/or to meaningfully participate in professional activities.

1 = Demonstrates **difficulty in exhibiting professional values** consistent with the field of health service psychology. May also **struggle with self-reflective skills** and responsiveness to feedback and supervision. Has a **great deal of difficulty** navigating complex situations. May **repeatedly fail** to complete documentation on time and/or consistently be significantly behind. May be **often tardy or absent** from professional activities, or often fail to meaningfully participate, or participate in a way that is counterproductive or detrimental.

12. Competency 4: Professional Values, Attitudes, and Behaviors *

	1- Demonstrates Difficulty	2-Beginning Level	3- Developing	4- Professional Values	5-Strong Values	Not enough information
Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, cultural humility, and concern for the welfare of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engages in self-reflection regarding one's own personal and professional functioning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engages in activities to maintain and improve performance, well-being, and professional effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively seeks and demonstrates openness and responsiveness to feedback and supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responds professionally in increasingly complex situations with a greater degree of independence as s/he/they progresses through internship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Actively participates in scheduled appointments, training activities, supervision, and meetings consistently and on-time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains appropriate boundaries in professional and clinical relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completes all required documentation in a timely manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows proper procedure in protecting client information and case files.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Comments (including Strengths & Training Goals related to Professional Values, Attitudes, and Behaviors Competency): *

Competency 5: Communication and Interpersonal Skills

5 = Demonstrates an **excellent ability** to form and maintain relationships with a diverse range of individuals. Demonstrates **expertise** in recognizing, incorporating, and responding to oral, nonverbal and written communication in both therapeutic and other professional relationships. Displays a **high level of skill** in managing difficult communication and seeks consultation as needed. Is seen as a **role model** for others.

4 = Demonstrates a **strong ability** to form and maintain effective relationships. Produces, comprehends, and responds to oral, nonverbal and written **communication quite effectively** in therapeutic and other professional relationships. Demonstrates consistently **strong interpersonal skills. Effectively manages difficult communication** and independently seeks consultation or supervision as needed.

3 = Demonstrates **emerging ability to form and maintain effective** relationships. Typically produces and comprehends oral, nonverbal and written communication effectively and demonstrates **good interpersonal skills. Generally is able** to incorporate and respond to clients' communications with some supervisory support. **Effectively manages difficult communication with supervisory support.**

2 = Demonstrates **occasional difficulty** in developing and maintaining relationships. **Emerging abilities** in effectively producing and comprehending oral, nonverbal and written communication. Demonstrates **beginning level of development** in effective interpersonal skills. **May require high level of supervisory support** to incorporate and respond to clients' communications in session. May require a high level of supervisory support in managing difficult communication with others.

1 = Demonstrates **difficulty in developing and maintaining relationships; Struggles** with effectively producing and comprehending oral, nonverbal and written communication. **Demonstrates problems** with interpersonal skills and struggles with difficult communication with others. **High levels of defensiveness** may interfere with communication. **May generally have difficulty** understanding, incorporating, and responding to clients' communications in session. **May be hostile, aggressive or combative** in communications with clients or other professionals.

14. **Competency 5: Communication and Interpersonal Skills** *

	1- Demonstrates Difficulty	2- Occasional Difficulty	3- Emerging Ability	4- Strong Ability	5- Excellent Ability	not enough information
Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates effective interpersonal skills and the ability to manage difficult situations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Produces, comprehends, and engages in clear, informative, and well-integrated professional written communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Produces, comprehends, and engages in clear, informative, and well-integrated professional oral communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is attuned to, incorporates, and responds to clients' verbal and non-verbal communication.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. **Comments (including Strengths & Training Goals related to Communication and Interpersonal Skills Competency):** *

Competency 6: Assessment

5 = Demonstrates **expertise** in selecting and applying assessment methods. **Skillfully interprets** assessment results to inform case conceptualizations, classifications and recommendations. Demonstrates **excellent ability** to communicate findings accurately and effectively to a wide range of audiences. **Consistently utilizes** professional literature to support assessment selection and interpretation. Is **sufficiently skilled to teach multiple** assessments to others.

4 = Demonstrates **strong skills** for selecting and applying assessment methods. **Independently interprets** assessment results to inform case conceptualizations, classifications and recommendations. **Skillfully communicates** findings accurately and effectively to a range of audiences. **Commonly utilizes** professional literature to support assessment selection and interpretation. Has **enough skill to teach one or more assessments** to others.

3 = Demonstrates **emerging skill in selecting and applying** assessment methods. **Interprets assessment** results to inform case conceptualizations, classification and recommendations; **with supervisory support as needed. Communicates findings accurately and effectively** to a range of audiences with **occasional supervisory support. Utilizes professional literature** to support assessment selection and interpretation, occasionally requiring supervisory prompting to do so.

2 = Demonstrates **beginning level of skills** for appropriately selecting and applying assessment methods. Requires a **high level of supervisory support** in interpreting results to inform case conceptualizations, classification and recommendations. **Requires supervisory guidance to select and interpret** relevant professional literature for assessment selection and interpretation. Also **requires supervisory direction** in accurately and effectively communicating findings for various audiences.

1 = Demonstrates **significant difficulty** in appropriately selecting and applying assessment methods. May have **little to no understanding**. Has **occasional errors** in administering and scoring assessments. **Struggles** with interpretation of assessment results and using them to inform case conceptualizations, classification and recommendations. **Does not autonomously seek** out professional literature to inform assessment practice. **Unable to accurately and effectively** communicate findings to various audiences.

16. Competency 6: Assessment *

	1- Significant Difficulty	2-Beginning Level Skill	3-Emerging Skill	4-Strong Skill	5-Expertise	Not enough information
Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates a thorough working knowledge of clinical interviewing techniques and utilizes clinical interviews to collect relevant data leading to appropriate diagnoses/conceptualization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates understanding of human behavior within its context (e.g., family, social, societal, and cultural).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including the context to the assessment and/or diagnostic process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately and accurately selects and applies assessment methods that draws from the empirical literature and that reflects the science of measurement, accurately administers and scores assessment instruments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately interprets assessment results following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies and synthesizes relevant data from multiple sources and methods into a holistic understanding of client and client's treatment needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates recommendations consistent with assessment questions and assessment findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Comments (including Strengths & Training Goals related to Assessment Competency): *

Competency 7: Intervention

5 = Demonstrates **expertise** in clinical intervention and displays superior skills in the areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. **Independently seeks** consultation for challenging cases or presenting concerns not previously encountered. Demonstrates **expertise** in responding to **high-risk clinical situations**. Is **recognized by others as having expertise in multiple areas** of therapeutic intervention.

4 = Demonstrates **strong skills in clinical intervention** areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. **Independently seeks supervision or consultation as needed** for specific cases or types of presenting concerns. Is **capable of managing high risk clinical situations** effectively. **May be recognized** by others as having expertise in at least one area of therapeutic intervention.

3 = Demonstrates **emerging skill** in clinical intervention but requires supervisory support for specific cases or types of presenting concerns. Displays **at least intermediate level** of skill in most areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. **Responds to high-risk clinical situations with close** consultation guidance from supervisor.

2 = Demonstrates a **beginner level of intervention** skills and may continue to require a **high level of supervisory** support in one or more areas of establishing and maintaining therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. May **need assistance in recognizing** when to seek consultation or guidance from others. Requires **high level of supervisory support** to respond to high-risk clinical situations.

1 = Demonstrates **significant difficulty in multiple areas** of establishing and maintain therapeutic relationships, developing and implementing effective and informed treatment plans, and modifying treatment to meet client needs. Demonstrates **low or poor responsiveness** to supervisory support on these issues and often fails to recognize when supervisory support is indicated. Is **unable to adequately respond- may be negligent-** to high-risk clinical situations.

18. Competency 7: Intervention *

	1- Significant Difficulty	2-Beginner Level	3-Emerging Skill	4-Strong Skills	5-Expertise	Not enough information
Establishes and maintains effective professional relationships with clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develops effective treatment plans and implements evidence-based interventions specific to the service delivery goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to apply the relevant research literature to clinical decision making.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
States and explains one's theoretical orientation regarding behavior change.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conceptualizes cases accurately and specifically to case, context, and diversity characteristics.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately assesses and intervenes with clients who are at risk of harm to self or others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates self-awareness and impact of self on therapeutic relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Terminates treatment appropriately and successfully.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Intervention Comments (including Strengths & Training Goals related to Intervention Competency): *

Competency 8: Supervision

5 – AS A SUPERVISEE, **autonomously and effectively communicates** supervision needs and preferences. **Identifies the highly salient** information for discussion in supervision. Maintains **high levels of openness** and non-defensiveness in supervision, including discussions that may provide discomfort. Independently identifies and tracks progress towards training goals. AS A SUPERVISOR, demonstrates an **excellent** understanding of models, theories and research in supervision and effectively integrates this knowledge as a supervisor. Demonstrates **expertise** when providing formative and summative feedback in supervision. Demonstrates an **integrated awareness** of areas of competence and personal limits in providing effective supervision to others. Seeks out consultation on work as a supervisor as needed.

4 – AS A SUPERVISEE, **effectively communicates** supervision needs and preferences. Is **often able** to identify the salient information for discussion in supervision. **Generally maintains** levels of openness and non-defensiveness in supervision. **Engages with supervisor** to identify and track progress towards training goals. AS A SUPERVISOR, demonstrates an **integrated understanding** of models, theories and research in supervision. **Effectively applies** this knowledge as a supervisor. Displays **strong skills** when providing formative and summative feedback in supervision. Has **awareness of areas of competence** when supervising others and independently seeks out guidance or consultation with colleagues.

3 – AS A SUPERVISEE, **generally communicates** supervision needs and preferences. Is **often able to identify** the salient information for discussion in supervision, with some assistance from supervisor. **Often maintains** levels of openness and non-defensiveness in supervision. **Engages with supervisor** to identify and track progress towards training goals. AS A SUPERVISOR, demonstrates a **good knowledge** base in supervisory models and related literature, including its application to the supervision process. **Continues to develop** skills for providing formative and summative feedback as a supervisor but **may require occasional guidance** while supervising. When supervising, **displays knowledge** of clinician's own limits.

2 – AS A SUPERVISEE, **participates in discussion** of supervision needs and preferences with supervisory guidance. Has **entry-level ability** to identify salient information for discussion in supervision. May **struggle occasionally** to remain open and non-defensive. **Can participate** with supervisor in identifying training goals. AS A SUPERVISOR, demonstrates **beginning knowledge** of supervisory models and related literature, including its applications in the supervision process. Is **developing skills** in providing formative and summative feedback as a supervisor and **may require a high level of support** while supervising. When supervising, awareness of the clinician's own limits is emerging.

1 – AS A SUPERVISEE, **struggles to effectively communicate** supervision needs and preferences. May engage with supervisor in a **hostile or confrontational** manner. Has **frequent difficulty** identifying salient information to discuss in supervision. May be **frequently defensive** to supervisory feedback. **Struggles to participate** in meaningful goal setting and tracking for training goals. **AS** demonstrates **limited** knowledge of supervisory models or related literature and/or **struggles** applying this information within the supervision process. Demonstrates a **low level of skill** when providing formative and summative feedback as a supervisor. **Lacks awareness** of own limits when supervising.

20. Competency 8: Supervision *

	1-Struggles	2-Entry Level Ability	3-Developing Skills	4-Strong Skills	5-Expertise	Not enough information
Applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applies the supervisory skill of observing in direct or simulated practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applies the supervisory skill of evaluating in direct or simulated practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applies the supervisory skills of giving guidance and feedback in direct or simulated practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeks supervision to address challenges and barriers in clinical work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Appropriately discusses hypotheses and approaches to clinical work in supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrates feedback in order to further professional development and enhance clinical skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works with supervisor to set training goals and tracks progress toward achieving those goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate s supervision needs and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Supervision Comments (including Strengths & Training Goals related to Supervision Competency): *

Competency 9: Consultation and Interprofessional/Interdisciplinary Collaboration

5 = Demonstrates **excellent** abilities for consultation with other professionals across disciplines. Displays **integrated knowledge** of unique patient care roles of other professionals. **Effectively consults** with other professionals in a highly skilled manner. **Excels** as a member of a team-based approach to clinical services.

4 = Demonstrates **strong skills** for consulting with professionals across disciplines. Displays a **high level** of knowledge of unique patient care roles of other professionals. Demonstrates **effective skills** for consulting with other professionals. Is a **highly effective** member of a team-based approach to services.

3 = Demonstrates **ability to consult** with professionals across disciplines with support from supervisors. Displays **knowledge of unique patient care roles** of other professionals. Demonstrates **ability to consult** with other professionals with supervisory support. Has **emerging skills** that may require some supervisory guidance as a member of a team-based approach to clinical services.

2 = Demonstrates **limited ability** in consulting with other professionals across disciplines and may feel uncomfortable in this role. Displays **beginning knowledge** of the unique patient care roles of other professionals. Has **beginning skills** for consultation with other professionals but **may require significant supervisory support**. Requires **high levels of supervision** to understand and embody the role of treatment-team member.

1 = Demonstrates **significant difficulty** or **marked deficiencies** in consulting with other professionals. Displays **limited knowledge** of the unique patient care roles of other professionals. Has **difficulty applying** knowledge to effective consultation with other professionals. **Does not effectively work** within a team-based approach to clinical services. **May be ineffective** and/or **detrimental** in this capacity, including providing inaccurate or inappropriate information.

22. Competency 9: Consultation and Interprofessional/Interdisciplinary Collaboration *

	1- Significant Difficulty	2- Limited Ability	3- Demonstrates ability	4- Strong Skills	5- Excellent Ability	Not enough information
Demonstrates knowledge and respect for the roles and perspectives of other professions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Applies knowledge of consultation models and practices with staff across disciplines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates ability to work within a team-based approach to clinical services.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Comments (including Strengths & Training Goals related to Consultation Competency): *

Competency 10 (Program Specific): Public Behavioral Health

5 = Has an **excellent understanding** of the public behavioral health system and the impact of it and other social and environmental stressors that impact underserved clients. Has **excellent knowledge** and understanding of policies, regulations, and statutes that impact service delivery. Has **superior abilities** to critically evaluate the system of care and make meaningful, empirically supported recommendations for change. Is **proactive** at advocating for informed changes to improve the services available.

4 = Has a **strong understanding** of the public behavioral health system and its impact on underserved clients. Is **able to recognize and incorporate** social and environmental factors into clinical work with underserved populations. Has a **strong understanding** of policies, regulations, and statutes that inform work. Can **critically evaluate** the system of care and recognize areas for improvement. Can **identify opportunities** to advocate on behalf of clients to improve services.

3 = Has a **good foundational understanding** of the public behavioral health system. With occasional supervisory guidance, understands and incorporates the impact of social and environmental factors in clinical work with underserved populations. Has an **emerging understanding** of policies, regulations, and statutes that inform work. With **some support and guidance** is able to critically evaluate the system of care and identify areas for potential improvement. **May need continued support** in advocating for realistic and informed change.

2 = Has a **beginning level of understanding** of the public behavioral health system. **Relies on supervisory** guidance to understand the impact of social and environmental factors in clinical work with underserved populations. **Generally relies on supervisors** for information on policies, regulations, and statutes that inform work but recognizes needs to ask for supervisory guidance.

1 = Generally **lacks an understanding** of the public behavioral health system despite significant supervisory support. **Frequently struggles** to recognize the impact of social and environmental factors in clinical work with underserved populations. **May blame or further marginalize** the population. Is **uninformed regarding** relevant policies, regulations, and statutes and remains that way despite direction from supervisors.

24. Competency 10 (Program Specific): Public Behavioral Health *

	1-Lacks Understanding	2-Beginning Level	3-Good Understanding	4-Strong Understanding	5-Excellent Understanding	Not enough information
Demonstrates understanding of the public behavioral health system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates understanding of and sensitivity to the specific social and environmental stressors of underserved client populations by appropriately considering these factors in assessment, diagnosis, and treatment planning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates knowledge of organizational, local, and state policies, regulations, and statutes and their impact on the profession of psychology and the delivery of services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Demonstrates the ability to critically evaluate the system of care, including strengths, challenges, and impacts on persons served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Comments (including Strengths & Training Goals related to Public Behavioral Health Competency): *

26. Comments on Intern's overall performance: *

Remedial Work Instructions

In the rare situation when it is recognized that an intern needs remedial work, this should be shared with the intern and Training Director immediately, prior to any deadline date for evaluation. In order to allow the intern to gain competency and meet passing criteria for the training activity, these areas must be addressed proactively, and a remedial plan needs to be devised and implemented promptly.

Goal for Internship Evaluations completed at 3 months and 7 months

All competency areas will be rated at a level of competence of 2 or higher. No competency areas will be rated as 1. Due process procedures will be initiated if a rating of 1 is given.

Goal for Internship Evaluations completed at 12 months:

At least 80% of competency areas will be rated at a level of competence of 4 or higher. No competency areas will be rated a 1 or 2.

27. Choose One Option Below *

- The intern HAS successfully completed the above goal. We have reviewed this evaluation together.
- The intern HAS NOT successfully completed the above goal. The intern has been informed of entering due process and I will be notifying the NV-PIC Training Director. We have reviewed this evaluation together.

Please print & sign last page & upload using link after reviewing.

28. Supervisor's Signature

29. Date

30. Intern's Signature: I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement and that I can appeal the above scores per the NV-PIC Intern Handbook procedure.

31. Date

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



NV-PIC Primary Supervisor Evaluation

To be completed by intern at 3-months, 7-months, and 12-months into training year (concurrent with intern evaluation) and discussed with supervisor during intern evaluation meeting.

* Required

* This form will record your name, please fill your name.

1. Intern Name *

[Redacted]

[Redacted]

2. Supervisor Name *

- Dr. Bradley
- Dr. Brouwers
- Dr. Crellin
- Dr. Damas
- Dr. Fidler
- Dr. Fyfe
- Dr. Lech
- Dr. Roley
- Dr. Shermack-Warner

3. Evaluation Month *

- 3 month
- 7 month
- 12 month

4. Dates of Evaluation (date range) *

General Characteristics of Supervisor

Scoring Criteria:

- 1 Significant Development Needed--Significant improvement is needed to meet expectations
- 2 Development Needed-- Improvement is needed to meet expectations
- 3 Meets Expectations
- 4 Exceeds Expectations--Above average experience
- 5 Significantly Exceeds Expectations--Exceptional experience
- N/A--Not Applicable/Not Observed/Cannot Say

NOTE: Any score below a 3 on any item will result in corrective action as deemed appropriate by the Training Committee in order to improve the intern's supervisory experience.

This evaluation is designed to help you provide thoughtful feedback to your primary supervisor. Please mark the number that best represents the quality of the supervision you received. Space is provided for your comments or suggestions for improvement.

5. General Characteristics of Supervisor *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Is accessible for discussion, questions, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allots sufficient time for supervision and scheduled supervision meetings appropriately.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps sufficiently informed of case(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is interested in and committed to supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sets clear objectives and responsibilities throughout supervised experience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. General Characteristics of Supervisor cont. *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Is up to date in understanding of clinical populations and issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presents as a positive role model.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains appropriate interpersonal boundaries with patients and supervisees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides constructive and timely feedback on supervisee's performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages appropriate degree of independence.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. General Characteristics of Supervisor cont. *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Demonstrates concern for and interest in supervisee's progress, problems, and ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicates effectively with supervisee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacts respectfully with supervisee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains clear and reasonable expectations for supervisee.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides a level of case-based supervision appropriate to supervisee's training needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. General Characteristics of Supervisor cont *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Models ethical and professional behaviors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Focuses on the implications, consequences, and contingencies of specific behavior in counseling and supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offers resource information when requested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explains criteria for evaluation clearly and in behavioral terms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifies supervisee areas of possible countertransference issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. Comments: *

10. Development of Clinical Skills *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Assists in coherent conceptualization of clinical work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assists in translation of conceptualization into techniques and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is effective in providing training in behavioral health intervention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is effective in providing training in assessment and diagnosis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is effective in providing training in systems collaboration and consultation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Development of Clinical Skills cont. *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Is effective in helping to develop short-term and long-range goals for patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promotes clinical practices in accordance with ethical and legal standards.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides supervisee the freedom to develop flexible and effective intervention and assessment skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides useful suggestions for developing supervisee intervention and assessment skills.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Invests time and energy in video review and/or direct observation feedback discussions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Development of Clinical Skills cont. *

	1-Needs Significant Improvement	2-Development Needed	3-Meets Expectations	4-Exceeds Expectations	5-Significantly Exceeds Expectations	6-N/A
Identifies supervisee clinical strengths and growth edges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps supervisee define and achieve specific concrete goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allows supervisee to discuss problems encountered in the internship training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Encourages supervisee to engage in self-evaluation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helps supervisee organize relevant case data in planning goals and strategies with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Comments: *

Summary

14. What aspects (style/approaches/techniques/feedback) of supervision were most helpful to you? *

15. Describe how supervision or the training experience could be enhanced/improved: *

16. What suggestions do you have for your supervisor to improve his/her/their supervisory skills? *

17. Supervisor's Signature

18. Intern's Signature

19. Date

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.



NV-PIC Program Evaluation

To be completed by intern at 3-months, 7-months, and end of training year and discussed with supervisor during intern evaluation meeting.

* Required

* This form will record your name, please fill your name.

1. Intern Name *





2. Supervisor(s)-select all that apply *

- Dr. Bradley
- Dr. Brouwers
- Dr. Crellin
- Dr. Roley
- Dr. Lech
- Dr. Damas
- Dr. Fidler
- Dr. Fyfe
- Dr. Shermack-Warner

3. Dates of Evaluation (e.g., 11/19/2022 to 3/22/2023) *

4. Program evaluation completed at: Choose One *

- 3 months
- 7 months
- Final

Cohort Experience

This Program Evaluation is utilized by NV-PIC to continually improve and enhance the training program. All responses are reviewed by the Training Committee, and your feedback is carefully considered. **Any ratings of "Poor" or "Fair"** will result in action by the Training Committee to address the problematic item, so please include detailed explanatory comments wherever applicable in order to help us respond most effectively.

5. Cohort Experience: In this section, please provide ratings related to your weekly training activities.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent *

	1-Poor	2-Fair	3-Good	4-Excellent
Overall quality of didactic lectures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of didactic lecture topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for peer support, consultation, and socialization at your site	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for peer support, consultation, and socialization with NV-PIC cohort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Cohort Experience Comments: *

Overall Quality of Training in Major Areas of Professional Functioning

For the following items on NV-PIC's identified areas of competency, please rate the quality of the training you have received in each of the profession wide and program-specific competencies below.

Please consider your experience with **didactic seminars, professional development opportunities, supervision, and direct clinical experiences** and other **experiential training** when evaluating training in each competency.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

7. Research

For the following items on NV-PIC's identified areas of competency, please rate the quality of the training you have received in each of the profession wide and program-specific competencies below.

Please consider your experience with **didactic seminars, professional development opportunities, supervision, and direct clinical experiences** and other **experiential training** when evaluating training in each competency.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

*

	1-Poor	2-Fair	3-Good	4-Excellent
Scientific Knowledge and Methods (Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research & Evaluation – Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Research Comments: *

9. Ethical and Legal Standards

For the following items on NV-PIC's identified areas of competency, please rate the quality of the training you have received in each of the profession wide and program-specific competencies below.

Please consider your experience with **didactic seminars, professional development opportunities, supervision, and direct clinical experiences** and other **experiential training** when evaluating training in each competency.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

*

	1-Poor	2-Fair	3-Good	4-Excellent
Training in ethics code/guidelines/ standards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in relevant law, regulation, and policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training in ethical decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Ethics & Legal Standards Comments: *

11. Individual and Cultural Diversity

For the following items on NV-PIC's identified areas of competency, please rate the quality of the training you have received in each of the profession wide and program-specific competencies below.

Please consider your experience with **didactic seminars, professional development opportunities, supervision, and direct clinical experiences** and other **experiential training** when evaluating training in each competency.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

*

	1-Poor	2-Fair	3-Good	4-Excellent
Individual and Cultural Diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and supervision received for individuals who are different from you in terms of diversity factors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Given NV-PIC's focus on serving the underserved, to what extent has NV-PIC prepared you to be successful in your clinical work with this population?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please rate the breadth of the experiences you had with diverse clients. Include all aspects of diversity (e.g., country of origin, non-English speaking, ableness, socioeconomic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



12. What do you see as the strengths of diversity **training** received? *

13. What do you see as the limitations/areas of improvement of diversity **training** received? Suggestions are welcome. *

14. What do you see as the strengths of these (diversity) **clinical** experiences? *

15. What do you see as the limitations/areas of improvement of these **clinical** experiences? Suggestions are welcome. *

16. Scoring Criteria for the next two items: *

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
I feel challenged to consider my own pre-conceived ideas and beliefs about individuals from diverse backgrounds.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe sharing my concerns about diversity and inclusion in supervision, staff/clinical consultation meetings, and with peers, training faculty, and the Training Director.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Diversity Comments: *

Overall Quality of Training in Major Areas of Professional Functioning

For the following items on NV-PIC's identified areas of competency, please rate the quality of the training you have received in each of the profession wide and program-specific competencies below.

Please consider your experience with **didactic seminars, professional development opportunities, supervision, and direct clinical experiences** and other **experiential training** when evaluating training in each competency.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

18. Training Competencies

	Poor	Fair	Good	Excellent
Professional Values, Attitudes, & Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication & Interpersonal Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consultation & Interprofessional/ Interdisciplinary Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public Behavioral Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervision (received by you)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please provide comments on training competencies above (question 18): *

Please answer the following questions regarding your overall experience at NV-PIC.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

20. Overall quality of training *

- Poor
- Fair
- Good
- Excellent

21. Overall quality of training comments: *

22. Breadth of clinical intervention experience *

- Poor
- Fair
- Good
- Excellent

23. Breadth of clinical intervention experience comments: *

24. Satisfaction with number of client contacts *

- Poor
- Fair
- Good
- Excellent

25. Satisfaction with number of client contacts comments: *

26. Clarity of expectations and responsibilities of intern at training site *

- Poor
- Fair
- Good
- Excellent

27. Clarity of expectations and responsibilities of intern at training site comments: *

28. Role of intern at the site *

- Poor
- Fair
- Good
- Excellent

29. Role of intern at the site comments: *

30. Caseload was appropriate to meeting educational/training needs *

- Poor
- Fair
- Good
- Excellent

31. Caseload was appropriate to meeting educational/training needs comments: *

32. What has been your favorite training experience so far? Why? *

33. What has been your least favorite training experience so far? Why? *

34. If you could change one aspect of your internship experience at this point in the training year, what would it be and why? *

35. Please provide additional comments/feedback about your experience at NV-PIC: *

Supervision Experiences

36. Please answer the following question regarding your supervision experiences.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

*

	1-Poor	2-Fair	3-Good	4-Excellent
Helpfulness of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability of supervisors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supervisors as professional role models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of teaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Please provide additional comments/feedback about your supervision experience and provide explanations for any "poor" or "fair" ratings above. Put N/A if appropriate. *

Secondary Supervisors

Please answer the following questions regarding your secondary supervisor(s). If you have more than one secondary supervisor, please rank each separately in the spaces provided. If you did not have a secondary supervisor, please leave this section blank.

38. Secondary Supervisor 1

- Dr. Bradley
- Dr. Brouwers
- Dr. Crellin
- Dr. Damas
- Dr. Fyfe
- Dr. Fidler
- Dr. Lech
- Dr. Roley

39. Secondary Supervisor 1: Overall Quality of Supervision

- Poor
- Fair
- Good
- Excellent

40. Please provide additional comments/feedback about your secondary supervisor.
Please provide explanations for any "poor" or "fair" ratings above: *

41. Secondary Supervisor 2

- Dr. Bradley
- Dr. Brouwers
- Dr. Crellin
- Dr. Damas
- Dr. Fyfe
- Dr. Fidler
- Dr. Lech
- Dr. Roley

42. Secondary Supervisor 2: Overall Quality of Supervision

- Poor
- Fair
- Good
- Excellent

43. Please provide additional comments/feedback about your secondary supervisor.
Please provide explanations for any "poor" or "fair" ratings above: *

44. Please provide feedback for any other supervisors you would like to comment on.

Orientation, Socialization

Please answer the following miscellaneous items regarding your internship experience.

Scoring Criteria: 1=Poor; 2= Fair; 3= Good; 4= Excellent

45. NV-PIC Orientation (Answer only at 3-month evaluation)

1	2	3	4
---	---	---	---

46. Orientation to working at Site (Answer only at 3-month evaluation)

1	2	3	4
---	---	---	---

47. Opportunities for socialization into the profession (i.e., training opportunities and experiences related to becoming a professional psychologist) *

1	2	3	4
---	---	---	---

48. Comments/Recommendations for enhancement in any of the above areas: *

Other Feedback and Recommendations (For 3- and 7 Month Evaluations only)

49. Please provide any other feedback and recommendations that you believe might be helpful or might improve the internship: *

50. Please provide any feedback that you think would help improve this program evaluation survey: *

End of Year Feedback and Recommendations (For Final Evaluation Only)

51. Is this the end of the year evaluation? *

Yes

No

52. Is there anything else you would like to share about NV-PIC's attention to diversity throughout the internship? If yes, please provide your suggestions below. If no, move to the next question.

53. Describe the aspects of the NV-PIC training experience that you liked and would suggest continuing in future years.

54. Describe any aspects of the NV-PIC training experience that you did not like and would suggest not continuing in future years.

55. Do you have any other suggestions, not already provided, for improving NV-PIC?

56. Please provide any feedback that you think would improve this program evaluation survey.

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NV-PIC Upload Evaluations

Please upload signed pdf versions of all signed evaluations program, intern, & supervisor).

Please name them as follows:

Intern last name, intern first name, NV-PIC [intern, program, supervisor] Evaluations, [3, 7, 11 months]

* This form will record your name, please fill your name.

1. Upload signed intern evaluation

 **Upload file**

File number limit: 1 Single file size limit: 100MB Allowed file types: PDF

2. Upload signed supervisor evaluation

 **Upload file**

File number limit: 2 Single file size limit: 10MB Allowed file types: PDF

3. Upload signed program evaluation

 **Upload file**

File number limit: 1 Single file size limit: 10MB Allowed file types: PDF

Didactic Evaluation 2022-2023

Submit your completed form within one week of the scheduled didactic.

* Required

1. Date of Didactic *

2. Didactic Title: *

3. Didactic Presenter(s) *

4. Intern number assigned by the NV-PIC Didactics Coordinator: *

- 1
- 2
- Not an intern

5. Role in department *

- Field Placement Student
- Practicum Student
- Doctoral Psychology Intern
- Psychological Assistant
- Licensed Psychologist

6. The presenter was well-prepared. *

1	2	3	4
---	---	---	---

Marginally

Very

7. How much did you learn? *

1	2	3	4
---	---	---	---

Nothing at all

A lot

8. The presenter used good visuals/demonstrations/examples *

1	2	3	4
---	---	---	---

No, not at all

Yes, they were very good

9. Were there tools/techniques/nuggets that you can use in your practice? *

1	2	3
---	---	---

No

Definitely

10. I was engaged throughout the presentation *

1	2	3	4
---	---	---	---

Not really

Definitely

11. Overall rating of presenter *

Not so good     Rockstar

12. Overall rating of presentation *

Not so good     It was awesome

13. Overall rating of the topic (aside from the delivery of the material) *

Hate it...never train on this again.     This topic should be offered every year without fail.

14. Suggestions for improving this didactic *

- Get a different instructor
- Allow more time for this topic
- Adjust the content for this topic (provide specifics below)
- Don't teach this again
- Add more practical/practice components (provide specifics below)
- Other

15. Suggestions for improving this didactic as noted on #14. If none, enter N/A. *

16. What aspects of this didactic were most useful or valuable? *

17. This is a topic I would like to receive additional training on. *

- Yes
- No

18. Other topics I would like to receive additional training on, such as a webinar, conference, or professional development day:

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NV-PIC Clinical Supervision Agreement

Purpose:

The purpose of supervision is to promote interns' professional development, help interns attain clinical competence, satisfy interns' training needs, ensure the welfare and protection of interns' clients, and fulfill internship supervision requirements.

Structure:

This supervision agreement pertains to the training year beginning on August 14, 2023 and concluding on August 9, 2024. Interns receive a minimum of 2 hours of individual supervision and 2 hours of group supervision each week. Thus, all interns receive a minimum of four hours of total supervision per week.

The following individuals are involved in the supervision of Doctoral Psychology Intern

Supervisor Name	Supervisor Role	Hours of Supervision	Frequency of Supervision	Format of Supervision	License Type & Number

Supervisors assume the legal responsibility and liability for interns' clients. Since supervisors bear this legal responsibility and liability for interns' clients, interns will provide complete information about clients to their supervisors, especially information that pertains to situations of possible risk. Given the liability issues, interns will abide by supervisors' guidance, decisions, and instructions. Supervisees will only provide professional services to clients they have been assigned by their supervisor(s) and are receiving supervision for.

Confidentiality and the normative limits of confidentiality exist for intern disclosures in supervision. These limits of confidentiality include supervisors upholding legal and ethical requirements and supervisors reporting to licensing boards, NV-PIC faculty, and interns' graduate programs.

Supervisors will observe interns' work by direct (live observation) and indirect (case notes, verbal report, process notes, audio recordings, video recording) means. Supervision will focus on helping interns achieve a level of competence in the ten NV-PIC Training Competencies (see "NV-PIC Aims and Competencies") consistent with the level of competence of an entry-level psychologist. These ten NV-PIC training competencies are: Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention; Supervision; Consultation and Interprofessional/Interdisciplinary Skills; and Public Behavioral Health. Supervisors' evaluations of interns will be based on these ten Training Competencies (see "NV-PIC Intern Evaluation").

Throughout the training year, interns and their supervisors will identify the interns' strengths and growth edges. From this ongoing assessment, supervisors and interns will jointly establish interns' training goals and priorities. Training faculty will be discussing intern progress on a regular basis.

NV-PIC Clinical Supervision Agreement

While it is understood that an inherent imbalance exists in the intern-supervisor relationship, nevertheless, the supervisory relationship should be a two-way process where feedback is given to and received from both supervisor and intern. Feedback given to a supervisor will not have any impact on performance ratings. We encourage honest and direct feedback so that training needs can get met.

Supervision may at times include sensitive discussion about interns' personal values, beliefs, feelings, and cultural biases. This discussion is not psychotherapy; it serves only the interns' learning, case monitoring and professional development.

Supervisor Responsibilities:

1. Comply with the APA Ethical Principles of Psychologists and Code of Conduct, Nevada Revised Statutes, Nevada Administrative Codes, the Nevada Board of Psychological Examiners, and internship site's institutional policies and procedures.
2. Monitor intern's clinical work by direct observation (live observation) and indirect observation (case notes, verbal report, process notes, audio recording, video recording).
3. Provide the intern with ongoing feedback about his or her or their clinical work.
4. Assume liability and legal responsibility for the intern's clinical work with clients.
5. Review, provide feedback about, and cosign intern's written documentation about clients, including progress notes, assessment reports and treatment plans.
6. Be respectful of the intern, model professionalism, and be a helpful mentor.
7. Teach clinical skills and assist interns in the development of their professional identity.
8. Employ the skills needed to facilitate a positive learning relationship.
9. Be accessible for urgent matters and client emergencies.
10. Arrange for coverage in the event of the supervisor's absence.
11. Provide ongoing informal evaluation and periodic (i.e., 3-month, 7-month, and conclusion of internship) formal evaluation of intern's work.
12. If, at any time during the training year, the supervisor concludes that the intern is not meeting standards (i.e., the intern scores less than 2 during the first or less than 3 during the second or third evaluation periods on any training element), the supervisor will immediately discuss this with the intern. Together they will develop a plan to strengthen the intern's competence in this area; depending upon whether or not due process is initiated, the Training Director and/or additional supervisors may be involved in the development of this plan.
13. Discuss with intern's differences of opinion, power differential issues, and difficulties which may arise in the supervisory relationship.

Intern Responsibilities:

1. Comply with the APA Ethical Principles of Psychologists and Code of Conduct, Nevada Revised Statutes, Nevada Administrative Codes, the Nevada Board of Psychological Examiners, and internship site's institutional policies and procedures.
2. Work as hard as possible to have a successful training experience.
3. Be curious.
4. Be an avid learner.
5. Be open to feedback.
6. Be prepared for supervision. This may include having completed case notes, having prepared to discuss particular cases, and/or having submitted video or audio recordings to supervisor. Follow up on each supervision task in the agreed upon time frame.

NV-PIC Clinical Supervision Agreement

7. Follow all supervisor instructions.
8. Identify to clients one's role as a Doctoral Psychological Intern, the name and contact information of one's supervisor, and the nature of the supervisory structure.
9. Inform supervisors of clinically relevant information, especially factors relating to issues of client risk.
10. Seek immediate supervision on any emergent situations, including (but not limited to) any immediate risk of harm to self or others, child abuse, threat of weapon use, or being under the influence of substances.
11. Maintain adequate and timely documentation of all clinical activities (i.e., treatment notes, treatment plans, and assessment reports) and provide them to the supervisors in a timely manner per agency policy.
12. Maintain adequate and timely documentation to account for all training hours. The hours log is due to the primary supervisor by the 5th of each month for the preceding month.
13. Be respectful of one's supervisor.
14. Be willing to discuss with one's supervisor differences of opinion, power differential issues, and difficulties which may arise in the supervisory relationship.
15. Primary supervisors shall be cc'd on all clinical and other relevant emails (e.g., committee work, department projects) unless otherwise notified by the primary supervisor.

Intern Signature		Date	
Primary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	
Secondary Supervisor Signature		Date	

Supervision Record Form

Supervisee: _____ Supervisor: _____ Date: _____ Time: _____

Topic/Patient	Intern Questions/Issues	Supervisor Comments

Supervisor Signature: _____

Supervisee Signature: _____



NV-PIC Diversity and Non-Discrimination Policy

Consistent with the policies of the Division of Public and Behavioral Health, the Nevada Psychology Internship Consortium strongly values diversity and believes in creating an equitable, hospitable, appreciative, safe, and inclusive learning environment for its interns. Diversity among interns and supervisors enriches the educational experience, promotes personal growth, and strengthens communities and the workplace. Every effort is made by NV-PIC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. NV-PIC strives to make every effort to increase awareness, dispel ignorance, and increase comfort with multicultural experiences. NV-PIC's training program includes an expected competency in diversity training, and multiple experiences are provided throughout the year to be sure that interns are both personally supported and well-trained in this area.

NV-PIC welcomes applicants from diverse backgrounds. The training program believes that a diverse training environment contributes to the overall quality of the program. NV-PIC provides equal opportunity to all prospective interns and does not discriminate because of a person's race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other factor that is not directly relevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship. If an applicant or intern requires accommodations, he or she or they or they should contact the internship training director to initiate this process.

NV-PIC interns also are subject to and protected by the Governor's Policy against Sexual Harassment and Discrimination, which can be found here: [STATE OF NEVADA \(nv.gov\)](https://www.nv.gov). Complaints regarding discrimination or harassment involving employees of the Division of Public and Behavioral Health must be referred to the Division's Personnel Officer.



Intern Project Form

Intern Name _____
Primary Supervisor _____
Date _____

I am interested in the following option:

- | | |
|--|---|
| <input type="checkbox"/> Research project | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Teaching |

Please provide a brief (3-4 sentences) description of your project idea.

Please describe the steps you will take to complete the project.

Reminders:

The Intern Project Form is due to your primary supervisor at or before the 3-month evaluation supervision session. Intern Projects are typically presented to the Training Committee and intern cohort at the mid-year meeting. The Training Committee can make exceptions with an earlier proposal date, but not later. Please work with your primary supervisor to ensure your progress is on track.

The Intern Project requires Training Committee approval. After the proposal, please obtain the signatures below and seek guidance from your primary supervisor before continuing work on the project. Thank you!



Intern Project Form

Intern Project Status (after proposal):

- Approved to proceed with project
- Approved with the requested changes:

- Not approved, significant revisions and/or re-proposal required

Signatures:

NV-PIC Training Director

Date:

Primary Supervisor

Date:

Training Committee Member:

Date:

Training Committee Member:

Date:

Training Committee Member:

Date:

NV-PIC Due Process and Grievance Procedures

DUE PROCESS IN ACTION: THE IDENTIFICATION AND MANAGEMENT OF DOCTORAL PSYCHOLOGY INTERN PROBLEMS/GRIEVANCES

Introduction

This document provides NV-PIC doctoral psychology interns and training faculty with an overview of the identification and management of doctoral psychology intern problems and concerns, a listing of possible sanctions and an explicit discussion of the due process procedures. Important considerations in the remediation of problems are also included. We encourage training faculty and doctoral psychology interns to discuss and resolve concerns quickly and directly, however if this cannot occur, this document was created to provide a formal mechanism for NV-PIC (both training faculty and interns) to respond to issues of concern. These procedures are not intended to be punitive; they are intended to assist with intern learning and growth. This Due Process Document is divided into the following sections:

I Definitions: Provides basic or general definitions of terms and phrases used throughout the document.

II Procedures for Responding to a Doctoral Psychology Intern’s Problematic Behavior: Provides our basic procedures, notification process, and the possible remediation or sanction interventions. Steps for an appeal process are also included.

III Grievance Procedures: Provides the guidelines through which a doctoral psychology intern can raise concerns about any aspect of the training experience or work environment. This section also includes the steps involved in a formal review by NV-PIC of the doctoral psychology intern.

I. Definitions

Doctoral Psychology Intern

Throughout this document, the term “doctoral psychology intern” is used to describe any person currently completing the NV-PIC Doctoral Psychology Internship.

Training Director or (TD)

Throughout this document the term “Training Director” is used to describe the supervisor who functions as the director of training. The TD leads the NV-PIC Training Committee and serves as a voting member.

Supervisor

Any training faculty member who provides direct clinical supervision or teaching to a doctoral psychology intern.

Due Process

The basic meaning of due process is to inform and to provide a framework to respond, act or dispute. Due process ensures that decisions about doctoral psychology interns are not arbitrary or personally based. It requires that the internship identify specific procedures which are applied to all doctoral psychology interns’ grievances, concerns, and appeals.

Due Process Guidelines

- 1) During the orientation period, doctoral psychology interns will receive in writing and electronically NV-PIC expectations related to professional functioning. The TD and the intern's supervisors will discuss these expectations in both group and individual settings.
- 2) The procedures for evaluation, including when and how evaluations will be conducted will be described. Such evaluations will occur at meaningful intervals during the training year (3 months, 7 months, end of year).
- 3) The various procedures and actions involved in decision-making regarding the problem behavior or doctoral psychology intern concerns will be described.
- 4) NV-PIC will communicate early and often with the doctoral psychology intern and, when needed, the doctoral psychology intern's home program if any suspected difficulties that are significantly interfering with performance are identified.
- 5) The TD will institute, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences of not rectifying the inadequacies. If a doctoral psychology intern wants to institute an appeal process, this document describes the steps of how a doctoral psychology intern may officially appeal the program's action.
- 6) NV-PIC due process procedures will ensure that doctoral psychology interns have sufficient time to respond to any action taken by the program before the implementation.
- 7) When evaluating or making decisions about a doctoral psychology intern's performance, NV-PIC training faculty will use input from multiple professional sources.
- 8) The TD will document in writing and provide to all relevant parties, the actions taken by the program and the rationale for all actions.

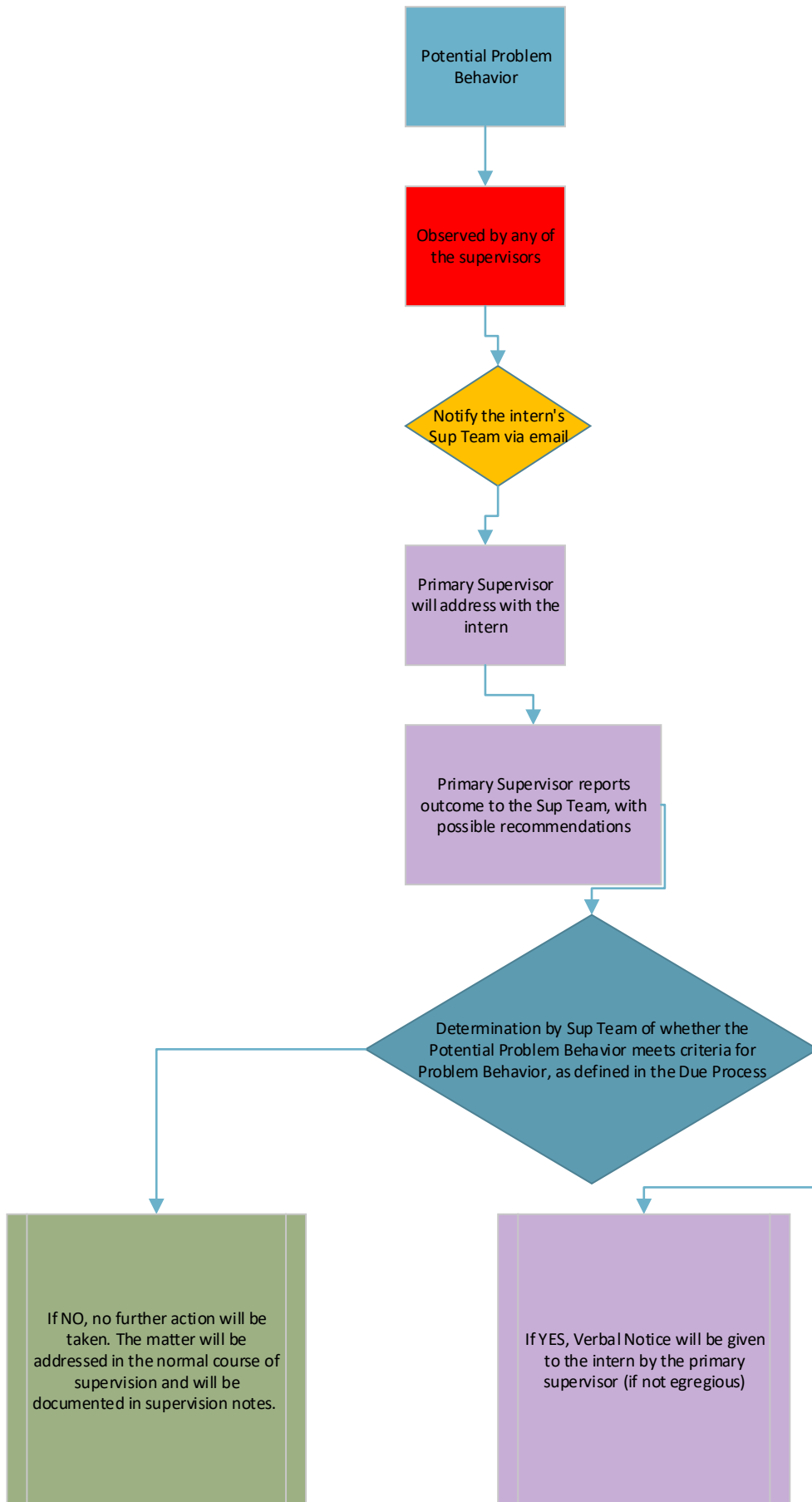
Problematic Behavior

Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

- 1) An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
- 2) An inability to acquire professional skills to reach an acceptable level of competency,
- 3) An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interfere with professional functioning, and/or
- 4) A rating of '1' on the 3- or 7-month evaluation.

It is a professional judgment when a doctoral psychology intern's behavior becomes problematic rather than of concern. Doctoral psychology interns may exhibit behaviors, attitudes, or characteristics which, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. *See the flow chart on the next page for steps taken prior to due process.* Problematic behavior typically become identified when one or more of the following characteristics exist:

- 1) The doctoral psychology intern does not acknowledge, understand, address, the problem when it is identified; and as a result, the intern's behavior does not change as a function of feedback, remediation efforts, and/or time,
- 2) The problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training,
- 3) The quality of services delivered by the doctoral psychology intern is sufficiently negatively affected,
- 4) The problem is not restricted to one area of professional functioning,
- 5) A disproportionate amount of attention by training personnel is required,
- 6) The problematic behavior has potential for ethical or legal ramifications if not addressed- or an ethical violation has been committed,
- 7) The doctoral psychology intern's behavior negatively impacts the public view of the agency,
- 8) The problematic behavior negatively impacts the intern cohort,
- 9) The problematic behavior potentially causes or does cause harm to a patient, and/or
- 10) The problematic behavior violates appropriate interpersonal communication with agency staff.



II. Procedures to Respond to Problematic Behavior

A. Basic Procedures

If a doctoral psychology intern receives a rating of “1” on any rating elements on the 3 and/or 7-month evaluation, or if a training faculty member has concerns about a doctoral psychology intern's behavior, the following procedures will be initiated:

B. Notification Procedures to Address Problematic Behavior or Inadequate Performance

It is important to have meaningful ways to address problematic behavior once identified. In implementing remediation or sanctions, the training faculty must be mindful and balance the needs of the doctoral psychology intern, the clients involved, members of the doctoral psychology intern's training cohort, the training faculty, and other department/agency personnel. At the discretion of the Training Director (in consultation with the Training Committee) the doctoral psychology intern's home academic program will be notified of any of the actions listed below. Please note that all evaluative documentation will be maintained in the doctoral psychology intern's file.

1. Verbal Notice to the doctoral psychology intern emphasizes the need to address the area concern under discussion. The primary supervisor will give verbal notice and will document that verbal notice was given in supervision notes. Verbal notice is given after the basic procedures have been followed (section A).
2. Written Notice to the doctoral psychology intern formally acknowledges:
 - a) that the TD is aware of and concerned with the behavior,
 - b) that the concern has been brought to the attention of the doctoral psychology intern,
 - c) that the TD will work with the doctoral psychology intern to rectify the problem or skill deficits, and
 - d) that the behaviors of concern are not significant enough to warrant more serious action.
 - e) written notice can occur in a stepwise manner (if the behavior did not change after verbal notice) or it can be the first course of action after the basic procedures have been followed.
3. Second Written Notice to the doctoral psychology intern will Identify Possible Sanction(s) and describe the remediation plan. This letter will contain:
 - a) a description of the doctoral psychology intern's behavior that did not change in steps 1 or 2, thus creating the need for a second written notice;
 - b) actions needed by the doctoral psychology intern to correct the behavior;
 - c) the timeline for correcting the problem/concern;
 - d) what sanction(s) may be implemented if the problem is not corrected; and
 - e) notification that the doctoral psychology intern has the right to request an appeal of this action (*See Appeal Procedures*).

If at any time a doctoral psychology intern disagrees with the notices, the doctoral psychology intern can appeal (*see Appeal Procedures*).

C. Remediation and Sanctions

The implementation of a remediation plan with possible sanctions should occur only after careful deliberation and thoughtful consideration of the TD, relevant members of the training faculty, and the intern's supervision team. The remediation and sanctions listed below may not necessarily occur in that order. The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. Schedule Modification is a time-limited, remediation-oriented closely supervised period of training designed to return the doctoral psychology intern to a more fully functioning state. Modifying a doctoral psychology intern's schedule is an adjustment made to assist the doctoral psychology intern, with the full expectation that the doctoral psychology intern will complete the doctoral psychology internship. This period will include increased supervision conducted by an intern supervisor in consultation with the TD. 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 additional supervisors;
- b) change in the format, emphasis, and/or focus of supervision;
- c) recommending personal therapy (a list of community practitioners can be provided at the intern's request).
- d) reducing or altering the doctoral psychology intern's clinical or other workload;
- e) requiring specific academic coursework.

The length of a schedule modification period will be determined by the TD in consultation with the Supervision Team and Training Committee. The termination of the schedule modification period will be determined after discussions with the doctoral psychology intern by the TD in consultation with the Supervision Team and the Training Committee.

2. Probation is also a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the doctoral psychology intern to complete the doctoral psychology internship and to return the doctoral psychology intern to a more fully functioning state. Probation defines a relationship in which the TD systematically monitors for a specific length of time the degree to which the doctoral psychology intern addresses, changes and/or otherwise improves the behavior associated with the inadequate rating. The doctoral psychology intern is informed of probation in a written statement that includes:

- a) the specific behaviors associated with the concern;
- b) the remediation plan for rectifying the problem;
- c) the time frame during which the problem is expected to be ameliorated, and
- d) the procedures to ascertain whether the problem has been rectified.

If the TD determines that there has not been sufficient improvement in the doctoral psychology intern's behavior to end Probation or the modified schedule, then the TD will discuss with the Supervision Team and the Training Committee possible courses of action to be taken. The TD will communicate in writing to the doctoral psychology intern that the conditions for ending probation or the modified schedule have not been met. This notice will include a revised remediation plan, which may include continuation of the current remediation efforts for a specified period or implementation of additional recommendations. Additionally, the TD will communicate that if the doctoral psychology intern's performance does not meet expected minimum standards, the doctoral psychology intern will not successfully complete the training program. WICHE HR will be notified by the TD if an intern is placed on probation.

3. Suspension of Direct Service Activities requires a determination that the welfare of the doctoral psychology intern's client(s) or the agency has been jeopardized. When this determination has been made, direct service activities will be suspended for a specified period as determined by the TD in consultation with the doctoral psychology intern's Supervision Team and Training Committee. At the end of the suspension period, the doctoral psychology intern's supervisor(s) in consultation with the TD will assess the doctoral psychology intern's capacity for effective functioning and determine if and when direct service can be resumed.

4. Administrative Leave involves the temporary withdrawal of all responsibilities and privileges at NV-PIC. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the doctoral psychology internship, this will be noted in the doctoral psychology intern's file and the doctoral psychology intern's academic program will be informed. The TD will inform the doctoral psychology intern of the effects the administrative leave will have on the doctoral psychology intern's stipend and accrual of benefits.

- 5a. Dismissal from the Training Program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after reasonable time, rectify the problem behavior or concerns and the doctoral psychology intern seems unable or unwilling to alter her/his/their behavior, the TD will discuss with the Training Committee, Agency Manager, and Deputy Director the possibility of termination from the training program or dismissal from the agency. Either administrative leave or dismissal would be invoked in cases of severe violations of the APA Ethical Principles of Psychologists and Code of Conduct, or when imminent physical or psychological harm to a client is a major factor, or the doctoral psychology intern is unable to complete the training program due to an egregious behavior. The Training Director will make the final decision about dismissal.
- 5b. Immediate Dismissal involves the immediate permanent withdrawal of all agency responsibilities and privileges. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Ethical Principles of Psychologists and Code of Conduct, or when imminent physical or psychological harm to a client is a major factor, or the doctoral psychology intern is unable to complete the training program due to an egregious behavior. In addition, in the event a doctoral psychology intern compromises the welfare of a client(s) or the agency by an action(s) which generates grave concern from the supervisor(s), the TD may immediately dismiss the doctoral psychology intern from NV-PIC. This dismissal may bypass steps identified in notification procedures (Section IIB) and remediation and sanctions alternatives (Section IIC). When a doctoral psychology intern has been dismissed, the TD will communicate to the doctoral psychology intern's academic department that the doctoral psychology intern has not successfully completed the training program. If at any time a doctoral psychology intern disagrees with the sanctions, the doctoral psychology intern can appeal the decision (see Appeal Procedures).

Appeals Process

If the intern wishes to challenge any of the due process decisions made, he/she/they may request an Appeals Hearing before a review panel. This request must be made in writing- an email will suffice- to the Training Director within 10 working days of notification regarding the decision made in step 3 or 4 above. The appeal request should detail specifically what about the due process is being appealed and why the intern is appealing. The intern will sign a release of information for NV-PIC to share relevant information with the review panel and to provide written consent for audio and/or video recording of the hearing. The appeal request is not considered submitted until the intern submits both documents.

Following receipt of the appeal request documents, including the signed release form, selection of a review panel will begin. The review panel will consist of three Nevada licensed psychologists, not on the Training Committee, who did not directly supervise the intern, selected by the Site Directors with recommendations from the Training Director. The Site Directors and Training Director will have 2 business days from the date intern's completed appeal request is received to identify possible review panelists. The intern involved in the issue at hand will have 2 business days to approve or decline potential panelists on the list. If an intern declines a potential review panelist, they need to articulate in writing to the TD why they came to that conclusion. The Training Director, with assistance from the Site Directors, will contact potential review panelists. Once confirmed, each member of the review panel will sign a confidentiality agreement and consent to be recorded during the hearing.

NV-PIC and the intern will provide written materials to the review panel and each other at least 3 working days in advance of the hearing. The intern can also provide letters of support from colleagues of their choice. The Appeals Hearing will be held within 10 working days following the confirmation of all the 3 review panelists unless an extension of up to 5 more working days (maximum) was requested by either party. An extension must be requested no later than 1 day following the confirmation of the review panel. An extension may only be requested once total. If one party requests an extension, the other party cannot later request another extension. A reason for the extension request must be provided in writing- email will suffice- and the extension will be allowed. The other party must be reasonable and fair when considering the other party's request and provide an email response stating that the extension request was received and accepted within 1 working day of the request.

The review panel will review all written materials prior to the hearing and have an opportunity to interview any of the parties involved or any other individuals with relevant information in advance of, or during the hearing. If the review panel requests to interview several individuals, this needs to be conducted in advance of the hearing. The TD will arrange the interviews and schedule them via Zoom. The intern and TD can be present for the interviews in advance of the hearing. The review panel will be provided with their charge and a written template to utilize throughout the process.

The review panel's charge is to decide whether to uphold NV-PIC's due process decision

- 1) Did NV-PIC conduct the process accurately?
- 2) Was due process followed?
- 3) Were policies and procedures adhered to?
- 4) The review panel is evaluating NV-PIC's evaluation of the intern (a meta-evaluation)
- 5) The review panel is focused on the process, not the content of the intern's work

The intern has the right to hear all facts with the opportunity to dispute or explain the behavior of concern. The intern, Training Director (representing the Training Committee), and the review panel will be present for the hearing, which may meet for up to 2 hours. The review panel can request that additional individuals attend relevant parts of the hearing with an understanding of adhering to the hearing time limit. The hearing will occur via Zoom or in person. The format of the hearing is:

- Recording will begin as soon as all parties are present, and the hearing is called to order by the TD. Each person will formally introduce themselves, including name, spelling of name, and current position. The TD will provide a description of the purpose of the meeting.
- 20 minutes- intern will make a statement
- 20 minutes- Training Director will make a statement on behalf of the program
- 20 minutes- Intern and TD will respond to the review panel's questions
- The review panel will then have time to discuss on their own

The review panel may uphold the due process decisions made previously or may modify them. If any modifications are made by the review panel, they will need to provide an alternate plan of education for NV-PIC to follow including a timeline and training ideas. If the review panel modifies NV-PIC's decision, the intern would resume training under due process. Each member of the review panel will have one vote for the appeal outcome. Majority rules will be honored. Each member of the review panel must vote and is not allowed to abstain. The review panel will notify the TD of their final decision within 48 hours of the hearing. The final decision will include information on the vote tallies and the completed written template. The TD will inform the intern and intern's DCT via email as soon as possible after being informed of the final decision, preferably within 12 hours. The review panel has final discretion regarding outcome.

Notifying the Sponsoring Doctoral Program

The TD will inform the intern's sponsoring university within 30 days of the intern being informed of the due process procedure, indicating the nature of the problem or inadequate rating, the rationale for the action, and the action taken by the faculty. The intern shall receive a copy of the letter to the sponsoring university.

Once the due process decision is issued by the TD, it is expected that the status of the problem or inadequate rating will be reviewed no later than the next formal evaluation period or, in the case of probation, no later than the time limits identified in the probation statement. If the problem has been rectified to the satisfaction of the faculty and the intern, the sponsoring university and other appropriate individuals will be informed, and no further action will be taken.

Grievance Procedures: These guidelines are intended to provide a doctoral psychology intern with the means to resolve perceived conflicts (Staff and faculty complaints about NV-PIC should be communicated

to the Training Director- see NV-PIC Supervisor Handbook). In the event an intern encounters difficulties and/or problems other than evaluation-related during the internship year (e.g., unavailability of supervisor(s), work-load issues, conflicts with a supervisor, staff, other trainees, etc.), an intern should follow the steps below. Interns who pursue grievances (defined by NAC 284.658 as an act, omission, or occurrence that an employee feels constitutes an injustice relating to any condition arising out of the relationship between an employer and an employee) will not experience any adverse professional consequences.

Informal Review

The intern should directly raise the issue as soon as feasible (72 hours) with the individual (s) involved. If the intern would like guidance on how to do this, the intern should consult with the primary supervisor. If the grievance is with the primary supervisor, the intern should raise the issue as soon as feasible with the Training Director.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the intern may submit a formal grievance in writing with all supporting documents to the Training Director. A formal grievance must be filed within 20 working days following the origin of the grievance or the date the intern learns of the problem. If the Training Director is the object of the grievance, the grievance should be submitted to a Site Director. The individual being grieved will be asked to submit a response in writing within 5 working days of receiving the formal grievance. The Training Director (or Site Director, if appropriate) will meet with the intern and the individual being grieved within 10 working days. In some cases, the Training Director or Site Director may initially wish to meet with the intern and the individual being grieved separately. The goal of the joint meeting will be to develop a plan of action to resolve the matter. The plan of action will include:

- 1) the behavior associated with the grievance;
- 2) the specific steps to rectify the problem; and,
- 3) procedures designed to ascertain whether the problem has been appropriately rectified.

The Training Director or Site Director will document the process and outcome of the meeting. The intern and the individual being grieved will be asked to report back to the Training Director or Site Director in writing within 10 working days regarding whether the issue has been adequately resolved.

If the plan of action in Step 2 fails, the Training Director or Site Director will convene a review panel consisting of The Training Director and at least two other members of the Training Committee within 10 working days. The intern may request a specific member of the Training Committee to serve on the review panel. The review panel will hold a hearing in which they will review all written materials and have an opportunity to interview the parties involved including any individuals with specific knowledge pertaining to the nature or circumstances of the grievance. In response to a grievance, the intern has a right to express concerns about the training program or specific individual and the training program or individual has the right and responsibility to respond. Recommendations made by the review panel will be made by majority vote if consensus cannot be reached. Within 3 business days of the hearing, the panel will submit a written report and decision to the Training Director. The review panel has final discretion regarding outcome.

If the review panel determines that a grievance cannot be resolved internally, or is not appropriate to be resolved internally, then the issue will be turned over to the respective employing agency. If the review panel determines that the grievance against the individual does not constitute a violation of their employment contract and can potentially be resolved internally, the review panel will develop a second action plan that includes the same components as above (Step 2- a, b, c). The process and outcome of the panel meeting will be documented by the Training Director or Site Director. The intern and the individual being grieved will be asked to report in writing to the Training Director or Site Director regarding whether the issue has been adequately resolved within 10 working days. The panel will reconvene within 10 working

days of receiving the intern's and individual being grieved's report to again review written documentation and determine whether the issue has been adequately resolved. If the issue is not resolved by the second meeting of the panel, the issue will be turned over to the respective employing agency.



NV-PIC Due Process Appeals Hearing

I, _____, hereby authorize the release of any and all of the following to the NV- PIC Appeals Process Review Panel:

1. AAPI
2. NV-PIC evaluations
3. due process statements/letters from the NV-PIC Training Director
4. remediation plans for probation and the probation extension
5. completed due process assignments as well as emails in response to assignments, if applicable
6. summary of due process progress, if applicable
7. supervision notes/summaries
8. de-identified clinical notes and/or assessments
9. emails and other forms of correspondence .
10. Any other information or materials requested by the Review Panel

It is understood that this release will be used in the following ways:

1. The information received will be used only for the purpose of my appeal of the NV-PIC due process decision on ____.
2. This release provides written consent to the appeal hearing being recorded, either through audio or online audio and web conferencing platforms (e.g., Zoom).
3. All information may be released.
4. This release shall be valid until the final decision has been made by the review panel.
5. A scanned copy of this release is as valid as the original.

I understand that information that is critical to the review panel's understanding of my appeal against NV-PIC's due process decision will be released. I understand that I can request a copy of the hearing recording within two working days of being notified of the outcome.

Intern Printed Name

Intern Signature

Date

**State of Nevada
Executive Branch**

**SEX- or GENDER-BASED HARASSMENT AND
DISCRIMINATION POLICY**

Sex- or gender-based harassment and discrimination based on race (including, but not limited to, hair texture and protective hairstyles), color, national origin, religion, sex, age, disability, pregnancy, sexual orientation, genetic information, gender identity or expression, domestic relations¹ or compensation or wages² in any term, condition or privilege of employment violates State and/or federal law.

I. PURPOSE

The purpose of this Policy statement regarding sex- or gender-based harassment and discrimination is to clearly express the position of the State of Nevada that all employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive.

Sex- or gender-based harassment and discrimination are forms of misconduct that undermine the integrity of the employment relationship. No employee should be subjected to unsolicited and unwelcomed sexual overtures or conduct, either verbal, written (including digital media, i.e., email, text or digital photos or graphics) or physical. No employee should be subjected to physically or verbally harassing behavior(s)—sexual, gendered, or neutral—because of that employee’s sex, sexual orientation, gender identity, or expression. No employee should experience discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other terms, conditions, or privileges of employment. Sex- or gender-based harassment and discrimination are personally offensive, debilitate morale, and, therefore, interfere with work effectiveness. An employee who engages in discriminatory behavior, or behavior that constitutes sex- or gender-based harassment, may be subject to disciplinary action up to and including dismissal.

II. COVERAGE

This Policy is intended to apply to all State employees, officers, appointees such as board members, and volunteers in the executive branch of government. All elected officers are encouraged to adopt this Policy within their agencies.

¹ NRS 122 and 122A

² NRS 613

III. RESPONSIBILITY

- A. Sex- or gender-based harassment and discrimination, whether committed by a supervisor, coworker, or member of the public, is specifically prohibited as unlawful and against State policy. Appointing authorities shall take immediate and corrective action in response to complaints, regardless of whether the specific acts complained of were sanctioned or specifically forbidden. Appointing authorities shall be proactive in preventing sex- or gender-based harassment. Failing to prevent and/or correct harassment may subject appointing authorities to liability, even if they are unaware of the harassment, and when they become aware, regardless of the manner in which the appointing authority becomes aware of the conduct.
- B. Appointing authorities shall ensure that each employee is provided with a copy of this Policy informing them that sex- or gender-based harassment and discrimination is prohibited conduct and will not be tolerated or condoned. All employees will acknowledge receipt and understanding of the Policy through a signed statement.
- C. All new employees, officers, appointees, board members and volunteers in the executive branch shall complete sex- or gender-based harassment and discrimination prevention training within 30 calendar days of the effective date of their appointment. Thereafter, employees are required to complete sex- or gender-based harassment prevention refresher training once every two years.
- D. An appointing authority may not promote a person who has not completed or is not current on the sex- or gender-based harassment training as required in III. C above and as required by NAC 284.496.
- E. Managers and supervisors are also required to attend additional training related to managing and preventing sex-or gender-based harassment and discrimination to ensure they have a complete understanding of this Policy within 30 calendar days of initially becoming a manager or supervisor as required by NAC 284.498.
- F. Appointing authorities shall advise all employees of the employees' responsibility to report incidents of sex- or gender-based harassment and discrimination.
- G. Appointing authorities shall designate employees within each agency to act as coordinators for the reporting of complaints of sex- or gender-based harassment or discrimination and shall notify employees and the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit of the coordinator's name and contact information.
- H. Supervisors shall have a complete understanding of this Policy. Supervisors

who willfully disregard known incidents of sex- or gender-based harassment or discrimination by subordinates may be subject to discipline. Supervisors are responsible for ensuring their employees have received training as outlined in this Policy. Besides possible discipline, supervisors will be evaluated annually on whether they manage sex- or gender-based harassment complaints and training effectively.

- I. It is the responsibility of appointing authorities to ensure their agencies are in full compliance with this Policy and associated legal guidelines.

IV. STATE EMPLOYEES' RIGHTS AND RESPONSIBILITIES

- A. Employees are entitled to work in a workplace free of sex- or gender-based harassment and discrimination.
- B. Employees are responsible for ensuring they do not engage in sex- or gender-based harassment or discrimination against any other employee, client, applicant for employment, or other individual(s).
- C. Employees are responsible for cooperating in the investigation of any complaint of alleged sex- or gender-based harassment or discrimination. Employees are additionally responsible for cooperating with the efforts of their agency, division, board, or commission to prevent and eliminate sex- or gender-based harassment and discrimination and for maintaining a working environment free from such unlawful conduct. Pursuant to NAC 284.650, failure to participate in any investigation of alleged discrimination, including without limitation, an investigation of sex- or gender-based harassment, is cause for disciplinary action.

V. LEGAL DEFINITIONS AND GUIDELINES

- A. NAC 284.771 specifies that sex- or gender-based harassment violates the policy of this State and is a form of unlawful discrimination based on sex under State and federal law. An employee shall not engage in sex- or gender-based harassment against another employee, an applicant for employment, or any other person in the workplace.

Sex- or gender-based harassment is a very serious disciplinary infraction. An appointing authority may impose harsh disciplinary sanctions on persons who commit sex- or gender-based harassment, even on first-time offenders. Sanctions shall be proportionate to the violation.

- B. Behavior that is sex- or gender-based harassment includes:
 1. Making submission to unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature either explicitly or implicitly a term or condition of a person's employment;

- or
2. Making submission to or the rejection of such conduct described in (1) by a person a basis for employment decisions affecting that or any other person; or
 3. Engaging in unwelcome harassing verbal or physical behavior that occurs because of the sex or gender expression of any individual(s) and has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating or offensive work environment where:
 - a. Harassing behavior is of a sexual nature;
 - b. Harassing behavior is not sexual in nature, but is related to sex or gender of the alleged victim or others;
 - c. Harassing behavior is sex- or gender-neutral in content but occurs because of an individual's sex or gender; or
 - d. Any combination of the types of behaviors described in 3. a. – c.
- C. Equal opportunity with regard to the terms, conditions and privileges of employment is mandated under Title VII of the Civil Rights Acts of 1964, the Americans with Disabilities Act of 2009 as amended, the Age Discrimination in Employment Act of 1967, the Equal Pay Act of 1963, Genetic Information Nondiscrimination Act of 2008, NRS 631.330, NRS 281.370, and numerous sections of Chapter 284 of the NRS and NAC which address the State's Personnel System.
- D. The State of Nevada is an equal opportunity employer and does not discriminate against job applicants or employees based on race (including, but not limited to, hair texture or protected hairstyles), color, religion, sex, national origin, disability, age, pregnancy, sexual orientation, genetic information, gender identity or expression, domestic relations, or compensation or wages.
- E. Federal and state law prohibit retaliation against employees who bring sex- or gender-based harassment or discrimination charges or assist with or participate in any investigation of such charges. Any employee making sex- or gender-based harassment or discrimination complaints or assisting in the investigation of such a complaint, or otherwise engaging in protected activity, will not be adversely affected in terms or conditions of employment, nor discriminated against, disciplined, or discharged because of the complaint.

VI. PROCEDURE

- A. Employee and/or bystander:

1. Employees or bystanders who believe they have been subjected to or witnessed sex- or gender-based harassment or discrimination are encouraged to advise the person believed to have engaged in the harassment or discrimination that the conduct is unwelcome, undesirable, and/or offensive. If the employee or bystander elects not to confront the alleged harasser or if the conduct persists after an objection, the employee or bystander shall, within a reasonable time, either report the incident to their supervisor or next level authority, or the employee or bystander may elect to report the incident as set forth below. If the employee or bystander decides to follow through on a formal complaint after talking to their supervisor or next level authority, the supervisor or next level authority shall ensure that the employee or bystander(s) complete a complaint form and the supervisor or next level authority shall send the complaint to the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit.

2. If the employee or bystander elects not to report the complaint as described in VI.A.1 above, the employee or bystander(s) may report incidents of sex- or gender-based harassment or discrimination as follows:
 - (a) to the coordinator within their agency designated to receive such complaints (e.g., the person identified on the "SEXUAL, SEX- OR GENDER-BASSED HARASSMENT HAS NO PLACE IN THE WORKPLACE" flyer posted in your agency or the EEO Officer if your agency has one); or
 - (b) by filing a complaint in NEATS on the Home Page, under "Employee" tab, "File a Sex- or Gender-Based Harassment or Discrimination Complaint"; or
 - (c) by completing an HR-30 Sex- or Gender-Based Harassment or Discrimination Complaint Form located on the Division of Human Resource Management's website; or
 - (d) by calling the Division of Human Resource Management's Harassment/Discrimination Hotline at (800) 767-7381.

All forms of complaints must be filed no later than 300 days after the date of the alleged act.

3. Employees are always entitled to consult an attorney or labor representative or to report the incident to the Nevada Equal Rights Commission (NERC) or the Equal Employment Opportunity Commission (EEOC), but failure to report internally to the appointing authority by one of the means described above may lead ultimately to

dismissal of any legal claim brought by an individual. Exception: an employee or bystander whose harasser is a public officer as defined in NRS 281.005, may go directly to the Nevada Equal Rights Commission or the Equal Employment Opportunity Commission to lodge a complaint instead of lodging the complaint with the employer.

4. If the employee or bystander elects to submit a complaint to the coordinator designated within their agency to receive such complaints under VI.A.2 above, the employee should give the completed complaint form and any supporting documentation to the coordinator.

B. Appointing Authorities

1. After receiving notification of a complaint, the appointing authority shall promptly notify the agency's assigned personnel, Deputy Attorney General, or staff counsel assigned to represent the agency pursuant to State Administrative Manual § 1702 (legal counsel) and the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit. The agency coordinator will complete the complaint form from the employee filing the complaint. The coordinator will forward a copy of the completed intake report to the agency's legal counsel and the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit, along with any supporting documentation. The agency coordinator may also submit the complaint via NEATS.
2. Appointing authorities shall cooperate fully with the investigation.
3. The assigned investigator will begin the investigation as soon as possible.
4. Investigations will be conducted as discreetly and with as little disruption to the workplace as possible. All information gathered in an investigation will be kept confidential to the maximum extent possible, and supervisors, next level authorities, coordinators and/or investigators shall explain to the complainant, the accused, and each witness the confidential nature of the investigative process.
5. The investigator will prepare a written report of findings, which will be submitted to the appointing authority, the agency's legal counsel, and the agency's chief personnel officer. If the accused is a gubernatorial appointee, such as a Director of a department, the written report of findings will be submitted to the Governor's Office. The ultimate decision for remedial action is the responsibility of the appointing authority; however, the investigative staff may suggest mediation services and/or other non-disciplinary remedies, if appropriate.

6. At the conclusion of the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Investigation Unit's investigation, the Division of Human Resource Management will notify the complainant in writing that the investigation was completed and forwarded to their agency for review. The appointing authority shall review the report and determine the appropriate resolution of the complaint. If warranted, the agency, after consultation with their legal counsel, may take disciplinary action up to and including dismissal.
7. The appointing authority shall: (a) Notify the Sex- or Gender-Based Harassment and Discrimination Investigation Unit in writing of its determination regarding the resolution of the complaint within 30 days after the date on which the resolution occurs; and (b) Retain a copy of the written report prepared and written notification of the resolution of the complaint and maintain the confidentiality of such documents.
8. Except as otherwise provided below, a complaint filed pursuant to this policy and any information relating to the complaint, including, without limitation, information that is: (a) Obtained by the investigator in the investigation of a complaint; (b) Contained in a written report of a complaint retained; or (c) Contained in a written resolution of a complaint retained, is confidential and must not be disclosed unless so ordered by the Administrator of the Division of Human Resource Management or his or her designee or a court of competent jurisdiction.. If the Administrator or his or her designee decides to disclose any information that may be used to identify a person who filed a complaint pursuant to this policy, a person who is the subject of such a complaint or a person who claims to have witnessed an employee being harassed or discriminated against based on his or her sex or gender, the Administrator or his or her designee shall notify the person regarding the decision at least 10 days before ordering the disclosure. A person who receives such notice may, within 10 days after receiving the notice, file a written appeal of the decision with the Personnel Commission (Commission). If such an appeal is filed, the Commission shall, in a closed hearing, consider the decision of the Administrator for which the appeal is taken. If the Commission determines that the information must not be disclosed, the Commission shall keep the information confidential. A person or governmental entity identified in a complaint filed pursuant to this policy may disclose the identity of any other person or entity identified in the complaint if such disclosure is necessary to file a claim.
9. An appointing authority shall take any action necessary to protect a complainant whose identity is disclosed pursuant to VI. B. 8. from retaliation for filing the complaint.

C. Complaint Submitted Through the Hotline

1. When an employee transmits a complaint of sex- or gender-based harassment or discrimination through the State hotline, the Division of Human Resource Management's Sex- or Gender-Based Harassment and Discrimination Unit will complete the initial intake report and/or submit the complaint in NEATS.
2. The agency coordinator will be notified of the complaint via NEATS.
3. The investigation will then proceed as described for complaints submitted to appointing authorities (*see* Item VI.C.).

NV-PIC Medical Leave Policy

- **Medical Leave:** WICHE may provide interns with up to 12 work weeks of unpaid, job-protected cumulative leave within a 12-month period and provides health benefits during the leave (up to 12 weeks). Unpaid leave may be granted in the following circumstances: their own medically certified health condition, pregnancy-related disability, father's attendance at birth of child, parent's care of newborn, if completed within 12 months following birth of child, placement of a child with intern for adoption or foster care, serious health condition of intern's child under 18 years, or older child if disabled, or serious health condition of intern's spouse or parent. The length of leave granted is dependent on the amount of time the medical certification and/or ADA accommodation requires. According to NV-PIC's Stipends, Benefits, and Resources Policy, interns must use their PTO prior to taking an approved unpaid leave of absence.
- **Requesting Medical Leave:** Whenever possible, interns must notify WICHE Human Resources at least 30 days prior to the leave of absence. Requests for leave should be made in writing to Human Resources, stating the reason for the leave, the starting date, and the planned date for return to work. If an intern wishes to make up any PTO hours, the hours must be made up in the week in which the PTO occurs.
- **Disability Insurance:** During parental leave, interns may be granted up to 6 weeks (for vaginal delivery) or up to 8 weeks (for C-section delivery) of temporary disability insurance payment. This amounts to 60% of average weekly wages during the designated time period. Disability payments for other types of medical leave are also paid at 60% and length of disability payments vary depending on the medical condition and when the doctor releases the patient to return to work. A maximum of 173 days is allowed under the short-term disability insurance plan, per incident. Pay via temporary disability insurance does not begin until identified employees have not been paid for seven (7) days.
- **Health Insurance:** If an intern is currently covered by WICHE's insurance plans, these benefits continue for interns on family or medical leave. WICHE will pay for intern (and any eligible dependents') insurance premiums while on unpaid leave. If the intern is able but does not return to work after the expiration of the leave, the intern will be required to reimburse WICHE for payment of insurance premiums during the leave. Children may be added to the intern's health insurance policy if coverage is elected within 30 days of the birth or adoption. Children also can be added to the intern's health insurance within 30 days of the date of birth or 30 days of another qualifying event such as loss of coverage. Please contact Human Resources for more information.
- **Return to Work:** Interns must contact WICHE Human Resources at least two days before their first day of return from leave. If the leave is for an intern's own serious health condition, the intern must provide medical certification verifying ability to return to work. Failure to return to work on the day after the expiration of leave may result in termination of employment. If the intern is unable to return to work, the intern must provide medical certification no less than two days before the anticipated return date.
- **Hours Supplementation:** Interns are required to complete a 12-month, 2080-hour internship. The number of workdays taken off during a leave of absence may be added as an extension to the training year. The intern should work closely with their site supervisor and the NV-PIC Training Director to develop a plan to complete all required training experiences upon return from leave. The timeline for

evaluations will be adjusted on a case-by-case basis; upon return from leave, the NV-PIC Training Director, the site supervisor, and the intern will agree on a timeline for when formal evaluations will occur. Interns who take up to 12-weeks of family/medical leave are still eligible for the full amount of the NV-PIC stipend as long as they complete 2080 hours within the agreed-upon time frame. The intern must complete the full 12 months of training, achieve 2080 training hours, and receive satisfactory ratings on the final Intern Evaluation Form in order to complete the internship.

For interns who may need parental leave, they are encouraged to read the APPIC document: *APPIC Guidelines for Parental Leave during Internship and Postdoctoral Training* available on the APPIC website.



NV-PIC Outside Employment Policy

Due to training and schedule demands during the internship year, we discourage outside employment. If an intern wishes to obtain/maintain employment outside of NV-PIC, this must be approved by the Training Committee in advance. Please communicate about any outside employment immediately. If an intern has outside employment during the training year, the following policies must be followed:

- NV-PIC is the priority place of employment- see APPIC agreement for further information.
- Interns cannot work on outside employment at the agency or during work hours.
- Outside employment cannot be counted toward internship hours.
- Outside employment cannot impact work at NV-PIC.
- Interns need to consider how their outside employment may impact their work at NV-PIC. For example, there may be an ethical dilemma or conflict of interest and interns need to be open to processing these concerns with supervisors and the Training Director.
- Please refer to the Due Process Procedures (e.g., Definition of Problematic Behavior) and the supervision agreement for additional expectations.
- Internship schedules and commitments change, and outside employment cannot be a barrier to completing all NV-PIC trainings and engagements.
- Outside work hours cannot exceed 10 hours/week.
- Complete the attached Outside Employment form available in Forms.



NV-PIC Photography Release

I hereby authorize the Nevada-Psychology Internship Consortium (NV-PIC), hereafter referred to as “NV-PIC” to publish photographs taken of me, and my name and likeness, for use in NV-PIC’s print, online, and video-based marketing materials.

I hereby release and hold nameless NV-PIC from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release NV-PIC, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

General Authorization

Printed name:

Signature:

Date:

Street address:

City:

State:

Zip:

Specific Authorization

I hereby authorize NV-PIC to publish photographs taken of me on

Printed name:

Signature:

Date:



NV-PIC Social Media Policy

The Nevada Psychology Internship Consortium (NV-PIC) social media policy applies to all NV-PIC interns regarding the use of social media with clients and NV-PIC faculty. Unless otherwise mentioned, this policy applies specifically to the use of social media and does not include the use of text message, voicemail, email, or other forms of technology.

NV-PIC encourages thoughtful engagement with social media platforms, including but not limited to Facebook, Twitter, Linked In, etc. We recommend that as you engage with social media, you consider that your online profile is available to many different professional colleagues as well as personal connections. This means that clients (former, current, and potential), colleagues, and prospective employers may have access to your information. Be thoughtful about what you choose to include in any online platforms, your privacy settings, and any professional implications of your posts. If an intern has questions related to information contained within this policy or about security settings of social media sites, he/she/they is encouraged to speak with the primary supervisor or the NV-PIC Training Director.

Additionally, interns must be mindful of the potential for multiple relationships with clients as well as NV-PIC faculty and agency staff when considering use of social media. It is the policy of NV-PIC that interns will not use social media to interact with members of the Training Committee, supervisors, or other faculty members. Following the completion of internship training, social media contact with NV-PIC training committee members and supervisors is permitted to the extent that interns and faculty members are comfortable and mutually agree to do so.

Interns will not use social media or other internet-based tools (e.g., googling) to interact with or look-up client information, unless the intern receives prior approval from his/her/their supervisor. If requested to look at a social media site (e.g., Facebook profile) by a client, interns will use their judgment about the clinical utility of doing so and will do so only on the client's device during the therapy session. Interns are permitted to look up client information regarding legal charges on law enforcement or government websites.

Interns should use only state equipment (e.g., office phone) to communicate with clients. Emailing with clients or guardians is generally prohibited as a means of communication. Email contact with clients or guardians may be permissible on rare occasions with approval from the intern's supervisor.



NEVADA

Psychology Internship Consortium

NV-PIC Videoconference Supervision Policy

The Nevada Psychology Internship Consortium (NV-PIC) may use Zoom to provide supervision. This format is utilized to promote interaction and socialization among interns and faculty. The use of videoconference technology for supervisory experiences is consistent with NV-PIC's model and training philosophy as NV-PIC places a strong training emphasis on access to behavioral healthcare, which often includes the use of telehealth services. All NV-PIC videoconferencing occurs over a secure network using State-administered technology. Supervision sessions using this technology are never recorded, thus protecting the privacy and confidentiality of all trainees. All interns are provided with instruction regarding the use of Zoom at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Office of Information Technology (OIT) Help Desk.

NV-PIC Assessment Coversheet

Interns are required to complete a minimum of 10 assessment reports during internship. For our purposes, an assessment is defined as a multi-source, multi- method approach that reaches a conclusion, leads to a disposition, or answers a referral question. A minimum of 5 assessments need to contain at least one psychological test. Interns submit their assessments, in report form, already reviewed by their supervisor, to the NV-PIC Training Committee for review and approval for the assessment to count toward the minimum requirement. Please submit the information below, along with a redacted/deidentified copy of the assessment.

Have psychologist who supervised the assessment sign the supervisor approval signature page & upload as a file below in question 2

* Required

* This form will record your name, please fill your name.

1. Did you complete & submit NV-PIC Checklist for Document Privacy? *

Yes

No

2. Upload your redacted/deidentified copy of the assessment here. *

 Upload file

File number limit: 5 Single file size limit: 1GB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

3. Intern Name *

4. Intern Cohort Year *

2022-2023

2023-2024

2024-2025

5. AVATAR # *

6. Date of Report *



7. Indicate what methods you used during this evaluation: *

- Clinical Interview
- Collateral Interview
- Record Review
- Cognitive Testing
- Personality Testing
- Malingering Testing
- Other

8. Which cognitive tests did you use?

9. Which personality tests did you use?

10. Which malingering tests did you use?

11. Assessment # of 10 submitted. *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

12. Number of prior assessments approved: *

13. Supervisor of assessment: *

Dr. Bradley

Dr. Brouwers

Dr. Crellin

Dr. Damas

Dr. Fyfe

Dr. Roley

Other

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NEVADA

Psychology Internship Consortium

NV-PIC Assessment Coversheet

Interns are required to complete a minimum of 10 assessment reports during internship. For our purposes, an assessment is defined as a multi-source, multi-method approach that reaches a conclusion, leads to a disposition, or answers a referral question. A minimum of 5 assessments need to contain at least one psychological test. Interns submit their assessments, in report form, already reviewed by their supervisor, to the NV-PIC Training Committee for review and approval for the assessment to count toward the minimum requirement. Please submit the information below, along with a **redacted/deidentified** copy of the assessment, via email at DPBHNPIC@health.nv.gov.

Intern Name:

Intern cohort year:

AVATAR #: Click or tap here to enter text. **Date of report:** Click or tap to enter a date.

Indicate what methods you used during this evaluation:

- Clinical Interview**
- Collateral Interview**
- Record Review**
- Cognitive Testing, specify which:** Click or tap here to enter text.
- Personality Testing, specify which:** Click or tap here to enter text.
- Malingering Testing, specify which:** Click or tap here to enter text.
- Other testing, specify which:** Click or tap here to enter text.

Assessment # **of 10 submitted.**

Number of prior assessments approved:

Supervisor approval for submission:



NEVADA

Psychology Internship Consortium

NV-PIC Assessment Report: Supervisor Approval

My signature below indicates I have reviewed the report being submitted and approve the intern to upload for partial completion of internship requirements.

I have reviewed the Document Privacy policy & checklist and certify that intern has de-identified the report properly.

Today's Date



NV-PIC Document Privacy Procedure

The NV-PIC procedure for the storage and future use of psychological assessments and other protected health information requires the following (Office of Civil Rights, 2012):

1. Assessment reports will remain deidentified by client name until they are in the final stage.
2. Interns cannot have protected health information (PHI) stored on their personal devices.
3. Prior to internship ending, interns who want to use work samples for future job applications are required to check with their supervisor of record to make sure that the documents were properly de-identified.
4. After the supervisor and/or the psychologist supervising the report approves the de-identified version using the checklist below, they will convert the file to PDF ensuring that the document meets security standards.

The NV-PIC procedure for the redaction of psychological assessments and other protected health information follows the HIPAA Privacy Rule.

The HIPAA Privacy Rule protects most individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or medium, whether electronic, on paper, or oral. The Privacy Rule calls this information *protected health information* (PHI). Protected health information is information, including demographic information, which relates to the individual's past, present, or future physical or mental health or condition; the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Protected health information includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above. (OCR, 2012, p.4)

NV-PIC uses the Safe Harbor Methodⁱ for the deidentification of protected health information.

In the context of the Safe Harbor method, actual knowledge means clear and direct knowledge that the remaining information could be used, either alone or in combination with other information, to identify an individual who is a subject of the information. This means that a

covered entity has actual knowledge if it concludes that the remaining information could be used to identify the individual. The covered entity, in other words, is aware that the information is not actually de-identified information. See the citation for example scenarios.

In §164.514(b), the Safe Harbor method for de-identification is defined as follows (partial list below on relevance – see citation for full list):

(1) The following identifiers of the individual or of relatives, employers, or household members of the individual, are removed:

- (A) Names
- (B) All geographic subdivisions smaller than a state, including street address, city, county, precinct, last two ZIP code numbers of client's address
- (C) All elements of dates (except year) for dates that are directly related to an individual, including birth date, admission date, discharge date, death date, and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. The number of days for hospitalization or outpatient treatment is acceptable.
- (D) Telephone numbers (client)
- (E) Email addresses (client)
- (F) Social security numbers
- (G) Medical record numbers
- (H) Health plan beneficiary numbers
- (I) Any information that is potentially identifiable (e.g., high-profile situations, unique job title).

(2) The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

Note: names of agency staff do NOT have to be removed.

ⁱ Office of Civil Rights (2012). *Guidance Regarding Methods for De-identification of Protected Health Information in Accordance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule*. Retrieved from: https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/coveredentities/De-identification/hhs_deid_guidance.pdf

NV-PIC Checklist for Document Privacy

The NV-PIC procedure for the redaction of psychological assessments and other protected health information follows the HIPAA Privacy Rule.


The HIPAA Privacy Rule protects most individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or medium, whether electronic, on paper, or oral. The Privacy Rule calls this information *protected health information* (PHI). Protected health information is information, including demographic information, which relates to the individual's past, present, or future physical or mental health or condition; the provision of health care to the individual, or the past, present, or future payment for the provision of health care to the individual; and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Protected health information includes many common identifiers (e.g., name, address, birth date, Social Security Number) when they can be associated with the health information listed above. (OCR, 2012, p.4)

NV-PIC uses the Safe Harbor Method for the deidentification of protected health information. (see handbook for full policy)

* Required

* This form will record your name, please fill your name.

1. Today's Date *

2. Intern Name *

3. Intern Cohort *

2022-2023

2023-2024

2024-2025

4. AVATAR Number *

5. Date of report *



6. Assessment # of 10 submitted. *

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

7. Supervisor of Assessment: *

- Dr. Bradley
- Dr. Brouwers
- Dr. Crellin
- Dr. Damas
- Dr. Fyfe
- Dr. Roley

8. Check below to indicate you removed the following identifiers of client or relatives, employers, or household members: *

Names

Graphic subdivisions smaller than a state, including street address, city, county, precinct, last two ZIP code numbers of client's address

All elements of dates (except year) for dates directly related to client, including: Birth Date, Admission Date, Discharge Date, Death Date, all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. (Number of days for hospitalization or outpatient treatment is acceptable)

Telephone numbers (client)

Fax numbers (client)

Email addresses (client)

Social Security Numbers

Medical record numbers

Health plan beneficiary numbers

AVATAR number

Potentially identifiable information (e.g., high-profile situations, unique job titles)

9. The covered entity does not have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information. *

True

False

10. Reports were deidentified until they were in the final stage. *

Yes

No

11. Prior to internship ending, interns checked with supervisors to make sure documents were properly de-identified if they wish to use work samples for future job applications *

Yes

No

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NV-PIC Checklist for Document Privacy

Intern:

Supervisor:

Date:

AVATAR Number

Checklist:

- 1. Removed the following identifiers of client or relatives, employers, or household members:**
 - A. Names
 - B. Graphic subdivisions smaller than a state, including street address, city, county, precinct, last two ZIP code numbers of client's address
 - C. All elements of dates (except year) for dates directly related to client, including:
 - i. Birth Date
 - ii. Admission Date
 - iii. Discharge Date
 - iv. Death Date
 - v. All ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older. (*Number of days for hospitalization or outpatient treatment is acceptable*)
 - D. Telephone numbers (client)
 - E. Fax numbers (client)
 - F. Email addresses (client)
 - G. Social Security Numbers
 - H. Medical record numbers
 - I. Health plan beneficiary numbers
 - J. AVATAR number
 - K. Potentially identifiable information (e.g., high-profile situations, unique job title)

Providing Therapy in a Client's Native Language

Interns may be approved to provide therapy to clients in the client's native language per supervisor's approval if the intern is also fluent in the language. The supervisor will consider the intern's clinical skills and abilities, the client's preference, and other relevant factors prior to advancing to this form of therapy. Sessions may be required to be audio and/or videotaped and reviewed in supervision, even though the supervisor may not be fluent in the language. If available, a staff member who is fluent in the client's native language may supervise the specific case, after consultation with the intern, supervisor(s), and Training Director.

Interns and supervisors are encouraged to read:

Schwartz, A., Domenech R., M. M., Santiago-Rivera, A. L., Arredondo, P., & Field, L. D. (2010). Cultural and linguistic competence: Welcome challenges from successful diversification. *Professional Psychology: Research and Practice*, *41*, 210-220.