



Idaho

Psychology Internship Consortium

Handbook

www.IDAHO-PIC.org



Contents

ID-PIC Training Committee Contact Information	4
Overview	5
ID-PIC Aims and Competencies	7
Profession Wide Competencies and Learning Elements	8
Evaluation of Competencies	12
Quick Reference Guide for ID-PIC Minimum Training Requirements	13
Group Supervision and Didactics	14
APA Ethics Code	15
ID-PIC Due Process	46
Policies	52
Signature Page	72
Appendix A: Supervisor Evaluation of Intern	73
Appendix B: Supervision Coverage Plan	75



Welcome to ID-PIC!

Dear Incoming Interns,

Welcome to the Idaho Psychology Internship Consortium!

The Idaho Psychology Internship Consortium (ID-PIC) was created through the determined efforts of many individuals dedicated to creating a high-quality, psychology internship training across the state of Idaho, and is currently seeking accreditation, on contingency status by the American Psychological Association (APA). We are excited to welcome you as the first internship cohort of ID-PIC. The ID-PIC faculty has worked diligently to develop an internship program that meets your needs as well as the behavioral health needs of the population of Idaho. The faculty of ID-PIC is excited to support your professional development, and we look forward to a successful training year.

As psychologists-in-training utilizing the resources of ID-PIC, you have an opportunity this year to enhance your skills and gain a breadth of knowledge. The internship training program is designed to build on your current knowledge through your work with your on-site supervisors, other ID-PIC and organizational faculty, and each other as a cohort. The training year will be challenging and at times will push you beyond your comfort zone, all in service of providing you a rich and rewarding training experience and expanding your competencies as a behavioral health professional.

The ID-PIC faculty looks forward to working with each of you!

Sincerely,

Susan A. Martin, PsyD

Program Director



ID-PIC Training Committee Contact Information

Program Director: Dr. Susan Martin (see contact information under FMRI below)

❖ **Boise State University Counseling Center (BSU)**

- Supervising Psychologist & Site Director: Dr. Alison Radcliffe (alisonradcliffe@boisestate.edu) – (208.426.2987)

❖ **Family Medicine Residency of Idaho (FMRI)**

- Program Director & Site Director: Dr. Susan Martin (susan.martin@fmridaho.org) – (810.875.0989)
- Supervising Psychologist: Dr. Winslow Gerrish (winslow.gerrish@fmridaho.org) – (206.228.2117)
- Training Committee Member: Dr. India King (india.king@fmridaho.org) – (208.514.2529)

❖ **Idaho State University Family Medicine Residency (ISUFMR)**

- Assistant Program Director & Site Director: Dr. Verena Roberts (robevere@isu.edu) – (208.241.9600)

❖ **Pearl Health Clinic**

- Supervising Psychologist & Site Director: Dr. Dan McGrath (dmcgrath@pearlhealth.org) – (208.346.7500, ext. 212)

❖ **State Hospital South**

- Supervising Psychologist & Site Director: Dr. Anne Stegenga (anne.stegenga@dhw.idaho.gov) – (208.785.3969, ext. 63969)
- Training Committee Member: Dr. Tashina Keith (tashina.keith@dhw.idaho.gov) – (208.785.8514)

❖ **WICHE Contact Information**

- Dr. Daria Redmon, WICHE Project Coordinator (dredmon@wiche.edu) - (312) 724-9636
- Dr. Liza Tupa, Director, Education and Research, Behavioral Health Program, (ltupa@wiche.edu) - (303) 541-0224 (office), (303) 667-7927 (cell)



Overview

The Idaho Psychology Internship Consortium (ID-PIC) is composed of **four** training sites: Boise State University Counseling Center, the Family Medicine Residency of Idaho, Idaho State University Family Medicine Residency/State Hospital South, and Pearl Health Clinic.

Boise State University Counseling Center is a comprehensive service provider committed to providing an integrated service delivery model to the campus community. Specifically, it provides services for crisis intervention, individual, multi-person and group counseling. While maintaining a focus on short-term individual counseling with clients, Counseling Service's role also includes campus outreach, prevention programming, intervention, clinical assessment, research, consultation and training. Counseling Services is proactive and developmental in orientation and has an extensive referral network within the university and professional community.

The Family Medicine Residency of Idaho (FMRI) is a Federally Qualified Healthcare Center and Teaching Health Center in southwest Idaho. FMRI's mission is to serve the underserved. This includes a diverse, primarily Medicaid-eligible patient population. Behavioral health services are embedded in our family medicine clinics across the Treasure Valley of Idaho including: five family medicine clinics, two pediatric clinics, a school-based health center, a Ryan White HIV/Aids Program Part C clinic, a refugee assessment clinic, and an onsite pharmacy. FMRI provides residency and fellowship training for approximately 50 physicians annually. The intern will join our robust Behavioral Health Department (BHD): behavioral science faculty psychologists, licensed clinical social workers, registered dietitians, a consulting psychiatrist, psychiatry residents from the University of Washington, clinical pharmacists, and community health workers. The array of services provided and coordinated by the BHD at FMRI ranges from intensive outpatient interventions (psychotherapies, psychiatric services) to behavioral health consultation at time of medical care.

Idaho State University Family Medicine Residency (ISUFM) is the principal outpatient teaching clinic for the family practice residency program at Idaho State University. The clinic has partnered with Health West Community Health Center, a federally qualified health center (FQHC) to provide clinical services to the area and is multidisciplinary in nature, also serving as a training site for clinical psychologists, clinical pharmacists, physician assistants, and nurses. The clinic provides primary medical care, including psychological services and integrated behavioral health services to a diverse population of individuals, families, children, teens, and seniors from all over Southeastern Idaho. ISUFM has a strong commitment to teaching and to providing services to our underserved population. ISUFM also partners with the State Hospital South (SHS) in Blackfoot, ID to provide a more diverse training experience in an inpatient psychiatric setting. Interns will learn the forensic aspects as well as provide group therapy and conduct



comprehensive psychological assessments in an interdisciplinary environment. Hence, interns completing this internship will be prepared to work in outpatient as well as inpatient integrative settings.

Idaho State Hospital South (SHS) is a State of Idaho Department of Health and Welfare (DHW) adult and adolescent inpatient psychiatric facility located in Blackfoot, a rural community just 25 miles from Pocatello. The facility is fully accredited by the Joint Commission, certified by the Health Care Finance Administration (HCFA), and licensed by the State Hospital Licensing Agency. SHS is a 136-bed inpatient psychiatric facility providing assessment, diagnosis, treatment and psychosocial rehabilitation services to mentally ill members of Idaho communities whose care could not be appropriately provided in a less restrictive setting. Individuals served by SHS range in age from 12 years through adulthood and meet legal and departmental criteria for hospitalization.

Pearl Health Clinic (PHC) is a large outpatient community mental health clinic serving all ages and presenting problems. Services provided include clinical interviews, outpatient psychotherapy, medication management, neuropsychological and psychological testing. There are over 20 licensed behavioral health providers practicing at Pearl Health Clinic.



ID-PIC Aims and Competencies

Mission

The Idaho Psychology Internship Consortium's (ID-PIC) mission is to prepare and retain psychologists to provide culturally competent collaborative health care for Idaho's diverse population. The Idaho Psychology Internship Consortium (ID-PIC) represents the collaborative effort of multiple Idaho agencies to share resources and faculty for the purpose of providing a diversified educational program for doctoral psychology interns. The consortium is designed to provide generalist training to prepare interns to meet the unique challenges of practicing psychology in rural Idaho and to ensure clinical competency in working with Idaho's various cultural groups.



Profession Wide Competencies and Learning Elements

Overarching Goals: The Idaho Psychology Internship Consortium (ID-PIC) represents the collaborative effort of multiple Idahoan agencies and the Western Interstate Commission for Higher Education, WICHE, to share resources and faculty for the purpose of providing a broad and general educational program for psychology interns.

Our program offers one year, full-time internship positions at agencies across Idaho. It is expected that by the conclusion of the internship year, interns will have achieved intermediate to advanced competence in APA's nine Profession Wide Competencies and associated Learning Elements. For a comprehensive list of all required Learning Elements, please see the ID-PIC Intern Evaluation. The following represents a list of all required competencies and a general summary of associated learning elements:

Competency 1: Research

Learning Elements related to this competency include the following:

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
- Application of scientific knowledge to practice.

Competency 2: Ethical and Legal Standards

Learning Elements related to this competency include the following:

- Be knowledgeable of, demonstrate and act in accordance with each of the following:
 - The current version of the APA Ethical Principles of Psychologists and Code of Conduct;
 - Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
 - Relevant professional standards and guidelines.
 - Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.
 - Conduct self in an ethical manner in all professional activities.
 - Consult actively with supervisor to act upon ethical and legal aspects of practice.

Competency 3: Individual and Cultural Diversity

Learning Elements related to this competency include the following:



- Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
- Demonstrate 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.
- Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
- Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
- Initiate supervision regularly about diversity issues and integrate feedback into practice.

Competency 4: Professional Values, Attitudes, and Behaviors

Learning Elements related to this competency include the following:

- Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.
- Accept responsibility for meeting deadlines, completing required documentation promptly and accurately as well as reliable attendance at expected internship activities.

Competency 5: Communication and Interpersonal Skills

Learning Elements related to this competency include the following:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.



- Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- Demonstrate effective interpersonal skills and the ability to manage difficult communication well.
- Demonstrate knowledge of and comfort with the technological systems necessary to provide distance delivery.
- Engage in social media activities in a manner that maintains professionalism and respect.
- Demonstrate timely responsiveness in communication (e.g. email, text, etc.).

Competency 6: Assessment

Learning Elements related to this competency include the following:

- Select and apply assessment methods (including administration and scoring) that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interpret 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.
- Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
- Articulate relevant developmental features, clinical symptoms, and cultural factors as applied to presenting questions and findings.

Competency 7: Intervention

Learning Elements related to this competency include the following:

- Demonstrate effective case conceptualization and treatment planning.
- Implement therapeutic interventions informed by the current scientific research/evidence base.
- Demonstrate effective crisis intervention.
- Apply therapeutic skills and maintain effective alliance with recipients of psychological services.
- Demonstrate the ability to evaluate intervention effectiveness and adapt intervention goals.



Competency 8: Supervision

Learning Elements related to this competency include the following:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals.
- Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process.
- Collaborate with supervisor and provides feedback regarding supervisory process.
- Seek supervision to improve performance, presenting work for feedback, and integrating feedback into performance.
- Provide feedback to peers regarding peers' clinical work in context of group supervision or case conference.

Competency 9: Consultation and Interprofessional/Interdisciplinary Skills

Learning Elements related to this competency include the following:

- Demonstrate knowledge and respect for and engagement with the roles and perspectives of other professions.
- Apply this knowledge in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.



Evaluation of Competencies

By the end of the internship year, a minimum rating of “4” is expected for each of the broad competencies and individual training elements to demonstrate having achieved competence in the ID-PIC Training Competencies. The intern is expected to seek greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element.

Please see the Intern Evaluation policy (Appendix A) for more information.



Quick Reference Guide for ID-PIC Minimum Training Requirements

General Requirements

- ❖ Demonstrate competence as assessed by supervisors throughout the internship year (See Appendix A and following.)
- ❖ Maintain a training log documenting hour of training during the internship year
- ❖ Complete the following evaluations:
 - Self-evaluation: beginning of internship, 7-months, and end of internship year
 - Program evaluation: 3 months, 7 months, and end of internship year
 - Supervisor evaluation: 3 months, 7 months, and end of internship year
 - Didactic evaluations: following each didactic

Clinical Requirements

- ❖ Complete all site-specific training requirements and associated clinical documentation
- ❖ Complete and maintain documentation of 2000 hours of training during the internship year
- ❖ Complete and maintain documentation of 500 hours of direct face-to-face service provision
- ❖ Complete a minimum of 5 assessment reports

Supervision and Training Requirements

- ❖ Attend 2 hours per week of individual supervision at site
- ❖ Attend 2 hours per week of ID-PIC group supervision
- ❖ Attend 2 hours per week of ID-PIC didactic seminars



Group Supervision and Didactics

Group supervision and didactics will be conducted via Zoom videoconferencing on Wednesdays. Group supervision will occur from 9:00 am -11:00 am facilitated by a rotating member of the Training Committee. Psychology interns are expected to be prepared to give a 5-10-minute case presentation for each case discussed from their respective caseloads. It is expected that psychology interns will discuss 1-2 cases at a minimum each week and maintain a group supervision log. Group supervision will be followed by didactic seminars from 11:00 am – 1:00 pm presented by Training Committee members, faculty, and other relevant guest speakers. Please see the Group Supervision and Didactic Calendar for specific information (Appendix B).

All psychology interns are expected to attend group supervision, the didactic presentation, and video review rounds every Wednesday. Absences from Wednesday activities must be cleared by your Site Supervisor and/or the Program Director.



APA Ethics Code

Ethical Principles of Psychologists and Code of Conduct

Adopted 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. Adopted August 3, 2016. Effective January 1, 2017.)

CONTENTS

INTRODUCTION AND APPLICABILITY

PREAMBLE

GENERAL PRINCIPLES

Principle A: Beneficence and Nonmaleficence

Principle B: Fidelity and Responsibility

Principle C: Integrity

Principle D: Justice

Principle E: Respect for People's Rights and Dignity

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

1.03 Conflicts Between Ethics and Organizational Demands

1.04 Informal Resolution of Ethical Violations

1.05 Reporting Ethical Violations

1.06 Cooperating With Ethics Committees

1.07 Improper Complaints

1.08 Unfair Discrimination Against Complainants and Respondents

2. Competence

2.01 Boundaries of Competence

2.02 Providing Services in Emergencies

2.03 Maintaining Competence

2.04 Bases for Scientific and Professional Judgments

2.05 Delegation of Work to Others

2.06 Personal Problems and Conflicts

3. Human Relations

3.01 Unfair Discrimination

3.02 Sexual Harassment

3.03 Other Harassment

3.04 Avoiding Harm

3.05 Multiple Relationships



- 3.06 Conflict of Interest
- 3.07 Third-Party Requests for Services
- 3.08 Exploitative Relationships
- 3.09 Cooperation With Other Professionals
- 3.10 Informed Consent
- 3.11 Psychological Services Delivered To or Through Organizations
- 3.12 Interruption of Psychological Services
- 4. Privacy And Confidentiality
 - 4.01 Maintaining Confidentiality
 - 4.02 Discussing the Limits of Confidentiality
 - 4.03 Recording
 - 4.04 Minimizing Intrusions on Privacy
 - 4.05 Disclosures
 - 4.06 Consultations
 - 4.07 Use of Confidential Information for Didactic or Other Purposes
- 5. Advertising and Other Public Statements
 - 5.01 Avoidance of False or Deceptive Statements
 - 5.02 Statements by Others
 - 5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs
 - 5.04 Media Presentations
 - 5.05 Testimonials
 - 5.06 In-Person Solicitation
- 6. Record Keeping and Fees
 - 6.01 Documentation of Professional and Scientific Work and Maintenance of Records
 - 6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work
 - 6.03 Withholding Records for Nonpayment
 - 6.04 Fees and Financial Arrangements
 - 6.05 Barter With Clients/Patients
 - 6.06 Accuracy in Reports to Payors and Funding Sources
 - 6.07 Referrals and Fees
- 7. Education and Training
 - 7.01 Design of Education and Training Programs
 - 7.02 Descriptions of Education and Training Programs
 - 7.03 Accuracy in Teaching
 - 7.04 Student Disclosure of Personal Information
 - 7.05 Mandatory Individual or Group Therapy
 - 7.06 Assessing Student and Supervisee Performance
 - 7.07 Sexual Relationships With Students and Supervisees
- 8. Research and Publication



8.01 Institutional Approval

8.02 Informed Consent to Research

8.03 Informed Consent for Recording Voices and Images in Research

8.04 Client/Patient, Student, and Subordinate Research Participants

8.05 Dispensing With Informed Consent for Research

8.06 Offering Inducements for Research Participation

8.07 Deception in Research

8.08 Debriefing

8.09 Humane Care and Use of Animals in Research

8.10 Reporting Research Results

8.11 Plagiarism

8.12 Publication Credit

8.13 Duplicate Publication of Data

8.14 Sharing Research Data for Verification

8.15 Reviewers

9. Assessment

9.01 Bases for Assessments

9.02 Use of Assessments

9.03 Informed Consent in Assessments

9.04 Release of Test Data

9.05 Test Construction

9.06 Interpreting Assessment Results

9.07 Assessment by Unqualified Persons

9.08 Obsolete Tests and Outdated Test Results

9.09 Test Scoring and Interpretation Services

9.10 Explaining Assessment Results

9.11. Maintaining Test Security

10. Therapy

10.01 Informed Consent to Therapy

10.02 Therapy Involving Couples or Families

10.03 Group Therapy

10.04 Providing Therapy to Those Served by Others

10.05 Sexual Intimacies 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

10.08 Sexual Intimacies With Former Therapy Clients/Patients

10.09 Interruption of Therapy

10.10 Terminating Therapy



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 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 3.04(a).

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 Intimacies 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, expected 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, including 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 information 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.

The American Psychological Association, in Washington, D.C., is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes more than 152,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.



ID-PIC Due Process Procedures

Performance Issues about Interns

For situations in which a supervisor or other training committee member raises a grievance or significant concern about the performance or behavior of a psychology intern:

ID-PIC has developed a Due Process and Resolution process, which focuses on prevention and a timely response to identified problems. This ensures that decisions made by the consortium are not arbitrarily or personally based and identifies specific steps that are applied to all interns. Further, clearly identified steps and a process are provided for an intern to address an issue with some aspect of the Training Program or one of its members.

Doctoral-level psychology interns are expected to maintain the highest standards of personal conduct, integrity and professionalism. They are expected to support and comply with APA Ethical Guidelines and to utilize supervision effectively in order to grow professionally. It also is the responsibility of the intern's clinical supervisor and the ID-PIC faculty to assure that high standards of professionalism are attained by the interns under their supervision. Maintenance of these standards will promote effectiveness of both the professional training provided by the internship and the quality of psychological work provided by the interns to clients/constituent communities of the consortium agencies.

GENERAL DUE PROCESS GUIDELINES

Due process includes steps that assure fair evaluation of intern performance, intern awareness of options for resolution of performance issues and clearly defined steps for notice, hearing and appeal. General guidelines for due process at ID-PIC include the following:

- A. The Training Faculty will present ID-PIC's program expectations for professional functioning to interns in writing, at the start of the training period. This is discussed in a group format during orientation and may be followed up individually during supervision. Interns sign an acknowledgement indicating receipt and understanding of, and agreement to abide by, these guidelines and other ID-PIC policies.
- B. The process for evaluation of interns is clearly described during orientation. Interns will be formally evaluated at least twice per year by their primary supervisor. The written evaluation is based on APA criteria and includes the profession-wide competencies of:
 1. Research
 2. Ethical and legal standards

3. Individual and cultural diversity
 4. Professional values, attitudes, and behaviors
 5. Communication and interpersonal skills
 6. Assessment
 7. Intervention
 8. Supervision
 9. Consultation and inter-professional/interdisciplinary skills
- C. The various procedures and actions involved in decisions regarding inadequate skills or problematic behaviors are described to interns.
- D. The Program Director and/or site clinical supervisor will communicate early and often with academic programs about any suspected difficulties with interns.

Definition of Problem Behavior

For purposes of this document, intern problem 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 in order to reach an acceptable level of competency,
- 3) an inability to control personal stress, psychological dysfunctions, and/or excessive emotional reactions which interfere with professional functioning.

It is a professional judgment as to when an intern's behavior becomes problematic rather than of concern. Trainees may exhibit behaviors, attitudes or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Issues typically become identified as problematic when they include one or more of the following characteristics:

- 1) The intern does not acknowledge, understand, or address the problem when it is identified,
- 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 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 trainee's behavior does not change as a function of feedback, remediation efforts, and/or time,



- 7) The problematic behavior has potential for ethical or legal ramifications if not addressed,
- 8) The intern's behavior negatively impacts the public view of the agency,
- 9) The problematic behavior negatively impacts the intern class.

Administrative Hierarchy and Definitions

ID-PIC's Due Process procedure occurs in a step-wise fashion, involving greater levels of intervention as a problem increases in persistence, complexity, or level of disruption to the training program. Faculty roles included herein are defined as follows:

- Supervisor: Any faculty member who provides direct supervision or teaching to an intern.
- Associate Program Director: A supervisor who functions as a site-level director of training and serves as a voting member of the Training Committee, if applicable.
- Program Director: The supervisor who function as the program-level director of training. She or he leads the Training Committee and serves as a voting member.

Use of Videoconference

Videoconferencing will be utilized for situations that require the meetings of interns and training staff who are located in geographically different areas of Idaho.

Informal Review

When a supervisor believes that an intern's behavior is or may likely become problematic, the first step in addressing the issue should be to raise the issue with the intern directly and as soon as feasible in an attempt to informally resolve the problem. This process should be documented in writing, but will not become part of the intern's professional file.

Formal Review

If an intern's problem behavior persists following an attempt to resolve the issue informally, or if an intern receives a rating below "meets expectations/satisfactory" on a broad domain within a supervisory evaluation, the following process is initiated:

- A. The supervisor will meet with the Associate Program Director (APD), Program Director (PD), and intern within two weeks to discuss the problem and determine what action needs to be taken to address the issue. If a Program Director is the intern's direct supervisor, an Associate Program Director be included in the meeting.
- B. The intern will have the opportunity to provide a written statement related to his/her response to the problem within 5 working days.



C. After discussing the problem and the intern's response, the supervisor, APD, and Program Director may:

- 1) Issue an "Acknowledgement Notice" which formally acknowledges
 - a) that the faculty is aware of and concerned with the problem,
 - b) that the problem has been brought to the attention of the intern,
 - c) that the faculty will work with the intern to specify the steps and timeframe necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating, and
 - d) that the problem is not significant enough to warrant further remedial action at this time,
 - e) A written notice will be submitted to the intern and the Director of Clinical Training at the trainee's graduate institution. This notice will be issued within 5 working days of the meeting.

- 2) Place the intern on "Probation" which defines a relationship such that the faculty, through the supervisors and PD, actively and systematically monitor, for a specified length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The length of the probation period will depend upon the nature of the problem and will be determined by the intern's supervisors and PD. The probation is a written statement to the intern and to the Director of Clinical Training at the trainee's graduate institution and includes:
 - a) the actual behaviors or skills associated with the problem,
 - b) the specific recommendations for rectifying the problem,
 - c) the time frame for the probation during which the problem is expected to be ameliorated, and
 - d) the procedures designed to ascertain whether the problem has been appropriately rectified.

This written statement will be issued within 10 working days of the decision. The PD or primary supervisor will notify the WICHE consultant at this time and will also notify the Human Resources department at the intern's place of employment and/or as required per organizational policies. At the end of this probation period, the Program Director will provide a written statement indicating whether or not the problem has been remediated. This statement will become part of the intern's permanent file and will also be shared with the intern and sent to the Director of



Clinical Training at the intern's graduate institution as well as the Human Resources department at the intern's place of employment. The intern shall receive a copy of the letter to the sponsoring university.

- 3) Document the problem and take no further action.
-
- D. Once the Acknowledgment Notice or Probation is issued by the PD, 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.
 - E. If the problem is not rectified through the above processes the intern's placement within ID-PIC may be terminated.
 - F. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within ID-PIC may be terminated.
 - G. If the intern's employment is terminated by the site, the intern's placement within ID-PIC may be terminated.
 - H. The final decision to terminate an intern's placement would be made by the entire Training Committee and would represent a discontinuation of participation by the intern within every aspect of the consortium. The Training Committee would make this determination during a meeting convened within a reasonable timeframe following the conclusion of step A or during the regularly-scheduled monthly Training Committee meeting, whichever occurs first. The PD or primary supervisor will notify the WICHE consultant at this time and will also notify the Human Resources department at the intern's place of employment. The Program Director may decide to temporarily suspend an intern's clinical activities or place an intern on paid administrative leave during this period prior to a final decision being made, if warranted.
 - I. ID-PIC will adhere to APPIC's Policies on intern dismissal and secure a release from the Match contract.



Appeal and Review Panel

If the intern does not agree with the decisions made from previous Due Process steps, or if he or she wishes to formally challenge ratings received on a formal evaluation, an Appeal may be submitted by the intern to the Training Committee.

- A. This request must be made in writing--an email will suffice--to the Program Director within 5 working days of notification regarding the decision made in step C or D above, or within 10 days after receiving a formal evaluation. The PD or primary supervisor will notify the WICHE consultant at this time and will also notify the Human Resources department at the intern's place of employment.
- B. If requested, the Appeal will be conducted by a review panel convened by one of the Program Director and consisting of him/herself (or an Associate Program Director, if appropriate), the intern's primary supervisor, and at least one other member of the Training Committee. The intern may request a specific member of the Training Committee to serve on the review panel.
- C. The Appeal review will be held over a two week period. The review panel will review all written materials and have an opportunity to interview the parties involved or any other individuals with relevant information. The review panel may uphold the decisions made previously or may modify them. The review panel has final discretion regarding outcome.
- D. In the event that an intern is filing a formal appeal in writing to disagree with a decision that has already been made by the Training Committee and supported by the Program Director, then that appeal is reviewed by the Program Director in consultation with the Training Committee. The Program Director will determine if a new Review Panel should be formed including a neutral party or parties (such as other professionals or administrators within the site agencies) to reexamine the case, or if the decision of the original review panel is upheld.

Reviewed/revised by ID-PIC Faculty on 1/31/2019



Policies

Administrative and Financial Assistance Policy

Stipend

The annual stipends differ across all of the consortium sites. For instance, the stipend for interns placed at Idaho State University Family Medicine Residency/State Hospital South will be \$27,736.80 and the stipend at Pearl Health Clinic will be \$28,600. This difference is due to state salary regulations at Idaho State University Family Medicine Residency, and health insurance equity across sites.

Benefits

All interns are required by the consortium to have current health insurance coverage. Access to health benefits will be provided to all interns but may vary across sites. Paid time off (PTO) will be available to all interns.

With regard to Family and Medical Leave extensions during the internship year, agency parameters will dictate extended leave options. Interns are responsible for discussing leave requests with their supervisor and working in coordination with HR department.

Leave such as vacation, professional, or sick leave will be available to all interns and depends on site-specific policies. In addition, ID-PIC interns have access to numerous resources. Funding for travel within the state of Idaho is provided in order for interns to complete required training experiences. Assessment and other training materials are provided by each training site, and additional materials that may be needed can be purchased using consortium funding with Training Committee approval. Additionally, each intern has access to administrative and IT support through their primary training site.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019



Didactic Attendance Policy

Attendance at the weekly Didactic Seminar (i.e., group supervision/professional development and didactic lecture) and other scheduled group training activities is mandatory for all interns in the Idaho Psychology Internship Consortium and is required for successful completion of the internship. Attendance at these scheduled activities should take priority over other site obligations each week. Site supervisors are aware of these activities and their requirement for interns.

A schedule for the Didactic Seminar will be distributed at the beginning of each year and may be updated throughout the year. Revisions will be provided on a periodic basis throughout the year. Attendance at each seminar meeting is tracked by the ID-PIC consortium. No unexcused absences are allowed. Absences must be discussed and approved by a primary supervisor prior to the didactic. It is the responsibility of the intern to inform the ID-PIC faculty and intern body of a future absence from a didactic. Pre-approved intern vacation and alternative training opportunities are considered excused absences. Interns who miss a meeting of the didactic seminar because of a serious emergency or for a serious illness should alert their Site Director and Program Director as soon as possible. If a pattern of didactic absences emerges, the site supervisor will address this issue with the intern and bring the concern to the ID-PIC Training Committee for resolution. Didactic absences will be reviewed at quarterly meetings.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019



Dissertation Policy

The Idaho Psychology Internship Consortium is an intensive program which seeks to provide comprehensive training to doctoral interns. To this end, interns must complete the entirety of the 2000 required training hours, without exception. Although interns are welcome to utilize paid time off (PTO) days for work on their dissertations, ID-PIC does not permit additional time off beyond what is allowable in their employment contract for this purpose. Reasonable accommodations will be made for interns who must utilize leave time to complete their dissertation defense, provided that this leave does not prevent the intern from completing the 2000-hour training requirement.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019



ID-PIC Grievance Policy and Procedures

Grievance Submission and Resolution Process

These guidelines are intended to provide the psychology intern with a means to resolve perceived conflicts. Interns who pursue grievances in good faith will not experience any adverse professional consequences. For situations in which an intern raises a grievance about a supervisor, staff member, trainee, or the internship program:

Informal Review

The grieved individual should raise the issue with the involved supervisor, staff member, or other trainee. If this level of intervention is unsatisfactory, the grieved individual should then seek support from the Program Director (PD), Assistant Program Director or an appropriate faculty member in an effort to informally resolve the problem. The PD or appropriate faculty member will intervene in an informal manner attempting to resolve the grievance. If this grievance is not resolved through the informal process, the PD or appropriate faculty member will initiate the formal review process, if appropriate. This decision to move into a formal review process will be made in collaboration with the grieved individual. Based on the nature of the grievance, faculty may initiate the formal review process in situations related to ethical, legal, and risk management violation.

If the grievance relates to interpersonal conflicts and/or is assessed by faculty to impact the learning environment, the ID-PIC Training Committee will determine the appropriate approach, including but not limited to, conflict resolution, mediation, or other appropriate form of resolution. The PD will document the process and outcome of the informal review.

Formal Review

If the matter cannot be satisfactorily resolved using informal means, the following will happen:

- a. A formal grievance in writing will be submitted by the grieved individual to the PD. The PD will assign two Chairs to the ID-PIC Grievance Committee to investigate the grievance.
- b. The Chairs will review the grievance, speak with the relevant parties involved and gather the additional information as needed.
- c. The Chairs will take relevant findings to the ID-PIC Training Committee to discuss and develop a plan of action to resolve the grievance. The plan of action will be put in writing and communicated with all relevant individuals.
- d. The plan of action will be implemented by those involved. The Chairs will monitor the progress of the plan.



e. If the plan of action resolves the grievance, a letter of resolution will be drafted, approved by the ID-PIC Training Committee, and the grievance will be closed. All relevant documents will be kept on files.

f. If the plan of action fails and the individual who has the grievance filed against them is an intern, ID-PIC due process will be initiated, by consensus of the ID-PIC Training Committee.

g. If grievance is against ID-PIC faculty and/or supervisors, ID-PIC will follow the process outlined above. If the issue is not resolved it will be turned over to the employer agency in order to initiate the due process procedures outlined in the employment contract.

h. If the grievance is against non-ID-PIC professionals and the ID-PIC Training Committee determines the grievance has merit, the issue will be turned over to the employer agency in order to initiate the grievance/due process procedures outlined by the employer.

Timeline of Response

The grievance resolution process contains many steps. ID-PIC faculty will make every effort to address grievances in a timely manner. Each phase of correspondence/communication may take up to 10 business days.

Use of Videoconference

Videoconferencing may be utilized for situations that require the meetings of interns and training staff who are in geographically different areas of Idaho.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Intern Performance Evaluation, Feedback, Retention, and Termination Decisions

Intern Performance Evaluation and Feedback

The Idaho Psychology Internship Consortium requires that interns demonstrate minimum levels of achievement across all training competencies. Interns are formally evaluated by their primary supervisor three times annually, at 3 months, 7 months, and the end of the internship year. Evaluations are conducted using a standard rating form, which includes comment spaces where supervisors include specific written feedback regarding the interns' performance and progress. The evaluation form includes information about the interns' performance regarding all of ID-PIC's expected training competencies and the related objectives. Intern evaluations are based in part on direct observation of the intern as well other performance-based activities. Supervisors are expected to review these evaluations with the interns and provide an opportunity for discussion if the intern has questions or concerns about the feedback.

A minimum level of achievement on each evaluation is defined as a rating of "4" for each competency at the end of the internship year. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1 = Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element; 2 = Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it; 3 = Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element; 4 = Competent: The intern is aware of the element and frequently applies it in their work without need for assistance; and 5 = Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated. If an intern receives a score of 2 or less at the 3-month evaluation period, or a score of 3 or less at the 7-month evaluation period on any component of any evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, the program's due process procedure will be initiated. The due process procedure can be found on <https://idaho-pic.org/>.

Additionally, all ID-PIC interns are expected to complete 2000 hours of training during the internship year. Meeting the hours' requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Feedback to the interns' home doctoral program/Director of Clinical Training is provided at the culmination of the internship year. Directors of Clinical Training are



contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning and end of the internship. Interns also complete a Program Evaluation Survey at the mid-point and end of the internship year, in order to provide feedback to inform any changes or improvements in the training program.

Retention and Termination Decisions

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the due process procedure due to a grievance by a supervisor or an inadequate rating on an evaluation, the home doctoral program/Director of Clinical Training 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 interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The home doctoral program/Director of Clinical Training is notified of any further action that may be taken by ID-PIC as a result of the due process procedure, up to and including termination from the program.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Intern Publication Policy

ID-PIC interns are encouraged to pursue academic and research related activities as an important aspect of professional development throughout their internship and career. ID-PIC faculty are to be informed of any research activities that interns are participating in during the intern year. It is expected interns will not identify themselves as representing ID-PIC on published works. If the research occurred as a direct product of the internship training program, the affiliation is with the site organization and approved by the Site Director and in compliance with the site's research/publication policies. Interns conducting research outside of the internship training can utilize their university as an affiliation.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Intern Recruitment and Selection Policy

Intern Recruitment

The Idaho Psychology Internship Consortium (ID-PIC) offers several full-time positions each internship year across the multi-site consortium (Boise State University Counseling Center, Family Medicine Residency of Idaho, Idaho State University Family Medicine Residency/State Hospital South, and Pearl Health Clinic). The number of positions varies based on funding within each site and is announced in advance through the APPIC website.

ID-PIC generally recruits applicants who:

1. Demonstrate sustained and specific interest in, and readiness for, focused training in the unique challenges of practicing psychology in rural and remote settings and to ensure clinical competency in working with Idaho's various cultural groups;
2. Demonstrate interest and ability in the site's population and treatment model and communicates a good fit between the site and the intern's unique background, interests, experiences, and abilities;
3. Have enough clinical experience and/or skill to work effectively with clients with high complexity of needs across biopsychosocial domains (with supervisory support);
4. Have skills and sensitivity regarding multicultural issues, and willingness to continue to grow in this area; and
5. Demonstrate maturity, professionalism, and a commitment to on-going development and working within an interdisciplinary team setting.

ID-PIC recruits applicants from diverse backgrounds. The Consortium believes that a diverse training environment contributes to the overall quality of the program. ID-PIC provides equal opportunity to all prospective interns and does not discriminate because of identity variables that are irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

ID-PIC does not engage in discrimination against or harassment of any person employed or seeking employment within our consortium on the basis of race, color, national origin, religion, sex, gender, gender expression, gender identity, pregnancy, physical or mental disability, medical condition, genetic information, ancestry, marital status, age, sexual orientation, or service in the uniformed services. This policy applies to all practices, including recruitment, selection, salary, training and development. This policy is intended to be consistent with the provisions of applicable state and federal laws and site-specific policies. ID-PIC also prohibits sexual harassment and addresses any such grievance in collaboration with each site's Human Resource Department.



Application Process

Students interested in applying for the internship program submit an online application through the APPIC website (www.appic.org). Applicants apply to as many or as few training sites within ID-PIC as they choose. Applicants designate the training sites by selecting the appropriate Match Number when submitting the application. Only one complete application is required for consideration to any of the sites in the Consortium.

A complete application package consists of the following materials:

1. A completed On-line AAPI (APPIC's standard application);
2. Cover letter (part of on-line AAPI) stating your preferred training site(s) and why you are interested in those sites specifically;
3. A current Curriculum Vitae (as part of the on-line AAPI);
4. Three letters of recommendation, two of which must be from persons who have directly supervised your clinical work (as part of the on-line AAPI-*no more than three letters*); and,
5. Official transcripts of **all** graduate coursework.

All application materials must be received by the deadline in order to be considered. ID-PIC faculty members may choose to call references for additional information in December or January of the interview year. If applicants are invited to interview, they will be notified by email on or before the interview notification date. At that time, they will also be informed of the sites for which they have been selected to interview. ID-PIC will conduct all interviews via videoconference.

Intern Selection

Required Prior Doctoral Program Preparation and Experiences

Education: All applicants must be a current doctoral-level student in a counseling or clinical psychology program. Applicants must be certified by their academic program as being ready for an internship.

Background Check: Candidates who match with ID-PIC must successfully complete a State of Idaho background check prior to being appointed for internship. Final hiring for the internship is contingent upon clearing the general background check, as well as medical staff office reviews at each site. The ID-PIC website provides detailed information on the requirements for each individual site.

Preferred Qualifications



ID-PIC will base its selection process on the entire application package.

In addition to the preferences noted above, ID-PIC takes into consideration the interest of any prospective intern to remain in Idaho following internship. Developing a strong behavioral health workforce is an important consideration for the state of Idaho, and an interest in remaining in Idaho to join the workforce will be considered a benefit in a potential intern.

Questions regarding the application or interview process may be directed to ID-PIC's Program Director.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Intern Travel Reimbursement

All interns must follow the travel policies of their site. Funding is available for previously-approved expenses incurred. Interns arrange their own travel in consultation with their supervisors. Reimbursement documentation must be submitted in a timely manner. Interns must determine if travel needs prior approval from their supervisor.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019



Maintenance of Records Policy

Record Retention

ID-PIC keeps all intern records that may be required for licensure purposes indefinitely. Our records are kept in an electronic system. Passwords are only provided to those individuals approved by ID-PIC Faculty and essential to the functioning of our consortium.

Intern Performance

ID-PIC documents and permanently maintains accurate records of the interns' training experiences, evaluations, and certificates of internship completion for evidence of the interns' progress through the program and for future reference and credentialing purposes. Additionally, ID-PIC informs interns of its records retention policy.

Complaints and Grievances

ID-PIC keeps information and records of all formal complaints and grievances of which it is aware that have been submitted or filed against the program and/or against individuals associated with the program since its last accreditation site visit. This information and records are stored in our electronic system. ID-PIC is aware that the Commission on Accreditation will examine a program's records of intern complaints as part of its periodic review of the program.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Nondiscrimination Policy

Diversity and Nondiscrimination

The Idaho 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 ID-PIC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and obtainable. ID-PIC fosters an understanding of cultural and individual diversity as it relates to professional psychology. ID-PIC strives to make every effort to dispel ignorance or anxiety associated with multicultural experiences. ID-PIC's training program includes an expected competency in diversity training, and multiple experiences are provided to be sure that interns are both personally supported and well-trained in this area. ID-PIC avoids any actions that would restrict program access or completion on grounds that are irrelevant to success in the training program or the profession.

ID-PIC welcomes applicants from diverse backgrounds and underrepresented communities. The Consortium believes that a diverse training environment contributes to the overall quality of the program. ID-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, or any other factor that is irrelevant to success as a psychology intern. Applicants are individually evaluated in terms of quality of previous training, practicum experiences, and fit with the internship.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Requirements for Successful Internship Performance

(Including expected competencies and minimal levels of achievement for completion)

Expected Competencies

The Idaho Psychology Internship Consortium requires that interns demonstrate minimum levels of achievement across all training competencies, as outlined in the Competencies. Interns are formally evaluated by their primary supervisor three times annually, at 3 months, 7 months (the midpoint), and 12 months (end of the internship year). The evaluation form includes information about the interns' performance regarding all of ID-PIC's expected competencies and the related training elements.

Additionally, all ID-PIC interns are expected to complete 2000 hours of training during the internship year of which a minimum of 500 hours needs to be face-to-face. Meeting the hours requirement and obtaining sufficient ratings on all evaluations demonstrates that the intern has progressed satisfactorily through and completed the internship program. Feedback to the interns' doctoral program is provided at the culmination of the internship year. Doctoral programs are contacted within one month following the end of the internship year and informed that the intern has successfully completed the program.

In addition to the evaluations described above, interns must complete a self-evaluation form at the beginning and end of the internship. Additionally, interns will complete a Program Evaluation Survey at the mid-point and end of the internship year, in order to provide feedback that will inform any changes or improvements in the training program.

Minimal Levels of Achievement for Completion

In addition to completing 2000 hours of training during the internship year, a minimum level of achievement on each evaluation is required.

A minimum level of achievement on each evaluation is defined as a rating of "4" for each competency. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values: 1 = Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element; 2 = Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it; 3 = Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element; 4 = Competent: The intern is aware of the element and frequently applies it in their



work without need for assistance; and 5 = Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated. If an intern receives a score of 2 or less at the 3-month evaluation period, or a score of 3 or less at the 7-month evaluation period on any component of any evaluation, or if supervisors have reason to be concerned about the intern's performance or progress, the program's due process procedure will be initiated. The due process procedure can be found on <https://idaho-pic.org/>.

If successful completion of the program comes into question at any point during the internship year, or if an intern enters into the formal review step of the due process procedure due to a grievance by a supervisor or an inadequate rating on an evaluation, the Director of Clinical Training/home doctoral program will be contacted within 30 days. This contact is intended to ensure that the doctoral program, which also has a vested interest in the interns' progress, is kept engaged in order to support an intern who may be having difficulties during the internship year. The doctoral program is notified of any further action that may be taken by ID-PIC as a result of the due process procedure, up to and including termination from the program.

Reviewed/ revised and approved by ID-PIC Faculty on 01/31/2019.



Supervision Requirements Policy

General Supervision

ID-PIC recognizes the rights of interns and faculty to be treated with courtesy and respect. To maximize the quality and effectiveness of the interns' learning experiences, all interactions among interns, supervisors, and faculty/staff are collegial and conducted in a manner that reflects the highest standards of the profession. ID-PIC faculty inform interns of these principles and of their avenues of recourse should problems arise through policies that are available at <https://idaho-pic.org/> and in the ID-PIC Intern Orientation Manual.

ID-PIC faculty regularly schedule supervision and are accessible for consultation to interns when they are providing clinical services. ID-PIC faculty provide interns with a level of observation, guidance and supervision that encourages successful completion of the internship. Faculty serve as professional role models and engage in actions that promote interns' acquisition of knowledge, skills, and competencies consistent with the ID-PIC's training aims.

One licensed psychologist serves as primary clinical supervisor for each intern. Interns receive a minimum of two (2) hours of individual supervision each week from a licensed psychologist. Supplemental weekly individual supervision may be provided by other appropriately credentialed professionals at the training site. Weekly group supervision will be required and conducted with all interns across consortium sites via distance technology. Group supervision may focus on legal/ethical issues and clinical topics. All interns will receive a total minimum of 4 hours per week of supervision.

Telesupervision

The Idaho Psychology Internship Consortium uses videoconferencing to provide weekly group supervision to all interns and, on occasion, to provide supplemental individual supervision on an as needed basis. Telesupervision may not account for more than 2 hours of the minimum required 4 total weekly hours of supervision.

We believe that the use of technology in training serves as an opportunity to introduce and acquaint interns with good video-conferencing practices that inform distance learning and telehealth, should they need to provide distance-delivered services in the course of their professional work after completing the Internship. Videoconference supervision will not commence until after ID-PIC Orientation and the intern has become acquainted with the supervisors and peers through in-person interaction. Also, prior to obtaining supervision via videoconference, interns will become familiar with the concept through readings and didactic training provided during ID-PIC Orientation. ID-PIC recognizes that distance technology is often



an important component of rural practice, and in this way, telesupervision is consistent with the overall mission of the internship.

Group supervision in this format is required for all current ID-PIC interns for two (2) hours each week, at a regularly scheduled time. Interns and supervisors meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. This supervision group is led by each member of the ID-PIC faculty, on a rotating basis. ID-PIC places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. ID-PIC recognizes the importance of supervisory relationships. Group supervision is led by each member of the ID -PIC faculty on a rotating basis, in order to provide all interns with the opportunity to experience a breadth of supervisory relationships beyond their primary supervisor. Given the geographical distance between training sites, this model allows the interns to form greater connection to the entire training faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during ID -PIC's orientation, such that interns will have formed relationships with the faculty prior to engaging in videoconference group supervision. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern clinician's primary supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately.

As for individual supervision, sites may supervise clinical services via distance. These services fall under the supervisor's license and the supervisor maintains clinical responsibility. Telesupervision may be utilized in addition to weekly in-person supervision on an as needed basis (e.g. crisis management consultation) when timely in-person supervision is not possible due to travel to remote locations. Interns also have consistent access to other supervisory staff and are expected to utilize those staff in the event that non-scheduled consultation or crisis coverage is required when the primary supervisor for any case is off-site.

Interns also have consistent access to other supervisory staff and are expected to utilize those staff in the event that non-scheduled consultation or crisis coverage is required when the primary supervisor for any case is off-site.

All ID-PIC videoconferencing occurs over a secure network using a videoconferencing bridge. Supervision sessions using this technology are never recorded. All interns are provided with instruction regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the appropriate IT personnel at each site.



Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Videoconference Supervision Policy

The Idaho Psychology Internship Consortium uses videoconferencing to provide weekly group supervision to all interns. This format is utilized in order to promote interaction and socialization among interns and faculty. Interns and faculty meet in a virtual conference room and interact via high-quality real-time transmission of simultaneous video and audio. Group supervision in this format is required for all current ID-PIC interns for two (2) hours each week, at a regularly scheduled time. This supervision group is led by each member of the ID-PIC training faculty, on a rotating basis. ID-PIC places high value on cohesion and socialization of intern cohorts, and virtual meetings via videoconferencing are an effective way to foster connection during the intervals between in-person meetings. ID-PIC also emphasizes training in distance technology due to the high level of need for distance-delivered services in the State of Idaho. Regular videoconferencing for group supervision provides a meaningful way to practice utilizing distance technology such that interns may become skillful in using this technology. ID-PIC recognizes the importance of supervisory relationships. Group supervision is led by each member of the ID-PIC faculty on a rotating basis, in order to provide all interns with the opportunity to experience a breadth of supervisory relationships beyond their site supervisor. Given the geographical distance between training sites, this model allows the interns to form greater connection to the entire faculty than would be experienced otherwise. It is expected that the foundation for these supervisory relationships will be initially cultivated during ID-PIC's orientation, such that interns will have formed relationships with the entire training faculty prior to engaging in videoconference group supervision. For all clinical cases discussed during group supervision, full professional responsibility remains with the intern clinician's site supervisor, and any crises or other time-sensitive issues are reported to that supervisor immediately. All ID-PIC videoconferencing occurs over a secure network, using the Zoom video teleconferencing bridges. Supervision sessions using this technology are never recorded. All interns are provided with instructions regarding the use of the videoconferencing equipment at the outset of the training year. Technical difficulties that cannot be resolved on site are directed to the Zoom Administrator or the Program Director.

Reviewed/revised and approved by ID-PIC Faculty on 01/31/2019.



Appendix A: Supervisor Evaluation of Intern Form

Level 5 – Proficient/Advanced: The intern has a well-established competence in the element (knowledge, awareness, or skill) being evaluated.

The use of the element is consistently incorporated into the intern's at or near expert level and is evident in their daily professional practice. Intern independently reflects on their experience of the element and knows when to consult. The intern functions in this element at a level that allows them to work independently. This level characterizes the competency of an established psychologist.

Level 4 -Competent: The intern is aware of the element and frequently applies it in their work without need for assistance.

The intern seeks greater learning about and understanding of the element as a form of ongoing development. Supervision focuses on further refining and developing advanced performance of this element. Intern is ready for work as an entry level psychologist.

Level 3 – Maturing Competence: The intern is aware of the element and can utilize this awareness to inform their work in the internship setting, though the intern may still need assistance to regularly use the element.

Ongoing supervision and monitoring is focused on continued advancement, integration, and consistency. Intern is nearing readiness for post-doctoral supervised experience and will need further attention on this element to be able to fully function independently. (Due process may be triggered if the intern receives a score of 3 at the mid-year evaluation.)

Level 2 – Emerging Competence: The intern has a basic foundation in the element and moves toward acquiring competence in it.

The intern may have cognitive understanding or experiential skill with the element, but those may not be well integrated. Significant supervision and monitoring are required to support the skill. This level of competency prompts Due Process procedures.

Level 1 – Insufficient Competence: The intern does not understand or is unable to effectively demonstrate the element.



The intern does not understand or is unable to effectively demonstrate the element that is expected at this time in the training experience OR the intern exhibits behaviors indicating lack of readiness for the work that will be required in the internship setting. A doctoral intern evaluated at this level will require immediate augmented supervision or structured training opportunities. No confidence in ability to function independently at this time. This level of competency prompts Due Process procedures.

N/O Not Observable / Applicable

Minimum Level of Achievement = 4 (for end of internship)



Appendix B: Supervision Coverage Plan

ID-PIC Supervision Coverage Plan

Throughout the internship year, each intern is provided a minimum of two (2) hours per week of formal individual supervision with a licensed psychologist. All interns additionally spend 10% of their time engaged in group didactic activities and group supervision primarily via videoconference. Interns participate in a group supervision for two hours (2) every week, a total of four (4) hours of supervision at minimum per week.

Each intern is in close proximity to at least one supervising faculty member on-site throughout the internship year. This supervisor serves as a primary supervisor who works the most closely with the intern throughout the year. In the event that a supervisor would be required to be off-site, backup supervision will be arranged by the supervisor and the Program Director. Site specific coverage plan details are described below.

At the beginning of the internship year, interns are provided with contact information (i.e., email addresses and phone numbers) for all training staff and meet with most or all of them during Orientation. Interns are also provided with emergency contact information for their primary supervisor. All interns and faculty also have access to videoconferencing equipment, which allows face-to-face contact virtually through distance technology. Finally, interns periodically evaluate supervisors' accessibility as part of the program evaluation they are required to complete. The results of these evaluations are discussed by the Training Committee. Interns are also encouraged to communicate any concerns regarding supervisor accessibility directly with their supervisor or the Program Director at any point throughout the year. If any concerns regarding supervisor accessibility arise during the year, interns are encouraged to communicate those concerns directly and timely with their supervisor or with the Program Director at any point.

Supervision Coverage Plan by Site

Boise State University Counseling Center

Alison Radcliffe, Ph.D. - Site Director & Supervising Psychologist, alisonradcliffe@boisestate.edu

Susan Martin, Psy.D. – Program Director & Supervising Psychologist,

susan.martin@fmidaho.org

Family Medicine Residency of Idaho

Susan Martin, Psy.D. – Program Director, Site Director & Supervising Psychologist,

susan.martin@FMRIIdaho.org

Winslow Gerrish, Ph.D. - Supervising Psychologist, winslow.gerrish@fmidaho.org



India King, Psy.D. – Supervising Psychologist, india.king@fmridaho.org

Idaho State University Family Medicine Residency/State Hospital South

Verena Roberts, Ph.D. - ISUFM Site Director & Supervising Psychologist, Director of Behavioral Science

robevere@isu.edu 208-282-4141

Anne Stegenga, PsyD - SHS Site Director & Supervising Psychologist, Staff Psychologist

Anne.Stegenga@dhw.idaho.gov 208-785-3969

Tashina Keith, PsyD - Supervising Psychologist, Chief Psychologist

Tashina.Keith@dhw.idaho.gov 208-785-8514

Pearl Health Clinic

Daniel McGrath Psy.D. - Site Director & Supervising Psychologist, dmcgrath@pearlhealth.org

Susan Martin, Psy.D. – Program Director & Supervising Psychologist,

susan.martin@FMRIIdaho.org