Alaska Psychology Internship Consortium

2024-2025 INTERN CLASS ORIENTATION MANUAL

Updated June 2024

Alaska Psychology Internship Consortium

1201 E. 36th Avenue, Anchorage, Alaska 99508
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Dear 2024-2025 Interns,

Welcome to the Alaska Psychology Internship Consortium (AK-PIC)! The existence of AK-PIC is the result of the determined efforts of many individuals dedicated to creating high-quality psychology training in Alaska. AK-PIC is the first of its kind in a variety of ways and will be regarded as a model for rural internship development across the nation. The work you do as an AK-PIC intern will help to pave the way for future rural psychologists in the state of Alaska and nationally. The AK-PIC faculty are excited to support your development as psychologists and to lead the effort of making AK-PIC the model internship program that it was designed to be. We hope that you will reach out to us and to each other as we navigate this internship year together.

Sincerely,

Dr. Rebecca Volino Robinson, Ph.D.
Training Director

Dr. Virginia (Ginny) Parret, Ph.D.
Associate Training Director

Alaska Psychology Internship Consortium

1201 E. 36th Avenue, Anchorage, Alaska 99508
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WICHE OVERVIEW

The Western Interstate Commission for Higher Education (WICHE) is a regional government organization of the fifteen Western-most states and Pacific Jurisdictions, created by congressional compact to improve access to educational opportunities by facilitating-resource sharing among higher education systems. The WICHE Mental Health Program (WICHE-MHP) was established to support the improvement of public behavioral health services and the preparation and continuing education of the behavioral health workforce in the West. The WICHE-MHP is a recognized national leader in rural behavioral health initiatives and is actively engaged in workforce development activities across the WICHE States and nationally. In addition to general expertise in education, consultation, rural issues, behavioral and mental health, and workforce development, the WICHE-MHP has specific expertise in the development and operations of doctoral psychology internships and currently operates a national internship development initiative known as the WICHE Psychology Internship Cooperative (WICHE-PIC).

WICHE has been involved with the Alaska Psychology Internship Consortium since its inception, and was the organizing force behind developing the program and providing ongoing consultation and technical assistance to ensure its accreditation by the American Psychological Association. WICHE continues to provide support to the AK-PIC program since its obtainment of accreditation, by serving as an administrative and fiscal agent to the program. Every supportive service provided by WICHE is intended to decrease the overall administrative burden on AK-PIC in order to maximize the amount of time the faculty can direct toward providing high-quality training to its interns.

WICHE functions as a support to AK-PIC interns as well as the training faculty. Because WICHE manages much of the funding for the consortium, interns will receive all program-approved reimbursements from WICHE. This includes reimbursement for out-of-pocket costs related to required internship travel, as well as the purchase of health insurance for those interns who are not provided insurance through their training site. All requests for reimbursement should be submitted to Janell Daly and should adhere to all documented AK-PIC and WICHE policies. WICHE also administers AK-PIC's website and interns may contact WICHE with questions or problems related to the website. These inquiries may be directed to Deb Kupfer, AK-PIC's primary consultant.

Interns should be aware that, while their training supervisors should always be considered the first point of contact for any question or problem related to the internship, the assistance of WICHE is a resource that your internship program makes available in order to support the success of the interns as well as the training program. Thus, if there is any way that you feel that WICHE can support your development as a professional in the field of psychology, please feel free to reach out to us.

Karly Dickinson
Technical Assistance Associate
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Madison Dupré
Administrative Assistant
Primary contact for Intern Reimbursement
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Alaska Psychology Internship Consortium

Intern Brochure for 2024-2025 Cohort

Revised 6/27/2024

Aim:

Alaska Psychology Internship Consortium's (AK-PIC) aim is to prepare and retain psychologists to provide culturally competent collaborative health care for Alaska's unique and diverse people.

Alaska Psychology Internship Consortium (AK-PIC) represents the collaborative effort of four Alaska agencies to share resources and faculty for the purpose of providing a diversified educational program for doctoral psychology interns. The consortium was designed to prepare interns to meet the unique challenges of practicing psychology in rural and remote settings and to ensure clinical competency in working with Alaska's various cultural groups.

Accreditation Status

Alaska Psychology Internship Consortium (AK-PIC) is accredited by the APA.
AK-PIC received re-accreditation in June 2019 and is effective for 10 years.

Questions about AK-PIC's training may be directed to the Training Director, Dr. Rebecca Volino Robinson: Rebecca.Robinson2@providence.org or the Associate Training Director, Dr. Virginia Parret: Virginia.Parret@providence.org.

However, questions specifically related to the program's accreditation status should be directed to the Commission on Accreditation:
Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 Email:
apaaccred@apa.org

APPIC Membership Status

AK-PIC is a participating member of APPIC and participates in the APPIC match.

Program Structure

The Consortium offers one-year, full-time internship placements that begin and end around July of each year. The Consortium is comprised of organizations in Alaska and will provide a range of clinical and didactic experiences that represent the necessary depth and breadth required for future professional practice with Alaska's diverse communities. Interns will have a primary placement at one site and participate in a longitudinal cross-site curriculum. Interns will complete a minimum of 500 hours per internship year of face-to-face direct service delivery.

AK-PIC Competencies and Training Elements

AK-PIC offers one-year, full time internship positions in Alaska. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. It is expected that by the conclusion of the internship year, interns will have accomplished the following competencies and learning elements:

I. Profession-wide Competency: **Research**

Training elements associated with this competency include:

- Demonstrate 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.
- Demonstrate knowledge of and respect for scientific bases of behavior.

II. Profession-wide Competency: **Ethical and Legal Standards**

Training elements associated with this competency include:

- 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; o Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and o 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.

III. Profession-wide Competency: **Individual and Cultural Diversity**

Training elements associated with this competency include:

- 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.

IV. Profession-wide Competency: **Professional Values, Attitudes, and Behaviors**

Training elements associated with this competency include:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, 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.

V. Profession-wide Competency: **Communication and Interpersonal Skills**

Training elements associated with this competency include:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisors, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well integrated.
- 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.

VI. Profession-wide Competency: **Communication and Interpersonal Skills**
Training elements associated with this competency include:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisors, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and wellintegrated.
- 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.

VII. Profession-wide Competency: **Assessment**
Training elements associated with this competency include demonstration of the following:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the 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 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 (e.g., intergenerational trauma).

VIII. Profession-wide Competency: **Intervention**
Training elements associated with this competency include:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.

- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- Demonstrate ability to conduct a multi-diagnostic differential assessment and applies specific evidence-based interventions (e.g., intergenerational trauma) for Substance Use/Co-occurring Disorders.

IX. Profession-wide Competency: **Supervision**

Training elements associated with this competency include:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skills of observing, evaluating and giving guidance and feedback in direct or simulated practice.
- Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process.
    - Collaborate with supervisor and provide 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.

IX. Profession-wide Competency: **Consultation and Interprofessional/Interdisciplinary Skills**

Training elements associated with this competency include:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:
    - Role-played consultation with others, peer consultation, provision of consultation to other trainees. o Consultation within a direct care team or setting.

Required Alaska Specific Experiential Activity (AK-SEA) – (2024-2025)

Alaska-specific experiential Activities (AK-SEAs) are considered professional, work-related activities and time for all interns to learn together. Orientation is the first AK-SEA of the training year, where new interns learn about expectations, policies and procedures, Alaska-specific statutes, and practice regulations. Orientation days are full of didactic, experiential, and team-building activities.

The remaining AK-SEAs are delivered as part of cross-site longitudinal curriculum. AK-SEAs will provide the opportunity to learn about the role of culture in clinical practice and its application focused on the diverse needs of Alaska's population. AK-SEAs are intended as opportunities for exposure and shadowing and may or may not involve the opportunity for provision of clinical services.

Supervision

One licensed psychologist will serve 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. When and if needed, individual supervision will/can be conducted via telesupervision for interns. One hour of weekly group supervision will be required and conducted with all interns across consortium sites via distance technology (telesupervision). 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.

Stipend, Benefits, and Resources

The annual stipend at the Providence Family Medicine Center (PFMC) and Aleutian Pribilof Islands Association (APIA) will be $35,000. The annual stipend at the Alaska Psychiatric Institute (API) and will be $40,000. This difference in compensation is to offset the variance in benefits at API (see below).

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. Annual vacation, professional, and sick leave will be available to all interns. Due to the differential stipend, health insurance benefits at API will be unpaid and are considered to be covered by the increased wage. All interns are responsible for ensuring they secure medical coverage by the beginning of the internship year (note some insurance companies have more lengthy review and approval processes prior to approving coverage). All interns are required to submit proof of health insurance coverage at the beginning of internship and upon request.

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 the HR department. Not all sites have the ability to provide extensions.

AK-PIC interns have access to numerous resources. Funding for travel within the state of Alaska 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.

AK-PIC Training Sites

The consortium includes the following 3 training sites: Alaska Psychiatric Institute; Aleutian Pribilof Islands Association; and Providence Family Medicine Center/Alaska Family Medicine Residency. Each site is described below.

Alaska Psychiatric Institute (API)

General Information

Alaska Psychiatric Institute (API) is the only public psychiatric hospital in the State of Alaska. API provides acute, inpatient mental health services for anyone in Alaska requiring hospitalization for a psychiatric crisis. The vast majority of patients served at this hospital are experiencing severe and persistent mental illnesses. Most patients also have complex trauma histories in conjunction with substance use issues, requiring the treating professionals to maintain a high level of familiarity with evidence-based practices for multiple presenting problems. In addition, API serves as the safety net and crisis-stabilization facility for adults with developmental disabilities as well as seniors with dementia whose behavior and/or level of illness prevents them from remaining in their current placement. These patients often require intensive evaluation and innovative behavioral interventions to stabilize them and return them to a less restrictive environment in the community. The 80-bed state hospital is located in Anchorage and has two adult clinical units, one adult unit cohorting individuals with neurodevelopmental and neurocognitive disorders, one adolescent unit, and one adult forensic unit. API is a teaching hospital and is adjacent to the University of Alaska Anchorage. Graduate students in other professional medical programs also complete clinical rotations and practica at the hospital. Most individuals at API are admitted on a court order (for danger to self, danger to others, and/or grave disability) and must be assessed to determine if they continue to meet criteria for involuntary admission or the involuntary administration of medication. Legal hearings on these issues are held at the hospital several times per week.
Additionally, API is currently the only location in the state that provides competency restoration treatment for individuals who have been found by the Court to be Incompetent to Stand Trial.

Experience at API will provide interns ample opportunity to expand cultural competency as Anchorage has a culturally and linguistically diverse population (the local school district serves families from more than 90 distinct language groups). Persons served within the hospital in 2019 self-reported approximately 41% as Caucasian and 38% as Alaska Native, 8% as African American, 13% as 'other'. In 2019, API primarily treated adults ages 18 and older with 40% self-reporting as female, 60% as male. Only eight (8) adolescents ages 13-17 years were treated in 2019, prior to the treatment unit closing. As of Spring 2021, the adolescent unit reopened, and is currently at full capacity, with 10-adolescents admitted to the unit.

The Internship Experience

Interns work as full-time stipend employees at API and are expected to work Monday through Friday during regular business hours (with some flexibility). During their time at API, interns are active members of multidisciplinary treatment teams and develop skill in

collaborating with professionals in psychiatry, medicine, social work, occupational therapy, recreational therapy, music therapy, and nursing. API is a diverse training site that allows for a number of learning opportunities for interns. Interns will work with their individual supervisors to discuss personal clinical areas of interest and training opportunities. Interns will facilitate therapeutic and psychoeducational groups on a variety of topics. Each intern is encouraged to develop one therapy group on a topic of special interest. Interns will also be given the opportunity to work across different units, and if the intern wants to provide a group on a specific civil or the forensic unit, this will be accommodated as available. Additionally, interns will be offered the opportunity to facilitate family therapy sessions, assist with the creation and implementation of behavior plans, and will work with patients in the milieu. Interns will also be asked to conduct psychological assessments and draft integrated reports. Tests regularly conducted at API include intelligence testing, neuropsychological screening, suicide risk assessment, violence risk assessment, malingering testing, personality assessment, and testing to assist with diagnostic clarification. Psychology interns may also serve as clinical supervisors to graduate-level practicum psychology students, to gain supervisory experience.

Additionally, depending on interest, there will be opportunities to work with forensic services at the hospital. API is in the process of starting both an outpatient and jail-based competency restoration program. Interns could have the opportunity to provide restoration in these programs, as well as on the inpatient unit. Furthermore, interns could be provided the opportunity to observe competency evaluations, interactions with other professionals involved in the legal process, competency hearings, and court testimony relating to competency evaluations and restoration. Depending on availability and interest, interns could also be provided the opportunity to complete a few competency evaluations independently under supervision.

Supervision and Training: Interns meet individually with their primary supervisors each week for supervision, which addresses all aspects of the intern's clinical work. Interns will also be able to meet with and consult with other members of psychology staff to discuss unit specific questions or cases. Additionally, group supervision for interns and psychology practicum students is held weekly. Interns will have the opportunity to share case conceptualizations, lead discussions regarding topics as they arise, trends in psychology, and cultural considerations for providing therapy to patients. Each intern is expected to develop one targeted staff training presentation over the year.

Special Requirements of Applicants

Prior to beginning internship, all API interns must pass a background check per Alaska Statute 47.05.300-47.05.390. This check is conducted by the Alaska Department of Health and Social Services Background Check Unit. The history of a felony or misdemeanor may result in a failure in this review process and prevent the intern from working at API. See State of Alaska Barrier Crime Matrix for a full listing of barrier crimes: https://www.akcertification.org/wp-content/uploads/documents/Barrier-CrimeMatrix.pdf. The background check occurs after the Match outcome

API Staff

-Dianna Mohrmann, Psy.D., Training Director and Forensic Psychologist, Primary Site Supervisor
-Kristy Becker, Ph.D., Chief Clinical Officer, Secondary Site Supervisor
-Christine Collins, Psy.D., Forensic Psychologist, Secondary Site Supervisor
-Lesley Kane, Psy.D., Chief Forensic Psychologist, Supplementary Supervisor
-Pam Robinson, Psy.D. Clinical Psychologist, Supplementary Supervisor
-Lacy Benoit, Psy.D., Clinical Psychologist, Supplementary Supervisor
-Jenn Burkhart, Ph.D., Adolescent Psychologist, Supplementary Supervisor

API Contact Information

Dianna Mohrmann, Psy.D. dianna.mohrmann@alaska.gov
Website: http://www.hss.state.ak.us/DBH/API/default.htm
Mailing Address:
Alaska Psychiatric Institute
3700 Piper Street
Anchorage, Alaska 99508-4677

Aleutian Pribilof Islands Association (APIA)

General Information

The Aleutian Pribilof Islands Association, Inc. (APIA), provides Health Services (Primary Care, Behavioral Health, Community Wellness and Prevention) in four communities across the Aleutian and Pribilof Islands. The four communities include Atka, Nikolski, St. George, and Unalaska. In addition, APIA serves the Anchorage community for those Medicaid eligible. Behavioral Health services are also provided in the Anchorage office, which will be the principal location of the AK-PIC training site. The mission of APIA Behavioral Health Services is to increase the quality of health in the service area by providing effective, continuous, and empathic treatment. Services include prevention, intervention, treatment, and continuing care. APIA provides individualized, culturally congruent treatment, utilizing a recovery model as a basis for treatment.

APIA's treatment philosophy is one of assisting individuals to develop an awareness of their strengths and using their identified strengths to succeed with the treatment plan. Interventions are not only diagnosis specific, but they are also specific to the phase of recovery and stage of change. All services are provided in an outpatient setting, both inperson and via telemedicine.

Behavioral health services include individual, couple, family, and group psychotherapy to address mental health concerns, substance abuse difficulties, and co-occurring disorders. The most common occurring mental health issues include depression and anxiety related mood disorders; however, APIA does address the full range of diagnosis from adjustment to schizophrenia. Substance abuse treatment services include alcohol and drug information school (ADIS), evaluation and risk measurement/prevention, and individual and group therapies. Psychological testing is provided to geriatric, adult, children, and adolescent clients dealing with a broad range of issues from mental competency, learning disabilities, personality, emotional, and behavioral diagnostic issues. Psychiatric services involving medication assessment and evaluation are also provided through contractual partners, in addition to providing outpatient behavioral health services. While not directly part of the internship experience, behavioral health staff work with Primary Care staff to provided holistic, integrated care in four APIA service communities. Behavioral health staff members also assist with community outreach and education events.

The Internship Experience

Interns will be exposed to a variety of treatment modalities (i.e., individual and group), across different media (i.e., in-person and telemedicine). Furthermore, interns will become familiar with administering a variety of psychological assessments in a culturally sensitive manner dealing with diverse referral issues. Another distinctive component of APIA's training site is that all interns will be exposed to regional-based travel and work with community-based treatment providers, in the context of remote Native communities. This will ultimately prepare them for working in the mental health and substance abuse field in rural and remote Alaska. Interns will be full-time employees of the APIA, and expected to work Monday through Friday during business hours with rare opportunities for weekend travel. Interns will be based in Anchorage and will travel to one of APIA's regional service

communities on a quarterly basis, at a minimum, for approximately one-week in duration per trip. These trips are for immersion in life in rural settings, exposure to culture in the region, and not specifically clinical in nature. Travel expenses for these trips are covered by APIA, while travel for consortium requirements of required AK-SEA's, and graduation will be covered by AK-PIC.

Special Requirements of Applicants

Prior to beginning internship, all APIA interns must pass a background check per Alaska Statute 47.05.300-47.05.390. This check is conducted by the Alaska Department of Health and Social Services Background Check Unit. History of a felony or misdemeanor may result failing in the review process and prevent the intern from working at APIA. See State of Alaska Barrier Crime Matrix for a full listing of barrier crimes: https://www.akcertification.org/wp-content/uploads/documents/Barrier-Crime-Matrix.pdf. The background check occurs after the Match outcome.

APIA Staff

-Seth Green, Ph.D., ABPP - Licensed Psychologist, AK-PIC Faculty, Primary Site Supervisor
-Keri Boyd, Ph.D. - Licensed Psychologist, AK-PIC Faculty, Primary Site Supervisor

APIA Contact Information

Seth Green, Ph.D., ABPP – sethg@apiai.org
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Mailing Address:
Aleutian Pribilof Islands Association
1131 E. International Airport Rd
Anchorage, AK 99518-1408

Providence Family Medicine Center (PFMC) / Alaska Family Medicine Residency (AKFMR)

General Information

Providence Family Medicine Center (PFMC) is a primary care clinic providing full scope family medicine with open access for every member of our community. PFMC offers: preventive care; acute and chronic disease treatment; same day "urgent" appointments; procedures and minor surgery; behavioral health and social services; prenatal, pediatric, and geriatric care; and medical intensive case management. PFMC has been awarded recognition as Patient-Centered Medical Home (PCMH)™ by the National Committee for Quality Assurance. As a fully integrated primary care clinic, PFMC has a robust integrated team-based care model, including Behavioral Health, Social Work, Nurse Case Management, Patient Navigation, Home Visits, and Pharmacy. The team works closely with patient's primary care physician to increase access, decrease utilization, and improve patient outcomes.

PFMC functions as a "safety net" clinic for underserved and under-resourced individuals in Anchorage, mainly serving Medicare, Medicaid, and uninsured populations. Within our program, approximately 58% self-reported as Caucasian and 42% as another ethnicity, including the largest representation coming from Latinx (20%) and Hmong (11%) ethnic groups. PFMC treats individuals of all ages from newborn to geriatric and 65% self-report as female, 28% as male, and 7% as non-binary.

PFMC is the continuity care clinic for the Alaska Family Medicine Residency (AKFMR). AKFMR is the only family medicine residency in Alaska and maintains partnership with the University of Washington, WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) Family Medicine Residency Network. AKFMR's purpose is to deliver comprehensive resident education supporting the development of competent family medicine physicians who provide quality care to diverse populations, including rural, culturally diverse, and underserved communities in Alaska.

Professionals in this program place a major emphasis on cultural diversity and working within an interdisciplinary, patient-centered medical home approach. It is the belief of the residency that preparing professionals across disciplines for this type of practice also prepares them for practice in virtually any other setting, such as rural or remote outpatient practice, urban underserved practice, or third world/international medicine.

Internship Experience

Behavioral health experiences available to psychology interns at Providence Family Medicine Center are broad, comprehensive, and involve an interdisciplinary approach. Numerous medical staff, including physicians, nurses, pharmacists, and social workers, are available to consult with interns as needed. A staff psychiatrist is also available and may provide consultation. The focus of treatment is often chronic disease and psychological disorders, including depression, anxiety, posttraumatic stress, and substance use disorders. The most commonly occurring mental health issues included depression, anxiety, acculturation difficulties, psychological trauma, and bipolar disorders. Specialty clinic experiences are required for each intern and may focus on refugee mental health, maternal mental health, addiction medicine, geriatrics, and/or chronic pain management. Interns are provided with training opportunities that become more challenging and with greater expectations for autonomy over the course of the year. The primary age group served by the site is adults; however, interns may also serve adolescents and families. Interns provide services, such as behavioral health consultation, focused individual/family/group outpatient therapy, consultation with medical providers, crisis intervention, substance use screening and brief treatment, and behavioral health assessment.

Interns are full-time employees of the AKFMR and are expected to work 40 hours per week, Monday through Friday, 8am to 5pm. During the year, interns will be expected to maintain weekly therapy clinics, weekly behavioral health consultation clinics, co-facilitate groups, provide consultation to interdisciplinary team, and conduct outpatient behavioral health assessments.

Special Requirements of Applicants

Providence Hospital is a drug free workplace. Interns who match with this site will be required to present for drug screening and employee health appointment prior to being employed within the Providence Health System. All interns must pass the Providence required drug screen.

Prior to beginning internship, all AKFMR interns must pass a background check per Alaska Statute 47.05.300-47.05.390. This check is conducted by the Alaska Department of Health and Social Services Background Check Unit. The history of a felony or misdemeanor may result in a fail in this review process and prevent the intern from working at AKFMR. See State of Alaska Barrier Crime Matrix for a full listing of barrier crimes: https://www.akcertification.org/wp-content/uploads/documents/Barrier-Crime-Matrix.pdf. The background check occurs after the Match outcome.

Important COVID-19 Notice: As a condition of employment, PFMC will require all interns to be fully vaccinated.

AKFMR/PFMC Staff

-Rebecca Robinson, Ph.D. Licensed Psychologist, Director of Behavioral Health, AK-PIC Training Co-Director, Primary Site Supervisor
-Virginia Parret, Ph.D. –Licensed Psychologist, Behavioral Health Faculty, AK-PIC Faculty, Primary Site Supervisor

PFMC/AKFMR Contact Information

Rebecca Volino Robinson. -- Rebecca.Robinson2@providence.org
Website: http://www.akfmr.org/
Mailing address:
Providence Family Medicine Center/Alaska Family Medicine Residency
1201 E. 36th Avenue
Anchorage, AK 99508

2024-2025 Active Training Site Benefits Offered

Alaska Psychiatric Institute

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$40,000	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	Yes	**No**
• If access to medical insurance is provided:		
○ Trainee contribution to cost required?	Yes	**No**
○ Coverage of family member(s) available?	Yes	**No**
○ Coverage of legally married partner available?	Yes	**No**
○ Coverage of domestic partner available?	Yes	**No**
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	75	
Hours of Annual Paid Sick Leave	37.5	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	**No**
Other Benefits (please describe)	N/A	

Aleutian Pribilof Islands Association

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$35,000	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	**Yes**	No
• If access to medical insurance is provided		
○ Trainee contribution to cost required?	**Yes**	No
○ Coverage of family member(s) available?	**Yes**	No
○ Coverage of legally married partner available?	**Yes**	No
○ Coverage of domestic partner available?	Yes	**No**
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	40	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits (please describe)	N/A	

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in the tables above.

Providence Family Medicine Center/Alaska Family Medicine Residency

Financial and Other Benefit Support for Upcoming Training Year*

Annual Stipend/Salary for Full-time Interns	$35,000	
Annual Stipend/Salary for Half-time Interns	NA	
Program provides access to medical insurance for intern?	**Yes**	No
• If access to medical insurance is provided		
○ Trainee contribution to cost required?	**Yes**	No
○ Coverage of family member(s) available?	**Yes**	No
○ Coverage of legally married partner available?	**Yes**	No
○ Coverage of domestic partner available?	**Yes**	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	80	
Hours of Annual Paid Sick Leave	40	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	**Yes**	No
Other Benefits (please describe)	N/A	

* Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table.

Consortium Contact Information

For more information about AK-PIC, feel free to contact:

Dr. Rebecca Robinson, Ph.D., AK-PIC Training Director: rebecca.robinson2@providence.org

Dr. Virginia Parret, Ph.D., AK-PIC Associate Training Director: virginia.parret@providence.org

Karly Dickson, Technical Assistance Associate, kdickinson@wiche.edu

Madison Dupré, Administrative Assistant, mdupre@wiche.edu

Or go to www.ak-pic.org

Support for the Alaska Psychology Internship Consortium (AK-PIC) is a collaborative effort between the internship hosting organizations, the Alaska Mental Health Trust Authority, the State of Alaska Department of Health and Social Services, and the Western Interstate Commission for Higher Education (WICHE) Mental Health Program. WICHE has an extensive history of expertise working with systems to address behavioral health workforce planning and development, and has contracted to provide ongoing consultation and technical assistance to the internship program.

WICHE
Western Interstate Commission for Higher Education
Behavioral Health Program

Alaska Psychology Internship Consortium

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POLICIES AND PROCEDURES

www.ak-pic.org

Aleutian Pribilof Islands Association | Alaska Psychiatric Institute
Norton Sound Health Corporation
Providence Family Medicine Center/Alaska Family Medicine Residency

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NONDISCRIMINATION POLICY

DIVERSITY AND NONDISCRIMINATION

The Alaska Psychology Internship Consortium (AK-PIC) 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 AK-PIC to create a climate in which all staff and interns feel respected, comfortable, and in which success is possible and attainable. AK-PIC fosters an understanding of cultural and individual diversity as it relates to professional psychology. AK-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. AK-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.

AK-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. AK-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 and approved by AK-PIC Faculty on 5/3/2024

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ADMINISTRATIVE AND FINANCIAL ASSISTANCE

STIPEND

The annual stipend at the Providence Family Medicine Center (PFMC) and Aleutian Pribilof Islands Association (APIA) will be $35,000. The annual stipend at the Alaska Psychiatric Institute (API) will be $40,000.

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. Annual vacation, professional, and sick leave will be available to all interns. Due to the differential stipend, health insurance benefits at API will be unpaid and are considered to be covered by the increased wage. All interns are responsible for ensuring they secure medical coverage by the beginning of the internship year (note some insurance companies have more lengthy review and approval processes prior to approving coverage). All interns are required to submit proof of health insurance coverage at the beginning of internship and upon request.

With regard to medical and/or family 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 departments. Not all sites have the ability to provide extensions.

Leave such as vacation, professional, or sick leave will be available to all interns and depends on site-specific policies. In addition, AK-PIC interns have access to numerous resources. Funding for travel within the state of Alaska 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 & approved by AK-PIC Faculty on 5/3/2024

Alaska Psychology Internship Consortium

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SUPERVISION REQUIREMENTS POLICY

GENERAL SUPERVISION

AK-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, training supervisors, and faculty/staff are collegial and conducted in a manner that reflects the highest standards of the profession. AK-PIC faculty inform interns of these principles and of their avenues of recourse should problems arise though policies that are available at ak-pic.org and in the AK-PIC Intern Orientation Handbook.

AK-PIC faculty regularly schedule supervision and are accessible for consultation to interns when they are providing clinical services. AK-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 AK-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. 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 receive a minimum of two (2) hours of group supervision each week, one at the primary training site, and one across AK-PIC sites. AK-PIC group supervision is led by each member of the core 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. For all clinical cases discussed during AK-PIC 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.

All interns will receive a total minimum of 4 hours per week of supervision.

TELESUPERVISION

The Alaska Psychology Internship Consortium uses videoconferencing on occasion to provide individual or group supervision to interns working in remote locations. Telesupervision can only account for 1 of the 2 hours of required individual supervision per week. The other hour of required weekly individual supervision must be in-person. Telesupervision may not account for more than 2 hours of the minimum required 4 total weekly hours of supervision.

Alaska Psychology Internship Consortium

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All AK-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 & Approved by AK-PIC Faculty on 5/3/2024

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DIDACTIC ATTENDANCE AND DELIVERY POLICY

Attendance at the weekly Didactic Seminar and other scheduled group training activities is mandatory for all interns in the Alaska Psychology Internship Consortium and is required for successful completion of the internship. Attendance to these scheduled activities should take priority over other site obligations each week. Site supervisors are aware of these activities and their requirements for interns.

The Didactic Seminar will be in-person or via videoconference. 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. AK-PIC recognizes that distance technology is often an important component of rural practice, and in this way, Didactic Seminar via videoconference is consistent with the overall mission of the internship.

A schedule for the Didactic Seminar will be distributed at the beginning of each year and is updated throughout the year. Revisions will be provided on a periodic basis throughout the year. Attendance at each seminar meeting is tracked by the AK-PIC consortium. No unexcused absences are allowed. Absences must be discussed and approved by the primary supervisor prior to the didactic. It is the responsibility of the intern to inform the AK-PIC faculty and intern body of a future absence from didactics. 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 Co-directors of Training as soon as possible. If a pattern of didactic absences emerges, the site supervisor will address the intern and bring it to the AK-PIC Training Committee for resolution. Didactic absences will be reviewed at quarterly meetings.

Revised by Training Director on 5/23/2024.

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INTERN PERFORMANCE EVALUATION, FEEDBACK, RETENTION AND TERMINATION DECISIONS

INTERN PERFORMANCE EVALUATION AND FEEDBACK

The Alaska Psychology Internship Consortium (AK-PIC) requires that interns demonstrate minimum levels of achievement across all training competencies. The Intern Competency Evaluation is completed by their primary supervisor twice annually, at mid-year and 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 Intern Competency Evaluation includes information about the interns' performance regarding all of AK-PIC's expected training competencies and the related objectives. Intern Competency 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.

At the end of internship, achieving full competence is defined as a minimum rating of "4" for each of the nine training competencies, as well as an aggregate of "4" across all training competencies. The rating scale for each evaluation is a 5-point Likert scale, with the following rating values:

***1** - Functioning below the minimal level expected during internship. Substantial supervision required on all cases/projects; little to no autonomous judgment; Poor clinical judgment and safety concerns identified. Little to no confidence in ability to function independently at this time. **This level of competency prompts Due Process procedures*
****2** -Functioning at lower-level than expected based on intern's developmental training experience. Supervision required on most straightforward cases/projects; rising concerns about clinical judgment. ***Triggers a remediation plan between the intern & supervisor.*
3 - Functioning at a level consistent with developing competence. This level of functioning is typical for the midpoint of internship training, regular supervision may be required on complex cases/projects and in new skill areas.
4 - Functioning at a level consistent with entry-level practice at end of year. Rating at mid-year indicates periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only.
5 - Functioning at autonomous level with skill representing that expected beyond the conclusion of internship training. Sound critical thinking/judgment evident overall. Some consultation needed in advanced or specialized area(s)

Alaska Psychology Internship Consortium

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If an intern receives an average rating of a "2" or below on one or more of the nine training competencies, 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 AK-PIC's website: https://ak-pic.org/policies/

Additionally, all AK-PIC interns are expected to complete 2000 hours of training (including 500 direct contact hours), 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 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 Intern Competency Evaluations described above, interns must complete a Self-Evaluation at the beginning, mid-year, and end of the internship. Self-Evaluations are conducted to guide training plans, progress, and goals. Low scores (ratings of 1 or 2) on Self-Evaluations do not trigger due process. Interns also complete a Program Evaluation Survey at the mid-year 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 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 is notified of any further action that may be taken by AK-PIC as a result of the due process procedure, up to and including termination from the program.

Reviewed and approved by AK-PIC Faculty on 05/03/2024

Alaska Psychology Internship Consortium

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INTERN TRAVEL REIMBURSEMENT

All interns must follow the WICHE travel non-staff policies. AK-PIC provides funding for expenses incurred during mandatory internship travel. Major expenses, such as flight and hotel costs, will be paid for in advance by the training site or by WICHE. Interns are not expected to pay out-of-pocket for any significant travel expense. It is likely that some minor travel expenses may be incurred, however, and interns may submit documentation for reimbursement of certain out-of-pocket expenses while traveling for required AK-PIC activities. Interns are provided up to a $78 ($18 breakfast, $20 lunch, $40 dinner) per day reimbursement for meals while traveling for Alaska-specific experiential activities and approved group experiences. Itemized receipts are required. This applies only to purchasing meals that are not made available to the intern by AK-PIC, and only during required AK-PIC travel. Food purchased prior to commencement of the travel is not reimbursable without prior approval from both AK-PIC and WICHE. AK-PIC will not reimburse for alcohol. Interns may also be reimbursed for necessary public transportation expenses, such as taxis to and from the airport during required internship travel. Additionally, mileage reimbursement, at a rate of $0.67 per mile, could be applicable for personal vehicles driven to commute to the airport or as part of the required travel.

Receipts can be electronically scanned and emailed to WICHE along with the signed and dated travel reimbursement form. Interns must pay separately when dining together and submit their own individual receipt. All expenses for a trip should be scanned in a clear, readable format and sent with the completed reimbursement form. A separate travel reimbursement form is needed for each trip.

If an expense is prepaid by WICHE or a faculty member but the intern is provided with the receipt, interns should include the expense on the reimbursement form, include the receipt, and note in the comments section on the form the name of the person who paid for the expense. Reimbursement forms MUST BE RECEIVED by WICHE within 30 calendar days of the travel in order for reimbursement to be processed. Late reimbursement requests will not be honored by the consortium.

Reviewed/revised and approved by AK-PIC Faculty on 7/7/2023 (Not used for FY 2024-2025)

WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION

NON-STAFF

WICHE Travel Reimbursement Summary

Documentation

- Travel voucher must be submitted within 30 days after the trip to guarantee reimbursement.
- Only ONE trip per travel voucher. (One trip is considered travel starting from your home base and then returning to your home base.)

Accommodations

- Only lodging expenses are covered. Travelers are responsible for other incidental charges.

Airline or Train

- Economy or coach travel is reimbursable.
- Advanced approval is required for unusual travel requirements (seat upgrades, travel insurance, etc).

Transportation

- Travelers are encouraged to use the least expensive option available – Complimentary hotel shuttles, airport shuttles, public transportation, or taxi, if necessary

Rental Car

- WICHE will reimburse rental car expenses only if they are the least expensive option available.
- Rental car insurance, car upgrades, and pre-paid refueling expenses are not reimbursable.

Personal Vehicle

- Reimbursement for personal vehicle mileage is 67 cents per mile (the current Federal mileage rate).

Meals

- WICHE will not reimburse for alcohol expenses.
- Meals cannot be claimed for meals that were provided by the event or purchased for you by another individual.

Individual

- Current individual meal limits are: Breakfast $18, Lunch $20, Dinner $40, including taxes and tips.
- Meal receipts are required for reimbursement.
- If a meal is skipped, the skipped meal allowance may be used for another meal on the same day.

Group

- Travelers cannot purchase group meals unless PRIOR written approval is received from a WICHE Vice President or Director.
- Written approval must be attached to the travel voucher.

Miscellaneous Expenses

- Expenses related to WICHE business are reimbursable (such as registration fees, luggage, and tips).
- All receipts are required EXCEPT for tips (to bellmen, shuttle drivers, etc.) and tolls.

Lost Receipts

- WICHE will accept a copy of your credit card statement for lost receipts. Be sure the statement includes your name, the vendor name, date of charge, and amount.

Receipts are required – legible copies are acceptable.
Please note: If receipt copies and electronic signatures are NOT legible, they will not be accepted. Please submit your completed travel voucher with receipts to your WICHE contact. For further travel reimbursement guidelines or questions, please contact:
Madison Dupre at mdupre@wiche.edu

Alaska Psychology Internship Consortium

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DISSERTATION POLICY

The Alaska 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. While interns are welcome to utilize paid time off (PTO) days for work on their dissertations, AK-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.

Alaska Psychology Internship Consortium

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INTERN PUBLICATION POLICY

AK-PIC interns are encouraged to pursue academic and research related activities as an important aspect of professional development throughout their internship and career. AK-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 AK-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.

Alaska Psychology Internship Consortium

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DUE PROCESS POLICY AND PROCEDURES

DUE PROCESS AND RESOLUTION

POLICY

AK-PIC has developed a Due Process and Resolution process, which focuses on the prevention of and 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 AK-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 AK-PIC include the following:

A. The AK-PIC Training Committee will present AK-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 AK-PIC policies.**
B. The process for evaluation of interns is clearly described during orientation. Interns will be formally evaluated at least two times annually 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. Interventions
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 TD and/or site clinical supervisor will communicate early and often with academic programs about any suspected difficulties with interns.

PROBLEMATIC 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:

- an inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior,
- an inability to acquire professional skills in order to reach an acceptable level of competency, and/or,
- 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. Problems typically become identified as impairments when they include one or more of the following characteristics:

- the intern does not acknowledge, understand, or address the problem when it is identified;
- the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
- the quality of services delivered by the intern is sufficiently negatively affected;
- the problem is not restricted to one area of professional functioning;
- a disproportionate amount of attention by training personnel is required;
- the trainee's behavior does not change as a function of feedback, remediation efforts, and/or time;
- the problematic behavior has potential for ethical or legal ramifications if not addressed;
- the intern's behavior negatively impacts the public view of the agency;
- the problematic behavior negatively impacts the intern class.

INFORMAL REVIEW

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When a supervisor or AK-PIC faculty member believes that an intern's behavior is becoming problematic, the first step in addressing the issue should be to raise the issue with the intern directly in an attempt to informally resolve the problem. This notice should be documented in writing, but will not become part of their professional file.

FORMAL REVIEW

If an intern's problem behavior persists following an attempt to resolve the issue informally, if an intern has a grievance against them that is not resolved satisfactorily, or if an intern receives an average rating of a "2" or below on a broad competency on an Intern Competency Evaluation, the following notice and process is initiated:

A. The supervisor will meet with the TD and intern to discuss the problem and determine what action needs to be taken to address the issue. If the TD is the intern's direct supervisor, the Associate Training Director (ATD) will be included in the meeting.
B. The intern will have the opportunity to provide a written statement related to their response to the problem.
C. After discussing the problem and the intern's response, the supervisor and TD may:
    1. Issue an "Acknowledge Notice" which formally acknowledges that the
        a. faculty is aware of and concerned with the problem,
        b. problem has been brought to the attention of the intern,
        c. faculty will work with the intern to specify the steps necessary to rectify the problem or skill deficits addressed by the inadequate evaluation rating,
        d. problem is not significant enough to warrant serious action,
        e. written notice will be submitted to the intern and the Director of Clinical Training at the trainee's graduate institution.
    2. Place the intern on "Probation" which defines a relationship such that the faculty, through the supervisors and TD, actively and systematically monitor, for a specific length of time, the degree to which the intern addresses, changes and/or otherwise improves the problematic behavior or skill deficit. The probation is a written statement to the intern and 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.
    3. Document the problem and take no further action.

Formal Review: Intern Termination

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D. If the problem is not rectified through the above processes, the intern's placement within AK-PIC may be terminated.
E. If the problem represents gross misconduct or ethical violations that have the potential to cause harm, the intern's placement within AK-PIC may be terminated.
F. If the intern's employment is terminated by the site, the intern's placement within AK-PIC may be terminated.
G. The final decision to terminate an intern's placement would be made by the entire AK-PIC Training Committee and would represent a discontinuation of participation by the intern within every aspect of the consortium. The AK-PIC 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 AK-PIC Training Committee meeting, whichever occurs first.
H. The TD may decide to temporarily suspend an intern's clinical activities or place an intern on administrative leave during this period prior to a final decision being made, if warranted.
I. AK-PIC will adhere to APPIC's Policies on intern dismissal and secure a release from the Match contract.

APPEAL AND REVIEW PANEL

In the event that an intern does not agree with any of the aforementioned notifications, remediation or sanctions, or dismissal, an Appeal may be submitted by the intern to the AK-PIC Training Committee.

A. The intern should file a formal appeal in writing with all supporting documents - an email will suffice- to the TDs. The intern must submit this appeal within 5 work days from their notification of any of the above (notification, remediation or probation, or dismissal).
B. If requested, the Appeal review will be conducted by a panel convened by the TD and consist of themselves, the intern's primary supervisor, and at least two other members of the AK-PIC Training Committee. The intern may request a specific member of the AK-PIC 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 appeal or modify them. The review panel has final discretion regarding the 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 AK-PIC Training Committee and supported by the TD, then that appeal is reviewed by the TD in consultation with the AK-PIC Training Committee. The TD will determine if a new Review Panel should be formed including a

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F 907.561.4806

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.

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 Alaska, if needed.

Reviewed & Approved by AK-PIC Faculty on 05/03/2024

Alaska Psychology Internship Consortium

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GRIEVANCE POLICY AND PROCEDURES

GRIEVANCE SUBMISSION AND RESOLUTION PROCESS

These guidelines are intended to provide the doctoral 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 Training Director (TD) or, in the case of a conflict of interest, another faculty member in an effort to informally resolve the problem. The TD or faculty member will intervene in an informal manner attempting to resolve the grievance.

If this grievance is not resolved through the informal process, the TD or faculty member will initiate the formal review process. 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, AK-PIC Training Committee will determine the appropriate approach, including but not limited to, conflict resolution, mediation, or other appropriate form of resolution. The TD 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 TD or designated faculty. TD will assign two Chairs to the AK-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 AK-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.

1201 E. 36th Avenue, Anchorage, Alaska 99508
P 907.561.4500
F 907.561.4806

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

If the matter cannot be satisfactorily resolved through the formal plan of action, the following will happen:

F. If the individual who has the grievance filed against them is an intern, AK-PIC due process will be initiated, by consensus of the AK-PIC Training Committee.
G. If the grievance is against AK-PIC faculty and/or supervisors, AK-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-AK-PIC professionals and the AK-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. AK-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 located in geographically different areas of Alaska.

Reviewed & Approved by AK-PIC Faculty on 5/03/2024

The Duty to Record: Ethical, Legal, and Professional Considerations for Alaska Psychologists

Introduction

The American Psychological Association Practice Directorate has provided an excellent online presentation about electronic healthcare records (EHRs) and the basic terminology related to EHRs; the presentation dispels common myths about EHR systems and provides detail about their meaningful use in integrated health care settings.[1]

The Division 31 and 42 EHR working group's[2] primary goal was to create a series of State specific templates that would work well for psychologists as they transition into the use of EHRs, particularly in integrated health care settings where shared information is clinically essential and specific laws or regulations may dictate at least some of what is included in those records. To achieve this goal, we conducted a review of the laws related to record keeping, and the relevant and recent literature (particularly the last decade) regarding EHRs, including variations across states. Further, we consulted with key psychologists that have been using EHRs on a day to day basis, who have developed experience establishing polices and processes within their own institutions and practices. They have effectively used this developing technology to improve clinical care while protecting patient rights. They have found that the EHR enables collaborating professionals within the integrated health care settings to understand the behavioral risk factors that exist in each case and to be kept informed about the health behavior changes that occur with psychological service interventions (HRSA, 2012).[3]

In order to digest the laws accurately, we examined the annotated codes and regulations available on Westlaw and Lexis for the 50 states and the District of Columbia with reference to several relevant state-by-state surveys retrieved from Lexis

[1] Electronic Health Records: A Primer (retrieved Nov. 29, 2012 at http://www.apapracticecentral.org/update/2012/11-29/electronic-records.aspx.

[2] Christina Luini, JD, M.L.I.S.; Dinelia Rosa, PhD; Mary Karapetian Alvord, PhD, Vanessa K. Jensen, PsyD; Jeffrey N. Younggren, PhD; G. Andrew H. Benjamin, JD, PhD, ABPP. The working group, came together to discharge the obligations of the CODAPAR grant that we wrote and received: http://www.apadivisions.org/division-31/news-events/grant-funding.aspx.

[3] Preparing the Interprofessional Workforce to Address Health Behavior Change. (retrieved Nov. 11, 2012 at http://www.hrsa.gov/advisorycommittees/bhpradvisory/acicbl/Reports/acicbl_tenth_report_final.pdf).

and Westlaw.[4] Our research answered the following questions for each jurisdiction: (a) Do record keeping duties created by statutes or administrative rules exist? (b) Have court rulings created a common-law duty or interpreted the statutes or administrative rules? (c) What are the contents of the record that are mandated by law? (d) Are there laws related to the maintenance and security of records? (e) What are the laws related to retention of records? (f) What are the consequences of violating specific duties?

Readers should view the narrative summary of their jurisdiction's law as a starting point for interpreting how to meet the law within their own jurisdiction as they construct their electronic records. As laws can change, please check the law with your state associations to see if more current interpretations for meeting the record keeping duties. Many state professional associations have ethics committees that can be consulted as part of their benefits. In addition, your association can refer psychologists for individual consultation to lawyers specializing in legal practices focused on *mental health practice*. The professional liability carriers also provide free legal and professional consultation.

Alaska specific templates for the types and contents of the record are provided based upon a review of your jurisdiction's law. The digest of your jurisdiction's law should be read if you intend to use the templates.

State Specific Template for contents of a record

Alaska law calls for an intake and evaluation note, and progress notes. The contents of the two templates for these documents comply with the law digested below. We also believe that a termination note will likely reduce exposure to arguments about continued duty of care, and reduces the risk of responsibility in a duty to protect/warn jurisdiction.[5]

Because the documents permit hovering over the underline fields with a cursor to select an option (click then select) or permit filling in the shaded text boxes, they

[4] 50 State Surveys, Legislation & Regulations, Psychologists & Mental Health Facilities (Lexis March 2012); Lexis Nexis 50 State Comparative Legislation / Regulations, Medical Records (Lexis June 2011); 50 State Statutory Surveys: Healthcare Records and Recordkeeping, Records Retention (Thomson Reuters/ West October 2011); 50 State Statutory Surveys: Healthcare, Healthcare Facilities: Maintaining Privacy of Health Information (Thomson Reuters / West October 2011).

[5] Benjamin, G. A. H., Kent, L., & Sirikantraporn, S. (2009). Duty to protect statutes. In J. L. Werth, E.R. Welfel, & G. A. H. Benjamin (Eds.), *The duty to protect: Ethical, legal, and professional responsibilities of mental health professionals* (pp. 9 – 28). Washington, DC: APA Press. doi:10.1037/11866-002.

cannot be inserted into this document.[6] Please access each of the documents.

Our group also suggests that users of the templates consider how "behavior may be shaped by culture, the groups to which one belongs, and cultural stereotypes."[7] Whenever "Eurocentric therapeutic and interventions models"[8] may impair the consideration of multicultural factors among the integrated health care team members, we urge that psychologists note the factors within the appropriate template fields. In light of the World Health Organization's demonstrated commitment to the formulation of a diagnostic system that moves beyond biological causation and integrates the contributions of psychological, cultural, and social factors, and APA's participation in the development of the *International Classification of Functioning, Disability and Health* (World Health Organization, 2010), our group recommends using ICD-10 whenever diagnoses are being made.[9] The EHR templates permit drop down diagnoses using the ICD-10 functional diagnoses.

Statute or Rule

The Alaska Administrative Code incorporates by reference the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (June 2003) ("APA Code of Ethics"),[10] as well as the American Psychological Association's

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[6] Please use the most recent version of WORD to access the full capabilities of the EHR templates.

[7] American Psychological Association. (2002). *Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists* (pp.17-24; p. 11). Washington, DC: Authors (http://www.apa.org/pi/oema/resources/policy/multicultural-guideline.pdf (last accessed August 1, 2012).

[8] *Id.* at p. 45.

[9] See ICD-10 at http://apps.who.int/classifications/icd10/browse/2010/en (last accessed August 1, 2012); The APA Policy and Planning Board recognized how psychology could move forward by turning to a diagnostic system that was based on the concept of functional impairments (APA Policy and Planning Board, (2005). APA 2020: A perfect vision for psychology: 2004 five-year report of the policy and planning board. *American Psychologist, 60,* 512-522, 518. (*See*, http://www.apa.org/about/governance/bdcmte/five-year-report.pdf ; and APA has helped fund the creation of the 10th edition in 2008. *See*, http://www.apa.org/about/governance/council/08aug-crminutes.aspx (last accessed August 1, 2012)).

[10] ALASKA ADMIN. CODE tit. 12, § 60.185(a) ("The ethics to be adhered to by licensed psychologists and licensed psychological associates are the Ethical Principles of Psychologists and Code of Conduct (June 2003), of the American Psychological Association, Inc. Ethical Principles of Psychologists and Code of Conduct is incorporated by reference in this section."). Copies of the APA Code of Ethics are available from American Psychological Association Order Department, 750 First Street, NE, Washington, D.C. 20002-4242 and on the APA's website at http://www.apa.org/ethics/code/principles.pdf (last accessed Aug. 1, 2012) [hereinafter "APA CODE OF ETHICS"].

General Guidelines for Providers of Psychological Services (1987 edition)("APA General Guidelines").[11]

Common Law

There is no case law interpreting the record keeping obligations for Alaska psychologists.

Contents of the record are mandated by law

Alaska adopted the APA Code of Ethics into its Administrative Code and the following standards regulate the content of psychological records kept by Alaska psychologists.[12] In addition, the Health Insurance Portability and Accountability Act (HIPAA)[13] would apply to Alaska psychological records.

> **3.10 Informed Consent[14]**
> (a) When psychologists …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… (See also Standards 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)
>
> (b) For persons who are legally incapable of giving informed consent,

[11] ALASKA ADMIN. CODE tit. 12, § 60.185(b) ("The standards to be adhered to by licensed psychologists and licensed psychological associates rendering psychological services in the state are General Guidelines for Providers of Psychological Services, (1987 edition), of the American Psychological Association. General Guidelines for Providers of Psychological Services is incorporated by reference in this section."). Copies of the General Guidelines for Providers of Psychological Services (1987) are available from the Order Department, American Psychological Association, P.O. Box 2710, Hyattsville, MD 20784 and on the APA's website at http://www.apa.org/about/policy/guidelines-providers.pdf (last accessed Aug. 1, 2012) [hereinafter APA GENERAL GUIDELINES].

[12] ALASKA ADMIN. CODE tit. 12, § 60.185(a). The standards set forth herein reflect the text of the APA Code of Ethics effective as of August 1, 2012. This version of the APA Code of Ethics contains amendments to the June 2003 version of the APA Code of Ethics adopted on February 20, 2010. Note, however, that the Alaska Administrative Code does not reference the amended version of the APA Code of Ethics.

[13] HIPAA, U.S. Government Printing Office Electronic Code Of Federal Regulations website at: Subpart C--SECURITY STANDARDS FOR THE PROTECTION OF ELECTRONIC PROTECTED HEALTH INFORMATION ; Subpart E--PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (last accessed Aug. 1, 2012).

[14] APA CODE OF ETHICS, *supra* note 10.

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 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

A HIPAA notice of privacy practices[15] that delineates the psychologist's scope of and limitations of confidentiality works in tandem with the disclosure document provided to the patient during the informed consent process specified by Standards 3.10, 9.03, and 10.01.

4.04 Minimizing Intrusions on Privacy[16]
(a) Psychologists include in written and oral reports and consultations, only information germane to the purpose for which the communication is made.

Standard 4.04(a) suggests that psychologists focus the documentation in a manner that is very protective of their client's privacy rights.

6.06 Accuracy in Reports to Payors and Funding Sources[17]
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

[15] 45 CFR 164.502 (a)(1)(ii) & 45 CFR 164.506 (c); HIPAA, U.S. Government Printing Office Electronic Code Of Federal Regulations website at: Subpart E--PRIVACY OF INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION (last accessed Aug. 1, 2012).
[16] APA CODE OF ETHICS, *supra* note 10.
[17] *Id.*

the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

9.01 Bases for Assessments[18]
(a) Psychologists base the opinions contained in their recommendations, reports and diagnostic or evaluative statements,…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, and9.06, 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[19]
(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…

9.10 Explaining Assessment Results[20]
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…

[18] *Id.*
[19] *Id.*
[20] *Id.*

Standard 6.06 implies that information about the *nature of the service provided*…, *the fees charged*, *the identity of the provider*, *findings, and diagnosis* should be maintained in the record when necessary for billing purposes. In addition, the requirements of Arizona laws and the standards 9.01, 9.02, and 9.10 suggest that psychologists would use an intake and evaluation note, and progress notes templates.

Alaska also adopted the APA General Guidelines into its Administrative Code by reference[21] and the following guidelines create specific record keeping obligations for Alaska psychologists:

> 2.3.2 Psychologists develop plans for psychological services appropriate to the problems presented by the users.
>
> ILLUSTRATIVE STATEMENT: Ideally, a plan for intervention or consultation is in written form and serves as a basis for accountability. Regardless of the type of setting or users involved, a plan that describes the psychological services indicated and the manner in which they will be provided is developed and agreed upon by the providers and users.[22]
>
> 2.3.3 There is a mutually acceptable understanding between a provider and a user or that user's responsible agent regarding the delivery of service.
>
> ILLUSTRATIVE STATEMENT: A psychologist discusses the plan for provision of psychological services with the user, noting procedures that will be used and respective responsibilities of provider and user. This interaction is repeated whenever major changes occur in the plan for service. This understanding may be oral or written, but in any event, the psychologist documents the nature of the understanding.[23]
>
> 2.3.5 Accurate, current, and pertinent records of essential psychological services are maintained.
>
> ILLUSTRATIVE STATEMENT: At a minimum, records kept of psychological services should include identifying data, dates of services, and

[21] ALASKA ADMIN. CODE tit. 12, § 60.185(b).
[22] APA General Guidelines, *supra* note 11, at 6.
[23] *Id.*

types of services, and where appropriate, may include a record of significant actions taken. Providers make all reasonable efforts to record essential information concerning psychological services within a reasonable time of their completion.[24]

Maintenance and Security of Records

Under APA Code of Ethics Standard 4.01 - Maintaining Confidentiality,[25] "[p]sychologists 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.)

Alaska also has delineated specific confidentiality standards:

Confidentiality of communication.[26]

(a) A psychologist or psychological associate may not reveal to another person a communication made to the psychologist or psychological associate by a client about a matter concerning which the client has employed the psychologist or psychological associate in a professional capacity. This section does not apply to

(1) a case conference with other mental health professionals or with physicians and surgeons;
(2) a case in which the client in writing authorized the psychologist or psychological associate to reveal a
communication;
(3) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a
psychologist or psychological associate by a client;
(4) disclosures of confidential communications required under Rule 504, Alaska Rules of Evidence; or
(5) proceedings conducted by the board or the department where the disclosure of confidential communications is necessary to defend against charges that the psychologist or psychological associate has violated provisions of this chapter; information obtained by the board or department under this paragraph is

[24] *Id.*
[25] APA CODE OF ETHICS, *supra* note 10.
[26] ALASKA STAT. § 08.86.200.

confidential and is not a public record for purposes of AS 40.25.110 – 40.25.140.

(b) Notwithstanding (a) of this section, a psychologist or psychological associate shall report to the appropriate authority incidents of child abuse or neglect as required by AS 47.17.020, incidents of abuse of a vulnerable adult as required by AS 47.24.010, and incidents of abuse of disabled persons disclosed to the psychologist or psychological associate by a client. In this subsection "disabled person" means a person who has a physical or mental disability or a physical or mental impairment, as defined in AS 18.80.300.

Standard 4.01 and the Alaska law support the record keeping standards:

6. Record Keeping and Fees[27]

6.01 Documentation of Professional …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.)

HIPAA enables the patient to inspect and obtain Protected Health Information (PHI) records, including the Psychotherapy Notes created by the psychologist, as long as those records are maintained.[28] In addition, patients have a right to amend any part of the record;[29] Under this section, a denial of the proposed amendment can occur if the record was not created by the psychologist (unless the patient provides a reasonable basis to believe that the originator of PHI is no longer available to act on the requested amendment) or if the record is accurate and complete (other subsections are not discussed as they are unlikely to arise for psychologists). Finally, patients may obtain an accounting as to who has accessed the PHI and the details about each disclosure.[30]

[27] APA CODE OF ETHICS, *supra* note 10.
[28] 45 CFR 164.524.
[29] 45 CFR 164.526 (a).
[30] 45 CFR 164.528.

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional…[31]

(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.)

Additionally, APA Code of Ethics Standard 6.02(b) requires the use coding or other techniques to avoid the inclusion of personal identifiers when confidential patient information is entered into databases or systems of records that are available to persons whose access has not been consented to by the patient.[32]

HIPAA establishes privacy protections for all transmissions of PHI records, and requires specific patient authorizations (with a right of revocation) to transfer PHI records to third parties.[33] Concrete security standards are established for all electronic healthcare information (45 CFR 160).

6.03 Withholding Records for Nonpayment[34]

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.

[31] APA CODE OF ETHICS, *supra* note 10.
[32] *Id.*
[33] 45 CFR 164.508.
[34] APA CODE OF ETHICS, *supra* note 10.

Release and transfer of PHI records cannot be conditioned on payment or other conditions (such as enrollment in the health plan that employs the psychologist).[35]

Retention of Records

Although no Alaska requirement exists, HIPAA[36] mandates that a covered entity must retain the documentation …for six years from the date of its creation or the date when it last was in effect, whichever is later.

Violations of the specific duty

Alaska adopted the APA Code of Ethics and General Guidelines into its Administrative Code and the standards guidelines discussed, including HIPAA infractions, can all lead to disciplinary actions being prosecuted by the Alaska Board of Psychologist and Psychological Associate Examiners:[37]

> **Grounds for imposition of disciplinary sanctions.**
> (a) After a hearing, the board may impose a disciplinary sanction on a person licensed under this chapter when the board finds that the licensee
> … (2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;
> … (5) intentionally or negligently engaged in or permitted the performance of patient care by persons under the licensee's supervision that does not conform to minimum professional standards regardless of whether actual injury to the patient occurred;
> (6) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the board;
>
> (b) The board may summarily suspend the license of a licensee who refuses to submit to a physical or mental examination under AS 08.86.075. A person whose license is suspended under this subsection is entitled to a hearing by the board within seven days after the effective date of the order. If, after a hearing, the board upholds the suspension, the licensee may appeal the suspension to a court of competent jurisdiction.
>
> **Penalty.**[38] A person who violates this chapter is guilty of a class B misdemeanor.

[35] 45 CFR 164.508 (b)(4).
[36] 45 CFR 164.530 (j)(2).
[37] ALASKA STAT. § 08.86.204.
[38] ALASKA STAT. § 08.86.210.

Limits or conditions on license; discipline.[39]

(a) Upon a finding that by reason of demonstrated problems of competence, experience, education, or health the authority to practice psychology or as a psychological associate under this chapter should be limited or conditioned or the practitioner disciplined, the board may reprimand, censure, place on probation, restrict practice by time, specialty, procedure or facility, require additional education or training, or revoke or suspend a license.

[39] ALASKA STAT. § 08.86.220.

AMERICAN PSYCHOLOGICAL ASSOCIATION

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

Adopted August 21, 2002
Effective June 1, 2003
(With the 2010 Amendments
to Introduction and Applicability
and Standards 1.02 and 1.03,
Effective June 1, 2010)

With the 2016 Amendment
to Standard 3.04
Adopted August 3, 2016
Effective January 1, 2017

ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT

CONTENTS

INTRODUCTION AND APPLICABILITY

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

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

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

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the standards of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the standards of the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure. When the sanction to be imposed by APA is less than expulsion, the 2001 Rules and Procedures do not guarantee an opportunity for an in-person hearing, but generally provide that complaints will be resolved only on the basis of a submitted record.

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

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

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

American Psychological Association. (1953). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist, 14*, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist, 18*, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist, 23*, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). *Ethical standards of psychologists.* Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist, 36*, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist, 45*, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47*, 1597-1611.

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57*, 1060-1073.

American Psychological Association. (2010). 2010 amendments to the 2002 *"Ethical Principles of Psychologists and Code of Conduct." American Psychologist, 65*, 493.

American Psychological Association. (2016). Revision of ethical standard 3.04 of the *"Ethical Principles of Psychologists and Code of Conduct"* (2002, as amended 2010). *American Psychologist, 71*, 900.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First St. NE, Washington, DC 20002-4242, or phone (202) 336-5510.

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

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

PREAMBLE

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

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

The development of a dynamic set of ethical standards for psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems.

GENERAL PRINCIPLES

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

Principle A: Beneficence and Nonmaleficence

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

Principle B: Fidelity and Responsibility

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

Principle C: Integrity

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

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

Principle D: Justice

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

Principle E: Respect for People's Rights and Dignity

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

ETHICAL STANDARDS

1. Resolving Ethical Issues

1.01 Misuse of Psychologists' Work

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

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

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

1.03 Conflicts Between Ethics and Organizational Demands

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

1.04 Informal Resolution of Ethical Violations

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

1.05 Reporting Ethical Violations

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

1.06 Cooperating with Ethics Committees

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

1.07 Improper Complaints

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

1.08 Unfair Discrimination Against Complainants and Respondents

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

2. Competence

2.01 Boundaries of Competence

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

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

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

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

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

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

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

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

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

2.05 Delegation of Work to Others

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

2.06 Personal Problems and Conflicts

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

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

3. Human Relations

3.01 Unfair Discrimination

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

3.02 Sexual Harassment

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

3.03 Other Harassment

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

3.04 Avoiding Harm

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

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

3.05 Multiple Relationships

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

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

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

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

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

3.06 Conflict of Interest

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

3.07 Third-Party Requests for Services

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

3.08 Exploitative Relationships

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

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

3.09 Cooperation with Other Professionals

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

3.10 Informed Consent

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

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

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

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

3.11 Psychological Services Delivered to or Through Organizations

(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

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

3.12 Interruption of Psychological Services

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

4. Privacy and Confidentiality

4.01 Maintaining Confidentiality

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

4.02 Discussing the Limits of Confidentiality

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

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

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

4.03 Recording

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

4.04 Minimizing Intrusions on Privacy

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

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

4.05 Disclosures

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

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

4.06 Consultations

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

4.07 Use of Confidential Information for Didactic or Other Purposes

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

5. Advertising and Other Public Statements

5.01 Avoidance of False or Deceptive Statements

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

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

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

5.02 Statements by Others

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

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

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

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

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

5.04 Media Presentations

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

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

5.05 Testimonials

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

5.06 In-Person Solicitation

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

6. Record Keeping and Fees

6.01 Documentation of Professional and Scientific Work and Maintenance of Records

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

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

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

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

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

6.03 Withholding Records for Nonpayment

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

6.04 Fees and Financial Arrangements

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

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

(c) Psychologists do not misrepresent their fees.

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

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

6.05 Barter with Clients/Patients

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

6.06 Accuracy in Reports to Payors and Funding Sources

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

6.07 Referrals and Fees

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

7. Education and Training

7.01 Design of Education and Training Programs

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

7.02 Descriptions of Education and Training Programs

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

7.03 Accuracy in Teaching

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

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

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

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

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

7.06 Assessing Student and Supervisee Performance

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

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

7.07 Sexual Relationships with Students and Supervisees

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

8. Research and Publication

8.01 Institutional Approval

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

8.02 Informed Consent to Research

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

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

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

8.03 Informed Consent for Recording Voices and Images in Research

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

8.04 Client/Patient, Student, and Subordinate Research Participants

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

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

8.05 Dispensing with Informed Consent for Research

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

8.06 Offering Inducements for Research Participation

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

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

8.07 Deception in Research

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

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

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

8.08 Debriefing

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

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

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

8.09 Humane Care and Use of Animals in Research

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

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

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

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

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

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

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

8.10 Reporting Research Results

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

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

8.11 Plagiarism

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

8.12 Publication Credit

(a) Psychologists take responsibility and credit, 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 informa-

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

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

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

9.02 Use of Assessments

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

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

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

9.03 Informed Consent in Assessments

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

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

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

9.04 Release of Test Data

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

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

9.05 Test Construction

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

9.06 Interpreting Assessment Results

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

9.07 Assessment by Unqualified Persons

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

9.08 Obsolete Tests and Outdated Test Results

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

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

9.09 Test Scoring and Interpretation Services

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

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

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

9.10 Explaining Assessment Results

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

9.11 Maintaining Test Security

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

10. Therapy

10.01 Informed Consent to Therapy

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

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

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

10.02 Therapy Involving Couples or Families

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

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

10.03 Group Therapy

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

10.04 Providing Therapy to Those Served by Others

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

10.05 Sexual Intimacies with Current Therapy Clients/Patients

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

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

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

10.07 Therapy with Former Sexual Partners

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

10.08 Sexual Intimacies with Former Therapy Clients/Patients

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

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

10.09 Interruption of Therapy

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

10.10 Terminating Therapy

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

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

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

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

2010 Amendments

Introduction and Applicability

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

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

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

1.03 Conflicts Between Ethics and Organizational Demands

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

2016 Amendment

3.04 Avoiding Harm

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

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

AMERICAN
PSYCHOLOGICAL
ASSOCIATION

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Printed in the United States of America

Alaska Psychology Internship Consortium

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Please sign this acknowledgement page and return to AK-PIC.

ACKNOWLEDGEMENT

I acknowledge that I have received and reviewed the manual of the Alaska Psychology Internship Consortium:

I have been provided with a copy of the manual to keep in my files.

_____
Print Name

_____
Signature

_____
Date

Alaska Psychology Internship Consortium

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Please sign this acknowledgement page and return to AK-PIC.

ACKNOWLEDGEMENT

I acknowledge that I have received and reviewed the policies and relevant documents of the Alaska Psychology Internship Consortium:

1. Diversity & Non-Discrimination P&P
2. Stipend, Benefits, and Resources P&P
3. Supervision P&P
4. Didactic Attendance P&P
5. Intern Performance Evaluation and Feedback P&P
6. Intern Travel Reimbursement P&P
7. WICHE Travel Reimbursement Guidelines
8. Dissertation P&P
9. Publication P&P
10. Due Process P&P
11. Grievance P&P
12. APA Ethical Principles of Psychologists and Code of Conduct
13. Duty of Record: Ethical, Legal, and Professional Considerations for Alaska Psychologists

I have been provided with a copy of the documents to keep in my files.

_____
Print Name

_____
Signature

_____
Date

Alaska Psychology Internship Consortium

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EVALUATIONS & TIMEKEEPING

Alaska Psychology Internship Consortium

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EVALUATIONS PROCESS

For the 2024-2025 intern class, hard copies of evaluation forms are provided for content in the following section.

All evaluations will be collected digitally through Clover Educational Consulting Group for the following evaluations:

- Intern Monthly Activity Log
- Supervisor Evaluation (Mid and Final)
- Intern Competency Evaluation (Mid and Final)
- Intern Self Evaluation (Beginning, Mid, and Final)
- Weekly Didactic Evaluation

Reviewed and approved by AK-PIC Faculty on 6/24/2024

AK-PIC 2021-2022 INTERN MONTHLY ACTIVITY LOG

Turn in electronically to your primary supervisor by the 5th of each month for the preceding month! Please Cc By Thao @ by.thao@providence.or Save document as: Last Name, First Name, Month of the log. Ex: Doe, Jane, December Activity Log

NAME: **TRAINING SITE: SUPERVISOR** **DATE:**
SUPERVISOR APPROVAL: **INITIALS:**

If on an AK-SEA this month-- **DATES of AK-SEA:**

GENERAL TRAINING ACTIVITIES	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**
Dates:	6/6-6/10/2022	6/13-6/17/2022	6/20-6/24/2022	6/27-7/1/2022	
Professional Development					
Didactics					
Supervising Others					
Teaching/Training Others (Lecture, Rounds)					
Research					
AK-SEA Training hours (not including supervision)					
Other (please specify):					
Total hours/week	0	0	0	0	0
				TOTAL=	0

SUPERVISION	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**
Dates:	6/6-6/10/2022	6/13-6/17/2022	6/20-6/24/2022	6/27-7/1/2022	
Face to face Supervision with Licensed Psycholog					
Face to face Supervision with Licensed Psycholog					
Group Supervision with other Licensed Professsional					
Other Supervision (e.g., LPC, LCSW, MD/DO/PA/A					
Other (please specify):					
Total hours/week	0	0	0	0	0
				TOTAL=	0

CLINICAL SERVICES	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**
Dates:	6/6-6/10/2022	6/13-6/17/2022	6/20-6/24/2022	6/27-7/1/2022	
Treatment/Therapy/Intervention					
Other client contact (phone calls, etc)					
Brief Behavioral Health Consultation with Client					
Consultation/Collaboration with other professionals					
Client/family feedback					
Assessment (Administration)					
Assessment (Score, Interpret, Report writing)					
Documentation: Progress Notes, Consultation Not					
Clinical Preparation					
Other (please specify):					
Total hours/week	0	0	0	0	0
				TOTAL=	0

MONTHLY TOTAL	0

NUMBER OF PATIENTS SERVED	
Number of new patients:	
Number of existing patients:	

TIME OFF (use leave request form and track	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**
Number of hours:					
MONTHLY TIME OFF TOTAL					0

Monthly Direct Client Contact 0

AK-PIC Supervisor Evaluation: To be completed by intern

Intern: _____Supervisor: _____

Dates of Evaluation: _____ to _____ AK-SEA: _____

Scoring Criteria:

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

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

General Characteristics of Supervisor	
Is accessible for discussion, questions, etc	
Allotted sufficient time for supervision and scheduled supervision meetings appropriately	
Kept sufficiently informed of case(s)	
Was interested in and committed to supervision	
Set clear objectives and responsibilities throughout supervised experience	
Used helpful educational techniques (e.g., role-playing, audio or video recordings, didactics)	
Was up-to-date in understanding of clinical populations and issues	
Presented a positive role model	
Maintained appropriate interpersonal boundaries with patients and supervisees	
Provided constructive and timely feedback on supervisee's performance	
Encouraged appropriate degree of independence	
Demonstrated concern for and interest in supervisee's progress, problems, and ideas	
Communicated effectively with supervisee	
Interacted respectfully with supervisee	
Maintained clear and reasonable expectations for supervisee	
Provided a level of case-based supervision appropriate to supervisee's training needs	
Assisted with case management functions (e.g. managed care)	
Was sensitive to ethical standards, legal consideratins, and professional problems	

Comments:

Development of Clinical Skills	
Assisted in coherent conceptualization of clinical work	
Assisted in translation of conceptualization into techniques and procedures	
Was effective in providing training in assessment, evaluation, and diagnosis	
Was effective in providing training in intervention	
Was effective in providing training in consultation	
Was effective in helping to develop short-term and long-range goals for patients	
Was effective in assisting supervisee in developing consultative relationships with other professionals and agencies	
Promoted clinical practices in accordance with ethical and legal standards	
Was effective in providing training in research	
Comments:	

Summary	
Overall rating of supervision with this supervisor	#DIV/0!
Describe how the supervisor contributed to your learning	
Describe how supervision or the training experience could be enhanced	
Any other suggestions/feedback for your supervisor?	

Supervisor's Signature and Date

Intern's Signature and Date

AK-PIC Intern Competency Evaluation: To be completed by primary supervisor(s)

Intern: _____Supervisor: _____

Evaluation (Select): Mid-Year Final Primary Site: _____

Instructions: Please rate every item. At the end of each broad competency area, include 2-3 things the trainee is doing well and 2-3 things where they could improve. Supervisors may want to elaborate on their rating of specific competency item.

Scoring Criteria:

***1 -** Substantial supervision required on all cases/projects; little to no autonomous judgment; Poor clinical judgment and safety concerns identified. Little to no confidence in ability to function independently at this time. (*Functioning below the minimal level expected during internship*)**This level of competency prompts Due Process procedures*
****2 -** Supervision required on most straightforward cases/projects; rising concerns about clinical judgment (*Functioning at lower-level than expected based on intern's developmental training experience*) ***Triggers a remediation plan between the intern & supervisor*
3 - Regular supervision required on challenging cases/projects and in new skill areas (*Functioning at entry-level consistent with starting internship experience)*
4 - Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (*Functioning at an entry level of professional psychology; internship competency (PWC) met*)
5- Sound critical thinking/judgment evident overall. Some consultation needed in advanced or specialized area(s) (*Functioning at level demonstrating intern is ready for post-internship supervised experience*)
NOTE: In order for intern to successfully complete the program, by the end of the final evaluation, intern must obtain ratings of at least a "4" {Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (Functioning at an entry level of professional psychology; internship competency (PWC) met)} for all competencies/items. As described in AK-PIC policies, if an intern receives an average rating of a "2" or below on a broad competency, this will trigger AK-PIC's formal Due Process Procedures.

I. Profession-wide Competency: Research	
Demonstrate 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.	
Demonstrate knowledge of and respect for scientific bases of behavior.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

II. Profession-wide Competency: Ethical and Legal Standards	
Be knowledgeable of, demonstrate and act in accordance with each of the following: 1. The current version of APA Ethical Principles of Psychologists and Code of Conduct; 2. Relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and 3. Relevant professional standards and guidelines.	
Recognizes ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.	
Conducts self in an ethical manner in all professional activities.	
Consults actively with supervisor to act upon ethical and legal aspects of practice.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

III. Profession-wide Competency: Individual and Cultural Diversity	
Demonstrates an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.	
Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.	
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.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

IV. Profession-wide Competency: Professional Values, Attitudes, and Behaviors	
Behave in ways that reflect the values and attitudes of psychology, including cultural humility, 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.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

V. Profession-wide Competency: Communication and Interpersonal Skills	
Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.	
Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.	
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.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

VI. Profession-wide Competency: Assessment	
Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.	
Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).	
Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.	
Select and apply assessment methods that draw from the 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 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 (e.g., intergenerational trauma).	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!
Comments:	

VII. Profession-wide Competency: Intervention	
Establish and maintain effective relationships with the recipients of psychological services.	
Develop evidence-based intervention plans specific to the service delivery goals.	
Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.	
Demonstrates the ability to apply the relevant research literature to clinical decision making.	
Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.	
Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.	
Demonstrate ability to conduct a multi-diagnostic differential assessment and applies specific evidence-based interventions (e.g., intergenerational trauma) for Substance Use/Co-occurring Disorders.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!
Comments:	

VIII. Profession-wide Competency: Supervision	
Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.	
Apply the supervisory skills of observing, evaluating and giving guidance and feedback in direct or simulated practice.	
Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process; 1} Collaborates with supervisor and provides feedback regarding supervisory process. 2} Seek supervision to improve performance, presenting work for feedback, and integrating feedback into	
Provides feedback to peers regarding peers' clinical work in context of group supervision or case conference.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

IX. Profession-wide Competency: Consultation and Interprofessional/Interdisciplinary Skills	
Demonstrate knowledge and respect for the roles and perspectives of other professions.	
Apply knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.	
Direct or simulated practice of consultation and interprofessional/interdisciplinary skills inlcude but not limited to: 1) role-played consultation with others; peer consultation, provision of consultation to other trainees; and/or 2) consultation within a direct care team or setting.	
AVERAGE SCORE FOR BROAD COMPETENCY	#DIV/0!

Comments:

OVERALL RATING (average of broad competency scores)	**#DIV/0!**

Comments on Intern's overall performance:

Supervisor's Signature and Date

Intern's Signature and Date

AK-PIC Intern Self-Evaluation:

To be completed by Intern at beginning, mid-year, and end-of-year

Intern Name:
Site:
Date of Evaluation:

AK-PIC Intern Self-Evaluation: To be completed by Intern at beginning, mid-year, and end-of-year

Instructions: Each **bolded** area represents a profession-wide competency on which you will be evaluated during your internship year. We would like for you to assess your current level of achievement in each area. Please see the **Reference Materials** at the end of the form for detailed description of learning elements associated with each profession-wide competency.

For each profession-wide competency please enter in a **Score**, defined in **Scoring Criteria** below. Additionally, in the Comments area, please indicated goal/progress for each iteration of self-evaluation:

- For the **Initial Self-Evaluation**, please make notes of any strengths you already have as well as **up to three (minimum of one) specific training goals** related to each profession-wide competency.
- For the **Mid-Year** and **Final Self-Evaluations**, please note progress toward goals, OR, newly identified goal(s).

Scoring Criteria:
1 - Substantial supervision required on all cases/projects; little to no autonomous judgment; Poor clinical judgment and safety concerns identified. Little to no confidence in ability to function independently at this time. (*Functioning below the minimal level expected during internship*)
2 - Supervision required on most straightforward cases/projects; rising concerns about clinical judgment (*Functioning at lower-level than expected based on intern's developmental training experience*)
3 - Regular supervision required on challenging cases/projects and in new skill areas (*Functioning at entry-level consistent with starting internship experience)*
4 - Periodic supervision required on challenging cases/projects and in new skill areas; most cases/projects need consultation only (*Functioning at an entry level of professional psychology; internship competency (PWC) met*)
5- Sound critical thinking/judgment evident overall. Some consultation needed in advanced or specialized area(s) (*Functioning at level demonstrating intern is ready for post-internship supervised experience*)

Profession-wide Competency	**Self - Score**		
I. Research	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			

II. Ethical and Legal Standards	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			
III. Individual and Cultural Diversity	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			
IV. Professional Values, Attitudes, and Behaviors	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			
V. Communication and Interpersonal Skills	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			
VI. Assessment	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			
VII. Intervention	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			

VIII. Supervision	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			
IX. Consultation and Interprofessional/Interdisciplinary Skills	**Initial**	**Mid-Year**	**Final**
Comments – Initial:			
Comments – Mid-Year:			
Comments – Final:			

Intern Name (please type or print):

Intern Signature & Date:

Supervisor Name (please type or print):

Supervisor Signature & Date:

Reference Material:

Learning Elements for Profession-wide Competencies

The Alaska Psychology Internship Consortium (AK-PIC) offers one year, full time internship positions at treatment centers across the state of Alaska. Interns are expected to respond professionally in increasingly complex situations with a greater degree of independence across levels of training. It is expected that by the conclusion of the internship year, interns will have accomplished the following competencies and learning elements:

I. Profession-wide Competency: **Research**

Training elements associated with this competency include:

- Demonstrate 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.
- Demonstrate knowledge of and respect for scientific bases of behavior.

II. Profession-wide Competency: **Ethical and Legal Standards**

Training elements associated with this competency include:

- 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.

III. Profession-wide Competency: **Individual and Cultural Diversity**

Training elements associated with this competency include:

- 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.

IV. Profession-wide Competency: **Professional Values, Attitudes, and Behaviors**

Training elements associated with this competency include:

- Behave in ways that reflect the values and attitudes of psychology, including cultural humility, 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.

V. Profession-wide Competency: **Communication and Interpersonal Skills**

Training elements associated with this competency include:

- Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrate a thorough grasp of professional language and concepts; produce, comprehend, and engage in communications that are informative and well-integrated.
- 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.

VI. Profession-wide Competency: **Assessment**

Training elements associated with this competency include demonstration of the following:

- Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Select and apply assessment methods that draw from the 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 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 (e.g., intergenerational trauma).

VII. Profession-wide Competency: **Intervention**

Training elements associated with this competency include:

- Establish and maintain effective relationships with the recipients of psychological services.
- Develop evidence-based intervention plans specific to the service delivery goals.
- Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrate the ability to apply the relevant research literature to clinical decision making.
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
- Demonstrate ability to conduct a multi-diagnostic differential assessment and applies specific evidence-based interventions (e.g., intergenerational trauma) for Substance Use/Co-occurring Disorders.

VIII. Profession-wide Competency: **Supervision**

Training elements associated with this competency include:

- Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.
- Apply the supervisory skills of observing, evaluating and giving guidance and feedback in direct or simulated practice.
- Demonstrate understanding of roles and responsibilities of the supervisor and supervisee in the supervision process.
    - Collaborate with supervisor and provide 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.

IX. Profession-wide Competency: **Consultation and Interprofessional/Interdisciplinary Skills**

Training elements associated with this competency include:

- Demonstrate knowledge and respect for the roles and perspectives of other professions.
- Apply knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Direct or simulated practice examples of consultation and interprofessional/interdisciplinary skills include but are not limited to:
    - Role-played consultation with others, peer consultation, provision of consultation to other trainees.
    - Consultation within a direct care team or setting.